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## Understanding Policy Change with the Advocacy Coalition Framework Youth Care Policy

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## Abbreviations

ACF	The Advocacy Coalition Framework
ADHD	Attention Deficit Hyperactivity Disorder
AKJ	Advise and Complaints Agency
AWBZ	Exceptional Medical Expenses Act
BMC	Management Bureau
CDA	Christian Democratic Party
CU	Christian Democratic Party
D66	Social-liberal and Progressive Party
GGZ	Mental Health
IPO	The Association of Provincial Authorities
KNMG	Royal Dutch Medical Association
LHV	National Doctors Association
LPGGZ	National Platform for Mental Health
NIP	Netherlands Institute for Psychologists
NJI	Netherlands Youth Institute
PvdA	Labor Party
NVvP	Dutch Organization for Psychiatrics
VNG	The Association of Dutch Municipalities
VVD	The Conservative Liberal Party
WMO	The Social Support Act

## Introduction

For several years the youth care has been placed prominently on the political agenda (Harchaoui & van Diepen, 2014). Dramatic incidents,<sup>1</sup> the rising costs, and the ineffectiveness of the youth care system have been frequently discussed in the recent years. After years of extensive lobbying by the Association of Provincial Authorities (IPO) to the government, the youth care system was decentralized to the provinces in 2005 with the implementation of the *Wet op Jeugdzorg*<sup>2</sup> (Youth Care Act) (Peters, 2006: 82-83). The biggest argument of the IPO to transfer the youth care tasks to the provinces instead of the municipalities was that the municipalities were too small to properly manage and control the complex system. Many actors in the policy field agreed, however, that even after decentralization to the provinces, the youth care remained ineffective, expensive and too bureaucratic.<sup>3</sup>

One year after the implementation of the *Wet op Jeugdzorg*, as a response to complaints from clients and professionals in the field, Steven van Eijck published a management advise for the new administration in 2006. This report included ideas and arguments for yet another policy reform for the youth care system and suggested the decentralization of the entire youth care system to the municipalities. Nonetheless, in May 2007, the Minister of Youth and Family said that youth care should stay regulated at the provincial level.<sup>4</sup> Again in 2009, the same Minister states in a letter to the Parliament, “when I took office, I indicated I did not want to start with a change in the system of care for youth, but focus on major improvements within the system.”<sup>5</sup> The statement of the former Minister of Youth and Family implies that this Cabinet would rather solve the problems of the youth care system under the then current situation. However, later in April 2010, the outgoing Cabinet’s vision states, “Within the legal framework, many improvements have been made by organizations, administrators and motivated professionals. [I]n further implementing these improvements however, we reach the limits of what is possible within the existing legal framework. Therefore, in our opinion, changes to the system itself are needed.”<sup>6</sup>

The government and other important players in the youth care field were aware of the serious problems<sup>7</sup> and calamities caused by the youth care system. Nonetheless, no drastic

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<sup>1</sup> See for example: <http://nos.nl/artikel/62214-hulpverlening-maasmeisje-faalde.html>

<sup>2</sup> Go to: [http://wetten.overheid.nl/BWBR0016637/geldigheidsdatum\\_23-02-2015](http://wetten.overheid.nl/BWBR0016637/geldigheidsdatum_23-02-2015)

<sup>3</sup> <http://www.trouw.nl/tr/nl/4324/Nieuws/article/detail/1491934/2006/11/29/Onderzoek-jeugdzorg-faalt-ondanks-nieuwe-wet.dhtml>

<sup>4</sup> Omroep Flevoland, *Rouvoet: Jeugdzorg blijft bij provincie*, 09-05-2007

<sup>5</sup> Letter to the Parliament on 18-06-2009: *Voortgang en toekomst zorg voor jeugd*, mr. A. Rouvoet

<sup>6</sup> Letter to the Parliament on 09-04-2010: *Perspectief voor Jeugd en Gezin*, mr. A. Rouvoet & dr. E.M.H. Hirsch Ballin

<sup>7</sup> <http://www.trouw.nl/tr/nl/4324/Nieuws/article/detail/1491934/2006/11/29/Onderzoek-jeugdzorg-faalt-ondanks-nieuwe-wet.dhtml>

measures were taken to fight these inefficiencies for a long time. After a Parliamentary motion proposed by Dijsselbloem<sup>8</sup> in 2009 the government and a majority of the Members of Parliament decided that serious measures needed to be taken in order to fight the inefficiencies and ineffectiveness of the system. In May 2010, the Parliamentary Working Group on Future Exploration of Youth Care was set into place to further develop research on the wide range of problems surrounding the youth care system (Heijnen, 2010). Now, almost ten years later, all of the youth care services are in the hands of the municipalities after all.

The prolonged indecision on youth care policy reform put the lives of many children and families in jeopardy for many years and this makes the measures that were eventually taken in 2010 more striking. Therefore, the aim of this study is to explain the recent policy change of the youth care. I would like to investigate the youth care policy and intent to find out why, after a ten-year stalemate, this decentralization of transferring youth care services to the municipalities took place.

The basic policy process most commonly known to everyone is the process of how an idea becomes a bill, elected officials vote on it, and when the bill is passed, it will get implemented. However, the process itself does not tell us much about how to achieve policy change or why some policies get passed and enacted and others do not. This is where the theories on policy change come into play. These theories can help explain how and why a change may or may not occur. For future policy makers it is important to know what factors cause policy change and why things happen the way they do. To be able to understand and respond more appropriately to the dynamics of policy change situations, one could test theoretical models by using them in real world situations, the *Advocacy Coalition Framework* introduced by Sabatier (1987, 1988, Sabatier & Jenkins-Smith 1993), is such a model. The Advocacy Coalition Framework is clearly not the only policy change theory with potential to explain developments in Dutch youth care policy.

According to Real-Dato, “Since the early 1990’s, the theoretical debate on policy change in the field of policy studies has been clearly dominated by three major [a]pproaches, the *Advocacy Coalition Framework* (ACF) by Sabatier (Sabatier, 1987, 1988, Sabatier & Jenkins-Smith 1993), the *Punctuated-Equilibrium Theory* (PET) by Baumgartner and Jones (1993), and the *Multiple Streams Approach* (MS) by Kingdon (1984, 1995)” (2009: 117). All theories aim to find the drivers of policy stability and policy change and provide causal explanations of the policy process (Real-Dato, 2009: 117). The Multiple Streams Approach

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<sup>8</sup> Kamerstukken II 32 123 XVII, nr. 13

focuses on the agenda-setting process of policy change by assuming that the three different streams; problems, policy alternatives, and macro political context together provide a window of opportunity for advocating actors to promote solutions or issues. Proponents of change can then exploit this opportunity in order to change the policy (Real-Dato, 2009: 117).

The Punctuated-Equilibrium Theory focuses more on stability, where stability is a “result of the joint action of institutional decision structures and constructed positive policy understanding (images) which contribute to maintain the monopolistic control over the issue by a set of dominant actors” (Real-Dato, 2009: 119). Here policy change is a result of conflict outside of the subsystem; “the set of actors interested in a policy issue or problem that interact forming decisional systems as the basic unit of analysis” (Real-Dato, 2009:118). This conflict can expand when proponents of change manage to undermine the current policy monopoly by redefining the policy image.

The Advocacy Coalition Framework also aims to explain policy stability and change along long periods of time (over 10 or more years) and assumes that affecting policy core beliefs within a policy subsystem causes major policy change. The Advocacy Coalition Framework “considers that in the long term, only ideas (beliefs) are relevant to understanding policy change” (Real-Dato, 2009: 137). This change in policy core beliefs can occur in case of external factors in the political or socio-economic environment, which changes the composition of coalitions and their position within the subsystem or through endogenous shock that affect the policy subsystem, such as public opinion or the influence of other subsystems (Real-Dato, 2009: 120). The multiple Streams Approach and the Punctuated Equilibrium Theory focus more on changes in the decisional agenda, such as the number of regulations relating to a policy or budgetary allocations; however, they do not focus on the policy designs which are actually implemented (Real-Dato, 2009: 121).

