

**Transforming the Welfare State, One Case at a Time:
How Utrecht Makes Customized Social Care Work**

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I. Introduction

The welfare state has never been so much in need of reform nor seemed so incapable of it. The scope and nature of the demands placed on publicly provided welfare are changing, and a response to the changes is becoming ever more urgent. Technological development together with new patterns of global trade are dividing the economy and workforces of both advanced and developing countries into a modern sector that contributes to and benefits from global innovation and a low-productivity, low-skill sector that does neither. Jobs in the stagnant sector are precarious; adequate housing is hard to come by; debts accumulate; health care may be inaccessible or of low quality. The turbulence created by these conditions magnifies the effects and complicates treatment of the psychological problems, family conflicts, difficulties in school or with the police or drug abuse at the heart of social welfare work. Whatever may have been the case in previous decades, it is now clear that, to be effective by way of prevention or cure, the social welfare system, in coordination with, as need be, the schools, the police or the housing authorities, must devise and periodically adjust an integrated treatment plan providing “wrap-around” supports fitted to the needs of individual “multi-problem” families.

But successive attempts to make the welfare state more responsive to the needs of its beneficiaries and more accountable to the public have failed, leaving a moraine of unsolved problems and a legacy of doubt about the ultimate capabilities of the institution. The early welfare state was guided for practical purposes by the judgment and experience of trained professionals, or sometimes community volunteers. By the 1970s, the discretion thus accorded the welfare authorities seemed incompatible with the dignity of citizens. More and more detailed rules regarding benefits and eligibility for various programs were introduced. Decisions were to be by the book, with the inevitable result that, even as demands emerged for greater coordination and more tailored responses, welfare agencies came to be seen as rule-bound and bureaucratic. A wave of New Public Management (NPM) reforms in the 1990s sought to address this problem by contracting with private firms to supply welfare services while keeping goal setting and oversight in the hands of the public administration. To the persistent problems of discretion and inflexibility were soon added new ones inherent, it seemed, in the lopsided bargaining between private firms with incentives to treat the most easily treatable clients—creaming—and the detailed knowledge

of on-the-ground conditions to persuade a remote, ill-informed public counterpart to acquiesce. More tailoring of welfare services, and coordination of welfare with other domains of the public sector may be urgently needed. How, on this record, could such reforms succeed?

Yet the stakes are so high that resignation in the face of the challenges is all but unthinkable. The growing dualization of the economy and the explosion of inequality in many forms that goes with it has in many countries taken on constitutional dimensions, calling into question the foundations of democracy. The widespread appeal of populism makes this fragility manifest; often protest is directed against the degradation of public services and cuts in benefits. Responses to the pandemic have underscored, often harshly, the vital importance of a wide range of public services, and the scandalous consequences of unequal access to them and, most generally, the need in various settings for capacities for rapid and continuing adjustment akin to those now increasingly demanded in welfare. Add to these considerations the often unsustainable fiscal burden of many welfare programs and it is clear that experimentation with new organizational models does and will continue, cautionary tales of failed reforms notwithstanding.

Among current initiatives the Dutch reforms of 2015 stand out for their boldness and scope and even more for the headway they are making in addressing some of the apparently intractable problems that bedevil not just provision of welfare but all public services. The heart of the reform is a double decentralization. First, responsibility for providing welfare services to children and families, to those at the margins of the labor market, and to elderly and disabled adults is decentralized from the national level to municipalities; then, within municipalities, responsibility for receiving and evaluating new clients, referring them to specialists when necessary, but continuing to act as a case manager or “director (regisseur),” monitoring and coordinating further interventions, is decentralized to a new type of neighborhood-based team formed for this purpose. The explicit aims of the reform are to emphasize early, preventive intervention as opposed to later treatment, and integrated responses suited to needs of individuals or families rather than fragmentary supports reflecting the availability of various programs more than the particulars of client need. These changes in turn were intended to produce improvements in the quality of care and efficiency gains which would limit, perhaps even reduce, the fiscal claims of welfare. In

these ways, and others we shall see, the Dutch reforms give clear expression to the hopes for renovation percolating to the surface of public discussion in many rich countries.

Taken as a whole the outcome of the reform after five years in operation is disappointing. There has been neither a dramatic improvement nor a dramatic deterioration in the provision of welfare services, at least so far as this can be detected in data available at the national level. Welfare budgets, reduced when the reform went into effect in anticipation of efficiency gains, must often be supplemented by extraordinary grants from national funds as individual municipalities hit spending limits. Viewed nationally, the aggregate outcome of the reform so far is, surprisingly, how little has changed.

But the aggregate results conceal more than they reveal. A key purpose of the reform was to encourage innovation in the provision of welfare services at the municipal level. In fact at least one municipality—Utrecht—has made remarkable progress in institutionalizing the capacity for flexible adaptiveness, including in contractual relations with private welfare providers. It has done that, moreover, while extending the coverage of service provision and within the agreed budget constraints, itself a notable achievement since many municipalities have incurred significant cost overruns even in the absence of ambitious institutional reforms. Given the stakes and the dispiriting record of failed reform, this advance, invisible in pooled, national results, commands attention.

Utrecht's master innovation is to systematically use individual welfare cases in which a current rule or jurisdictional boundary obstructs integrated provision of a tailored support to trigger prompt review of the rule or relations across the implicated departmental lines, and eventually, in light of the collaborative analysis, to revise the rule or organize cross-departmental cooperation where it was lacking. The cumulative effect of these recurrent reviews can be the reform, even transformation, of ways of working within the distinct parts of municipal administration and an enhanced capacity across the lines of departmental "silos," all in the absence of any precise, initial blueprint for reform. Indeed routine review of the aptness of rules and jurisdictional boundaries, and common knowledge of its availability, by itself calls into question (without yet providing a full-fledged alternative to) the familiar idea of administration as a hierarchy in which rule making is the prerogative of the topmost authorities, and rules, accordingly are neither routinely challenged from below nor revised in a collaborative process drawing on experience across administrative levels and domains.

This same routine and collaborative review of obstructions affords public administrators frequent opportunities to engage external—private or not-for-profit—welfare providers at work, and thus to assess their willingness and capacity to adjust programs to changing and differentiated needs. These engagements reduce the information asymmetry between the external provider and the public counterpart and make it possible to begin using the contracts between them as an instrument to advance cooperation rather than for entrenching the self-interested practices of the private party, as is usually the case.

Utrecht's master innovation contributes as well to addressing the problem that has plagued welfare (and many other public services) from the start: control of discretion. In traditional, hierarchical organizations the reaction to an obstructive rule or boundary, if there is a reaction at all, is ad hoc: a one-time exemption, authorized by a benevolent or trusting superior; recourse to a slush fund for special circumstances, or the like. But even when these informal workarounds succeed, they remain detached from the organization as a whole; the more they proliferate the more the administration comes to seem a web of favors and deals held together by an accumulation of private understandings among colleagues, not the public values it was created to serve. By enabling and eventually obligating discussion of questionable rules and boundaries, Utrecht ensures that changes are made formal and public, and that the process of revision is likewise officially acknowledged and conducted in public.

In a larger sense, however, the Dutch reforms of welfare and the explicit shift to individualized care raise large questions about accountability that go beyond Utrecht and cannot be resolved at the municipal level. The welfare state as we know it is committed to universal norms: all citizens, or at least all citizens in roughly similar conditions, are to be treated alike. In emphasizing services, in contrast, the Dutch reform supposes that with respect to many kinds of welfare problems general similarities, let alone the fact of common citizenship, can be misleading. To be effective, services must take account of the particularities of individual and familial experience that distinguish one beneficiary from another. If equal treatment for all, or all in a similar condition, no longer applies, to what standard can citizens and courts hold public administration in apportioning services adjusted—but in what measure?—to individual need. This debate has been broached in courts at the national level, with important clarification of the requirements for investigation and

well-motivated decision making public agencies must assume in providing individualized care.

The body of this essay analyses the innovations underpinning Utrecht's organizational advances; the conditions under which these emerged; and the possibilities for spreading them directly to other municipalities or, more promisingly, complementing them with national reforms that incentivize and enable municipalities to learn rapidly from each other. To keep the analysis manageable, and because it implicates the widest array of collateral municipal services, we focus primarily on youth care. The analysis draws on the rich documentary sources generated by the municipality and other public bodies, as well as 15 interviews with protagonists of the local reforms and participant observation of a series of problem-solving meetings in various settings.¹ The rest of argument is in five parts. The next part quickly retraces salient developments of the Dutch welfare leading up to the reform. Part III presents the basic institutional choices that committed Utrecht to bold reforms carried out through incremental steps offering ample possibilities for self-correction. Part IV shows the proliferation of case-by-case problem solving as a means of fostering coordination across organizational silo boundaries. Part V indicates how these problem-solving mechanisms mitigate the problem of information asymmetry between the municipality and external service providers so that contracting out does not become synonymous with derogation of official responsibility to provide high-quality service adjusted to changing needs. Part VI looks to the way Dutch administrative law is beginning to clarify the obligations of official decision makers to take account of individual need in the determination of benefits and, more broadly, is broaching the question of the meaning of justice when individuals are entitled to be regarded in their particularity rather than as members of broad categories. The conclusion briefly reprises the argument.

II. The Dutch Decentralizations: The Road to Reform

A. The Netherlands as a Centralized Insurance and Transfer-Based Welfare State

Like most of continental Europe, the Netherlands found its own distinctive path from a congeries of local, voluntary, associational, and religious forms of welfare provision to a broadly encompassing social insurance and transfer-based welfare state during the post-World War II era. Influenced by the UK Beveridge Report, the Netherlands introduced a

¹ For a full list of interviews and participant observation at problem-solving meetings, see Appendix 1.

basic citizens' pension in the 1950s. But the Beveridgean blueprint for a comprehensive state-run system of national insurance drawn up by an expert committee established by the Dutch government-in-exile during the war was blocked by both the social partners and the confessional parties after the Liberation. Nor did a ministerial attempt in the 1970s to unify the various public social insurance schemes subsequently introduced over the years into a single overarching legal framework prove more successful. Hence by the 1980s, the Dutch welfare state (*verzorgingsstaat*) comprised a loosely coordinated set of contributory insurance-based regimes covering major social risks such as unemployment, disability, health, and pensions, underpinned by means-tested social assistance and a large semi-public social housing sector.² A distinctive feature of the postwar Dutch welfare system was its highly centralized governance, reflecting the Netherlands's constitutional structure as a "decentralized unitary state", in which municipalities and provinces are responsible for carrying out administrative tasks delegated by the national government, with very limited independent taxation powers.³

From the 1980s onwards, this centralized insurance and transfer-based welfare state came under increasingly widespread criticism from a variety of quarters, on the left as well as the right of the political spectrum. These criticisms focused on three interconnected problems. The first was bureaucratization: standardized welfare provision, based on one-size-fits-all benefits and services for distinct categories of clients came to be seen as rule-bound, remote from citizens, and poorly adapted to their individual needs, leading to demands for customization ("*maatwerk*"). The second problem was fragmentation ("*versnippering*" and "*verkokering*"): the organization of welfare provision through separate sectoral regimes gave rise to overlaps, lack of coordination, and "stapling" of benefits on top

² WRR, *De verzorgingsstaat herwogen. Over verzorgen, verzekeren, verheffen en verbinden* (Amsterdam: Amsterdam University Press, 2006), 24-5; Ton Kappelhof, "'Omdat het historisch gegroeid is'. De Londense Commissie-Van Rhijn en de ontwikkeling van de sociale verzekeringen in Nederland (1937-1952)", *Tijdschrift voor sociale en economische geschiedenis* 1, no. 2 (2004): 71-91; Anton Hemerijck and Ivo Marx, "Continental Welfare at a Crossroads: The Choice between Activation and Minimum Income Protection in Belgium and the Netherlands", in Bruno Palier (ed.), *The Long Goodbye to Bismarck: The Politics of Welfare Reform in Continental Europe*, Amsterdam: Amsterdam University Press (2010): 131-2.

