

WHO CARES?



**A Q methodological study to stakeholder perspectives on youth care,
a first step towards a decentralised youth care policy**

Martijn Sikkens

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a first step towards a decentralised youth care policy

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Student: Martijn Sikkens (ing.)
S1129627

Committee members: dr. P. J. Klok
Prof. dr. A. Need

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Preface

It started a long time ago with Social Welfare. My first master, Humanism did not work out unfortunately. There was more success with Environmental Technology and due to that program I could start with Public Administration. For many people there is little logic in this educational career but I just love to go to college. There is just one thing makes every study tough and that is the final thesis. Public Administration is no exception to that. Fortunately I did have a topic that suited me real good and the support of many has helped me through.

Youth care is a complex and interesting topic and with this thesis I am back where I started, the youth track of Social Welfare. I learned a lot during this thesis, not only about working in an academic way but also a lot about youth care. I hope I can use this knowledge, not only to help myself but especially to help others.

Arianna and Pieter Jan, I would like to thank you for your support and good feedback. I need to thank my friend and family for bearing me out during this study. I have missed you all and I hope that we can see each other more often now that I seem to get some spare time. Miranda, I need to thank you for hearing out all my complaints and for ordering my thoughts. And of course I need to thank all those people that participated in my study. Without their participation I could not have finished this thesis. I am grateful that they were willing to share their thought with me and enriching me that way. Pete, you have spent a lot of time correcting the most eminent mistakes in my English. It is still far from perfect, as you mentioned yourself, but you did improve it a lot.

Finally I want to thank Hilko. How many evenings did I spend upstairs while you were sitting on the couch waiting for me to finish. How many weeks did you do all the cleaning because I had a deadline. And how long did you have to wait for me to finally be able to completely understand you..... Thank you very much.

Martijn Sikkens

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Summary

The Dutch national government is working on a new law regulating youth care in the Netherlands. The main change in this new law compared with the current law, the Youth Care Act (Wet op de Jeugdzorg), is the decentralisation of youth care to the municipalities. This faces the municipalities with the task of constructing a youth care policy that reorganises youth care on a local scale. According to the theories around decentralisation it is important to involve stakeholders in the development of such a new policy. The municipalities depend on resources of the stakeholders such as knowledge to construct the policy.

In policy analysis a problem needs to be defined before it can be solved. With many stakeholders it can be difficult to construct a single problem definition that is needed before solving the problem. Stakeholders can differ in their perspectives on youth care and therefore differ in what the problem is and how to solve it. If stakeholders share the same perspective, then the problem is structured and it is possible to come to a single problem definition. If stakeholders do not share the same perspective, it magnifies the difficulty of the task that the municipalities face.

This study tries to find out if an analysis of the perspectives of stakeholders in youth care gives insight in the structuring of the problem of decentralisation that a municipality faces and to see if this insight is useful to the municipality in their attempts to come to a good organisation of youth care. The study answers the following research question: **How do the perspectives that stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way that youth care is organised in 2012, relate to the perspectives they have of solutions to improve the organisation of youth care?**

To answer the research question, background information is needed so the study starts with information on the history of youth care in the Netherlands and on the way youth care is organised in the present situation. After that an inventory of all obstacles that stakeholder experience in the organisation of youth care and perceived solutions to improve youth care was drafted using literature study. This resulted in a list of one hundred and twenty six obstacles and one hundred and forty seven solutions.

The list of all obstacles in youth care and the list of solutions to improve youth care are used as a concourse for a Q methodological study that is conducted to see if stakeholders have different perspectives of obstacles in youth care and/or different perspectives on solutions to improve youth care. From both lists a selection of twenty-four statements were selected. The selection was made using theories about organisational problems and implementation styles to solve organisational problems.

Nineteen stakeholders who are involved in youth care within the municipality of Zwolle have participated in the study. These participants range from a mother whose children are taken away from her home to an alderman, from a foster mother to a manager in mental health care and from a person active in special education to a street level bureaucrat at provincial youth care. These nineteen participants were asked to place twenty four statements, out of the list of obstacles, in order from most obstructive to least obstructive, taking the present situation of youth care into

account. After this first task all participants were also asked to place twenty four statements, out of the list of solutions to improve youth care, in order from most contributing to least contributing towards a better organisation of youth care.

The Q methodological study shows that the participants have four different perspectives on obstacles. In the first perspective, the expectations that society have on youth care play a critical role. The second perspective focusses on the lack of funding. The third perspective sees bad management and the self-interest of organisations, managers but also street level bureaucrats that provide care as the main problem in the present situation of youth care. The fourth perspective is about the lack of transparency in youth care and also the lack of faith that care providers have in the families and the people close to them.

On the solutions to improve youth care, the participants have three distinct perspectives. The three perspectives are labelled using the actor which has the key role in the perspective. According to the first perspective, youth care can be improved by placing the client in a central position. In the second perspective, the care provider plays a key role in improving youth care. According to the third perspective, the government can help improve youth care by constructing a clear policy. Each perspective emphasises a different actor as the main character to improve youth care.

To see how the perspectives on obstacles and solutions are inter-related, this study looked to see if stakeholders who share a perspective on obstacles also share a perspective on solutions. From this comparison, it is clear that stakeholders, who share a perspective on obstacles, do not share a perspective on solutions with the exception of stakeholders who share the fourth perspective on obstacles. This perspective is that in which the lack of transparency in youth care and lack of faith in the strength of families are seen as the major obstacles for a good organisation of youth care. These participants share the perspective on solutions who think that the client should have a central role in youth care.

The analysis in the perspectives that stakeholders within youth care of Zwolle have does indeed give insight in the structuring of the problem that the municipality of Zwolle faces with the decentralisation of youth care. It can be concluded that the insight that this analysis gives is useful for the municipality in her attempts to come to a good organisation of youth care.

A sequel of this study in other municipalities is needed to see if the found perspectives are the same for other municipalities. Since the data in this study is not conclusive on the question whether the characteristic of a stakeholder relates to a specific perspective, this question could be taken into account with further research. It is interesting to see if the characteristics of stakeholders relate to certain perspectives.