Even though, the Punctuated Equilibrium Theory and the Multiple Streams approach are some of the most commonly used theories to explain policy change, this paper is an effort to contribute utility and the generalizability of Advocacy Coalition Framework theory because the Advocacy Coalition Framework includes many of the explanatory variables introduced by other theories. Schlager states, “the family resemblance among the policy process theories and comparative policy models has become more pronounced, to the point where they probably belong under a single roof, and that roof is the currently entitled the advocacy coalition framework” (cited in Nohrstedt, 2009: 2). The Advocacy Collation Framework has been applied to “about 30 studies cover cases from Europe and additional studies include policy issues in Asia, Africa, Australia, South America, and Canada” (Nohrstedt, 2009:2). These

studies have confirmed that the framework has a wide applicability, that it is suitable to explain policy developments in areas characterized by substantial political conflict and technical complexity and that it can be used “as a lens to simplify the policy-making process, particularly with respect to the interplay between advocacy coalitions in the process of policy learning and change” (Nohrstedt, 2009:2). The objective is to test the utility of the assumptions of the theory when applied to the case of youth care. This study explores hypotheses about stable and changing advocacy coalitions and examines the drivers explaining policy change regarding the 2015 decentralization of youth care. Youth care policy is a particularly fit for the application of the Advocacy Coalition Framework because the case is both politically and technically complex and it fulfills the requirement of time perspective of a decade or more (Sabatier, 1987: 651).

The Advocacy Coalition Framework by Sabatier is one of the most frequently used theories to analyze stability and change (Bovens, 't Hart, van Twist, 2007: 182). According to this model, policy subsystems always arise around specific social issues. Within a subsystem, there are at least two opposing advocacy coalition. Sabatier states, “An ‘advocacy coalition’ is composed of many different people with all a very different function such as politicians, civil servants, interest groups, scientists, advisory agencies, ' think tanks' and journalists” (1988: 131). According to the Advocacy Coalition Framework (ACF) a shift in the balance of power between the coalitions in a policy subsystem might take place caused by a change in the *belief system* of the members of a coalition (Bennett & Howlett, 1992: 287). A belief system is a group of players within a coalition that share ideas and beliefs on a particular policy (Sabatier, 2007: 194-196). When a shift in the balance of power between the coalitions occurs it can lead to changes in policy (Bovens, 't Hart, van Twist, 2007: 183). There are two ways a change in belief system en thus a policy change can take place: by external factors and through policy learning.

This study will provide more insight into policy change theory and the applicability of the Advocacy Coalition Framework. The theory shows that the balance of power between different coalitions influences policymaking. Several factors can disturb the balance of power with a policy change as a result. The scientific relevance is increased because of the influence of various factors on the balance of power between different coalitions in a subsystem is not unique to this case alone. The influences that are distinguished by the Advocacy Coalition Framework (ACF) and the additional literature on policy change theory can also prove to be explanatory for other similar cases of policy change as well.

Therefore, the main question of this study is: can we explain change in youth care policy by applying the Advocacy Coalition Framework? The theory predicts that a change in the belief system of one of the coalitions will shift the balance of power between the coalitions and will then cause a policy change. Therefore, the coalitions involved and their belief systems within the policy subsystem of the youth care need to be illustrated in order to bring a possible shift in the balance of power to light. Thus, which coalitions exist within the policy subsystem of the youth care? A change in the belief system of a coalition constitutes the prelude to a policy change. So, in which coalition has change occurred in the belief system? Once it is clear in which coalition change has occurred, the factors that caused this change can be identified. So lastly, what factors have influenced a change in the belief system of this coalition?

This study is a single case study. The starting point of this study was a personal fascination for policy development of youth care. The empirical study derived from an exploration of existing theories about policy change. This form of research is termed deductive research and occurs when there is already an existing theory or knowledge about a particular subject. Hypothesis from the theory can be tested on real situations. As stated before, this study uses the Advocacy Coalition Framework (ACF) by Sabatier. This qualitative study uses the method of process tracing in order to illustrate the policy process of youth care from 2005<sup>9</sup> until the decision-making stage<sup>10</sup> of the most recent reform. According to Sabatier, this timespan of a decade or more is necessary in order to understand the process of policy change and the role of technical information therein and to get a reasonable assessment of policy impacts (Sabatier, 1998: 99). The unit of analysis for understanding the policy process is not any governmental organization or program, but rather a policy subsystem or policy domain (Sabatier, 1998: 99). Thus for this study the domain of youth care policy will be studied. The policy change of the youth care is an extreme example not only because the youth care system has been decentralized before in 2005, but also because it has been one of the largest decentralization attempts in Dutch history<sup>11</sup>. Up to this day there are no clear explanations for the sudden measures that were taken by the Government and Parliament in May 2010.

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<sup>9</sup> *Wet op Jeugdzorg* (previous youth care reform) that was implemented in 2005.

<sup>10</sup> During the policy formulation and decision-making stage, “expressed problems, proposals and demands are transformed into government programs” (Jann & Weigrich, 2008: 48).

<sup>11</sup> For example: <http://www.vng.nl/onderwerpenindex/decentralisaties-sociaal-domein/decentralisatie-awbz/nieuws/een-van-de-grootste-decentralisaties-sinds-thorbecke>



The Advocacy Coalition Framework is difficult to apply and it can be time consuming and costly because the framework assumes an analysis of a decade or more and it involves questionnaires and interviews. In order “to [still] understand political conflict and policy change,” Weible & Sabatier encourage other researchers to conduct a quick and qualitative ACF-style analysis of the policy subsystem, that includes few informal interviews and an analysis of documents and reports (2007: 132).

A number of parliamentary and governmental letters, documents and papers, but also independent non-governmental reports and advises will be used to provide a general overview of the youth care policy process. Documents can give an accurate description of the development just before, during and after the policy change. With the help of a document analysis I will, in accordance to the definitions provided by the Advocacy Coalition Framework, also identify the coalitions within the subsystem of the youth care. An analysis of documents would give a one-sided view of what truly happened, therefore, interviews were conducted with key actors involved in the policy process of youth care.

The expert meeting in the Senate in 2013 provides an overview of the actors involved in the process. When recruiting respondents, I used this meeting as a guide. The aim was to conduct at least 15 interviews, but due to availability, time constraints and willingness of the respondents, a number of 13 interviews were conducted. Respondents included aldermen of large municipalities, medium-size municipalities and small municipalities, members of Parliament of a governing party and an opposition party, a representative of *Jeugdzorg Nederland*, Defence for Children, Centre for Youth and Families and a representative of the Transition Committee Youth<sup>12</sup>. The information gathered from the interviews will be used primarily to illustrate the belief systems of the coalitions and the possible change that has occurred in one of the belief systems. The interviews were almost all semi-structured except for two completely structured interviews that were filled out via e-mail. The template of the interview questions was developed before the interviews took place. Most interviews began with a question about the relationship of the respondent with youth care policy and when he or she was first introduced to the idea to decentralize youth care to the municipalities. Then the respondent was asked about his or her view on decentralizing youth care. Thereafter, other questions were asked about the policy change. By asking why the change took place, most respondents chose a factor from the policy change model (ACF) as an explanation. The order and type of questions can vary depending on how the conversation evolved. Each respondent

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<sup>12</sup> See Appendix for a list of all respondents.

is or was involved in the policy development of youth care but not all in the same degree. A representative of the sector may be able to access the impact of the measures taken, whereas a member of Parliament for example could say more about the reasons and motives for taking these measures.

The purpose of the interviews was to seek an explanation for policy change. The theory here is the starting point, which means that a possible change in the belief system of one of the coalitions is needed that in turn shifts the balance of power between the coalitions. This is followed by the search for a possible explanation for a change in the belief system. According to the Advocacy Coalition Framework, external events and policy learning may provide an explanation for a change in beliefs and policy preferences. The information from the interviews will be used to illustrate the change in belief system and the factors that may have caused it and where necessary documents will be used as well. A combination of a document analysis and interviews will therefore serve as the basis of this study, in which the different methods will be used interchangeably. The majority of the interviews were conducted on a one-to-one basis. In addition, due to agenda constraints, some interviewees chose to fill out the interview and respond via e-mail. The rest of the interviews were conducted over the phone. Some respondents prefer not to be mentioned by name in this paper, for the purpose of this study, a name is not important; therefore it was decided to only mention the role of the respondent. All job titles of the respondents are stated in the list of respondents. Each interview received a number in the list which makes it easier to refer back to the responses when using a citation or using it as a reference. The list of respondents can be found in the appendix and the names as well as the original recordings or reports can be made available upon request.

The first section will illustrate the policy process of youth care in order to understand the events that occurred before and during the change. This section will also provide an overview of the most important documents, reports and letters concerning the policy process. The second section will illustrate the policy subsystem of the youth care including the coalitions and their belief systems. The section thereafter will define in which coalition a change in the belief system has occurred which in turn caused a shift in the balance of power between the coalitions. Then, according to the factors proposed by Sabatier, the possible explanation for the change in the belief system will be explained. Finally, it will be determined what were most prominent in explaining the policy change. The paper will conclude by answering the main question of this study meaning, whether an explanation for

the policy change of the youth care can be provided through the application of the Advocacy Coalition Framework.