³ Commissie Toekomst Lokaal Bestuur, *Wil tot verschil. Gemeenten in 2015* (The Hague: Vereniging van Nederlandse Gemeenten, VNG, 2006), 25-6; Theo Toonen, "The Unitary State as a System of Co-Governance: The Case of the Netherlands", *Public Administration* 68 (1990): 281-96; Martijn Groenleer and Frank Hendriks, "Subnational Mobilization and the Reconfiguration of Central-Local Relations in the Shadow of Europe: The Case of the Dutch Decentralized Unitary State", *Regional and Federal Studies* 30, no. 2 (2020): 195-217.

of one another, leading to demands for a more integrated, holistic approach. The combination of these two problems in turn was held responsible for a third: rising costs and waiting lists, especially in health and long-term care. This latter problem led predictably to demands for cost containment, addressed through the introduction of NPM techniques on the one hand, but also through calls for the development of a more preventative approach on the other, aimed at addressing problems in an early stage before they became acute.⁴

A recurrent remedy for these triple ills proposed in the Dutch welfare reform debate was decentralization, often argued to be a condition for integrated provision of customized care, which could enhance the quality of services while also cutting costs. Such decentralization proposals were widely supported by the municipalities, which wanted to increase their policy autonomy and escape from their imposed role as local implementing agencies of central government. The result was a series of incremental reforms from the mid-1980s through the mid-2000s decentralizing different social care functions to the municipalities: welfare work (*Welzijnwet* 1987); disability (*Wet Voorziening Gehandicapten*, WVG, 1994); activation (*Wet Werk en Bijstand*, WWB, 2004); support for non-self-sufficient adults (*Wet Maatschappelijke Ondersteuning*, WMO, 2007). Most assessments of these early decentralizations consider that they did not produce the desired effects, because of political intolerance for local deviations from the national equality principle (*gelijkheidsbeginsel*) and the accompanying tendency of the Parliament and the central administration to impose new rules and recommendations limiting local autonomy.⁵

This welfare reform movement gained added impetus from the emergence during the 2000s of an influential group of critical social care professionals and journalists, often linked to the Labour Party (*Partij van der Arbeit*, PvdA) and other left-wing organizations. Prominent figures in this group such as Jos van der Lans, Nico de Boer, and Peter Hillhorst shared the wider critique of the bureaucratization, fragmentation, and rising costs of the

⁴ For a conspectus of these criticisms, see the Memoranda of Explanation (*Memorie van toelichting*, MvT) for the three decentralization acts discussed below: MvT *Jeugdwet*, *Dutch Parliamentary Papers (DPP)* II, 2012-2013, 33684-3; MvT *Wet maatschappelijke ondersteuning 2015*, *DPP* II 2013-2014, 33841-3; MvT *Wijziging van de Wet werk en bijstand en enkele andere sociale zekerheidswetten (Participatiewet)*, *DPP* II 2013-2014, 33801-3.

⁵ For a review of these decentralizations, see Klaartje Peters, "Impuls voor de lokale democratie? De casus van de WMO", in P.L. Meurs, E.K. Schrijvers, and G.H. de Vries (eds.), *Leren van de praktijk. Gebruik van Lokale Kennis en Envaring voor Beleid*, (Amsterdam: WRR/Amsterdam University Press, 2006), 41-66; and for a broader review of the evolution of Dutch decentralization policy, see Klaartje Peters et al., *Beginselen versus praktijken. Toetsing van decentralisatieprocessen, met aanbevelingen voor versterking* (Stichting decentraalbestuur.nl for the Ministry of Internal Affairs and Kingdom Relations, BZK, September 2020).

insurance/transfer-based welfare state, while advocating a more customized, integrated, and preventative approach to social care, focused on the growing disconnect between the “life world” of citizens and the rule-based institutional logic of the “system world”. But they were also critical of the professionalization of care itself, exacerbated by NPM, and called for a new relationship between professionals and citizens, in which the former would support the latter in mobilizing their own resources (“*eigen kracht*”) and that of their social networks (“*burger kracht*”) to solve individual and collective problems in the neighborhood. Their vision harked back to the distinctively Dutch idea of a “pedagogic civil society” self-organizing through voluntary associations, while retaining a key role for public social provision. From this ideal its proponents derived the demand for decentralization of welfare services as the royal road to realizing the “promises of proximity” (“*de beloften van nabijheid*”).⁶

B. Big Bang: The 2015 Decentralizations and their Limits

Between 2010 and 2013 the Dutch Parliament passed three major pieces of legislation – the Youth (*Jeugd*), Social Support (*Maatschappelijke Ondersteuning*), and Participation (*Participatie*) Acts – which decentralized broad responsibility to the municipalities for support to children, families, and various categories of non-self-sufficient adults (including the elderly living at home), and activation of the long-term unemployed from 1 January 2015.⁷ In place of a legal right to specific benefits for people meeting predefined criteria, the municipalities were obliged to provide care adapted to the individual circumstances of those in need, with broad freedom to determine the conditions of access, the forms of support (in cash or in kind), and the organization of services (directly or through contracting out to specialist providers).

⁶ Key texts by this group include: Jos van der Lans, *Ontregelen. De herovering van de werkvloer* (Amsterdam: Augustus, 2008), and *Eropaf! De nieuwe start van het sociaal werk* (Amsterdam: Augustus, 2010); Nico de Boer and Jos van der Lans, *Burgerkracht. De toekomst van het sociaal werk in Nederland*, (The Hague: Raad voor Maatschappelijke Ontwikkeling, 2011), and *Burgerkracht in de wijk. Sociale wijkteams en de lokalisering van de verzorgingstaat* (The Hague: Platform31 (2013); Pieter Hilhorst and Jos van der Lans, *Sociaal doe-het-zelven. De idealen en de politieke praktijk* (Amsterdam: Atlas Contact, 2013), and *Nabij is beter. Essays over de beloften van de 3 decentralisaties* (Kwaliteits Instituut Nederlandse Gemeente (KING)-VNG, 2015). For the idea of a “pedagogic civil society”, see also Micha de Winter, *Children as Fellow Citizens: Participation by Children and Young People as a Social Perspective of Education* (Oxford/New York: Radcliff, 1996).

⁷ This triple decentralization was preceded in 2014 by a similar measure devolving responsibility for special education (*passend onderwijs*) to the municipalities.

The decentralizations were intended simultaneously to improve the quality and effectiveness of social care, by facilitating customization and an integrated approach, based on the principle of “one family, one plan, one case manager (*één gezin, één plan, één regisseur*)” and to cut costs, by reducing bureaucratic rules, working more preventatively, and encouraging greater use of clients’ own capacities (“*eigen kracht*”) and social networks. In the case of the Youth Act, additional goals included promoting “normalization” and “de-medicalization” through early customized interventions, thereby reducing recourse to expensive specialist care.⁸ Because the reforms were passed at the height of an economic crisis by a right-left Liberal-Labour (VVD-PvdA) coalition government determined to follow the EU’s 3% fiscal deficit rule, the decentralizations were accompanied by cuts of 15-30% in the budgets transferred from the central government to the municipalities, anticipating the expected efficiency savings.

The triple decentralization is widely considered to be the most sweeping and significant transformation of the Dutch welfare state since its postwar foundation. Why was the reform so radical? The answer is surely overdetermined, but three convergent considerations appear to have played a crucial part, beyond the immediate pressures of the crisis itself. The first was a mounting conviction among policy makers and professionals alike that the existing system of social care was neither effective nor sustainable. Thus, for example, the official evaluation of the existing Youth Care Act (*Wet Jeugdzorg*) found that obtaining a specific diagnostic indication for individual care often took longer and cost more than the treatment itself, leading to rising costs and waiting lists, while also addressing only an isolated part of the client’s problems.⁹ A second contributory element was the embrace of the “*eigen/burger kracht*” reform vision not only by a broad cohort of social care professionals fed up with bureaucratic rules and NPM protocols, but also by an influential group of Labour politicians at both national and local level, including Martin van Rijn as State Secretary for Social Security and Peter Hilhorst as Amsterdam party leader and Alderman (*wethouder*) for Finance and Youth Care.¹⁰

⁸ *MvT Jeugdwet*, 2.

⁹ *Evaluatieonderzoek Wet op de jeugdzorg, DPP II 2009-2010, 32202-1*, cited in *MvT Jeugdwet*, 10.

¹⁰ The clearest expression of this confluence was the semi-official reform manifesto *Burgerkracht in de wijk* (2013), written de Boer and van der Lans for the Ministries of Health, Welfare and Sport (VWS) and Internal Affairs (BZK), with a foreword by van Rijn.

These ideational developments in turn fed into the third key factor: a broad but ambiguous political consensus on the need for a fundamental reform of the Dutch welfare state towards a “participation society (*participatiesamenleving*)”, as expressed in the 2013 King’s Speech (*Troonrede*), drafted by Liberal Prime Minister Mark Rutte.¹¹ This speech and the ensuing parliamentary debate embodied the ambiguities and conflicting motivations behind the decentralizations. The idea of the participation society borrowed explicitly from that of the “big society”, developed by the British Conservatives under David Cameron, but introduced into the Dutch debate by the left-leaning professional critics of the bureaucratic welfare state.¹² Labour embraced the concept as a renovation of local solidarity bringing government closer to citizens, while Liberals saw it as a vehicle for achieving the dream of a smaller state. Other parties, from the Christian Democrats (CDA) and SGP on the center-right to D66, ChristenUnie, and GroenLinks on the center-left, welcomed the opportunities for enhanced local initiative and citizen participation, whatever their reservations about the concept’s fuzziness and “limited operationality”.¹³

More generally, the coalition parties and government ministries embraced the decentralizations as the most promising way of achieving substantial budget savings on social care without drastically cutting services. Municipalities, for their part, were prepared to accept the sweeping budget cuts in order to realize their long-held aspirations for greater autonomy in a crucial policy field.¹⁴

The reform legislation reserved to the national government “system responsibility” (“*stelselverantwoordelijkheid*”) for the decentralized domains, set some minimum standards (“*minimum eisen*”) for local care provision, and envisaged a national system of monitoring,

¹¹ <https://www.rijksoverheid.nl/documenten/toespraken/2013/09/17/troonrede-2013>.

¹² See for example de Boer and van der Lans, *Burgerkracht*: 13; Hilhorst and van der Lans, *Sociaal doe-het-zelven*: chs. 3, 9, *slotbeschouwing*.

¹³ Tweede Kamer, “Van verzorgingsstaat naar participatiesamenleving”, plenaire verslagen, 2/7/2014. All translations from the Dutch by the authors. For a critical response to the debate, see Kim Putter, *Rijk geschakeerd. Op weg naar de participatiesamenleving*, (The Hague: Sociaal en Cultureel Planbureau, SCP, 2014).

¹⁴ See for example the MvTs for the Jeugdwet and WMO, and the retrospective interviews in Jasper Loots and Piet-Hein Peeters, *Vijf jaar lokaal sociaal domein. Veel gedaan, te weinig bereikt* (BoekXpress Soest, 2020), especially with Jos van der Lans, Gerber van Nijendaal (*Raad Openbaar Bestuur*), Marcel Boogers (BMC Advies/University of Twente), and Erik Dannenberg (Divosa/ex-VNG). For the municipalities’ aspirations towards greater policy autonomy, see Commissie Toekomst Lokaal Bestuur, *Wil tot verschil*.

to be developed in cooperation with the municipalities. But both the concept of “system responsibility”¹⁵ and the minimum standards remained vaguely defined, while the planned national monitoring system never got off the ground. Nor was there any serious investment in creating an institutional infrastructure for knowledge pooling and experience sharing among the municipalities themselves, beyond a small Transition Bureau and the existing support activities of organizations like the Association of Dutch Municipalities (VNG) and Divosa (the association of municipal social domain directors), together with national “knowledge institutions” such as the Netherlands Youth Institute (*Nederlands Jeugdinstituut, NJI*). Municipalities, as we shall see, were left largely to their own devices in figuring out how to implement these unprecedentedly far-reaching reforms.

Why were these arrangements for national oversight and coordination of the decentralizations so weak? This remains a puzzle, but there appear to have been a number of contributory factors. First, municipalities themselves during the negotiations over the legislation successfully resisted the imposition of a more intrusive national monitoring system, which they feared would restrict their hard-won policy autonomy.¹⁶ Second, national policy makers appear to have systematically over-estimated their capacity to steer local implementation of the reforms at a distance through mechanisms such as administrative guidance and parliamentary motions, based on past experience with previous reforms, as well as the ultimate sanction of placing municipalities with serious budget overruns in receivership (“*onder curatele*”).¹⁷ National policy makers likewise appear to have systematically under-estimated the demands for new forms of monitoring and horizontal learning that such far-reaching decentralizations would place on national institutions developed for a unitary state, such as councils, planning bureaus, inspectorates, and research institutes. Thus the Council for Public Governance (*Raad voor het Openbaar Bestuur, ROB*) has recently recommended that “no further decentralizations be

¹⁵ On “system responsibility”, see M.R. Bruning, R. de Boer, and D.S. Verkroost, “Juridische deelstudie”, in R. Friele et al., *Eerste evaluatie Jeugdwet. Na de transitie nu de transformatie* (The Hague: ZonMW, 2018), 91-5; Peters et al., *Beginselen versus praktijken*, 34.