Samenvatting

De Nederlandse regering werkt aan een nieuwe wet om de jeugdzorg in Nederland te reguleren. De voornaamste verandering ten opzichte van de huidige wet, de wet op de jeugdzorg, is de decentralisatie van de jeugdzorg van het rijk en de provincies naar de gemeenten. Vanwege deze decentralisatie moeten gemeenten een eigen beleid omtrent jeugdzorg opstellen die de organisatie van de jeugdzorg op lokaal niveau regelt. Verschillende wetenschappelijke theorieën rondom decentralisatie concluderen dat het van belang is stakeholders te betrekken bij het opstellen van gedecentraliseerd beleid. Gemeenten zijn voor een deel afhankelijk van de stakeholders, bijvoorbeeld omdat de stakeholders kennis hebben die van belang is voor het opstellen van nieuw beleid.

Volgens theorieën met betrekking tot beleidsanalyses is het van belang om eerst het probleem helder te definiëren voordat het probleem opgelost kan worden. Wanneer er veel stakeholders betrokken dienen te worden bij het formuleren van de probleemdefinitie, kan het lastig zijn om tot een enkele gezamenlijke probleemdefinitie te komen. Stakeholders kunnen verschillende perspectieven hebben op de jeugdzorg en daardoor een verschillende kijk hebben op wat het probleem is en hoe het probleem opgelost dient te worden. Als stakeholders hetzelfde perspectief delen, is het probleem gestructureerd en is het mogelijk om tot een gezamenlijke probleemdefinitie te komen. Wanneer stakeholders verschillende perspectieven hebben, heeft de gemeente een zwaardere klus te klaren dan in geval de stakeholders een gezamenlijk perspectief hebben.

Dit onderzoek bekijkt of een analyse naar de perspectieven van de stakeholders inzicht kan geven hoe het probleem rond de decentralisatie van de jeugdzorg is gestructureerd en of deze kennis door gemeenten gebruikt kan worden in hun poging om de jeugdzorg te organiseren op lokale schaal. Om dit te bereiken geeft dit onderzoek antwoord op de volgende onderzoeksvraag: Hoe verhouden de perspectieven van Zwolse stakeholders in de jeugdzorg ten aanzien van problemen in de organisatie van de jeugdzorg in 2012 zich met de perspectieven die deze stakeholders hebben op oplossingen om de jeugdzorg goed te organiseren?

Om deze vraag te beantwoorden was eerst achtergrondinformatie nodig. Daarom start dit onderzoek met informatie over hoe de organisatie van de jeugdzorg zich in de loop van de tijd heeft ontwikkeld en hoe deze in 2012 vorm is gegeven. Na deze inventarisatie van de situatie is er gekeken welke problemen stakeholders ervaren in de organisatie van de jeugdzorg. Ook is een lijst opgesteld van alle mogelijke oplossingen die beschreven zijn om de organisatie van de jeugdzorg te verbeteren. Het uiteindelijke resultaat is een lijst met honderdzesentwintig problemen en een lijst met honderdzevenenveertig oplossingen.

De lijsten met alle mogelijke problemen en oplossingen zijn in deze studie gebruikt als zogenoemde concourses voor een Q methodisch onderzoek. Dit Q methodisch onderzoek is gebruikt om de verschillende perspectieven die stakeholders hebben op problemen en oplossingen in kaart te brengen. Uit de totale lijst zijn met behulp van theorieën rond organisatieproblemen en implementatiestijlen vierentwintig problemen en vierentwintig oplossingen geselecteerd.

Negentien Zwolse stakeholders uit de jeugdzorg hebben deelgenomen aan dit onderzoek. Deze deelnemers hebben zeer verschillende achtergronden. Er is geselecteerd op verschillende rollen, zoals cliënt, medewerker op zowel uitvoeringsniveau en manager. Verder is geprobeerd mensen uit verschillende sectoren te spreken, zoals de jeugd GGZ, provinciale jeugdzorg en de jeugd LVG. De negentien deelnemers zijn gevraagd om de vierentwintig geselecteerde problemen op volgorde van meest belemmerend naar minst belemmerend te leggen. Vervolgens kregen de deelnemers de vierentwintig geselecteerde oplossingen voorgelegd. Deze mochten ze ordenen op volgorde van draagt het meest bij tot een betere organisatie van de jeugdzorg tot draagt het minst bij. De verkregen data is met behulp van een Q methodologisch statistisch programma geanalyseerd.

Uit de statistische analyse van de data blijkt dat de stakeholders vier verschillende perspectieven op problemen hebben. Het eerste perspectief staat in het teken van de hoge verwachtingen die de samenleving heeft ten opzichte van de jeugd en jeugdzorg. Mensen in de samenleving leggen de norm hoog en afwijkingen worden niet geaccepteerd met als gevolg dat veel kinderen zorg krijgen. Incidenten in de jeugdzorg zorgen ervoor dat medewerkers voorzichtiger worden en sneller hulp inzetten en de samenleving verwacht ook dat incidenten voorkomen worden.

In het tweede perspectief staat geld centraal. Geld en de noodzaak om geld te krijgen is het leidende motief in de jeugdzorg waarop alle keuzes zijn gebaseerd. De grootste problemen in de jeugdzorg zijn allemaal te herleiden tot een tekort aan geld of de noodzaak om kosten te drukken.

Het derde perspectief lijkt het perspectief van buitenstaanders te zijn. Dit perspectief zet zich af tegen de reguliere jeugdzorg. De jeugdzorgmedewerkers mogen de juiste intenties hebben, maar ze worden gehinderd door allerlei regels en wetgeving, bedacht en in stand gehouden door het management. Het kind krijgt hierdoor niet de zorg die het nodig heeft. Deze regulering maakt dat het kind alleen de zorg krijgt die aangeboden wordt en niet zozeer de hulp die het kind nodig heeft.