## **The Youth Care Policy Process**

In order to understand why this policy change has occurred, it is necessary to bring the entire policy process of the youth care to light. This can help to better understand the events that happened before, during or after the policy change. This section will therefore provide a brief overview of the youth care policy from 2005 until 2014.

The issues surrounding the youth care have caused a lasting debate about the interpretation of a good system. In 1974, the first Commission Workgroup Mik was developed to bring more coherence between the different youth care organizations (Harchaoui & Janssens, 2008: 68). The recommendations of the working group include three main elements that reoccur in all subsequent advises on youth care policy such as the importance of prevention and care at the earliest stage, the decentralization youth care policy and regional cooperation of aid agencies and the removal of barriers between child protection services, health care and social work. However, the successive governments largely ignored these recommendations for decades and during this period, funding for youth policy and youth services were also significantly reduced (Harchaoui & Janssens, 2008: 68).

Decentralizing certain responsibilities to municipalities can be traced back to the revised municipal law of 1994<sup>13</sup>. Article 117 of the Municipal Law on the relations between the provinces and the national government states, “the minister promotes decentralization for the municipalities and the propositions of measures whereby certain matters need to be accounted for under governmental- or provincial policies will only be done if the municipalities cannot fulfill the subject of health efficiently and effectively.”

During a congress in 2009, the vice-president of the Council of State said, “[o]ne of the main reasons for decentralization is that it serves the interests of the citizen. Citizens will benefit from decentralization because it strengthens local democracy, it increases the accessibility of the municipal board and it reduces the distance between citizens and government.”<sup>14</sup> Therefore, the ideas to decentralize major government tasks such as youth care have not been plucked out of thin air. There have also been decentralizations in the past, but these were executed on a much smaller scale. In 2004, the Work and Social Assistance Act and in 2007 the Social Support Act (WMO) were introduced whereby a number of policies in the field of health care and health services were passed on to the municipalities.

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<sup>13</sup> III. Article 117 of the Municipal Law

<sup>14</sup> Introduction from the Vice President of the Council of State, Mr. H.D. Tjeenk Willink, for Divosa Spring conference in 2009, Utrecht <[http://www.raadvanstate.nl/tjeenkwillink/toespraken-van-herman-tjeenk-willink/tekst-toespraak.html?id=536&summary\\_only=&category\\_id=14](http://www.raadvanstate.nl/tjeenkwillink/toespraken-van-herman-tjeenk-willink/tekst-toespraak.html?id=536&summary_only=&category_id=14)>

Since 2012, municipalities also carry out debt relief services and in the latter part of 2014 special education has also been decentralized to the municipalities (van der Steen et al., 2013).

Most of the currently offered services within the social domain are fragmented and therefore no longer efficient and effective for the purpose of serving the citizens in need. On top of that, the government has a substantial budgetary problem. Therefore, “the goals of the decentralizations are more citizen- participation and incentives, less bureaucracy, more smart combinations in the social domain to reach real results, a limited role of the central government and a reduction in the use of government funds” (Zuidema, 2013: 2).

However, youth care services were in 2005 first decentralized to the provinces, and the biggest argument of the Association of Provincial Authorities (IPO) to transfer these functions to the provinces instead of to the municipalities was because the municipalities were too small to properly manage and control the responsibility of youth care. Many actors in the policy field agreed, however, that even after decentralization to the provinces, the youth care remained ineffective, expensive and too bureaucratic<sup>15</sup>. Now 10 years later, the entire system of youth care is decentralized to the municipalities after all.

According to Howlett & Ramesh, a social problem is usually recognized by domain specific professionals or the public and then picked up by the media (2007). Youth care is a sensitive subject because it deals with the lives of many children. The youth care system has received a lot of media attention in the past few years. In 2006, a 12-year-old girl was found dead in Rotterdam (Trouw, 29-11-2006). After investigating the case, it appeared that ten social workers had been working on her case without exchanging any information to one another. The girl was placed under voluntary youth care. Her body was found in June, but the forensics team was not able to identify her until October. No one reported her missing in those months in between (Trouw, 29-11-2006). The ten social workers that were working on her case, did not know that she had disappeared. “She slipped through the system” according to a representative of youth department of a large municipality (Interview 10).

This rather extreme case made some people believe that the youth care system needed improvements still. The accident happened one year after the implementation of the *Wet op Jeugdzorg* (Right to Youth Care Act) in 2005, the first decentralization of the youth care to the provinces. This Act created a one-stop service facility for young people with problems, *Bureau Jeugdzorg* that worked for the Provinces. This Bureau was the umbrella for other departments such as juvenile prevention, youth social services, child protection services,

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<sup>15</sup><http://www.trouw.nl/tr/nl/4324/Nieuws/article/detail/1491934/2006/11/29/Onderzoek-jeugdzorg-faalt-ondanks-nieuwe-wet.dhtml>

children's advice center and the child abuse hotline. In addition to these departments, other organizations were involved with youth care services as well. These organizations included the Center for Youth and Families, The Counsel for Child Protection and youth mental health (GGZ).

According to the Netherlands Youth Institute, soon after the implementation of the *Wet op Jeugdzorg*, many problems and calamities caused by the new system arose (Bosscher, 2012). First, there was a serious imbalance in the funding of the different health services. The total funding of the youth care came from five different sources, namely from municipal funds, state funds, through the health insurance companies via the Exceptional Medical Expenses Act and finally, through the Ministry of Health, Welfare and Sports and the Ministry of Security and Justice. These different financial streams make it difficult to get a grip on the total spending. Secondly, the system was not transparent enough and it consisted of many "different services, statutory bases, responsible and funding authorities, professional associations and sector organizations," which made its effectiveness even more difficult to realize (Bosscher, 2014: 3). The system was, according to clients, inefficient and slow because they were continuously referred back and forth to various other organizations. Moreover, the demand for more specialized and more expensive care rose every year by 10 percent and this was not caused by more youth problems, but by wrong diagnosis and the lack of transparency (Bosscher, 2014). Currently, the government has lost control on the total spending on youth care.

René Clarijs, who analyzed 60 years of youth care in the Netherlands in his book *Tirannie in de Jeugdzorg*, argues that the ideas for yet another system change first surfaced in a management advise called *Koersen op het Kind* by Steven van Eijck (2013). Under Operation Young, this management advise was presented to the Secretary of State for Health, Welfare and Sports a year after the implementation of the *Wet op Jeugdzorg*. This report was developed as a response to complaints from clients and professionals in the youth care field after the decentralization to the provinces. The management advice contains 25 recommendations for the future organization of youth care in the Netherlands, such as minimizing the administrative layers responsible for youth care. Also, according to Operation Young, the government should start combining tasks in the field education, protection and care in stages, starting with the biggest four cities, working up to the 32 largest municipalities and finally the remaining municipalities (van Eijck, 2006).

Three years later in October of 2009, BMC (a Management Bureau), commissioned by the former ministry of Youth and Family and Ministry of Justice, provided an indebt

evaluation of the Youth Care Act and the results of the law were tested once again. The report does not provide concrete recommendations to decentralize youth services to the municipalities, but does provide an overview of the negative and positive aspects of the then current system (Baecke et al., 2009).

A month later, during the budget meetings in the Parliament, Member Dijsselbloem stated that according to the BMC report and other evaluations, the minister should be able to make proposals that will result into policy adjustment. Dijsselbloem requested the government to take serious measures with a widely supported motion.

In December of 2009, yet another advice on the arrangement of youth care was published. The Committee Concern for Youth released the advice *Van Klein naar Groot* (From Small to Big). It states that the administrative control around the youth care should be in the hands of the municipalities. Municipalities should be responsible for a coherent youth policy (Paas, 2009). They should be given the responsibility to form networks with schools, local institutions and social partners. The committee argues that it is quite strange that some of the youth services are excluded from the municipal arena because if a child's or family's problems get to be more serious, the responsibility shifts from the municipalities to the provinces and as a result children and young people get lost in the system. The committee states that this particular division of responsibilities makes it difficult for additional efforts to establish a connection with young people (Paas, 2009).

In April of 2010, the leaving Government presented its vision on the future of youth and family. Key words were: strengthen own capacity, more support and high quality care that will be quickly available and closer to home (Rouvoet, 2010).

In response to Member Dijsselbloem's widely supported motion and for the purpose of examining the huge growth in the demand for specialized youth care services and its accompanied increasing costs, the government established the Parliamentary Working Group Youth on the future of youth policy before the end of 2009. This working group published their report called *Jeugzorg Dichtbij* (Closer Youth Care) in May of 2010. The aim of the study was to understand the recommendations and conclusions of previous studies and how they can be practically carried out in the field of child welfare. The Parliamentary Working Group also spoke with experts and representatives of organizations that are directly involved with child welfare. The unanimous advice of the Working Group was to decentralize youth care to the municipalities including youth mental health services. Other recommendations included, one financial stream for youth care and more regional cooperation between municipalities (Heijnen, 2010).