¹⁶ *MvT Jeugdwet*, 88.

¹⁷ See for example the interview with Gerber van Nijendaal (Raad voor het Openbaar Bestuur) in Loots and Peeters, *Vijf jaar lokaal sociaal domein*, 143-56.

implemented without first thinking through how the administrative level responsible for the new task will be provided with the necessary knowledge.”¹⁸

The triple decentralization initially inspired a wave of local enthusiasm and experimentation in advance of the reforms themselves. Municipalities, both large and small, drew up bold plans for implementing the reforms, and established a wide array of neighborhood or district teams (typically known as “*wijkteams*”), bringing social workers and allied professionals together in a variety of organizational configurations to deliver integrated local care services to different client groups.¹⁹

Yet five years after the transition to the new regime, there was mounting concern that the great decentralization was failing to deliver on its transformative goals, especially in the field of youth care. Interim evaluations of the Youth Act and reports of national inspectorates and local courts of auditors (*rekenkamers*) have concluded that providing effective, timely and coherent support for young people and their families at local and regional levels is far from being achieved. In most municipalities, an integrated approach to youth care based on a support plan developed with the child and family, aimed at normalization and de-medicalization, has not gotten sufficiently off the ground. Collaboration of the neighborhood teams responsible for generalist basic youth care with specialist care providers and other key local partners such as schools and general practitioners remains underdeveloped.²⁰ Meanwhile, municipal expenditures on youth care are increasing and waiting lists for specialist youth care and child protective services are still getting longer. A number of large cities, such as Amsterdam and The Hague, have experienced massive budget deficits, triggered by efforts to reduce waiting times for services through referrals to costly specialist care, while several other municipalities, including pioneers in the initial phase of the reform such as Eindhoven and Leeuwarden, were placed

¹⁸ *Kennis delen. Signalement van de ROB*, (The Hague, 2020), 7.

¹⁹ See for example de Boer and van der Lans, *Burgerkracht in de wijk*; Marjam Oude Vrielink, Henk van der Kolk, and Pieter-Jan Klok, *De vormgeving van sociale (wijk)teams. Inrichting, organisatie en vraagstukken*, (The Hague: Platform 31, BMC Advies, and University of Twente, September 2014); Silke van Arum and Rosanna Schoorl, *Sociale (wijk)teams in vogelvlucht. State of the Art najaar 2014* (Utrecht: Movisie, February 2015).

²⁰ Friele et al., *Eerste evaluatie Jeugdwet*; Transitie Autoriteit Jeugd, *Tussen droom en daad. Op weg naar een volwassen jeugdstelsel* (The Hague: March 28, 2018; Rekenkamer Rotterdam, *Het komt niet in de buurt. Onderzoek naar aanpak knelpunten functionering wijkteams* (Rotterdam: June 2018); Inspectie Gezondheidszorg en Jeugd and Inspectie Justitie en Veiligheid, *Kwetsbare kinderen onvoldoende beschermd. Toezicht bij de jeugdbescherming en jeugdreclassering* (The Hague: November 2019); Mariska Kromhout, Patricia van Echtelt, and Peteke Feijten, *Sociaal domein op koers? Verwachtingen en resultaten van vijf jaar decentral beleid* (The Hague: SCP, November 2020).

under temporary receivership. In Rotterdam, waiting lists grew so long that the national Inspectorate for Health and Youth Care reported a general “blockage in the system”.²¹

Within this bleak national landscape, however, at least one large municipality – Utrecht – has been making good progress towards the reforms’ original objectives as outlined above. Utrecht’s success in advancing the reforms’ goals is attested not only by external and internal evaluations, but also by informed observers attentive to local variations, including several of the fathers of the decentralizations themselves.²² Strikingly, too, Utrecht has managed to transform its youth care system without running up significant budget deficits,²³ while at the same time providing help to more than 15% of the under-18 population, the highest proportion in the country.²⁴

In the next section, we analyze what Utrecht has done – the key steps in the progressive reorganization of the youth care system and its relations with other municipal services – and how they did it – the innovative mechanisms underpinning this ongoing institutional transformation.

²¹ For youth care budget deficits, see Ministerie van Volksgezondheid, Welzijn en Sport, *Benchmarkanalyse uitgaven jeugdhulp in 26 gemeenten* (The Hague: April 19, 2019; Gemeente Amsterdam, *Jaarverslag 2018* (2019), 9, 20; “Tekort in Den Haag door bezuinigen en meer gebruikers maatschappelijke zorg”, Omroep West 16/4/19, <https://www.omroepwest.nl/nieuws/3823497/Tekort-in-Den-Haag-door-bezuinigingen-en-meer-gebruikers-maatschappelijke-zorg>. On waiting lists, see NJI, *Wacht maar. Onderzoek naar wachttijden en wachtlijsten in jeugdzorg en jeugdhulp* (Utrecht, 2017); Gemeente Amsterdam, *Bestuursrapportage 2018 Jeugdstelsel Amsterdam* (2019), 32-3, Bijlage 4; Inspectie Gezondheidszorg en Jeugd, *Samen werken aan veiligheid in Rotterdam* (The Hague: 2019), 19.

²² Inspectie Jeugdzorg, *De kwaliteit van de jeugdhulp in buurtteam West in Utrecht* (Utrecht, 2015; Gemeente Utrecht, *Een positief verhaal, Eindrapportage Visitatiecommissie 2016* (September 2016); Gemeente Utrecht, *Rapportage van de beoordelingscommissie subsidieaanvraag Buurtteamorganisaties Jeugd en Gezin 2019-2024* (2018); interviews with van der Lans, Hilhorst, and Dannenberg in Loots and Peeters, *Vijf jaar lokaal sociaal domein*, 28-31, 81, 188.

²³ In 2018, Utrecht had a small budget deficit for youth care, of 2.7%, <https://utrecht.jaarverslag-2018.nl/p23678/inleiding>.; for the over-time trend, see Gemeente Utrecht, *De Utrechtse aanpak in het sociaal domein. Model en werking in de praktijk* (November 2020), 10. In comparison, the average youth care budget deficit for a sample of cities with more than 100,000 inhabitants (including Rotterdam) was 8.5% in 2018, and much higher in Amsterdam and The Hague (see sources cited in note 20 above).

²⁴ Centraal Bureau voor de Statistiek (CBS), *Jeugdhulp 2019* (The Hague, 2020), 13. For an over-time comparison of the proportion of young people receiving non-residential youth care in Utrecht with the national average, see Gemeente Utrecht, *De Utrechtse aanpak*, 9. Lokalis, the organization responsible for the youth care neighborhood teams, estimates that it has provided support to 27% of Utrecht families since 2015: *Jaarverslag 2019*, 5.

III. The Utrecht ‘Model’: Making Routines and Rules Routinely Revisable

A. Two Key Innovations

The first key innovation in Utrecht was a process of radical but controlled experimentation with new ways of working towards the broad goals of the reform and developing solutions to problems discovered along the way through neighborhood-based “*proeftuinen*” (experimental gardens) and “pilots”, which are then evaluated, revised, and rolled out across the city. The second major innovation was a mechanism for correcting and adjusting the institutional setup and practices that emerged from the initial round of experimentation through joint review of difficult cases by multi-disciplinary, cross-functional roundtables, aimed both at finding individual custom solutions and at re-evaluating current routines, rules and jurisdictional boundaries.

What these two innovations have in common is a commitment to fallibilism: the recognition of the practical impossibility of devising, even through exploration and experimentation, a fully workable set of institutions *ex ante* and the consequential need to institutionalize a process of continuous re-evaluation and revision. This rejection of “big bang” solutions that aim to comprehensively replace failed institutions with better ones does not limit fallibilism to meliorist tinkering that leaves the foundations of the existing order intact. On the contrary, the municipality of Utrecht does not hesitate to change the allocation of resources or of decision-making authority among organizations or groups of professionals when case-by-case problem solving indicates the need. But transformation, when it occurs, is the result of cumulative learning process. By the same token the incrementalism implicit in fallibilism does not exclude bold action, provided that forceful decisions can themselves be incrementally corrected. We discuss the two aspects of Utrecht’s fallibilism—active experimentation and peer review of cases—in sequence.

In the initial phase of the reform, running roughly from 2011 through 2015, the first mechanism of controlled experimentation via *proeftuinen* was used to determine what the basic institutional features of the new youth care system should be. In the next phase, beginning in 2016, the second mechanism of joint case review by multi-perspectival roundtables was introduced to tackle urgent problems emerging within the new system, which if left unaddressed could vitiate the reform’s broader goals. Once these two mechanisms were combined, the result was an accelerating sequence of iterative

institutional innovation, in which provisional solutions to systemic problems identified through the roundtables were then elaborated experimentally through local *proeftuinen* and pilots, using the same method of joint case review to revise existing routines and rules, before being evaluated, refined and scaled up across the city more widely.

B. Experimentation and Institutional Choices: Principles and *Proeftuinen*

Like a number of other municipalities, Utrecht saw the decentralization as an opportunity to make long-needed structural changes in the organization of youth care, with stronger cooperation between sectors, greater focus on prevention and accessible provision of light but effective forms of help and support.²⁵

Already in 2011, after the decentralizations had been announced but before the full details of the national legislation had been agreed, Utrecht published a first sketch of its vision for the youth care transition. Central to this vision was a set of “leading principles”, inspired directly by the ideas of the critical professionals, many of which would also be incorporated into the goals of the new Youth Act: “regular child rearing” (*gewoon opvoeding*) rather than problematization; a “positive pedagogical climate”; reinforcing “*eigen kracht*”; one family, one plan; less fragmentation, differentiation, and specialization; more generic help; bringing in specialist care where needed; people are more important than rules; help rather than indications; responsibility for professionals; children can develop safely.²⁶

From the outset, Utrecht recognized the dangers of a “big bang” transition to the new youth care system, and before making key institutional choices considered it necessary to gain experience by experimenting on a smaller scale with new ways of working: “The youth care transition is an enormous operation. We don’t think it is good to do the whole transfer of tasks from the state and the provinces to the municipalities in a single Big Bang. It makes better sense to gain experience in the coming time with a new way of working and the new role of the municipality in youth care.”²⁷

²⁵ Gemeente Utrecht, *Contourennota Transitie Jeugdzorg* (October 2011):5).

²⁶ *Ibid*, 6. For the evolution and usage of these leading principles in the Utrecht model, see Gemeente Utrecht, *De Utrechtse aanpak*, 17-26.

²⁷ Gemeente Utrecht, *Contourennota*, 9.

1. *The Proeftuinen*

Like a number of other municipalities (including Amsterdam, Leeuwarden, Eindhoven, and Nijmegen),²⁸ Utrecht chose to develop its vision of how to organize the future decentralized youth care system by setting up neighborhood-level *proeftuinen*, in which “first-line” care would be provided by integrated teams of professionals drawn initially from different specialisms but working as generalists. The explicit purpose of these *proeftuinen* was to gain experience with this new form of “first-line” care (positioned in between the “zero line” of families and social networks on the one hand and the “second line” of specialist care providers on the other) and to monitor and learn from the results. The *proeftuinen* were intended to explore and provide provisional answers to a series of key questions about the design of the new youth care system: how the teams themselves should be organized; what competences team members should have; how they should work with parents and schools; how to manage the relationship to specialist care; and what role the teams should play in child safety.²⁹

The neighborhoods for the initial *proeftuinen* were chosen for their different socio-economic characteristics and distinctive mix of problems: Overvecht North, with many immigrant (*allochtone*) families and a leading role for schools in youth care development; and Ondiep, with predominately native Dutch (*autochtone*) families and a more prominent role for general practitioners and other health care professionals. The neighborhood teams in the *proeftuinen*, which began work on 1 January 2012, comprised professionals from a series of specialist fields, including social work (*welzijn*), youth health care (*jeugdgezondheidszorg*), youth care support services (*jeugd- en opvoedhulp*), child protective welfare (*Bureau Jeugdzorg*), and youth mental health care (*MEE*), led by two experienced project leaders, one coming from health care and the other from child welfare. The team members were selected by the project leaders on the basis of their commitment to the reform vision as well as their professional competences, and were seconded from their parent organizations.