Het vierde en laatste perspectief ziet de jeugdzorg als te complex. Er is een gebrek aan transparantie. Dit gebrek aan transparantie geeft de jeugdzorg een slechte naam en verhindert dat jeugdzorgmedewerkers hun werk goed kunnen uitvoeren. Jeugdzorgmedewerkers hebben het beste met de cliënten voor, ongeacht alle regels en obstakels. Ze vergeten alleen te vragen wat de cliënt zelf nodig heeft en wat de cliënt zelf kan bijdragen aan het verbeteren van de eigen situatie.

Deze vier perspectieven zijn ideaal typen. Er is geen stakeholder die een van deze perspectieven volledig ondersteunt. De gebruikte methodiek is er vooral op gericht verschillen te benadrukken terwijl er ook overeenkomsten zijn tussen de verschillende perspectieven. Daarnaast is dit een beknopte samenvatting van de gehele beschrijving van de perspectieven die meer ruimte voor nuance bevat. Dit geldt ook voor de perspectieven rondom de oplossingen.

Uit de statistische analyse van de data rond de oplossingen zijn drie verschillende perspectieven zichtbaar geworden. Het eerste perspectief concentreert zich rond de behoeften van de cliënt. De cliënten moeten weer controle krijgen over hun eigen leven. Hulpverleners zijn er alleen om de cliënt te ondersteunen en niet om verantwoordelijkheden over te nemen. De jeugdzorg moet zo georganiseerd worden dat cliënten de mogelijkheid krijgen grip te krijgen op hun eigen leven.

Terwijl het eerste perspectief zich concentreert op de cliënt, concentreert het tweede perspectief zich rond de hulpverlener. Volgens dit perspectief hebben hulpverleners meer ruimte en

bevoegdheden nodig om de juiste keuzes te kunnen maken voor cliënten. Daarnaast is nadruk op preventief beleid van groot belang in dit perspectief.

Het laatste perspectief geeft de overheid een centrale rol in het verbeteren van de organisatie van de jeugdzorg. De overheid moet duidelijk zijn in wat ze van de jeugdzorg verlangt. Duidelijkheid en helderheid zijn nodig om de organisatie van de jeugdzorg te verbeteren en om te waarborgen dat iedereen de zorg krijgt waar hij recht op heeft.

Uit dit onderzoek blijkt niet helder of karaktereigenschappen van de stakeholders kunnen verklaren welk perspectief ze aanhangen. Voor sommige perspectieven zijn hier aanwijzingen voor maar voor andere niet. Nader onderzoek hiernaar is noodzakelijk om er een uitspraak over te kunnen doen. Het kan waardevol zijn als uit vervolg onderzoek blijkt dat stakeholders uit bepaalde sectoren of in specifieke rollen hetzelfde perspectief aanhangen.

De volgende stap in dit onderzoek was het vergelijken van perspectieven op de problemen met de perspectieven op de oplossingen. In deze studie is bekeken of de stakeholders die een perspectief op problemen delen ook een perspectief op oplossingen delen. Vanuit de vergelijking kan geconcludeerd worden dat stakeholders die een perspectief op problemen delen niet een perspectief op oplossingen delen. De uitzondering hierop lijken die stakeholders die het vierde perspectief op problemen delen. Volgens dit perspectief is het voornaamste probleem in de organisatie van de jeugdzorg de complexiteit en het gebrek aan transparantie van de jeugdzorg. Stakeholders die gerelateerd kunnen worden aan dit perspectief delen het eerste perspectief op oplossingen, waarin de cliënt centraal staat.

Uit de resultaten van dit onderzoek blijkt dat een analyse van de perspectieven van stakeholders binnen de jeugdzorg inderdaad inzicht geeft in de wijze waarop het probleem rond de decentralisatie van de jeugdzorg is gestructureerd. In het geval van dit onderzoek kan de situatie in Zwolle worden benoemd als een ongestructureerd probleem. Dit gegeven kan de gemeente helpen in de ontwikkeling van jeugdzorgbeleid en een nieuwe organisatie van de jeugdzorg. Het zal lastig zijn om tot een gezamenlijke probleemdefinitie te komen maar. Een goed geformuleerde probleemdefinitie kan ondersteunend zijn aan het opstellen van een lokaal jeugdbeleid. Het geeft duidelijkheid aan de stakeholders waar wel en vooral ook waar niet aan gewerkt gaat worden. Op deze manier kunnen te hoge verwachtingen van tevoren gemanaged worden. De details van de analyse die is gemaakt geeft de gemeente inzicht in de overeenkomsten en de verschillen tussen de perspectieven van de verschillende stakeholders. Deze informatie kan gebruik worden om uiteindelijk tot een zo gedragen mogelijke probleemdefinitie te komen.

Een herhaling van dit onderzoek in andere gemeenten kan duidelijk maken of de gevonden perspectieven ook van toepassing zijn in andere gemeenten. Wanneer er een vervolg studie wordt gedaan is het ook interessant om extra aandacht te besteden aan de vraag of karakteristieken van stakeholders een verklaring kunnen zijn van de perspectieven die zij aanhangen.

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1. Consequences of decentralisation of youth care

1.1 A new youth care act

The Dutch national government is working on a new law regulating youth care in the Netherlands. The main change in this new law compared with the current law, the Youth Care Act (Wet op de Jeugdzorg), is the decentralisation of youth care towards the municipalities. Cabinet Rutte decided to devolve youth care to the municipalities on the advice of the taskforce Toekomstverkenning jeugdzorg (prospective study youth care) of the Dutch parliament (VVD & CDA, 2010). It is not the first attempt to improve the youth care. The Youth Care Act became active in 2005 as a response to problems that were experienced due to the previous law, the Youth Assistance Act (Wet op de jeugdhulpverlening) (van Montfoort & Tilanus, 2007). However, the Youth Care Act did not solve all the problems and also led to new problems (Baecke, de Boer, Bremmer, Duenk, Kroon, Loeffen, Mobach & Schuyt 2009; Baecke, Bremmer & Glas, 2006). The aim of the decentralisation according to the cabinet is an improvement of the effectiveness of the youth care (VVD & CDA, 2010).