On 15 June 2010, the Senate's Standing Committee on Health, Welfare and Sport discussed the evaluation of the Youth Care Act, including the government's earlier vision and the report of the Parliament's Working Group of Future Exploration of the youth care. The committee decided to postpone a possible policy debate on the Youth Care Act until a new cabinet was in place. Cabinet Rutte I was formed that same year on October 14. During the government statement on October 26, the Minister President stated, "it is more democratic and often most effective to leave governing as much as possible to the government that is closest to the citizen [...] This is why the youth care goes to the municipalities."<sup>16</sup>

Merely one paragraph is written about the overall youth care problem in the 2010 coalition agreement. The agreement states that the youth care needs a systematic change. Furthermore, there must be a funding system for both the current prevention policies, the current voluntary provincial child welfare and for youth mental health. Also, in line with the advice of the Parliamentary Working Group, all tasks in the field of youth care will be transferred to the municipalities. Prevention and voluntary assistance is organized in close coordination with the emergency forces via the cooperation of municipalities. Lastly, the Youth and Family Centers will be used as the front office for all the local youth in the municipalities (Rutte & Verhagen, 2010).

Initiated by the VNG (Association of Dutch Municipalities), van Yperen & Stam, created in December 2010 a report called *Opvoeden Versterken* (Strengthen Parenting). The report also speaks about one funding stream for the current prevention policies, the current voluntary provincial child welfare, youth mildly mentally disabled and the youth mental health (van Yperen & Stam, 2010). The authors are also in line with the opinion of the Parliamentary Working Group, meaning that all tasks in the field of youth care should be transferred to the municipalities (2010).

At the VNG Congress in June 2011, the 2011-2015 Administrative Agreements between the government, VNG (the Association of Dutch Municipalities), IPO (the Association of Provincial Authorities), and the Association of Water boards were approved. In sum, the municipalities are responsible for implementing all care for children and young people. The argument to transfer the tasks to the municipalities is that the different aspects of the youth care are in the vicinity of places where these young people and their families live under supervision of the municipalities. Together with comprehensive support, care will be achieved more easily closer to home (VNG, 2011).

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<sup>16</sup> Government statement cabinet Rutte in the House on October 26, 2010  
< [https://www.eerstekamer.nl/behandeling/20101026/regeringsverklaring\\_afgelegd\\_door/document3/f=vik1dglnyx7x.pdf](https://www.eerstekamer.nl/behandeling/20101026/regeringsverklaring_afgelegd_door/document3/f=vik1dglnyx7x.pdf)>



The Secretary of Health, Welfare and Sports and Secretary of Security and Justice wrote a policy letter called *Geen Kind Buitenspel* (No Child Left Behind) in November 2011. In sum, the letter repeats the content of the coalition agreement to decentralize all support and care for young people in municipalities, both administratively and financially. Municipalities are thus asked to develop comprehensive policies and offer customized, tailored service according to client's local and individual situation (Veldhuijzen, van Zanten-Hyllner & Teeven, 2011). Moreover, in that same month, the G32 (the biggest 32 municipalities) released a note about the transition of the youth system called *Uitvoering in Voorbereiding* (Implementation in Preparation).

In June of 2012, the Netherlands Youth Institute, commissioned by the Ministry of Health, Welfare and Sports organized a work visit to Denmark. The Participants of the study trip included different people from various organizations such as the VNG, Mental Health Care, Youth Care Netherlands, Council of Child Protection, Ministry of Welfare Health and Sports and the Netherlands Youth Institute. The report *Transitie en Transformatie Jeugdzorg* (Transition and Transformation Youth Care) talks about a similar complicated transition of youth care in Denmark that was deployed in 2007. Since the ideas were brought forth to transition the Dutch youth policy in the future, the motive of the study trip was to learn from other countries and bring back ideas and examples. In many countries around the Netherlands, decentralization of social domain policies is already a daily reality. Therefore, in times of change, it makes sense to look across the border. Not to adopt the same strategies or policies, because the historical and cultural contexts are different, but taking a look across the border can offer ideas about how the transition can be achieved and what solutions are to be found elsewhere. It also helps in showing that all the responsibilities for youth and their families can be arranged under one local government entity and that is possible to reduce the need for more intensive care this way (Bosscher, 2012).

According to Coincide B.V. who facilitates the innovation process of the healthcare sector for sustainable improvement of health care in the Netherlands<sup>17</sup>, the 2012 coalition agreement had sharpened the debate on change in health care and this required an active attitude of all stakeholders (2012: 1). Therefore, Coincide B.V. organized a study trip to Denmark *Care Close to Home* in November of 2012 with the purpose of solving the accelerating need to specialized, long-term, and expensive care in the Netherlands (Gruijters, 2012). The study trip included participants from various health insurance companies and care

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<sup>17</sup> Mission Coincide B.V. <http://www.coincide.nl/>

organizations as well as councilors and aldermen of different municipalities around the country. The trip provided a framework for mutual discussion, dialogue and thinking about solutions in the Netherlands with the new policy in mind. “It is a paradigm shift from welfare state to a participatory society”, says Gruijters, director of Coincide (2012).

It is not unusual that all youth care in the Netherlands will be transferred to the municipalities in 2015 because according to the Netherlands Youth Institute, all facilities for children, young people and their parents are already offered and coordinated at the local level in several other Western European countries. Inspiration for the upcoming decentralization and transformation of our youth care system can be found in the countries surrounding the Netherlands (Gruijters, 2012). For this reason, the Netherlands Youth Institute, commissioned by the former Ministry for Youth and Families, released the report *Youth in Europe version 2.0*. in December of 2012 (Vink & Berg-le Clercq). This report contains an overview of some relevant developments in care in England, Germany, Norway, Sweden, Denmark and Finland.

During the first Cabinet Rutte, the government continues to be occupied with the development of new decentralization plans for the social domain. The key elements of the concept bills are found in the coalition agreement of the Second Rutte Cabinet called *Bruggen Slaan* (Rutte-Samson, 2012). This coalition agreement stressed the need to decentralize certain laws within the social domain in the near future. This agreement provided ideas about possible solutions for the deficiency of the youth care system and included more concrete steps to change the course of the youth care policy. The agreement states that children should grow up in a healthy and safe environment and that is it the parent’s responsibility to take care of this in the best possible way. However, when the development of children is seriously jeopardized, the government should be able to intervene. In the past, despite increasing budgets on youth care, did this not always happen. Therefore the coalition states that the youth care system needs to be greatly improved in the coming years. Also, the spending on child welfare and youth mental health needs to be reduced. Therefore, the whole youth care system will be decentralized to the municipalities in 2015 (Rutte-Samson, 2012).

The decentralization is entirely coordinated by the Ministry of Interior and Kingdom Relations. The basic ideology for the decentralization in de social domain is "one family, one plan, one director” and this also requires one budget and one responsible government entity (Rutte-Samson, 2012: 24). In the past, countless organizations and social workers worked at cross-purposes in supporting one family and therefore, cooperation between various organizations needs to be improved. To assess the effects of youth care, future performances will be recorded and made public. Moreover, the decentralization should contribute to better

utilization of people's own strengths, social networks and the facilities offered by the municipality (Rutte-Samson, 2012: 24). The overall main focus of the decentralization will be to increase citizen participation and restore a civil society. The transitions in the social domain are related to a new approach of participation, welfare and health. Furthermore, the coalition wants to accelerate the professionalization of youth care, including training, professional codes and disciplinary acts. Lastly, the new youth law also guarantees complete municipal discretion (Rutte-Samson, 2012).

The House accepted the new *Jeugdwet* (Youth Law) developed by the Secretary of Health, Welfare and Sports and the Secretary of Security and Justice on October 17, 2013. On November 5<sup>th</sup> 2013, the Senate received a technical briefing from the Ministry of Health, Welfare and Sports where the ins and outs of the new law were explained.<sup>18</sup> Later on December 9<sup>th</sup>, the Senate held an expert meeting with around twenty professionals and organizations including the Association of Dutch Municipalities, the Children's Ombudsman, the Data Protection Authority, the Royal Dutch Society for the Advancement of Medicine, the National Doctors Association (LHV), the National Platform for Mental Health Care (LPGGZ), Mental Health Care Netherlands (GGZ Nederland), Insurers Netherlands, councilors, youth care offices and the Transition Committee system Revision Youth<sup>19</sup>. These various professionals in the field of youth care shared their thoughts with the Senate on the new law. The Senate passed the *Jeugdwet* on February 18, 2014.