²⁸ de Boer and van der Lans, *Burgerkracht in de wijk*; Marjolein Distelbrink et al., *Proeftuinen Om het Kind: een kwalitatieve verkenning* (Utrecht: Verveij-Jonker Instituut, October 2014)

²⁹ *Contourennota: 9; Rapportage Proeftuinen Jeugdzorg Provincie Utrecht (November 8, 2012), 2012WMC74 bijlage 3: 8; 10.*

School-based social workers (*school maatschappelijkwerkers*) were also included in the teams.³⁰

The *proeftuinen* teams were given broad freedom to define their own working methods in advancing the overarching goals of the reform. As the municipality put it, there was “no blueprint”, but rather a “pathway of development” for the *proeftuinen* (*Rapportage Proeftuinen*: 10). The teams themselves deliberately chose not to define their procedures too much at the outset, in order “to discover in practice what works and what not”, with “as few rules and as much professional freedom as possible...in order to do what is needed (*doen wat nodig is*).” Their initial working document nonetheless committed the *Buurtteams Jeugd & Gezin* (BTJ&G) to work as a single integrated team of generalists, rather than as a multi-disciplinary team of specialists, and “to speak with, rather than over” children and families in developing individual support and treatment plans.”³¹

The team members worked in pairs, in order to combine different types of expertise in meeting each family’s needs, and to learn as much as possible from one another. Joint case review (*casuïstiebesprekingen*) within each team and between the two teams was regularly used to solve individual problems, evaluate processes, identify good and bad practices, and develop policy advice for the new youth care system. Such *casuïstiebesprekingen* with the municipality and external partners were also used to establish provisional boundaries between generalist and specialist care and to develop working methods for cooperation with organizations in adjacent domains, notably child and public safety, where “the whole Utrecht safety chain (*veiligheidsketen*), including the police, neighborhood managers, child protection, and the neighborhood teams were brought around a single table to discuss their respective roles on the basis of concrete cases.”³²

³⁰ *Contourennota*, 9; *Rapportage Proeftuinen*; authors’ interview with Pieterneel Boerenboom, February 29, 2020.

³¹ *Rapportage Proeftuinen*, 10; *Buurtteams Jeugd en Gezin Utrecht, Een geleid projectiel*, (February 2012). The *Contourennota* had originally envisaged that the teams would comprise two distinct figures: a “youth social worker” (*jeugdmaatschappelijkwerker*), who would handle a broad spectrum of simpler issues, and a more experienced “family worker” (*gezinswerker*), with a lower case load, who would be responsible for more complex multi-problem families, providing some support directly while coordinating any specialist care that might be needed. This role division was not adopted by the *Buurtteams* in the *proeftuinen*.

³² *Rapportage Proeftuinen*: 9; *Buurtteams Jeugd en Gezin Utrecht, Een geleid projectiel*, (revised version, January 2014); *Gemeente Utrecht, Aansluiten bij de kracht van mensen: Utrecht vernieuwt de sociale zorg*, (November 2015), 46; Interview with Pieterneel Boerenboom.

An external evaluation concluded that the integrated approach of the neighborhood teams was both cheaper and yielded better results than “classic” youth care approaches in the majority of cases studied, with the strongest improvements in complex cases involving families with multiple problems, and no family left worse off.³³ The experiment was judged successful enough to warrant formation of six additional integrated teams in neighborhoods with different socio-economic and demographic characteristics and a specialist team for secondary vocational schools (MBO), bringing the total to eight by the eve of the decentralization.³⁴

2. Institutional Choices

Utrecht now faced critical institutional choices about the design of the new youth care system. At the same time, however, the municipality emphasized that it would not base the transition to the new system on “central steering, blueprints or control”, but rather on co-development (“*ontwikkeling samen*”) with residents, professionals, and societal organizations, based on step-by-step learning from practical experience. This process of learning and co-development, the municipality underlined, would not stop with the formal transfer of authority on 1 January 2015, since the envisaged transformation of youth care would require ongoing changes in culture and behavior from all parties concerned, including specialist care providers³⁵

At the center of the new system would be a city-wide network of neighborhood teams, modeled directly on those developed in the *proeftuinen*. Thus the Utrecht Youth and Family Neighborhood Teams (*Buurtteams Jeugd & Gezin*) would provide generalist care to all families with children, from low-threshold advice and support through intensive supervision of families with multiple complex problems. A parallel network of *Buurtteams Sociaal* (Social Neighborhood Teams), which had been developed through concurrent *proeftuinen*, would provide a similar range of services to childless households within the framework of the WMO. The two sets of teams would be expected to cooperate closely, sharing a common

³³ Gemeente Utrecht, *Tussenevaluatie pilot Buurtteams Jeugd en Gezin Ondiep en Overvecht* (January 2013); Ecorys/Verwey Jonker Institute, *Goede hulp is veel waard. Evaluatie na één jaar Utrechtse Buurtteams Jeugd & Gezin* (Utrecht, May 2013).

³⁴ Buurtteams Jeugd en Gezin Utrecht, *Een geleid projectiel*, revised version; interview with Pieterneel Boerenboom.

³⁵ Gemeente Utrecht, *Kadernota Zorg voor Jeugd* (July 2013), 9.

“front door” and public face. While the definition of what it meant to be a “generalist” family worker (*gezinswerker*) and the relationship to “specialist” expertise remained fluid, the *proeftuinen* were taken to demonstrate the feasibility and utility of integrating professionals from different organizational backgrounds into a single front line team.³⁶

Experience in the *proeftuinen* also informed the decision that the generalist family workers should not be formally responsible for requesting or implementing legal child protection orders (*ondertoezichtstellingen*) as the prospect of compulsory measures could undermine trust with clients. Instead, a separate set of SAVE (*Samenwerken aan Veiligheid*, Working Together for Safety) teams was established in March 2013, to operate like the Youth and Family Teams, but with the possibility of requesting and overseeing compulsory child protection measures imposed by a judge. The Youth and Family and SAVE teams were expected to work closely together, with lead responsibility for a given family depending on whether the child protection measures were formally compulsory or not.³⁷

The scope of the Utrecht teams diverged in a number of important respects from that of other municipalities, whose design choices were explicitly discussed in the VNG and G-4 group of large cities. Thus, for example, in Eindhoven, a single set of teams covered both youth and adults; in Amsterdam, a distinct set of second-line specialist teams were responsible for households with multiple problems and/or safety issues; while in Rotterdam, separate diagnostic teams were created to handle decisions about referrals to specialist care. Conversely, Utrecht also drew positive inspiration from other local authorities such as Enschede and Friesland for its inclusive approach to providing care for families with complex problems within the neighborhood teams themselves, rather than passing them on to second-line specialists. The goal here was to create a structure that would continuously expand the capacities of the neighborhood teams to deliver customized care.³⁸

A second critical institutional choice concerned the ownership and governance of the network of neighborhood teams as a whole. In contrast to most other Dutch municipalities, Utrecht decided neither to employ the neighborhood teams directly (as for example in

³⁶ Gemeente Utrecht, *Transformatie Zorg voor Jeugd. Uitvoeringsplan 1e fase: van kaders naar inrichten, naar uitvoeren* (December 2013), 13-14; Gemeente Utrecht, *Zorg voor Jeugd: Uitvoeringsplan 2e fase: van inrichten naar uitvoeren* (July 2014), 10-11; Gemeente Utrecht, *Aansluiten bij de kracht van mensen*, 45.

³⁷ *Kadernota*, 19.

³⁸ *Kadernota*: 21; *Rapportage Proeftuinen*: 8.

Rotterdam), nor to hand them over to a consortium of established providers (as in The Hague), nor to create a joint venture between the city and external care providers (as in Amsterdam). In line with its broader approach to the transformation, Utrecht did not want to provide youth care directly itself, but the municipality also considered it essential that first-line care through the neighborhood teams should be delivered by autonomous organizations fully independent of the existing care providers. The aim here was both to ensure that the envisaged transformation should not be constrained by established organizational routines and ways of thinking, and to avoid conflicts of interest in the referral of clients to specialist care.³⁹

Following this strategy, the municipality launched an open “development-oriented” call (“*ontwikkelgerichte uitvraag*”) for multi-year grants (“*subsidies*”) to two new neighborhood team organizations, one for families with children and the other for childless adults, starting on 1 January 2015.⁴⁰ While the formal call document (*Subsidieregeling*) stipulated that the new organizations should follow the principles and working methods of the *Kadernota* and the *proeftuinen*, it also stated explicitly that the activities to be carried out by them could not be defined exhaustively in advance, but would need to be further developed over time in “co-creation” with the municipality.⁴¹

A third critical decision was the choice between working with established providers or making a clear break and working with a newly formed one. A number of care providers active in the city, faced with a significant loss of prospective income, submitted proposals for the creation of independent organizations to carry out the work of the *Youth and Family Teams*. But these bids were passed over in favor of a proposal from a wholly new organization, *Stichting* (Foundation) *Buurteamorganisatie Jeugd & Gezin*, soon to be known as Lokalis, put together by an experienced manager from one of the local specialist care providers (Marenne van Kempen), which was judged to be more promising, both in terms of

³⁹ *Uitvoeringsplan 1e fase*: 30; Gemeente Utrecht, “Raadsbrief Keuze Buurteamorganisaties” (July 8, 2014); authors’ interviews with Pieterneel Boerenboom and Marenne van Kempen (Lokalis), April 20, 2020.

⁴⁰ At the request of the City Council (*Gemeenteraad*), municipal officials explicitly considered whether to establish one or more organizations to manage the neighborhood teams for youth and families and adults respectively, but concluded that the advantages of integration outweighed those of competition in such a complex field. Gemeente Utrecht, “Raadsbrief Uitvoeringsplan Zorg voor Jeugd” (February 5, 2014).

⁴¹ Gemeente Utrecht, *Uitvoeringsplan 1e fase*; 31; Gemeente Utrecht, “Raadsbrief Uitvoeringsplan Zorg voor Jeugd”; Gemeente Utrecht, “Subsidieregeling Buurteamorganisatie Jeugd & Gezin”, *Gemeentebblad* Nr. 19948, (April 9, 2014): 8.

its leaders' embrace of the reform vision and of their commitment to co-creation with the municipality. The grant for the adult teams (*Buurtteamorganisatie Sociaal*) was likewise awarded to a new organization known as Inclusio, which was linked to a broader national service-provision group, but incorporated experienced figures from the Utrecht care landscape in its management. These decisions illustrate the way Utrecht's fallibilism, while foregoing big bangs can nonetheless by incremental steps arrive at bold solutions which are themselves incrementally corrigible. So far as we know Utrecht was the only large municipality to choose to contract with a newly founded organization rather than an existing provider; and this choice, simply by reducing the weight of habit on decision making, surely increased the space for joint innovation of the kind underway before the decentralization took effect. This was a deliberate choice: Both of the successful applicant organizations agreed to take over the members of the existing teams working within the eight *proeftuinen*, as well as to recruit new employees, in the first instance from the existing local service providers, to expand their networks across the city.⁴²

A final set of foundational choices concerned the financing of the neighborhood teams and specialist care providers. The neighborhood teams would be funded not through an hourly rate or fee per client, but rather through population-based costing ("*populatiegericht costing*"), a fixed amount per year linked to the number of children, adjusted for the socio-economic characteristics and needs of the various neighborhoods. The aim here was to encourage the teams to meet their clients' needs without worrying about billable hours per case, while at the same time stimulating them to de-escalate ("*afschalen*") interventions where possible.⁴³

In contrast to most other municipalities, Utrecht also chose to remunerate specialist care providers through a system of "square (*vierkant*)" or lump-sum funding, based on an estimated number of clients and prices for different categories of care (initially drawn from historical data). Within this framework, specialist providers were given substantial freedom to organize care services flexibly, and to experiment with different combinations of products

⁴² Gemeente Utrecht, "Raadsbrief Keuze Buurtteamorganisaties"; authors' interviews with Pieterneel Boerenboom and Marenne van Kempen.