1.2 A new task for municipalities

A decentralisation of youth care towards the municipalities means an expansion of the responsibilities that the municipalities have for young people. The municipalities become responsible for the organisation of youth care. The two ministers (M.L.L.E. Veldhuijzen van Zanten-Hyllner of the Ministry of Health, Welfare and Sport and F. Teeven of the Ministry of Security and Justice) responsible for the decentralisation, or transition as it is also called, have not imposed a national policy that the municipalities must execute (2011, p.1). Municipalities need to draft their own youth care policy within the framework given by the national government to organise youth care on a local scale.

1.3 Involvement of stakeholders in the new task

The ministers responsible for the decentralisation of youth care emphasise in their policy letter towards the Dutch parliament that they think it is important to involve stakeholders, such as clients and organisations that provide youth care, in the process to come to a new youth care policy (Veldhuijzen van Zanten-Hyllner & Teeven, 2011). A successful implementation of the decentralisation requires active involvement of stakeholders (Fleurke & Hulst, 2006). For example “active involvement of interest groups, social institutions or individual citizens in the decision making process of local government is a crucial factor in the customisation of public services” (Fleurke & Hulst, 2006, p. 44). When it comes to policy integration, the involvement of stakeholders is also important since they have specialised knowledge that is needed, but these institutions also have vested interests (Fleurke & Hulst, 2006, p. 49). In processes of decentralisation, local authorities

often rely on persuasion and bargaining to realise integration, especially if they do not control all the means that the stakeholders are depending on (Fleurke & Hulst, 2006, p. 49). For a decentralisation to become a success, the local authorities, in the case of the decentralisation of youth care, the municipalities, need to take the interests and opinions of the stakeholders into account when constructing a new policy.

Stakeholders also play an important role in transition processes. In a transition, “the change of the system does not only come from outside the system but also from within” (Frantzeskaki & de Haan, 2009, p. 594). The decentralisation of the youth care to the municipalities is often called a transition (eg: Rijk, VNG & IPO, 2012; G32, 2011; van Yperen & van Woudenberg, 2011; Baecke, Bremmer, van Osch, Ranter & Robbe, 2011). Whether the decentralisation is indeed a transition might be questionable since transitions take place over longer periods of times. The changes of the transition often occur in subsequent phases of relative slow, fast and slow dynamics which is known as the multi-phase concept, and can take up more than a decade. (de Haan & Rotmans, 2011, p. 92). The decentralisation can be seen as just a next step in the transitions since youth care underwent many changes in the last decades (see chapter 2). Important for this research is the conclusion that stakeholders play a key role in transition processes and that their perspective on youth care influences the process of the transition.

1.4 Perspectives that stakeholders can have

A perspective is a way of looking at things (Rubington & Weinberg, 2011, p. 10). Since there are different ways of looking at things (Rubington & Weinberg, 2011, p. 10) different perspectives exist. It is likely that stakeholders have different perspectives on the way they look at youth care.

Sabatier and Weibe states that stakeholders tend to relate to the world through a set of perceptual filters composed of pre-existing beliefs (2007, p.194). In their theory of advocacy coalition framework Sabatier and Weibe conceptualises a three tiered hierarchical structure of a belief system, which contains deep core beliefs (i), policy core beliefs (ii) and secondary beliefs (iii) (2007, p. 194-196).

- (i) Deep core beliefs involve very general normative and ontological assumptions about human nature and the relative priority of fundamental values. These deep core beliefs are difficult to change (Sabatier & Weibe, 2007, p. 194).
- (ii) Policy core beliefs are applications of deep core beliefs that span an entire policy subsystem. These are also difficult to change (Sabatier & Weibe, 2007, p. 194-195).
- (iii) Lastly, the secondary beliefs are relatively narrow in scope. Examples are: “the rules and budgetary applications within a specific program, the seriousness and causes of problems in a specific locale and public participatory guidelines within a specific statute, etc.” (Sabatier & Weibe, 2007, p.196).

The first two have a clear normative aspect and are more value laden. The last one is less normative and therefore these secondary beliefs are easier to change.

According to the advocacy coalition framework stakeholders will try to seek allies with people who hold similar policy core beliefs (Sabatier & Weibe, 2007). This way, different coalitions can emerge. The expectation is that some stakeholders within the youth care share (sort or less) the same perspective just like the advocacy coalition framework predicts.

1.5 The structure of the problem of the new task

It is clear that stakeholders need to be taken into account when drafting a youth care policy. Furthermore stakeholders can differ in how they look at youth care. If stakeholders do differ in their perspective on youth care than this can complicate the task that municipalities face.

A policy is meant to solve a problem. "Problems are experienced as non-acceptable discrepancies between the real situation and desired future outcome; between a socially constructed 'is' and 'ought' " (Hoppe, 2011, p. 30). Hoppe elaborates this 'is' and 'ought' into two dimensions. The first is the degree of agreement on normative claims at stake, the 'ought'. The second is the degree of certainty on relevant and available knowledge, the 'is'. To define the problem properly, the views of stakeholders are required. If stakeholders agree on what the problem is, that is if they agree on what the certainty on required and available knowledge and on norms and values at stake, then the problem is structured and everybody can strive for the same solution (Hoppe, 2011, pp. 72-73). If the stakeholders do not agree on one of these or even both criteria then solving the problem gets more complicated. Figure 1.1 shows how these two criteria can influence the complexity of the structure of a problem.