As stated before, the youth care was decentralized in 2005 to the provinces. The biggest argument of the IPO was that the municipalities were too small and did not have enough capacity to carry out all youth care tasks. However, the 2011-2015 Administrative Agreement six years later proves that the views of the provinces and the government on youth care changed over time. All levels of government suddenly agreed that it would ultimately be best to transfer all youth care services to the municipalities. Besides the fact that youth care has been decentralized before in 2005, this case is also special because decentralization of youth care is accompanied by two other major decentralizations within the social domain (*Participatiewet* and *AWBZ*). Furthermore, the budget cuts that come with the decentralizations and the short implementation phase also make this case interesting to study. Even though the policy process of youth care has now been illustrated, the explanation for the policy change remains unclear. This section discussed the large and diverse group of actors

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<sup>18</sup> VNG, Legislative Route of the Youth Law < <http://www.vng.nl/onderwerpenindex/decentralisaties-sociaal-domein/decentralisatie-jeugdzorg/wetstraject-jeugdwet>>

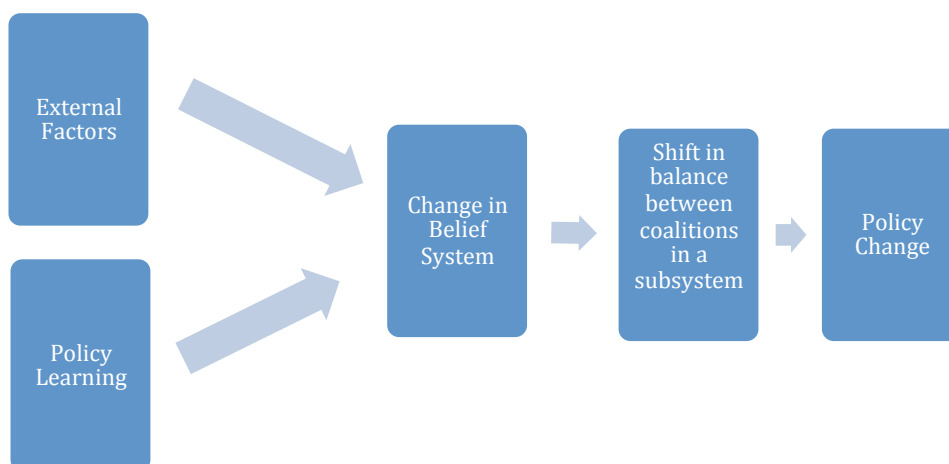
<sup>19</sup> Kamerstukken I 14/15, 33684, G, p.1-54.

involved in the policy process of youth care and illustrated the mechanisms and instruments that could have changed the views on youth care policy. This overview of actors and the means to influence policy is helpful for the process of distinguishing the different coalitions in the policy subsystem in the next section, but it does not directly explain why a policy change in youth care occurred. The Advocacy Coalition Framework can help to find the explanation by assuming that changes in the belief system of one of the coalitions within the subsystem of youth care is the cause of this change. In order to find this change in the belief system, the coalitions will be identified and their belief systems will be illustrated in the next section.

## The Policy Subsystem: coalitions and belief systems

The contribution of the Advocacy Coalition Framework (ACF) is the understanding that not interests, but ideas and beliefs are an important explanatory factor for policy change (Sabatier, 1988: 142). The goal of the Advocacy Coalition Framework is to empirically explain policy changes by studying the relationship between competing advocacy coalitions within a policy subsystem. Policy subsystems always arise around specific social issues. Subsystems include large and diverse groups composed of both public and private actors such as politicians, civil servants, interest groups, advisory groups, think tanks and journalists (Sabatier, 1988: 131). These stakeholders can form informal networks that can lead to the development of coalitions (Sabatier & Weible, 2007: 196). A policy subsystem is generally composed of one dominating coalition controlling the executive branch and a number of (two to four) minority coalitions seeking to influence the direction of the policy. The members of the coalitions have different backgrounds but they share the same beliefs and policy preferences about a specific policy. A set of ideas about the policy that all actors of a coalition share is called a belief system (Sabatier, 1987: 652).

The starting point of the theory is that changing beliefs of members of these coalitions are the cause of policy change (Bennett & Howlett, 1992: 287). If the belief system of one coalition prevails for a certain period of time, a shift in the balance of power between the coalitions will occur which could then lead to policy change (Bennett & Howlett, 1992: 287). There are two factors that may change a belief system: external events and policy learning. Schematically it looks like this:



The policy subsystem of youth care is also composed of various private and public actors. The expert hearing in the Senate in December 2013 gives an overview of the actors involved in the youth care domain.<sup>20</sup> The hearing provided a stage for major stakeholders within the youth care domain to give an opinion on the new youth care bill. Among the speakers were, aldermen, majors, representatives of various *bureaus Jeugdzorg* around the country, *GGZ Nederland* (mental health), *Zorgverzekeraars Nederland* (health insurers), the *Kinderombudsman*, Defence for Children and professors.

In order to explain the policy change of youth care, the coalitions within the youth care subsystem need to be identified. After numerous interviews and conversations with aldermen, representatives of organizations closely involved with youth care policy and other stakeholders, it can be established that three coalitions exist within the policy subsystem with each their own belief system. Each coalition strives to transform his beliefs and thus, policy preferences into policy. One coalition is usually dominant because it is almost impossible to satisfy all policy preferences.

#### *Coalition proposing change*

The first coalition consists of mainly actors at the municipal level. According to a representative of the current Transition Committee, the most important players in the latest youth care policy process have been the two largest cities. He states, “the aldermen of the two largest cities were already discussing their ideas to further decentralize youth care to the lowest level of government in July 2006 with the publication of the Manifest of Municipalities” (Interview 11). He continued, “Every alderman in a municipality has a position within his own political party. If he or she says that the youth care tasks should be decentralized, then this shall be heard and this means that sufficient political support in The Hague was achieved” (Interview 11). The Manifest published by the VNG (the Association of Dutch Municipalities) in 2006 states, “Municipalities want to create more room for residents and businesses and are taking the lead by reducing the number of municipal regulations. Municipalities also need more room in order to achieve this, meaning a greater autonomy. Therefore, a major boost is necessary for decentralization to municipalities.”

Within the belief system of this coalition, a few factors play a role in the decision to decentralize. On the one hand, it is giving the municipalities more responsibilities and thus making it a more important level of government. The two largest cities and the strong lobby

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<sup>20</sup> Kamerstukken I 14/15, 33684, G, p.1-54.

of the VNG have helped achieve this eight years later. A Member of Parliament of the coalition party states, “I agree with the VNG, the youth care system was really not working well” (Interview 6). A member of an opposition party in Parliament stated, “the position of the municipalities has become increasingly stronger and the same can be said for the lobby of the VNG. It has become an important governing body and the provinces have simply become less important” (Interview 4). On the other hand, the majority of the municipalities are convinced that the tasks within the social domain will be better organized on a local level, closer to home, schooling and the living space of children and their families (Rutte & Samson, 2012). An Alderman of a smaller municipality said about the decentralizations, “it is and was the best solution” and continues, “it is a trend to recognize that the first government (the municipalities) is the most effective level of government but the need for reducing the spending on youth care also played a big role in the decentralization” (interview 3). According to Zuidema, “the vision behind the decentralization of the youth care is similar compared to the other two decentralizations: more citizen participation, more dependent on the strength of the citizen, less bureaucracy, more smarter combinations in order to achieve real results, limited role of government and a decrease in government spending” (2012: 2).

### *Middle Coalition*

The provinces, the IPO, but also the government (the related ministries: former Ministry of Youth and Family, the Ministry of Welfare, Health and Sports and the Ministry of Security and Justice), the House and the Senate are the major actors in what is called the middle coalition. *Jeugdzorg Nederland* and other national health organizations (e.g. *Bureau Jeugdzorg*, Advice and Complaints Agency (AKJ) and *Zorgbelang*) can also be placed in the middle coalition. Not because these actors were indifferent about changing the youth care policy or not to change the policy, but because they were not a proponent of change at first. They were influenced by the dominant coalition starting in 2009, or according to aldermen of the largest cities much earlier, around 2006, with the publication of the Manifest by the VNG and many municipalities (Interview 1, 10 and 11). Until 2009 or so, this coalition, together with the opposing coalition, appeared to be more dominant. After political action, e.g. motion Dijsselbloem, an evaluation report on the *Wet op Jeugdzorg* and the report of the Parliamentary Working Group, the support for a policy change increased.