⁴³ Gemeente Utrecht, *Uitvoeringsplan 2e fase*, 13; Gemeente Utrecht, *Aansluiten bij de kracht van mensen*, 59; Gemeente Utrecht, *De Utrechtse aanpak*, 53-55.

and treatments. In exchange, they were required to collaborate closely with the neighborhood teams, “deliver customized solutions and do what is needed”, and to participate in a monitoring system which would enable the municipality to respond to unanticipated fluctuations in the inflow of clients in a timely manner during the life of the contract. The aim here was to change the focus of specialist care providers from thinking in terms of products and existing offerings to what individual clients actually need, while shifting attention from payment per treatment to advancing the substantive goals of the transformation.⁴⁴

IV. Case-by-Case Problem Solving and Institutional Transformation

Utrecht’s second crucial innovation was the creation of a series of multidisciplinary, cross-functional roundtables to tackle emerging problems within the newly established institutional set-up of decentralized social care. The aim of these roundtables, which brought together in various combinations neighborhood team workers, officials from different municipal services, local medical professionals, and specialist care providers, was to find solutions adapted to the needs of individual clients in cases deadlocked by existing rules and routines. But these roundtables were also explicitly conceived from the outset as a mechanism for detecting and correcting broader problems in frontline practice on the one hand and in the organization of the new care system on the other, by using joint review of concrete cases to re-evaluate current routines, rules, and jurisdictional boundaries. In so doing, Utrecht creatively extended the practice of joint case review, which is widely diffused within Dutch social work, from individual professional training and quality assurance to the relationship between different groups of professionals and the functioning of the new care system as a whole.

Once the first roundtables were up and running, the provisional solutions to systemic problems they identified were developed through a series of new local *proeftuinen* or pilots (the two terms were used interchangeably), in which the master method of joint case review was used to reassess existing routines and rules, before the revised arrangements were rolled out across the city as a whole. The same approach was likewise applied to the

⁴⁴ Gemeente Utrecht, *Uitvoeringsplan 2e fase*, 14; Gemeente Utrecht, *Aansluiten bij de kracht van mensen*, 59; VNG, Ambassadeur Zorglandschap jeugdhulp, *Regionaal overleg in gemeente Utrecht: ‘Leren, leren en nog eens leren is het credo’* (2018); Gemeente Utrecht, *Notitie meerjarige sturing en bekostiging jeugdhulp 2017-2020* (2017), 10; authors’ interviews with Pieterneel Boerenboom and Souhail Chaghouni, Gemeente Utrecht, May 5, 2020.

roundtables themselves, whose own structure was periodically revised to match and reinforce the ongoing transformation of Utrecht's social care system.

The characteristic outcome of this process was to decentralize relevant parts of the municipal administration and specialist care services to the neighborhood level to work together with the *buurtteams* in an integrated, multi-disciplinary network—a kind of neighborhood-based welfare state (or at least as much of one as necessary to approximate comprehensive social care)—that could both solve local problems and suggest ways of applying the solutions across the city as a whole.

This combination of roundtables, pilots, and joint case review accelerated institutional innovations, beyond those observable in other Dutch municipalities. In the remainder of this section, we analyze these innovations across two broad fields: the relationship of the neighborhood teams with specialist care providers on the one hand and with other municipal domains such as work and benefits (*Werk en Inkomen*) on the other.

A. Redrawing the Boundaries between Basic and Specialist Care

1. The Appropriate Alternatives Committee (Commissie Passend Alternatief)

During the first few years after the decentralization, referrals to specialist care rose rapidly, as part of a broader surge in demand for youth care more generally. As a result, some specialist care providers began to run into the limits of their capacity and budget ceilings under the lump-sum financing system, forcing the municipality to decide whether to raise the budget ceiling for that provider, redirect the client to another inside provider, or bring in an outsider.

To facilitate and learn from these critical decisions Utrecht established a municipal-level multidisciplinary body, the Appropriate Alternatives Committee (*Commissie Passend Alternatief*, CPA), to review individual cases that had hit budgetary or programmatic limits and determine whether solutions could be found or created with the city's inside providers. The Committee consisted of experienced frontline practitioners, a family social worker (*gezinswerker*) from Lokalis, a behavioral specialist from SAVE, and a pediatrician or general practitioner, chaired by a representative of the municipality (initially the leader of one of the *proeftuins*, who had become a senior policy advisor).

Often the cases involved proposals for in-patient institutional care (*hulp met verblijf*), the most disruptive form of specialist provision for kids and families, and also the most expensive. The Committee sought in particular to avoid such outplacements through intensive ambulatory support. Frequent meetings—roughly once every two weeks— and the Committee’s multidisciplinary composition made it possible to quickly identify structural problems, and to introduce proposed solutions into frontline practice. In 2019, for example, analysis of the Committee’s caseload revealed a gap in specialized care for young people with a combination of autism and addiction.⁴⁵

2. The Customization Roundtables (*maatwerktafels*)

In 2017 the workload of the CPA increased by almost 10 times, to 560 cases, from 65 in 2016. Since the majority of these cases involved established rather than new providers, it became clear that the Committee was coming to be seen as a way around the budgetary constraints on the inside providers. The municipality concluded that the CPA, located at the end of the care chain, intervened too late to effect the decisions creating a mismatch between the demands for customized services and the internal supply. Intervention had to come much earlier in the decision-making process to strengthen the system’s capacity to deliver customized solutions.⁴⁶

The first step towards a solution was the formation in 2017 at the neighborhood level of Customization Roundtables (*maatwerktafels*) to enhance the capacity of the *buurtteams* and the inside specialist care providers to find custom solutions without needing to refer cases to the CPA.⁴⁷ The Roundtables meet about once every week and a half, depending on the demand. The case manager from Lokalis or SAVE calls and organizes the

⁴⁵ Gemeente Utrecht, *3e Voortgangsrapportage Zorg voor Jeugd* (March 2016), 14-15; Gemeente Utrecht, *Vierde Voortgangsrapportage Zorg voor Jeugd Utrecht* (April 2017), 16; VNG, *Regional Overleg in Gemeente Utrecht*; Gemeente Utrecht, *Vijfde voortgangsrapportage en uitvoeringsagenda Jeugd, april 2018-april 2019* (April 2018), 16; Gemeente Utrecht, *Gecombineerde Voortgangsrapportage en Uitvoeringsagenda, april 2019-april 2020* (April 2019), 26; participant observation at CPA meetings, March 7 and 21, 2019; discussions and correspondence with Lisa Huibers-van Tetering and Wieke Westgeest, Gemeente Utrecht, March-December 2019,; for further details, see Jan-Kees Helderma, Jonathan Zeitlin, and Charles Sabel (2020). *Learning from Casework: An Analysis of Institutional Innovations and Development Opportunities in the Utrecht Youth Care System*, Institute for Management Research Radboud University Nijmegen/ Amsterdam Centre for European Studies, University of Amsterdam (January 2020), 12-13.

⁴⁶ Gemeente Utrecht, *Vierde Voortgangsrapportage*, 21; Gemeente Utrecht, *Voortgangsrapportage-Uitvoeringsagenda Jeugd 2018-2019*, 16.

⁴⁷ Gemeente Utrecht, *Voortgangsrapportage-Uitvoeringsagenda Jeugd 2018-2019*: 16; Gemeente Utrecht, *Voortgangsrapportage-Uitvoeringsagenda Jeugd 2019-2020*, 26; discussions and correspondence with Lisa Huibers-van Tetering.

meeting, inviting specialist care providers, other youth care professionals and social network members as needed. Usually the child and parent(s) are present for at least part of the meeting. The Roundtables are chaired by a representative of the municipality, who, as with the CPA, is the liaison to the municipal youth administration and other municipal departments. This allows issues involving municipal and other quasi-public services such as social housing to be addressed directly or redirected where appropriate to the City Deal Meeting (on which, see section IV.B.1 below).

The establishment of the Customization Tables relieved some of the pressure on the Appropriate Alternatives Committee, whose workload fell to 241 cases in 2018, a larger proportion of which involved non-contracted providers. But the Committee was still seriously overloaded; in addition its substantive discussions were greatly hampered by limits to its access to the client's (typically long) history of treatment.⁴⁸

3. Neighborhood-Oriented Specialist Youthcare (Buurtgerichte specialistische jeugdhulp): The Extr@ Teams Pilot

A second step in the effort to build the inside capacity to generate customized solutions was the launch in September 2017 of the “Extr@ Teams” pilot. The municipality, in cooperation with Lokalis and a group of specialist care providers, created integrated teams for “neighborhood-oriented specialist youth care (*buurgerichte specialistische jeugdzorg*”. The first two Extr@ Teams were established in Leidsche Rijn and Zuilen, neighborhoods with distinct socio-economic profiles, each corresponding to a sub-type of the client population. Leidsche Rijn is a prosperous semi-suburban area with many higher-educated parents, while Zuilen is a mainly autochthonous working-class district like Ondiep. Each of these neighborhoods made heavy demands on specialist care of different types, such as learning disabilities and divorces in Leidsche Rijn and broader family problems in Zuilen. The teams' composition was calibrated to fit the particular needs for specialized expertise in each district. Common specialties included child and youth psychology and psychiatry, special education, psychotherapy, and systemic therapy. The teams offered specialized care services such as family therapy, help with complex divorces, and diagnostics

⁴⁸ Authors' participant observation at Customization Roundtables September 21 and 26, 2019; discussions and correspondence with Lisa Huibers-van Tetering; authors' interview with Floor Roks, SAVE, September 3, 2019; Lisa van Tetering, “Maatwerktafels Utrecht Stad. Een analyse van cijfers en geleerde lessen van de maatwerktafels in de periode tussen 1 januari en 1 mei 2019” (May 6, 2019); Gemeente Utrecht, *Voortgangsrapportage-Uitvoeringsagenda Jeugd 2019-2020*, 26; for further details, see Helderma et al., *Learning from Case Work*, 14-15.

and treatment of children and families with serious behavioral problems, traumas, and developmental disorders. In contrast to the neighborhood teams, whose members were employed directly by Lokalis and were expected to operate as generalist family social workers whatever their original background, the members of the Extr@ Teams were seconded from their parent organizations and were expected to keep current in their professional specializations.

The Extr@ Teams met every two weeks to review cases referred by the neighborhood teams, family doctors, schools, SAVE, and the youth healthcare centers. These reviews, conducted with the participation of the referrers and the clients, were used to decide which parts of the care should be provided by the Youth and Family Team, which by the Extr@ Team, and which (if any) by specialist providers outside the neighborhood. The Extr@ Teams were also frequently consulted less formally and asked to provide advice on how to deal with specific problems by Lokalis and other local care professionals. Besides facilitating cooperation among neighborhood care professionals, the Extr@ Teams' comprehensive view of local cases helped identify patterns, such as a wave of related referrals from a specific school, that had previously gone unnoticed because of the fragmentation of specialist care.

Compared to conventional specialist care providers, especially in the mental health field, the Extr@ Teams reported that they worked less on the basis of DSM (Diagnostic and Statistical Manual) indications, and were more prepared to question requests for standard indications such as AD(H)D, based on a deeper investigation of the individual case and to propose alternative lighter treatments. The Extr@ Teams were also increasingly able to provide complex therapies that are normally available only in specialized clinics, as in the case of treatment for a complex psychological disorder, which the Leidsche Rijn team could offer in the neighborhood rather than in an Amsterdam university hospital, with support from the latter. In collaboration with the Lokalis family social workers and other local professionals, the Extr@ Teams thus seem to have contributed directly to “normalizing” and de-medicalizing youthcare. Both Leidsche Rijn and Zuilen experienced a substantial decline in referrals to specialist care in 2018, especially for residential outplacements, not only compared to the two previous years, but also compared to other districts where no Extr@

Teams were active. The pilot neighborhoods also needed fewer maatwerktafels than other parts of the city.⁴⁹

The Extr@ Team pilots, whose results were shared with stakeholders across the city through a series of “development chambers (ontwikkelkamers)” during the course of the project, were widely considered a substantial success, qualitatively as well as quantitatively, by all parties concerned, from the municipality, Lokalis, and team members to the clients, specialist care providers, and other local partners. In October 2018, Utrecht decided to extend the Extr@ Team pilot to two additional neighborhoods with high demand for specialist care, Vleuten and De Meern. The municipality also decided to extend the model of neighborhood-oriented specialist youth care to the rest of the city from 1 January 2020, through an ambitious new contracting strategy, which we will discuss further in section V below.⁵⁰

4. From the Appropriate Alternatives Committee to the Customization Route (maatwerkroute)

The growing capacity of the neighborhood teams to deliver customized solutions, through collaboration with specialist care providers and other local professionals in the *maatwerktafels* and Extr@ Teams, eventually made it possible to dispense with the *Commissie Passend Alternatief* altogether. In May 2019, the Committee’s responsibilities were accordingly devolved to the neighborhood teams and the municipal youth administration collaborating in a new “Customization Route (*maatwerkroute*)”. In each neighborhood team, point persons (*aanjagers*) for specialist youthcare assess requests for alternative care solutions, passing through a Customization Roundtable where necessary. A special unit in the municipal back office then reviews the proposal to ensure that the relevant steps have been properly followed, and approves the decision, increasing the

⁴⁹ Gemeente Utrecht, *Rapport Vortgangsrapportage-uitvoeringsagenda Jeugd 2018*, 21; Gemeente Utrecht, “Memo Pilot buurtgerichte specialistische jeugdhulp” (September 21, 2018, and “Bijlage 1. Leeropbrengsten pilot buurtgerichte specialistische jeugdhulp”; Lokalis, *Jaarverslag 2018* (2019), 6-7; ; VNG, Ambassadeur Zorglandschap jeugdhulp, *Utrecht. Aan de slag met burgergerichte specialistische jeugdhulp* (2019); authors’ participant observation of a site visit of the Lokalis Supervisory Board [*Raad van Toezicht*] to the Leidsche Rijn Extr@ Team, 13 September 2019; for additional details, see Helderma et al. *Learning from Case Work*, 15-17).