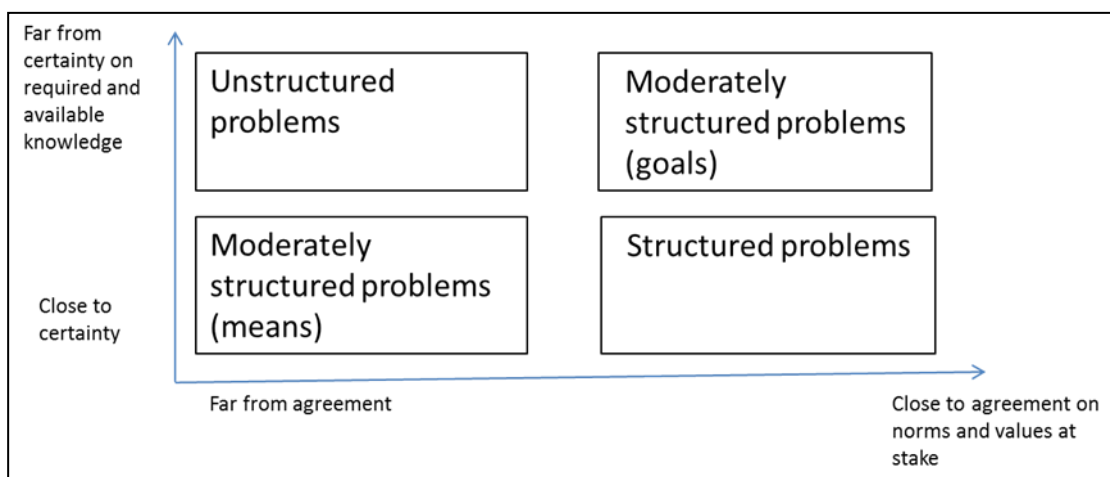


Figure 1.1: Four types of problem structures (Hoppe, 2011, p. 73)

To solve a problem it is necessary to first define the problem that needs solving (Dunn, 2008, pp. 84-85). "The way a problem is defined shapes the search for available solutions" (Dunn, 2008, p.4). Constructing the problem definition becomes more complicated if stakeholders do not agree on what the problem is. Without a proper problem definition, one runs the risk of solving the wrong problem, a so called "third type" error¹ (Dunn, 2008, p. 74). The less structured the problem is the less likely it is that stakeholders can easily come to a single problem definition.

An analysis of the perspectives that stakeholders in youth care have on the present situation and their vision of the desired situation helps to see if the problem that the municipalities face is structured or not. Structured problems require a different approach from unstructured problems (Hoppe, 2011, p. 188-192 and 226). Insight in the way the problem is structured can guide municipalities in the way they approach the task of decentralisation and can help to make the decentralisation succeed.

1.6 Aim of this study

The aim of this study is to see if municipalities can be helped in their task to organise youth care with an analysis of the perspectives that stakeholders in youth care have. This study is not about the care itself but about the way that the government organises the care and the way that this formal organisation is executed in practice.

To see if the problem of decentralisation is structured or not it is necessary to see if stakeholders agree on the way they view the present situation of the organisation of youth care and if they agree on the desired norms and values. To conceptualise these two dimensions this study looks at the problems in the organisation of youth care and possible solutions to improve the organisation of youth care that are described. As mentioned before problems can be seen as discrepancies between the real situations and desired future situations (Hoppe, 2011, p. 30). Solutions are means to go from the real situation to the desired situation. The perspectives that stakeholders have on these two elements will reveal if they agree on a view on the present situation of the organisation of youth care and if they agree on the desired norms and values, or not. Furthermore it can be interesting to compare the perspective that stakeholders have on the problems in the organisation of youth care with their perspective on solutions.

The aim of this study is to see if municipalities can be helped in their task to organise youth care with an analysis of the perspectives that stakeholders in youth care have. Many of these stakeholders are settled in more than one municipality. Other stakeholders are settled in one municipality but deliver care for clients of several municipalities. There are also stakeholders that only provide care for clients of a single municipality. Since this study tries to gain insight for the municipality it will focus itself on one specific municipality. For this study the municipality of Zwolle is selected as case study. The choice for this municipality is twofold. The first reason has to do with the characteristics of this municipality. Zwolle is one of the 32 larger municipalities of the Netherlands. It is a 'central'

¹ The first and second type error are when you incorrectly conclude that cause and effect covary when they do not (first type error) or when you incorrectly conclude that cause and effect do not covary when in fact they do (second type error) (Shadish, Cook & Campbell, 2002, p. 42).

municipality (centrum gemeente) and therefore smaller municipalities surrounding Zwolle are dependent on services from the municipality of Zwolle. Zwolle is working together with the surrounding municipalities to look at the consequences of the decentralisation of youth care and is leading in this process. Many organisations that provide youth care for families in the surrounding municipalities are settled in Zwolle. Moreover, due to its size, specific problems that are related to larger cities are also present in Zwolle, such as homeless youngsters. The position that Zwolle has can be compared with many other 'central' municipalities in the Netherlands. The second reason for selecting Zwolle is the possibility to gain access to stakeholders in youth care in Zwolle by the researcher. The researcher is member of the town council of Zwolle and, due to this function; he has easy access to many of the stakeholders.

1.7 Research questions of this study

The aim of this study is to see if municipalities can be helped in their task to organise youth care with an analysis of the perspectives that stakeholders in youth care have.

To achieve this aim, this study tries to answer the following research question:

How do the perspectives, that stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way the youth care is organised in 2012, relate to the perspectives they have of solutions to improve the organisation of youth care.

To answer this research question, information is needed. To acquire this information several sub questions are constructed. The answers to these sub questions help to answer the main research question. The sub questions are listed below:

1. How is Dutch youth care organised in 2012?

The main question is about the perspective that stakeholders have on the present situation of youth care. To understand the perspectives that the stakeholders have of the present situation, insight into that situation is needed.

2. How has youth care in the Netherlands evolved over time into the situation of 2012?

People's perspectives of the present situation can be influenced by experiences from the past (Crone, 2009). Therefore it can be useful to see how the youth care has evolved and how former governments have dealt with problems in the organisation of youth care.

3. Which obstacles do stakeholders in youth care perceive in the organisation of the youth care?

Knowledge about how youth care is organised (the first sub question) does not describe which problems the stakeholders experience due to the organisation of youth care. Since the main question is partially about the obstacles in the organisation of youth care, these obstacles need to be known.

4. Which solutions are already explored to improve the organisation of the youth care?

As mentioned before, many reports and statements have been made that describe possible solutions to improve the organisation of youth care. To gain insight into the perspectives that stakeholders have concerning these solutions, the solutions need to be clear.

5. Which (core) perspectives do stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way youth care is organised in 2012 and concerning solutions to improve the organisation of youth care.

Before perspectives can be compared, they need to be clearly formulated. The answer to this sub question gives the needed information to compare the perspectives as described in the main research question.