The belief system of the middle coalition was in the first place concerned about the position of the provinces, the existence of the *Wet op Jeugdzorg* and the existence of the *Bureaus Jeugdzorg* (Weezel & Derkzen, 2014). A researcher at BMC states, “we might be

able to still improve a lot within the current youth care system” (Baecke, 2011). The biggest argument of the IPO to decentralize youth care to the provinces in 2005 with the *Wet op Jeugdzorg* was because the municipalities were too small and did not have enough capacity according to the IPO (Peters, 2006). Many actors in the policy field agreed that even after the decentralization of youth care to the provinces in 2005, the system remained ineffective, expensive and too bureaucratic<sup>21</sup>. Now 10 years later, the entire system of youth care is decentralized to the municipalities after all. A representative of the IPO also said that the provinces did the best they could with the resources they had, but they also had to do their work according to the rules and regulations set by the government. The guidelines developed by the government created waiting lists and more bureaucracy. The system did begin to show improvements as well, but by that time the government was already convinced that the youth care tasks would have to be further decentralized to the municipalities (Interview 11). The middle coalition policy in terms of policy preferences, opt for measures and policy reform that serve the interests of the state and finding the most effective and efficient solution to the rising costs of the youth care system was the main priority.

#### *Coalition opposing change*

The coalition opposing decentralization of youth care share beliefs and standards in terms of equal rights in terms of receiving care and the continuation of care for children. The coalition consists of youth psychiatrists and psychologists, general practitioners, Dutch Organization for Psychiatrics (NVvP), Netherlands Institute for Psychologists (NIP), Youth Mental Health (GGZ), LPGGZ (National platform GGZ), Accare (Child and Youth Psychiatrics), Royal Dutch Medical Association (KNMG), National Doctors Association (LHV), Health insurers Netherlands, but also some professors specialized in youth care policy. Dr. Meijers, a professor specialized in youth care states, “With this transition we are likely to get tangled in a situation in which the rights and interests of parents and children are sidelined. The government ignores the criticism of lawyers on the functioning of the youth care, of the inspection on the quality of the reports by the *Bureaus Jeugdzorg* and of the GGZ (mental health) experts on the lack of professional diagnostics” (2013).

The main concern about the decentralization was that the youth mental health services were to be included in the law as well and that municipalities were given full administrative freedom, which could create inequality among children (Weezel & Derkzen, 2014). Before

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<sup>21</sup><http://www.trouw.nl/tr/nl/4324/Nieuws/article/detail/1491934/2006/11/29/Onderzoek-jeugdzorg-faalt-ondanks-nieuwe-wet.dhtml>



2005, the lobby of *GGZ Nederland* managed to have the mental health services excluded from the 2005 law. For many years *GGZ Nederland* fought long and hard for the equality between mental and medical health and finally succeeded when the mental health services were included in the *Zorgverzekeringswet* (health insurance law). However, with the new youth law, the youth mental health would be removed from the *Zorgverzekeringswet* and has become among all other youth related services, the responsibility of the municipalities as well. *GGZ Nederland* along with general practitioners and child-psychiatrics and psychologists believed that this would once again create inequality between children because of the administrative freedom that will be granted to the municipalities.

During the expert hearing in the Senate, the director of *GGZ Nederland* *GGZ Nederland* states, “the loss of coherence between the youth mental health and adult mental health and medical care is unacceptable<sup>22</sup>.” Even though this opposition party voted for the bill, a member of the party states, “I was reluctant about the transferring of the youth mental health services, I am against decentralizing medical services, mental and medical health should not be treated differently” (Interview 4). As a response to the draft of youth care bill, Royal Dutch Medical Association (KNMG) writes, “we are also sure that the discretion and autonomy enjoyed by the local authorities will result in reduced accessibility and inequality between municipalities in the treatment of children and adolescents” (Wigersma, 2012). Furthermore, National Doctors Association (LHV) also writes in response, “The great discretion of the municipalities worries us. We have questioned whether all municipalities are able to effectively arrange mental health services” (van Eijck & de Graaff, 2012).

According to this coalition opposing a policy change, the rights of the child are not sufficiently guaranteed in the new law. In response to the draft of the new youth law, Dutch Organization for Psychiatrics (NVvP) writes, “inequality will arise between residents of different municipalities” (Veenendaal, 2012). Accare writes also in response to the draft, “mental health can vary per municipality and we can therefore speak of inequality” (Broersma, 2012).

The *Kinderombudsman* and Defence for Children were in principle in favor of organizing youth care closer to home, but their main concern was also that the law did not guarantee equal rights for children because all children have the right to always and everywhere receive the same type of care and should not be dependent on the municipality they live in.<sup>23</sup> The Children’s Ombudsman and Defense for Children have warned the

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<sup>22</sup> Kamerstukken I 14/15, 33684, G, p.1-54.

<sup>23</sup> Kamerstukken I 14/15, 33684, G, p.1-54.

government about a possible violation of the Convention on the Rights of the Child<sup>24</sup> if differences between municipalities cause inequality among children (Dullaert, 2013). When the opinion of a representative of Defence for Children on the transition of youth care was asked, she replied “with fear and trembling. I believe the process goes much too fast and it is careless. I fear that the municipalities will not be ready in time to cope with the heavy responsibility of the youth care” (Interview 4). Furthermore, *Medisch Contact* writes, “transferring all youth care services to the municipalities is a bad plan” (2011).

The coalition opposing to the policy change will in terms of policy preferences, opt for measures and policy reforms that serve the interests of the child and secure the position of the professional at the same time. The coalition opposing to the change would have rather seen answers to the problems surrounding the youth care under the then current conditions. Weijers states, “research into the drawbacks of the new system was hardly done, there is too much hurry. This is threatening the interests of the children and the interests will have to be sacrificed for the ADHD of politics” (2013). According to Clarijs who analyzed 60 years of youth care policy, the upcoming ‘three decentralizations’ fit traditional Dutch government thinking, meaning that the effectiveness and efficiency of the youth care, the *Participatie Wet* and AWBZ will only be increased through a radical system change (2013). Clarijs stated that because of the political disinterest and arbitrariness regarding the youth care, the decentralization would not solve the real problem of the youth care system. Moreover, he said that the process of the transition is too chaotic and there is no guarantee that the outcomes will have positive results for the youth. Clarijs argues that the system change will turn the current system upside down, but will not solve the existing administrative shortcomings (2013: 3). Furthermore, no attention is given to the fact that earlier system changes did not cause significant improvements either (Clarijs, 2013: 3).

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<sup>24</sup> The UN Children's Rights Convention (1990) was enacted in the Netherlands on March 8, 1995.

## Change in the Belief System

The coalition opposing change and the middle coalition were the dominant coalitions until around 2009. The coalition proposing the change became more dominant through the report of the Parliamentary Working Group, the Evaluation on the *Wet op Jeugdzorg*, the vision of the outgoing Cabinet Balkenende IV, but most definitely when the plans to decentralize appeared in the first, and especially the second coalition agreement of Cabinet Rutte. The outcomes of reports, evaluations and advises on the system of the youth care, as it was under the responsibility of the provinces, were not promising. This made it easier to convince others, for example the middle coalition, to support the movement as well. The middle coalition joined the beliefs of the coalition proposing change and merged with the proposing coalition into one dominant coalition controlling the executive branch.

A representative of the youth department of a large municipality said, “once it appeared that the decentralizations were widely supported, most organizations that operated on a national basis, such as the specialized closed youth care facilities, had no other choice than to just go with the movement as well” (Interview 10). A representative of *Jeugdzorg Nederland* said, “Once it became clear that there was enough support for the decentralizations in The Hague, the provinces, IPO, *bureaus Jeugdzorg* and other organizations that operated on a provincial level, had no other choice to just give in and join the coalition proposing the change” (Interview 13). In the article *Big Bang in de Jeugdzorg* the author states, “the driving force behind that change is especially the dissatisfaction of the old system and it has been widely debated that the system change will be the solution for the youth care” (Vermeiren, 2013).

Also the role of the provinces was revisited over the years, a representative of the IPO said, “it had been said that the social domain and youth care was in fact no longer the job of the provinces. We could have fought against such a social development, but it simply did not fit with our profile of the future anymore and at the same time a movement was underway to distinguish what belongs to the municipality and what to the provinces” (Interview 7). A representative of the youth department of a large municipality states, “no one even looked at the municipalities as a possible option in 2005, the gap was too large to bridge” (Interview 10). The coalition proposing change became more dominant and influenced the middle coalition with the help of this new social movement as well. A member of an opposition party in Parliament stated, “the position of the municipalities has become increasingly stronger [...]

It has become an important governing body and the provinces have simply become less important” (Interview 4).