⁵⁰ Gemeente Utrecht, “Memo Pilot buurtgerichte specialistische jeugdhulp”, and Bijlage on “Leeropbrengsten”; Gemeente Utrecht, *Strategie contractering Aanvullende Zorg Jeugd vanaf 2020* (July 2018) ; Gemeente Utrecht, *Voortgangsrapportage en Uitvoeringsagenda, april 2019-april 2020*, 24; authors’ interview with Pieterneel Boerenboom.

budget of an existing care provider or enrolling a new one in the Utrecht system as appropriate.⁵¹

B. Revising Rules and Routines across Public Domains

The other major area in which Utrecht has used this combination of roundtables, pilots, and joint case review to revise rules and routines and generalize provisional solutions concerns the relationship between social care and other public or quasi-public domains such as work and benefits and housing.

From an early stage, external observers of the Utrecht model drew attention to the constraints on the transformation of social care imposed by the persistence of bureaucratic routines in adjacent domains at municipal and national level. Thus, for example, the 2014 report by the local Court of Auditors on Utrecht's transition plans warned that "Many families' problem have to do with income and debt issues. The municipal department of Work and Incomes works with strict protocols, and there is little room to take the family context into account in decision making. Individual officials lack the competence to depart from fixed pathways. For the same reason, the positions of the Tax Office and Unemployment Insurance Agency (*Uitvoeringsinstituut Werknemersverzekeringen*, UWV) can hinder the work of the neighborhood teams."⁵² Similarly, the 2016 visitation committee, which praised the collaboration between the city and the neighborhood teams, underlined that "other municipal domains...such as the Housing, Education, and Work and Incomes Departments, still work in a much more traditional way...with many specialized regulations. Broadening of the practice of working according to leading principles to other municipal domains and breaking down barriers between different regulations is desirable."⁵³

1. The City Deal Meetings

The initial impetus to tackle the relationship between the transformation of social care and other public domains came from a national initiative, the Inclusive City Deal (*City Deal Inclusieve Stad*), agreed in March 2016 by Utrecht and four other municipalities (Eindhoven, Enschede, Leeuwarden, Zaandam) with three Ministries (Internal Affairs, Health,

⁵¹ Discussions and correspondence with Lisa van Tetering, spring 2019; Gemeente Utrecht, "Proces maatwerkroute versie 3-4, spring 2019; Lokalis, "Afwegingskader en route niet ingekochte zorg", April 2019.

⁵² Rekenkamer Utrecht, *Jeugdhulp in ontwikkeling*, 41

⁵³ *Eindrapportage visitatiecommissie*, 12

Social Affairs). This initiative was one of 20 such City Deals on topics ranging from developing “health hubs” to climate adaptation, inspired by an eponymous British program under the Dutch Urban Agenda. The goal of the Inclusive City Deal was to explore the scope for alternative integrated forms of social care better adapted to people’s concrete “lifeworlds” of family and community. The participating cities identified the bureaucratic rules and procedures or “system elements” that stand in the way of such an integrated approach through joint review of 100 concrete cases (20 per city), and each then experimented with promising solutions to the problems in selected neighborhoods. The Ministries participated in the diagnostic review, supported the local experiments, and considered legal and regulatory changes to remove major obstacles to integrated provision of social care identified by the project.⁵⁴

One of the chief obstacles to social care suited to the lifeworld proved, perhaps predictably, to be standardized administrative procedures that made it difficult to take individual circumstances into account in order to correct bureaucratic errors and self-defeating outcomes, for example, in benefit payments and fines for regulatory infractions, leading to piling up of household debts, with public institutions as major creditors. Related obstacles included fragmentation between adjacent domains and programs operating with separate, often incompatible rules and budgets, and resulting barriers to timely customized interventions by neighborhood teams (for example to prevent an eviction) that would be much less costly than subsequent reparative measures.

To address these problems, the participating municipalities each experimented with their own preferred measures in neighborhood *proeftuinen*, including flexible, integrated budgets for the whole social domain, and new approaches to debt reduction and prevention. Only Utrecht chose to establish a multidisciplinary roundtable to work with the neighborhood teams to enhance their capacity to deliver customized solutions across multiple social domains through joint case review.⁵⁵

⁵⁴ On the City Deals and the Urban Agenda, see David Hamers, Marloes Dignum and David Evers, *Evaluatie City Deals (The Hague: Planbureau voor de Leefomgeving, May 31, 2017)*; Paul Prinssen, *The Use of City-Deals for Sustainable Innovation: What Can the Netherlands Learn from UK Experiences?* (Master Thesis, Utrecht University, 2017). On the Inclusive City Deal, see, “CITY DEAL Inclusieve Stad ‘een sociaal investeringslab voor meedoen in de samenleving’”, *Staatscourant* Nr 15265 (March 25, 2016); City Deal Inclusieve Stad , *Doen wat nodig is. Experimenten die maatwerk mogelijk maken* (October 2016).

⁵⁵ Freek de Meere et al., *Doen wat nodig is voor inwoners. Ervaringen uit de City Deal Inclusieve Stad*, (Utrecht: Verwey-Jonker Instituut, March 2018), esp. pp. 6-7.

In February 2017, Utrecht launched “*Ondiep Ontregelt*” (Ondiep Disrupts) as its local experiment within the Inclusive City Deal. The core idea of this experiment, whose name referred explicitly to the 2008 anti-bureaucratic manifesto *Ontregelen* by Jos van der Lans, one of the spiritual fathers of the decentralizations, was to tackle cases which had gotten stuck because of legal and regulatory restrictions across different domains, such as benefits, debt, housing, and healthcare. Such stuck cases could be brought by local social workers to a weekly City Deal Meeting (*City Deal Overleg*), where they were reviewed by a multidisciplinary group empowered to find creative customized solutions, including by making exceptions to established rules and organizational routines where necessary. The City Deal Meetings consisted initially of representatives from the municipal department of Work and Incomes (W&I) and the two neighborhood team organizations (Lokalis and Includio), but was broadened to include the major local housing corporations and health insurer. Alongside the Ondiep City Deal Meetings, which took place in the neighborhood itself, the municipality established a parallel city-wide meeting, to which social workers from other districts could also refer stuck cases. In addition, Utrecht created a bi-monthly “Learning from the City Deal” meeting, with top officials from the neighborhood team organizations and the departments of Social Support (*Maatschappelijke Ondersteuning*) and W&I, where the findings of the weekly roundtables dealing with individual cases were reviewed to identify and agree structural changes in policy and services needed to overcome the problems encountered.⁵⁶

The City Deal Meetings proved highly effective in resolving individual cases, through tailored measures such as debt restructuring agreements, accelerated benefit payments and in-kind help provisions, one-time coverage of extraordinary costs, additional support for clients with light mental disabilities, and joint investigation of benefit fraud claims. The Ondiep experiment was very positively evaluated by all the participating parties, including the clients themselves, as well as the neighborhood teams and municipal departments.⁵⁷

⁵⁶ de Meere et al., *Doen wat nodig is voor inwoners*, 65-6, 69; VNG, *Regionaal overleg in gemeente Utrecht*; authors’ interview with Wieke Westgeest, Gemeente Utrecht, March 22, 2019.

⁵⁷ de Meere et al., *Doen wat nodig is voor inwoners* 65-78; Lokalis, *Rapportage Q1-2017* (2017), 16.

When the Inclusive City Deal initiative formally concluded in late 2017 and was replaced by a new “Simple Customization (*Eenvoudig Maatwerk*)” City Deal,⁵⁸ Utrecht therefore decided to extend this approach to other neighborhoods. In districts with large numbers of multi-problem families, like Kanaleneilanden, Zuilen, and more recently Overvecht, as in Ondiep itself, W&I officials reserve one day a week for local joint review of cases brought forward by the neighborhood teams. In other districts with fewer debt and benefit problems, a “customization telephone (*maatwerktelefoon*)” has been established, with a specific W&I contact person for each neighborhood team. Team members from any district (along with other local social organizations) can also refer stuck cases to the Utrecht-wide City Deal Meeting, where officials from the neighborhood team organizations, W&I, and the municipal citizens’ advice service reserve one day per week for joint review on demand. The municipality has likewise continued the Learning from the City Deal Meeting, which remains active as a meta-level review body for revision of rules and policies.⁵⁹

At the heart of the City Deal Meetings is the “public value triangle (*publieke waardendriehoek*)” of the Institute for Public Values (*Instituut voor Publieke Waarden*, IPW), whereby legitimacy (encompassing both formal legality and substantive purpose), commitment (*betrokkenheid*) of the client(s) to work towards a solution to their own problems, and societal returns (*rendement*) are balanced against one another. The Utrecht City Deal roundtables use this methodology, in which participants have been trained by the IPW, to develop customized solutions to individual problems, by making exceptions to existing rules where these can be justified by the client’s broader life situation and the underlying goals of the policy in question. An illustration, taken from the IPW training materials, would be to allow the initiation of a debt assistance plan to help a single mother resolve problems with her mortgage, in order to be able to move into subsidized social

⁵⁸ The new City Deal was organized by the Social Domain Program (*Programma Sociaal Domein*), an inter-ministerial, inter-municipal, and inter-organizational joint venture aimed at promoting collaborative learning from practice in assisting vulnerable people: <https://www.programmasociaaldomein.nl/programma>.

⁵⁹ VNG, *Regionaal overleg in Gemeente Utrecht*; authors’ interviews with Wieke Westgeest, Ruud Ilbrink Lokalis, July 5, 2019, and Jos Linskens, Gemeente Utrecht, September 4, 2019; Gemeente Utrecht, “Raadsbrief City Deal Eenvoudig Maatwerk” (November 26, 2019).

housing at a lower rent, when having a stable housing situation is normally an eligibility condition for such assistance.⁶⁰

Joint case review in these roundtables leads not only to a mutual adjustment and clarification of perspectives among the participants from different organizational domains, but also to broader changes in rules and regulations, via the Learning from the City Deal Meeting. As with the *maatwerktafels*, an explicit goal of the City Deal Meetings is to diffuse the capacity for finding customized solutions to difficult cases among neighborhood team workers and municipal officials. An analysis of the caseload of the City Deal Meetings shows that in the districts where neighborhood team members and W&I officials have been meeting locally for several years, referrals to multidisciplinary roundtables have become less frequent than in other parts of Utrecht, because participants know how to find one another directly and can develop custom solutions themselves.⁶¹

Inspired by the experience of the City Deal Meetings, 40 W&I employees followed a training course provided by the IPW. They now form a “Development Team” that meets each week to discuss, using the public value triangle, how to resolve new or existing cases falling into “gray areas”, where it is not immediately clear whether a customized solution is appropriate. Their hope is that Work and Incomes cases will no longer need to be brought to the City Deal Meetings because they can be resolved within the department itself.⁶²

2. *Innovations in Policy and Practice: Debt Assistance*

Among the concrete policy innovations developed through the City Deal Meetings, the field of debt assistance stands out. In the original Ondiep *proeftuin*, prior to the creation of Lokalis, the neighborhood team began working together with one of the local housing corporations on a debt early warning system (*vroegsignalering bij schulden*), which was subsequently extended to all districts. In a recent pilot project, this early warning system was expanded to other major creditors such as the health insurers and utility companies. Participating creditors pass on information about outstanding debt backlogs to the

⁶⁰ Authors’ interviews with Wieke Westgeest, Ruud Ilbrink, and Jos Linskens; authors’ participant observation, City Deal Meeting, June 6, 2019; Gemeente Utrecht, *De Utrechtse aanpak*, 22-25; Eelke Blokker and Bram Eidhof, *In 8 stappen maatwerk maken, zonder willekeur te produceren. Handleiding voor professionals* (Sociaal Hospital, September 2017), 3-4, 15-17.