The answers to the first four sub questions are needed to construct an empirical study to answer the fifth sub question. The answer of this fifth sub question is used to answer the main research question.

1.8 Conceptualisation and definitions of key terms

In day to day communication, people more or less expect that other people know what they mean when they use specific words. This can lead to misunderstandings (Babbie, 2007, p. 130). This study tries to prevent these misunderstandings by defining and conceptualising some of the key element in the research question. In a previous paragraph, two dimensions that Hoppe (2011) uses to see how a problem is structured, are already conceptualised. These two dimensions are the level of agreement between stakeholders on the way that they view the present situation of the organisation of youth care, and if they agree on the desired norms and values. These dimensions are conceptualised using problems that stakeholders perceive in the organisation of youth care and possible solutions to improve the organisation of youth care.

Perspectives are conceptualised as the combination of beliefs and values that form the way that people look at situations and in this case youth care in Zwolle. This conceptualisation is based on the theory of Sabatier and Weiber that stakeholders tend to relate the world through a set of perceptual filters composed of pre-existing beliefs (2007, p.194). They identify three different belief systems where the first two are more normative. In the conceptualisation in this study this is related to values. Values are "broad preferences concerning appropriate courses of action or outcomes. As such, values reflect a person's sense of right and wrong or what "ought" to be" (Schemerhorn, Osborn, Hunt, Uhl-Bien, 2011). The third belief system is less normative and is more about how people see reality, what is real, what are the causes of problems etc. In this study this relates to beliefs: how people view reality.

Stakeholders are defined using the following definition: Stakeholders are actors in, affected by, knowledgeable of or having relevant expertise or experience on the issue at stake (Cuppen, Breukers, Hisschemöller & Bergsma, 2010, p. 579). This is a broad range of people not just the people who receive care and who give care. This broad definition is chosen because youth care is influenced by

and influences people that are not directly involved in youth care, like teachers who educate future social workers or schools for children with special needs. Because these people are influenced by and influence youth care themselves they are relevant for this study.

Youth care is conceptualised using the definition that is used in the government agreement to state which elements of youth care will become the responsibility of the municipalities after the decentralisation. So youth care in this paper contains; the present prevention policy, the present (voluntary) provincial youth care, care for the lightly cognitive disabled youth, the mental health care for the youth, the judicial youth care, juvenile rehabilitation and youth protection² (VVD & CDA, 2010, p. 20).

1.9 Methodology used in this study

In order to give insight into the perspectives that stakeholders have toward the organisation of youth care empirical research is needed. There are several ways to map these perspectives (Webler, Danielson & Tuler, 2009, p.5; Dunn, 2007, p. 96). In this research Q- methodology will be used. Q methodology combines the strengths of both qualitative and quantitative methods (Brown, 1996). This method can be used to reveal different social perspectives that exist on an issue or topic (Webler et al., 2009, p. 5). Nineteen stakeholders have participated in this research and gave insight in the way that they look at the youth care in Zwolle. The outcome of the conversations taken place with these nineteen stakeholders has been used to describe the perspectives which resulted from the statistical analysis from the Q method. A more elaborate description of the method used is described in chapter three.

1.10 Set up of report

In the next chapter scientific theories and previous research are used to give a provisional answer to the main research question. These theories are also used to help construct the necessary means to conduct this research. How these theories contributed can be read in chapter three. This third chapter shows how the research has been conducted.

The results of the first step in this study, answering the first two sub questions are described in chapter four. This chapter starts with a sort introduction on the history of the organisation of youth care. This shows that youth care in the Netherlands has undergone many structural changes especially in recent years. All these changes that were a response on previous changes resulted in the way youth care is organised today. This organisation is also described in chapter four. Insight into the organisation of youth care today helps to understand the problems that stakeholders face due to this organisation.

² : “het huidige preventieve beleid, de huidige (vrijwillige) provinciale jeugdzorg, de jeugd LVG, de jeugd GGZ, gesloten jeugdzorg, jeugdreclassering, jeugdbescherming” (VVD & CDA, 2010, p. 20)

Chapter five describes the results of the empirical research and the analysis of these results. In chapter six, an answer is given to the research questions and further conclusions are described. This rapport ends with a critical review on the study itself. This reflection can help the reader to estimate the strengths and weaknesses of this study and can be used as a guideline to improve future research based on this study.

2. A preliminary answer using different theories

2.1 Introduction

The main question in this study is:

How do the perspectives, that stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way the youth care is organised in 2012, relate to the perspectives they have of solutions to improve the organisation of youth care.

Since this question is about the perspectives of stakeholders empirical data is necessary to answer the question. Scientific theories concerning organisations can help to give a provisional answer. In this chapter an attempt is made to see how general organisation theories can help to predict possible lines of thought of the stakeholders. The outcome of this attempt is used to develop a setup for the empirical study that is described in chapter three.

2.2 Theory on organisation problems

Every organisation has to deal with problems. The word organisation is already a hint in this direction because it says that a certain degree of organisation is needed to get something done. There is a wide variety of problems and there are different ways to solve them. One of the ways to categorise problems within organisations is a model made by Lammers, Mijs and van Noort (2000) which distinguishes four organisational problems, and four categories of people who are confronted with these problems. The four categories of people who need to deal with these problems are: street level bureaucrats, managers, the clients and the general public. The four problems are ability to verify, ability to construct a liveable situation, manageability and ability to command³.

Ability to verify has to do with the possibility of knowing if and or when a decision has been taken or will be taken. Furthermore verifiability is about the possibility to check if decisions are made according to norms, both on the content of the decision and the way the decision was made. Ability to construct a liveable situation is about the possibility to live satisfactory according to certain standards in a given situation. Manageability is about the possibility to control the way a society functions or changes when having certain aims in mind. Ability to command is about the possibility to lay down rules and conditions and control these in order to establish, function or develop a society (Lammers et al., 2000, p. 25).