Now that it has been established that the most change has occurred in the belief system of the middle coalition, which then shifted the balance of power to the coalition proposing change, the explanation of this change needs to be established. According to the Advocacy Coalition Framework there are two ways a change in the belief system and thus policy change can take place: by external factors or through policy learning. Overall the Advocacy Coalition Framework concludes that major policy changes are the result of interference from outside the policy subsystem and small policy changes are the result of policy learning that takes place within the policy subsystem (Real-Dato, 2009: 121). These two factors of policy change are discussed separately in the following sections.

### *External Factors*

External factors can influence the belief system of coalition members and can cause a shift in the balance of power between the coalitions. The Advocacy Coalition Framework distinguishes two groups of exogenous variables. Both groups affect the constraints and resources of the actors within the subsystem. One group of exogenous variables includes basic characteristics of the problem area, basic distribution of natural resources, fundamental social and cultural values and social structure and finally the constitutional structure (Sabatier and Jenkins-Smith 1993; 1999). It is difficult to change these factors and therefore the actors almost never use them as part of their strategy. The second group of exogenous variables on the other hand is highly subjected to change. These external events are changes in socio-economic conditions, shifts in public opinion, changes in the ruling coalition and policy decisions and influence from other subsystems. Actors from the subsystem must constantly anticipate and respond to changes in these dynamic external variables (Sabatier, 1997: 36). Indeed, the Advocacy Coalition Framework suggests that changes in external factors are a necessary condition for major policy changes. Weible & Sabatier state, “External events are important because they often shift public attention (and thus resources) toward or away from a policy subsystem” (2006: 129). After studying the documents relating to the policy process of youth care policy and interviewing the actors involved in the process it appears that all external factors introduced by Sabatier have contributed to a change in policy. The influence of the four external factors on policy change in terms of youth care will be explained in the next paragraphs.

### *Changes in socio-economic conditions*

According to the coalition agreements of the first and current Cabinet Rutte, it appears that restoring the economy related to the decisions to decentralize various social domain tasks to the municipalities. The first chapter of the coalition agreement is dedicated to getting the Netherlands out of the financial crisis and that it is therefore necessary to realize budget cuts (Rutte-Samson, 2012). One of the motives to decentralize the youth care services to the municipalities was to “restore the increased spending on youth care and youth mental health care” (Rutte-Samson, 2012: 24). The overall decentralization operation is accompanied by significant budget cuts. Therefore, the motives of the decentralizations are political, cultural and economic in nature (Zuidema 2013: 5). The Exceptional Medical Expenses Act (AWBZ) is cut by structurally € 1.7 billion, the Participation Law by € 1.8 billion and youth care by € 450 million (Divosa, 2012). A representative of *Jeugdzorg Nederland* said during his interview, “the decentralization operations are really more enormous austerity operations, at first it was all about the content of the decentralizations, but when the financial crisis exploded in 2010 and the housing market collapsed the money ran out and then they thought if we just decentralize it will also be cheaper” (Interview 13).

### *Shift in public opinion*

According to a majority of the respondents, public opinion also influenced the decision to decentralize youth care services to the municipalities. Incidents such as the family drama in Roermond in 2002<sup>25</sup>, Savanna in 2004<sup>26</sup> and *Maasmeisje* in 2006<sup>27</sup>, shifted the public opinion on the confidence in the *Bureaus Jeugdzorg* and “the sector was placed under great pressure” (Harchaoui & Janssens, 2008: 71). A representative of *Jeugdzorg Nederland* states, “more often we had to deal with dead threats and the slander of the media” (Interview 13). However, many did not know that the Parliament had created the bureaucratic nature of the *Bureaus Jeugdzorg* and the bureaus became inefficient through numerous assessments and constantly controlling every step they took (Interview 7). However, the public was more concerned about the content of the operation compared to the financial benefits for the state. Eric Gerritsen, Chairman of *Bureau Jeugdzorg Amsterdam* states, “If you believe the media coverage, a poor condition about the public opinion on the youth care remains. Occasionally, reports or documentaries appear that show a more balanced and sometimes positive story on youth care,

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<sup>25</sup> See: <http://vorige.nrc.nl/binnenland/article1549363.ece>

<sup>26</sup> See: <http://www.trouw.nl/tr/nl/4324/Nieuws/article/detail/1727547/2005/03/11/Hulpverleners-lieten-peuter-Savanna-aan-haar-lot-over.dhtml>

<sup>27</sup> See: <http://www.nu.nl/algemeen/1220521/jeugdzorg-faalde-bij-maasmeisje.html>

but the dominant picture is still quite negative. It is not a pleasant climate to work i[n]” (2013).

#### *Changes in governing coalitions*

The governing coalitions have also played a role in the decision to decentralize the youth care services to the municipalities. Since the *Wet op Jeugdzorg* in 2005 five cabinets have taken office; Cabinet Balkenende II (Christian Democrats (CDA), Conservative Liberals (VVD) and the social-liberal and progressive party (D66)) from 2003-2006, a short Cabinet Balkenende III (Christian Democrats (CDA) and the Conservative Liberal party (VVD)) from July 2006 until the elections in November 2006, Cabinet Balkenende IV (Christian Democrats (CDA), Labor Party (PvdA) and the Christian Democratic party (CU)) from 2007-2010, Cabinet Rutte I (Conservative Liberals (VVD) and the Christian Democratic party (CDA)) from 2010-2012, and currently, Cabinet Rutte II (Conservative Liberals (VVD) and the Labor Party (PvdA)) that took office in 2012.

During the majority of the Balkenende Cabinets there was no evidence the government wanted to reform the youth care system by decentralizing the services to the municipalities. Even though the then leaving Cabinet Balkenende IV included ideas about the decentralizations in the Cabinet vision in 2010, it was not until the second Rutte Cabinet in 2012 that the realization of the plans to decentralize started moving at a fast speed. The report of the Parliamentary Working group is almost entirely incorporated in the coalition agreements of 2010 and 2012 stated a representative of *Jeugdzorg Nederland* (Interview 13). The State Secretary of Health, Welfare and Sports of the first Cabinet Rutte, had been given four years to finish the process, but after two years concrete plans were nowhere to be found. The policy letter about the decentralization appeared a few months before the Cabinet Rutte fell. The new State Secretary of the Cabinet Rutte II had to finish the same process but in two years instead of four. The State Secretary legally rewrote the bill and “guided this bill with military precision through the House and the Senate” according to a representative of *Jeugdzorg Nederland* (Interview 13). A representative of the Transition Committee said, “the current Cabinet moved much faster, maybe money played a big role in this, because you have to make more mass in order to cut more money” (Interview 11).

#### *Influences of other subsystems*

The movement to decentralize various tasks within the social domain to the municipalities also includes the decentralization of the *Participatie Wet* and the *AWBZ* (Exceptional Medical

Expenses Act), which were also transferred to the municipalities on January 2015. The current operation is in line with various other social domain laws that have been decentralized in the past. In the nineties, facilities for the disabled such as home modifications and wheelchairs accommodations were decentralized to the municipalities. In 2004, the Work and Social Assistance Act was decentralized and in 2007 the Social Support Act was introduced whereby a number of policies in the field of health care and health services were passed on to the municipalities. Since 2012, municipalities also carry out debt relief services and in the latter part of 2014 special education was also decentralized to the municipalities (van der Steen et al., 2013).

Thus, it can be concluded that other subsystems surrounding these other decentralizations have also influenced the subsystem of youth care. The overall vision of the entire decentralization operation is creating more integral work between the various services within the social domain. Baecke states, “The most important consideration of this operation is that staging will be achieved best at the municipal level and that this level can provide customized care and can connect other relevant domains for youth such as housing, education, free time, work and income” (2011: 3).

### *Policy Learning*

A small change is the result of the changing views on a policy caused by an increase in knowledge or through policy failure. The belief system may change due to new information, new experiences or through strategic change (Sabatier & Jenkins-Smith, 1999: 122). Sabatier and Jenkins-Smith define policy learning as follows: “relatively enduring alternations of thought or behavioral intentions that result from experience and/or new information and that are concerned with the attainment of revision of policy objectives” (1999: 123).

The new information acquired through policy learning can be used by a coalition as leverage to force a change in policy. Sabatier states, “the framework assumes that [l]earning is instrumental, i.e. that members of various coalitions seek to better understand the world in order to further their policy objectives (1998: 104). Even though policy learning is an important variable within the model of policy change, the largest and most important policy changes are according to the Advocacy Coalition Framework caused by disruptions in external factors outside the subsystem (Sabatier, 1988: 134). Nonetheless, the Advocacy Coalition Framework can also make an important contribution to the understanding of policy learning (Sabatier, 1988: 165).