⁶¹ Authors’ interviews with Wieke Westgeest, Ruud Ilbrink, and Jos Linskens; participant observation at City Deal Meeting; Gemeente Utrecht, “Raadsbrief City Deal Eenvoudig Maatwerk”.

⁶² Authors’ interviews with Wieke Westgeest, Ruud Ilbrink, and Jos Linskens; authors’ participant observation at Learning from the City Deal Meeting, September 24, 2019; Gemeente Utrecht, *De Utrechtse aanpak*, 14-16.

neighborhood teams, who approach the clients before the problem becomes really serious. In 36% of the cases, most of which were previously unknown both to the neighborhood teams and the municipal services, this approach has led to an agreed debt assistance program. This Debt Early Warning System 2.0 has now been extended from Ondiep to two other neighborhoods, in order to learn how to adapt the approach to the rest of the city.⁶³

In neighborhoods with high levels of debt problems, W&I officials are present each week to review individual cases with neighborhood team members and the household itself. 1600 such cases were handled in 2017 and 1750 in 2018. This “revolution in debt assistance services (*Kanteling Schulddienstverlening*)” ensures that the W&I official can think along with the household and case manager from the neighborhood team member at an early stage to prevent worse problems. When a debt management plan is negotiated with the client, both the neighborhood team member and the W&I official take responsibility for monitoring the case and ensuring that the agreed commitments are carried out by all parties. If the client agrees to such a plan, imminent disconnection of utilities or eviction notices can be prevented with a single phone call. As a result of the national City Deal, there is also a “red button” that neighborhood team members can activate through the Municipality to seek solutions from the UWV, the Tax Office, or the Central Judicial Collection Office (*Centraal Justitieel Incassobureau*).⁶⁴

When clients face payment problems that cannot be resolved within the regular procedures but the neighborhood team member believes additional financial assistance is necessary, the case can be presented to the Unconventional Customized Solutions (*Onconventionele Maatwerk Oplossingen*) Fund. The fund, created as a direct result of the City Deal, provides small grants and loans (up to 2000 euros) to citizens with urgent but unusual financial needs. In contrast to other municipalities which have recently created similar facilities, Utrecht uses the OMO sparingly, out of fear that recourse to the funds could become a shortcut to individual solutions that leave unresolved the systemic problems

⁶³ Lokalis, *Jaarverslag 2019* (2020);,10; Lokalis, *Jaarverslag 2018* (2019), 8; Lokalis, *Rapportage eerst halfjaar 2018*: (2018),18; authors’ interview with Ruud Ilbrink; Gemeente Utrecht, *Utrechtsers Schuldenvrij Eerste Voortgangsrapportage* (March 5, 2020), 6-7.

⁶⁴ Gemeente Utrecht, “Aansluiting Schulddienstverlening op het Utrechtse model van zorg, ondersteuning en jeugdhulp” (2016); Gemeente Utrecht, “Implementatieplan Kanteling Schulddienstverlening op 1 september 2016” (April 2016); Lokalis, *Rapportage eerst halfjaar 2018* (2018), 18; Lokalis *Jaarverslag 2018*, 8; authors’ interview with Ruud Ilbrink; Hogeschool Utrecht, *Samen aan de slag voor een Schuldenvrij Utrecht. Evaluatie Kanteling Schulddienstverlening* (Utrecht, November 2019); Gemeente Utrecht, *Utrechtsers Schuldenvrij Eerste Voortgangsrapportage*, 14-16.

at their root. As one municipal spokesman told the Simple *Maatwerk* City Deal, “The most important reason that we are restrained with the use of a ‘money pot’ is that we don’t structurally learn from it. The trick is just to find room within the regular organization to do what is needed, also financially. A side pot in this respect doesn’t help to organize customized solutions. We prefer to resolve complex cases together, whereby all departments help to fit a piece of the puzzle.”⁶⁵

V. Overcoming Classic Contracting Problems

Contracting for services from private or NGO providers has been the hope and despair of welfare states for decades: the hope, because the freedom to collaborate with outsiders enmeshed in the current experience of welfare families, and to change partners when expectations are disappointed, promises to free the state from the rule-bound bureaucracies of its own creation; the despair, because renegotiating service contracts at long intervals, and unable to observe the behavior of its partners directly, the state repeatedly agrees to terms that allow the service provider to do what is to its own advantage, not the clients’—to “skim” or “cream” by concentrating on the easiest to service cases.⁶⁶

An unintended but now welcome side effect of Utrecht’s commitment to minimizing the organizational and professional obstacles to the provision of customized services is a change in the working relations of the municipality and its outside partners that makes the latter’s performance regularly and directly observable, reducing the information asymmetry that typically puts the public at a disadvantage in renegotiations. These changes clear the way for the eventual introduction of some form of contracting under uncertainty of the type already in use among private actors who, like Utrecht and its service providers, can only specify through the process of collaboration itself what each needs to do.

The key to the new relationship and the mutual transparency it affords are the frequent roundtables used, as we just saw, to find customized solutions to particular, stalled

⁶⁵ Authors’ interviews with Wieke Westgeest and Jos Linskens; “Raadbrieff City Deal Eenvoudig Maatwerk”; Programma Sociaal Domein, “Bureaucratie doorbreken met een ‘noodpot’” (March 14, 2019).

⁶⁶ See for example Mark Considine,, Jenny M. Lewis, and Siobhan O’Sullivan, *Getting Welfare to Work: Street-Level Governance in Australia, the UK, and the Netherlands* (Oxford: Oxford University Press, 2015); Mark, Considine and Siobhan O’Sullivan (eds), *Contracting-Out Welfare Services: Comparing National Policy Designs for Unemployment Insurance* (Chichester: Wiley Blackwell, 2015).

cases and identify rules, routines and forms of cooperation across organizational boundaries that should be changed to better facilitate such outcomes in the future. These are working meetings. Representatives of various teams and departments within the municipality—sometimes from the neighborhood, sometimes from the center, or both—discuss the details of refractory cases and weigh alternatives with representatives of the relevant service providers, among others. On these occasions the municipality can observe directly what the different providers understand by “customized” services; how they respond to the suggestion of possible innovations, or if they take the initiative by proposing innovations themselves; and whether they regularly deliver on their commitments.

In one meeting of the CPA we observed, for example, the participants questioned in several cases whether the treatments requested by the neighborhood team worker – for depression alongside autism, for family psycho-education, and for help with language development – should not be supplied by one of the specialist providers as part of its normal offerings. In a *maatwerktafel* we attended, the participants asked why none of the specialist providers offered a combination of autonomous living space with daily therapeutic guidance for teenagers with psychological problems transitioning towards self-sufficiency.⁶⁷

Where the problems identified at the roundtable involve an individual service provider, as in the first example, the chair passes on the information to the municipal account holder (the formal contract partner), who takes up the issue with the service provider in an informal meeting or site visit, as well as in the next, regular quarterly review. Where the problems involve cooperation among a group of specialist providers, as in the second example, the roundtable chair convenes a separate meeting of the parties to discuss how to resolve the issue, with the possibility of referring matters to their respective account holders if cooperation does not improve. Where a broader pattern of problems is identified through the roundtables, for example regarding the relationship between specialist and general care providers (neighborhood teams, family doctors), the municipality organizes meetings on the problem area with the contractors to discuss how best to address the underlying issues. Next steps can be a joint review of anonymized cases in order to clarify which kinds of issues can be handled, for example, in the neighborhood teams and which need to be referred to specialists. The provisional solutions identified through this process

⁶⁷ Authors’ participant observation at a CPA meeting, March 7, 2019, and a *maatwerktafel*, September 21, 2019.

are then elaborated through pilots and proeftuinen, before being generalized across the city, as with the Extr@ Teams and neighborhood-based specialist care.⁶⁸

Alongside the roundtables, the municipality has a second major tool for redressing the information asymmetry with external contractors: a comprehensive overview of current movements of clients among service providers, derived from the administrative metadata (*berichtenverkeer*) associated with referrals to specialist care. From this data the municipality can spot, for example, churning of clients between specialist care providers, and take up the issue with them in ad hoc site visits or regularly scheduled review meetings with the account holder. The same tool can also be used to challenge the (frequent) claim of contractors with long waiting lists that the delays are due to the particular complexity of their case load. More powerfully still, information from the roundtables can be combined with the metadata to serve as a check on the plausibility of contractors' assertions generally. Thus as the municipal youth care controller told us that the *maatwerktafels* provided them with a "random sample [*steekproefgevijs*]" of cases; and the rich case information often makes it possible to interrogate the contractors' claims, for example regarding children with disabilities (*kinderen met beperking*). "[W]ith that information we say to the providers, your own experts tell us that 30 percent of children with disabilities could have been helped in a different way [through the neighborhood teams], but we see that they're still over there [with you]."⁶⁹

The effectiveness of these mechanisms for symmetricizing information is reinforced by the fact that the account holders for the external contractors are mostly municipal policy officers rather than specialized financial controllers or professional accountants. This means that the account holders focus in their discussions with specialist care providers on achieving the policy goals of the Utrecht youth care system and have sufficient substantive expertise to evaluate the contractors' arguments. In this way the policy makers themselves develop a

⁶⁸ Authors' participation observation at a CPA meeting, March 7, 2019, and a *maatwerktafel* September 21, 2019; correspondence with Lisa Huibers-van Tetering, March-December 2019; VNG, *Regionaal overleg in gemeente Utrecht*; Gemeente Utrecht, *Vierde Voortgangsrapportage*, 14-15; Gemeente Utrecht, *Voortgangsrapportage en uitvoeringsagenda 2018-2019*, 16.

⁶⁹ Authors' interviews with Souhail Chaghouni, April 7 and May 6, 2020; Souhail Chaghouni, "Betekenisvol sturen en verantwoorden", presentation November 2019; Authors' interview with Joop van der Zee, Gemeente Utrecht, March 22, 2019; Gemeente Utrecht, *Voortgangsrapportage en uitvoeringsagenda 2018-2019*, 16; Gemeente Utrecht, *De Utrechtse aanpak*, 55.

more holistic perspective and a better understanding of practical implementation problems.⁷⁰

The cumulative effect of the continuing revision of the working relation between the parties through these mechanisms is to change their understanding of the very nature of the agreement between them, if not its formal terms. The contract becomes in effect a framework or platform for the discussion of what each currently expects from the other, given their shared and jointly revised understanding of what is needed and possible.

To grasp how such inchoate agreements can function it is helpful to look at the very similar, but more developed contracts in the private sector between parties, at their frontier of knowledge, who undertake a joint innovation whose feasibility and form can only be determined in the course of their collaboration. Such contracts for innovation are commonplace in domains as diverse as biotechnology, IT and advanced manufacturing. As in Utrecht, change in the form of contracting has been driven in these sectors by an increase in uncertainty, understood generally as the inability to anticipate problems in realizing some end, let alone the solutions to those problems, in advance of actually working toward the goal.

Under uncertainty the parties are by definition unable to specify their respective obligations, as they would in a standard contract. Instead they agree on broad goals and a regime for exploring the most promising approaches and regularly evaluating the prospects of success. The regime, fixed in the contract for innovation, provides for periodic, joint reviews of progress towards interim targets or milestones; procedures for deciding whether, and with what exact aim to proceed, or not; and mechanisms for resolving disagreements. By exchanging this information the parties clarify the shared goal and improve their assessments of one another's capacities and reliability. Mutual reliance increases as collaboration progresses, for it is extremely unlikely that a partner who has not participated in the efforts so far will be able to party comes to rely increasingly on the capacities of the other, deterring opportunistic defection and generating or activating norms of reciprocity. Trust is as much the result of the process of collaboration as its precondition, just as the precise aims of cooperation are the outcome, not the starting point of joint efforts (Gilson et al. 2009).