The organisation of youth care in the Netherlands distinguishes itself from organisations that Lammers et al. describe because it is not a single organisation. The organisation of the youth care is in fact a complex network of organisations that are intertwined with one another. A slight adaptation of the theory of Lammers et al. can enhance its usefulness for this research. When the organisation of the youth care is seen as a kind of meta-organisation in which the different organisations can be

³ Controleerbaarheid, leefbaarheid, bestuurbaarheid, beheersbaarheid.

seen as different elements of the total organisation than there is no direct need to change the kind of problems that organisations face since these four problems occur in different sizes of organisations. Lammers et al. also point out that these problems actually occur because of the growing encapsulation of societal life in organisational connections (Lammers et al., 2000, p. 20). What is missing in this model is the interaction that organisations have with other organisations.

In their first analysis of the situation of how the lives of Dutch inhabitants are influenced by organisations Lammers et al. do mention that organisations have grown and due to that growth organisations have become more complex. There is a wider range of variety in the way organisations are organised and these organisations continue to interweave with each other (2000, p. 20). These interwoven organisations also need to deal with the problems of other organisations because they are affected by the problems that other organisations face. An example of this within youth care is the difficulty that the youth care agency has to keep their data up-to-date when general practitioners sent youngsters to mental health care without informing the youth care agency. This way the youth care agency cannot verify if the right choice was made (Verwoerd, Duinmkerken & van der Wouden, 2009; Baecke et al., 2009, p. 25). Furthermore this complicates the degree of insight that provinces have on the number of youngsters that receive care (Baecke et al., 2009, p.25). When the category of other organisations is added to the model of Lammers et al., the model gives an improved description of different organisation problems and those who are affected by them.

Lammers et al. have suggested which organisational problems are most likely to have an influence on which category of actors (2000, pp. 26-27). This model is just a suggestion and has not yet been thoroughly tested. This suggestion can be expanded with the category of other organisations. Table 2.1 shows the original model of Lammers et al. expanded with the category of other organisations.

	Street level bureaucrats	Managers	clients	General public	Other organisations
verifiability	+	±	+	+	+
liveableness	+	±	±	-	-
manageability	±	+	-	-	±
ability to command	±	+	±	+	+
+ Is often a problem for people in this category ± Is sometimes a problem for people in this category - Rarely is a problem for people in this category					

Table 2.1: Organisation problems and categories of actors who experience these problems. Partially taken from Lammers et al., 2000.

The model described in table 2.1 can now be applied on the situation of the Dutch youth care and how it is organised. According to the theory of Lammers et al., all organisational problems can be categorised into four organisation problems: ability to verify, ability to construct a liveable situation, manageability and ability to command. Actors in different positions are likely to experience different kinds of problems (Lammers et al., 2000). This could mean that stakeholders in the same position are most likely to experience the same kind of problems and therefore have the same perspective on problems in youth care. This idea is often used within stakeholder dialogues and other participatory styles of policy making (Cuppen et al., 2010). A commonly used approach to select stakeholders for these processes is selection by affiliation in which selected stakeholders represent different actor types (Cuppen et al., 2010). In the case of the organisation of youth care, this would mean street level bureaucrats, managers, and clients are likely to have different perspectives. Cuppen et al. found out that stakeholders, from the same actor type, can differ in their perspectives. The study of Cuppen et al. indicates that other elements than affiliations have an influence on the perspective that stakeholders have. The results of the study of Cuppen et al. indicate that street level bureaucrats, managers, and clients can share the same perspective.

The theories of Lammers et al. and Cuppen et al. show that for this study it is important to select participants from different positions within youth care organisations. The final results of this study will reveal how both theories will hold in the case of youth care.

The theory of Lammers et al. indicates that stakeholders within youth care are likely to have different perspectives on obstacles due to the organisation of youth care. The theory states that there are four different types of organisational problems and that it is likely that stakeholders in different roles experience different types of organisational problems. Because each organisational problem can be experienced by different type of stakeholders and each type of stakeholder can experience different types of organisational problems it is not possible to predict the amount of perspectives with the help of this theory. The theory can help to select the right variables for the empirical part of the study. Chapter three elaborates how this is done in this study.

2.3 Policy implementation styles

Organisational problems, like the ones described in the previous paragraph, are dealt with using several policy implementing styles. The style used for a specific policy problem has depended on the moment in time and political colour of the cabinet that tackled the policy problem. Terpstra and Havinga distinguish four ideal types of policy implementation styles: a traditional, a bureaucratic, a professional, and a managerial style (2001, p. 101). In their article they describe how one style developed in a response to problems of another style. They use the structure theory of Giddens to explain how a new structure has an influence on the people who need to conduct the new policy and how this in return influences the structure in the form of adjustments on the style, eventually leading to a new style. After 1999 when this article was first published this development has continued and a new style is forming (Ansell Gash, 2007, p. 543; Jones, Hesterly & Borgatti, 1997). This new style can be named as a network style.

Implementation styles are characterised by a particular combination of interpretative schemes, norms, and resources (Terpstra & Havinga, 2001, p. 101). In this study a perspective is defined as the combination of beliefs and values that form the way that people look at situations. Although these two descriptions are not the same they both contain elements of how people view the situation and what they find important. It is possible that the perspectives that stakeholders have concerning solutions to improve the organisation of youth care are related to the implementation styles that Terpstra and Havinga have distinguished.

The traditional style is characteristic for the first period of the welfare state (Terpstra and Havinga, 2001). "Little importance is attributed to values dominating implementation in more recent stages, such as impartiality, equal treatment, uniformity, legal security, effectiveness, expertise, or efficiency. They are subordinate to the requirements of traditional morality, customs and authority, or they do not play any part at all" (Terpstra & Havinga, 2001, p 101). Therefore this style is not suited for complex problems like those in youth care. The network style that is not described by Terpstra and Havinga is suited for more complex situations like the organisation of youth care. In the following sub paragraphs the four implementation styles that might be useful to look at the perspectives that stakeholders have concerning the solutions to improve the organisation of youth care are elaborated.