The policy process of the youth care discussed in the previous sections also illustrates that change did not only occur through external events alone, but also by the process of transferring knowledge and learning from other countries. The 2005 Youth Care Law was widely contested by many professionals because the system had proven to not be as effective and efficient as the policy makers had hoped it to be. Therefore, the government started to search for new ways to create a better youth care system.

Experts and professional in the youth care field introduced the learning process of the search for new and innovative ideas about a better system, which are key actors in influencing policy change in the Netherlands. The ideas that were brought to the government's attention included reports such as *Koersen op het Kind* by van Eijck in 2006, Manifest of the Municipalities published by the VNG in 2006, *Van Klein naar Groot* by the Committee Concern for Youth in 2009, the report by the Parliamentary Working Group in 2010 *Jeugdzorg Dichtbij* and the initiative of the VNG *Opvoeden Versterken* in 2010. These reports educated political actors and with the help of the strong lobby of the VNG managed to get the ideas of decentralizing youth care on the political agenda. Political attention in the Parliament initiated by Dijsselbloem's motion for example caused the involvement of the related ministries and led to the report by the Parliamentary Working Group and the Administrative Agreements between the government, VNG, IPO and the Water Boards and untimely led to a bill that was passed by both House and Senate in 2014. The study trips abroad organized by the Netherlands Youth Institute, Coincide B.V. and VNG also contributed to policy learning within the policy subsystem of the youth care.

The results show that not only external events, but also the phenomenon of social learning can provide an explanation for a major policy change. The belief system of the middle coalition has changed through a combination of external events and policy learning. Because of this change the balance of power shifted in the policy subsystem and a group of ideas prevailed for a certain period of time. This all has resulted in a change of youth care policy that became visible in 2009.



## Conclusion

There are many theories that could explain policy change such as the Punctuated-Equilibrium theory introduced by Baumgartner and Jones (1993) or the multiple streams approach by Kingdon (1995), but these have not been as widely used as Sabatier's Advocacy Coalition Framework. The framework has been applied to various cases of political and technical complexity around the world in order to explain policy change. The Advocacy Coalition Framework has been chosen for this study for the purpose of explaining the policy change of youth care and at the same time contribute to the debate about the applicability of the model. The process of youth care policy of a decade has been illustrated in this study in order to find the drivers for change relating to youth care.

As stated before, the Advocacy Coalition Framework assumes that a change in core beliefs of a coalition within a policy subsystem can shift the balance between the coalitions and thus cause a policy change. The policy subsystem of youth care consisted of three coalitions; one coalition proposing change in youth care policy, one opposing change, and a middle coalition favoring the status quo. The change in belief system occurred in the middle coalition. Until June 2009, the Minister of Youth and Family repeatedly stated that he was not planning to systematically change youth care and that the issues needed to be solved within the then current legal framework. However, ten months later, the same Minister states in the leaving Cabinets' vision that changes to the youth care system are in fact needed in order to solve the problems caused by the system. Two administrations later, in February 2014, the Senate passed the *Jeugdwet*, and the decentralizations and thus policy change were finalized. This means that the beliefs of the central government and the related ministries changed and were now also favoring the ideas of the coalition proposing change. The coalition proposing change became more dominant and was able to convert its policy preferences into policy. The change in the belief system of the middle coalition created a shift in the balance of power between the coalitions. The exact date of this shift is difficult to identify, but it can be assumed that a change has occurred between the letter in June 2009 and the Cabinet's vision in April 2010. The Advocacy Coalition Framework claims that a change in a belief system is caused by external factors such as changes in socio-economic and political conditions, shifts in public opinion, influences from other subsystems and/or through policy learning.

The results show that all four external factors and also policy learning have influenced the policy beliefs of the middle coalition. In 2010, the economic crisis has played a role in the decision to decentralize mainly because it is assumed that decentralization makes it cheaper.

Even though, according to a Member of Parliament of an opposition party, the ideas to decentralize youth care were there first (See report *Koersen op het Kind* (2006), evaluation of the *Wet op Jeugdzorg* (2009) and the report of the Parliamentary Working Group (2010)) (Interview 4), the need of the new Cabinet in 2010 to decentralize in order to save money also played a role in the policy process. The changes in government coalitions have contributed as well. The formal plans to decentralize appeared when Cabinet Rutte one took office in 2010 (i.e. Administrative Agreements 2011-2015 and the Coalition Agreements of 2010 and 2012). This implies that without a change in the governing coalition a policy change might have never occurred. A coordinator for a Centre for Youth and Family stated, “the ball started rolling with the new Cabinet Rutte in 2010” (Interview 1). A majority of the respondents believed that a shift in public opinion has also influenced the change in belief system and ultimately the policy change. The “system was just not working well,” According to a Member of Parliament of the coalition party, which resulted into negative media attention which in turn created a negative image of the *Bureaus Jeugdzorg* and the provinces that were responsible for youth care services. The public pressure has helped the middle coalition to believe that things needed to be done differently in terms of youth care policy. Also the influence of other subsystems, for example other tasks within the social domain, has contributed to the ideas to decentralize youth care. The trend to decentralize social responsibilities to municipalities can be traced back to the Municipal Law of 1994. In the nineties, but also more recently, a number of policies within the social domain, such as the Work and Social Assistance Act in 2004 and the Social Support Act in 2007, have been decentralized to the municipalities.

Furthermore, after tracing the ten-year policy process of youth care, it is evident that many reports and advises have been written and study trips have been taken in order to learn about the ideas to arrange better, more efficient, and effective youth care. A majority of the respondents believed that the report of the Parliamentary Working Group has been the most influential document in altering the beliefs of the middle coalition. The Working Group consisted of Members of Parliament and was commissioned by the government, which implies that learning has taken place within the subsystem and especially within the middle coalition.

The mechanism of the Advocacy Coalition Framework can be applied to youth care policy from 2005 to 2015, meaning that a combination of both external events and policy learning caused a change in the belief system of one coalition creating a shift in the balance of power between the coalition which ultimately created change in policy. Even though the

theory has contributed to limiting the explanatory factors of policy change in terms of youth care to five, it remains difficult to pinpoint which one of those five factors has been the most influential explanatory factor. Real-Dato states, “Policy dynamics are driven by a multiplicity of contingent and complex causal paths” (2009: 126). Meaning, that if one of the five explanatory factors was missing, it might not have resulted in a policy change after all. Without failures of the system (incidents such as het *Maasmeisje* and the family drama in Roermond) learning about new ways to organize the system might have never been needed. The Framework may therefore not fully explain policy change at its core because it needs external factors to explain change. The question remains whether the Advocacy Coalition is needed to explain this or that it is common knowledge that a combination of events or factors results into change.

The framework also does not incorporate the role of interests and political strategy. It is a difficult and almost impossible task to distinguish ideas from interests and interests from beliefs, especially while illustrating the coalitions within the subsystem. It is also difficult to disconnect beliefs from political and economic interests, you never know exactly what is going on or what happened exactly ‘behind the scenes.’ Advocacy Coalition Framework also ignores “the institutional structures and strategic dynamics that mediate between beliefs and the content of policy programs” (Real-Dato, 2009: 212). Also, the explanatory power of the shift in public opinion as one of the factors influencing change is not convincing by document analysis and interviews alone, a more indebt quantitative study is necessary in order to conclude whether a shift occurred in the first place. The theory provides factors that could be possible explanations for policy change, but this does not mean that other factors not adduced by the theory cannot be an explanation for change in youth care policy as well. The 2007 revised addition of the Advocacy Coalition suggests using other factors such as internal shocks and negotiated agreements between coalitions and these should also be explored in future studies in finding possible explanations for policy change (Sabatier & Weible, 2007).

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## Appendix

### List of Respondents

Number	Job Description	Type of Interview	Interview Date
1	Coordinator Center for Youth and Family	In Person	15-06-2014
2	Policy Advisor Kinder Ombudsman/Defence for Children	Via e-mail	20-06-2014
3	Alderman small municipality	Via e-mail	26-01-2015
4	Member of Parliament (opposition party)	In Person	29-01-2015
5	Member of Provincial States	Via Phone	04-02-2015
6	Member of Parliament (coalition party)	Via Phone	09-02-2015
7	Program Leader Youth Care (IPO)	In Person	10-02-2015
8	Alderwoman of an average size municipality	Via Phone	12-02-2015
9	Alderman of an average size municipality	In Person	20-02-2015
10	Program advisor Decentralization Youth Care at a large municipality	In Person	25-02-2015
11	Representative of the Transition Committee Youth/ Former Alderman Youth	In Person	17-03-2015
12	Alderman of an average size municipality	Via Phone	17-03-2015
13	Representative of <i>Jeugdzorg Nederland</i>	In Person	18-03-2015