⁷⁰ Authors' interview with Souhail Chaghouni, May 7, 2020; Gemeente Utrecht, *De Utrechtse aanpak*, 49-51, 56-8.

While it is of course unclear how much of the formal mechanisms of contracting for innovation Utrecht (and eventually other municipalities) will adopt, there is no doubt that the core procedures of ongoing revision of the de facto agreement in light of frequent, joint efforts to solve concrete problems are well-established. In the latest development of the Utrecht model, the municipality has sought to deepen and intensify its continuous collaboration with external contractors in the transformation of youth care by consolidating the 70-odd specialist providers inherited from the pre-2015 system into two purpose-built organizations responsible for delivering neighborhood-based specialist care in different areas of the city. In selecting these new service providers, the municipality organized an elaborate process of “dialogic tendering (*dialoggerichte aanbesteding*)”,⁷¹ involving an intensive series of interviews and role-playing exercises with policy makers and a variety of stakeholders (including the neighborhood teams and a group of youth clients) in order to assess not only the applicants’ commitment to the vision and leading principles of the Utrecht model, but also their capacity to apply them in different practical situations.⁷²

VI. Customized Service Provision and Equal Treatment before the Law

Utrecht’s success in adjusting rules and jurisdictional boundaries that obstruct individualized welfare and reducing information asymmetries that disadvantage the public sector in contracting with external service providers brings new and fundamental problems. The more municipalities differentiate services, taking the individuality of beneficiaries’ circumstances explicitly into account—thus, implicitly at least, distinguishing each from the others—the more the current reform calls into question the constitutional principle of guaranteeing equal treatment to those in the same circumstances of need, and the constellation of institutions, rights and conceptions of justice that has developed with it.

⁷¹ This term was adapted from an EU procedure for public procurement under conditions of uncertainty which allows “a public entity which knows what outcome it wants to achieve in awarding a public contract but does not know how best to achieve it to discuss, in confidence, possible solutions in the dialogue phase of the tender process with short listed bidders before calling for final bids”. See Michael Burnet, “Using Competitive Dialogue in EU Public Procurement – Early Trends and Future Developments”, *EIPASCOPE* 2009/2 (Maastricht: European Institute of Public Administration).

⁷² Gemeente Utrecht, *Strategie contracteren Aanvullende Zorg Jeugd vanaf 2020* (July 2018); Gemeente Utrecht, “Dialoggerichte aanbesteding als verander instrument. Specialistische jeugdhulp in Utrecht: buurtgericht maatwerk” (2019), <https://zorgprofessionals.utrecht.nl/zorg-voor-jeugd/de-inkoop-van-zorg-voor-jeugd/aanbesteding-specialistische-jeugdhulp/>; Gemeente Utrecht, *De Utrechtse aanpak*, 59; author interviews with Marian Dobbe (KOOS), April 17, 2020, and with Marenne van Kampen, Pieterneel Boerenboom, and Souhail Chaghoulani.

Most directly the new and still evolving responsibilities of decision making in public administration compel reconsideration of administrative law: Instead of applying rules, fixed principally by legislation, to determine eligibility for standard benefits, officials, as we have seen, must devise complex procedures for ascertaining the conditions of individuals and families in need of assistance, and then recombining elements of existing programs, perhaps with innovative supplements, to respond to the needs they find. What assurance do citizens have that these procedures are apt to work to their benefit, and also protect them against abuse of discretion in moments of high vulnerability? Ultimately, open-ended revision of administrative procedure invites questions about the ideal of justice that informs and legitimates the new welfare provision. Can a welfare regime whose ambition is to treat citizens as distinct individuals also remain faithful to the commitment of constitutional democracy to treat them as equal before the law?

These and related questions have only recently appeared on the horizon of public discussion; serviceable answers lie still beyond it. In this Part we look ahead by considering some of the recent judicial response to appeals against administrative decisions allocating welfare benefits at the municipal level. In reviewing these cases the Dutch Administrative High Court (*Centrale Raad van Beroep*, CRvB) has begun to define the scope of the requirement for customized service provision, the types of provision that count as customized and, perhaps most important, the key elements of decision making process by which a social welfare agency can reach, accountably and effectively, a customized determination of benefits. The CRvB's response suggests how Dutch administrative law can, by redoubling a longstanding commitment to requirements of reason giving, adjust to the new demands placed on it. That adjustment might in turn be generalized into a cornerstone right preserving equal treatment before the law in an age of deliberate and purposeful differentiation.

Many of these cases arose as municipalities re-authorized existing benefits in terms of the new system, re-characterizing and also at times limiting them in ways that provoked protests directed at the local decision makers along with appeals to the courts. A particularly contentious area concerned services to help impaired persons with home cleaning (*Hulp bij het huishouden*). At the time the national government decentralized responsibility for these services to the municipalities under the revised WMO 2015, it cut the overall budget for them by 40 percent. Utrecht, for one, responded by allocating 80

percent of existing clients a standard service of 1.5 hours per week, while the rest received customized help.⁷³ The local reaction was immediate and furious: massive protests and complaints (871 objections or *bezwaarschriften* between January 2015 and October 2016).

The City Council adopted a motion calling for “customization for everyone (*maatwerk voor iedereen*)”; a report from the local Court of Auditors showed that nearly half of the recipients could not keep their house clean and liveable with the help provided.⁷⁴ Unsurprisingly, given the other changes then in progress, the municipality (in addition to increasing the basic allocation to two hours per week) transferred responsibility for determining allocation on the basis of individual need to the neighborhood teams, who are to visit at home all those who apply for seek to renew household help.⁷⁵

Nationally the wave of discontent in Utrecht led to two decisions by the CRvB requiring the municipality to conduct an “independent” and “objective” investigation into the individual circumstances of each client to determine the service allocation needed to support their capacity for autonomous living (*zelfredzaamheid*). Consultation with the service provider or with a client council representing welfare recipients was judged insufficient. The investigation must in addition be “sound (*deugdelijk*)”. It cannot, for example, be based primarily on financial considerations.⁷⁶ Other decisions by the CRvB have added further requirements to the investigation of individual condition by insisting that experts be consulted by the municipality when necessary; that the expertise they provide meet professional standards; and, crucially, that experts address and assess the client’s actual and developing need for service provision, even when the legal claim, as presented, could be decided without taking those needs into account. Just as the provision of

⁷³ (Gemeente Utrecht *Meedoen naar Vermogen. WMO Uitvoeringsplan eerste fase: van kaders stellen naar inrichten, naar uitvoeren* (December 2013): 29-30, 51.

⁷⁴ Gemeente Utrecht, *Notulen Vergadering Gemeenteraad* (June 30, 2016), 99-100; Rekenkamer Utrecht, *Hulp bij Maatwerk. Een onderzoek naar de Hulp bij het Huishouden in het kader van de WMO 2015* (September 5, 2016).

⁷⁵ Again unsurprisingly, this turned out to be an easy and low threshold way for the neighborhood teams to make or renew contact with elderly people in the neighborhood, and to discuss with them what other help or services they might need. Client satisfaction increased dramatically, including a drop in the number of *klachten* (complaints) and *bezwaarschriften* (to 4 and 26 respectively) over the year to October 2017. See Gemeente Utrecht, *Gewijzigd beleid Hulp bij de Huishouding. Een verkennende evaluatie* (February 2018), 10, 11-13; Gemeente Utrecht, “Raadsbrief Evaluatie hulp bij het huishouden en afronding maatregelen verbeterplan” (March 13, 2018).

⁷⁶ Centrale Raad van Beroep, uitspraakdatum 18 mei 2016. Zaaknummers 15/4490 WMO15, ECLI:NL:CRVB:2016:1402; 15/5356 WMO15, ECLI:NL:CRVB:2016:1403.

customized services should not be hindered by formal jurisdictional boundaries, so, it might be thought the court was saying, investigation of individual need should not be hampered by consideration of legal formalities. To these requirements the cases add, finally, the insistence, fundamental to Dutch administrative law, that administrative decisions be well reasoned, and the process of decision making itself well motivated and adequate to the questions at issue.⁷⁷

Together these cases define what citizens may expect, as a matter of right, when advancing claims for customized services. As tersely summarized in a guidance letter recently circulated by the VNG to its member municipalities, “Every citizen can apply for help under to the WMO and is entitled to a careful procedure.” An applicant cannot be summarily denied because her income level exceeds some existing threshold; nor may municipalities impose additional, general means tests based on income or wealth. Though an applicant’s financial strength may, together with other capacities for self-help, be taken in account in deciding benefits, “a careful access procedure and the provision of individual customization are and will remain the central principles of the WMO.” Above all the “CRvB has also emphasized time and again the importance of conducting a careful investigation, supported eventually by expert advice and well-substantiated justification in the reporting.” The quality of these investigation “requires permanent attention from municipalities.”⁷⁸

Additional commentary by the Council of State (*Raad van State*) emphasizes that the “new vision of care creates a heavy burden of reason giving in concrete cases.” While rules will remain “indispensable in the new relationships,” they must, to serve the purpose of customization, be “approached and applied differently.” The whole course of decision making determines its quality; “the investigation into the concrete, personal circumstances, the provision of information to the person concerned,” are relevant to assessing the legitimacy of the outcome. This concern for the chain of decision making as a whole reflects, for some observers, a general tendency in administrative law to subject to judicial review not “only the final decision but also the process towards it.” As a practical matter

⁷⁷ The key case is ECLI:NL:CVRB:2017:1477; other recent cases elaborating this judgement include ECLI:NL:RBOBR:2018:469 and ECLI:NL:CVRB:2019:236. For a thoughtful discussion of the jurisprudence, see Bruning et al. “Juridische deelstudie”, 44-48.

⁷⁸ VNG, “Brief aan de leden. Maatregelen beheersing kosten abonnementstarief” (November 23, 2020).

quality control of the decision making process within administration “will have to focus more on the professionalism and quality of ...judgment,” as gauged by peer review and the other instruments normally used for this purpose.⁷⁹

The upshot is that however difficult the task of actually reorganizing public administration to meet the demands of individualized service provision, Dutch administrative law will not add to them. On the contrary: By directing attention away from legal formalities and consistently to assessment of the quality of decision making⁸⁰—what in the US is called process or “hard look” review, to distinguish it from review of conformity to formal, procedural requirements or of an aspect of the outcome of decision making—Dutch law puts continuing pressure on officials at all levels, from those ascertaining facts to those making and revising rules, to base decisions on an informed understanding of individual circumstance. The focus on organizational process and the decisions that flow from it safeguard citizens against unwarranted official discretion at the same time. To see that this is not a foregone conclusion, inherent perhaps in the nature of administrative law, it is sufficient to look at US practice, where concern with the choice of decision-making procedure, and with formality generally, often dominates judicial review of administrative acts, reducing considerations of substance to an afterthought both in judicial opinions and academic commentary.⁸¹

It may also be that this insistence on a thorough and reliable decision-making process in the allocation of welfare benefits suggests a way of thinking about an ideal of justice when like treatment in like conditions will no longer do. Taken to the hilt, as elaborated in an expansive understanding of the CRvB jurisprudence, the idea that each applicant for welfare benefits is “entitled to a careful procedure” amounts to recognition of a right of each citizen to call when need be on a responsive administration, willing and capable of understanding what makes each claim distinctive. It is this right to a common process that fully respects their individuality that citizens share when placing them in broad

⁷⁹ Raad van State, *En nu verder! Vierde periodieke beschouwing over interbestuurlijke verhoudingen na de decentralisaties in het sociale en fysieke domein* (The Hague, September, 30 2016 31, 57.

⁸⁰ Gary Lawson, “Outcome, Procedure and Process: Agency Duties of Explanation for Legal Conclusions”. *Rutgers Law Review*, 48 (1995), 313-44.

⁸¹ Jeremy Kessler and Charles Sabel, “The Uncertain Future of Administrative Law”, in Mark Tushnet (ed.), “The Administrative State: Reconstruction or Deconstruction?”, *Daedalus* (forthcoming).

categories according to rules no longer reflects who they are. But if such a right to responsive administration were to become an ideal of justice even more explicitly than heretofore, actual administration will have to live up to its promise, and advances of the kind being demonstrated in Utrecht will be all the more important.

VII. Conclusion [to be added]