2.3.1 Bureaucratic

Formalism and legalism are central elements of the bureaucratic style of policy implementation. The aim of this bureaucratic style is an impartial, uniform application of rules irrespective of the status of the individual citizen (Terpstra and Havinga, 2001, p 104). This style protects the individual from arbitrariness and it is clear from the rules what everybody may expect. The control in this style is organised in a hierarchical way. The street level bureaucrat needs to stick by the rules and is judged on his correct execution of the rules. To be sure that everybody gets what they are entitled to it is necessary to clearly define who can get what and when. Therefore legal categories are made so it is clear who falls within and who falls outside of the categories. The disadvantage of this style lies within the rigidity of the rules. The rules protect against arbitrariness but since no two people are the same, the categories are artificial and sometimes people do not get aid because formally they do not have the right to the aid but judged from the intentions of the aid they would be entitled to assistance. There can be tension between the grammatical interpretation of the rules and the teleological interpretation (Van der Roest, 2011, pp. 46-51).

2.3.2 Professional

Within the professional implementation style the expertise and specific know-how of officers (generally achieved by professional education) play a central role. Within this style rules also play a role, just like within the bureaucratic style, but within the professional style the rules are more of a guideline than a strict fact. "The value and application of these rules are weighed in relation to the (policy) objectives or likely results. If considered necessary, professionals may decide to deviate from the formal rules, or to create (their own) new rules" (Terpstra and Havinga, 2001, p. 105). Within the professional implementation style "control is not primarily based on traditional authority or hierarchical command, but on professional consultation and deliberation" (Terpstra and Havinga, 2001, p. 105). Due to the emphasis on (policy) objectives or likely results this style is more flexible. The street level bureaucrats need much autonomy so they can make the right choices to achieve the (policy) objectives. This can bring them in conflict with the politicians. The street level bureaucrats

are not easily checked and their way of working and specific knowledge makes it difficult to judge if the policy has the results that is strived for. A specific tension can be the financial side of the story since the street level bureaucrats in the professional implementation style decide what is needed without the need to manage a budget, since they need to be able to do what is necessary to achieve to objectives that are strived for.

2.3.3 Managerial

“Control of the rising costs and inefficiency in the public sector are the main reasons for organizing processes of implementation in a more business-like manner. In practice, this transformation results in a more strict regulation of implementation processes and a limitation of the autonomy of street-level bureaucrats” (Terpstra and Havinga, 2001, p. 106), compared to the bureaucratic and professional styles. These are the main characteristics of the managerial implementation style. Control takes place with the use of indicators which are measurable. Again rules have a place within the implementation style but this time the aim of the rules is to acquire efficiency. The managerial implementation style can help to control rising costs. “The strong emphasis on quantitative indicators makes street-level workers concentrate on those activities that are easy to control, and in turn they might neglect other tasks” (Terpstra and Havinga, 2001, p.107). The need to achieve targets can lead to the situation that street level bureaucrats concentrate their efforts on those situations that the targets are easy to obtain and neglect those situations that are complex.

2.3.4 Network

Deliberation and mutual interest are key elements of the network implementation style. Within this style the members of the network agree that cooperation leads to mutual benefits. Resource dependency stimulates stakeholders to cooperate. The rules are made up together and the aim of the rules is to judge stakeholders on their reliability. Trust is essential in the network implementation style (Sydow & Windeler, 2003, p. 69). The mutual interdependency helps the stakeholders to conform oneself to the network. Control takes place by all the members of the network. The members are judged on their reliability to perform towards the greater good and therefore to their own and other independent profit (Jones et al., 1997, p. 931-932). Due to this interdependency within the network the responsibility of the task is shared and everybody cooperates towards the same goal instead of only working towards their own goal (Provan & Kenis, 2007, p. 3). The required trust and willingness to cooperate can take a long time to achieve and needs maintenance. Although there can be a central steering agency (e.g. the municipality) there is no single agency which can dictate what needs to be done (Heffen & Klok, 2000). The desired output is a collective goal of the members of the network, not of a democratically chosen representation of the people.

2.3.5 Theoretical answer to perspectives on solutions

The four implementation styles described in this paragraph can be used to give a provisional answer to the question which perspective stakeholders in youth care have towards possible solutions to improve the organisation of youth care. The different implementation styles are based on norms and interpretation schemes (Terpstra & Havinga, 2001, p. 102). And these norms and interpretation schemes might be bases of a perspective, resulting in four possible perspectives on solutions. To see whether this is indeed the case the implementation styles have been used to construct a set-up for the empirical study. This is elaborated in the methodology chapter.

2.4 Combination of organisation problems and implementation styles

Since implementation styles have special characteristics to deal with certain problems the organisation problems as mentioned by Lammers et al. can be compared with the characteristics of the implementation styles to see which style is best suited for which problem (Need, 2011).

The bureaucratic style with all its rules and strict regulations makes it easier to verify if and when a decision is taken. One can simply look if all the rules are followed. This also means that this style makes it easier to manage the organisation and to command the organisation. These strict rules also means that it is difficult to make exceptions and it is not possible to make custom-made solutions. This can affect the ability to construct a liveable situation.

The professional style on the other hand is all about custom-made solutions; therefore the client can get the best-suited help needed. This goes at the expense of the other three organisation problems since the freedom of the professional means that he is not easy to manage or be directed. Since there are no clear rules and norms, decisions cannot be verified.

The managerial style is best used to control the manageability and the ability to command. The emphasis on rules and clear indicators help to control these two. They limit the ability to verify and ability to construct a liveable situation. The strict rules and indicators help the people who need to execute the policy to focus on these two elements. That is why they are not inclined to do what is needed to solve the real problem, they are inclined to fulfil the indicators and stick to the rules. This means that people do not get what they actually wanted so it is difficult to verify if the policy was effective and it does not help to increase the ability to construct a liveable situation.

Since jointly decision-making is part of the network style it is hard to verify when a decision will be taken since it depends on many different actors. The interdependency also makes it hard to manage the organisation since there is not one single actor who decides. Together it is possible to make agreements on how to direct the organisation but whether this command structure is efficient

	Bureaucracy	Professional	Managerial	Network
ability to verify	+			
ability to construct a liveable situation		+		+
manageability	+		+	
ability to command	+		+	±

Table 2.2 comparison between implementation styles and organisational problems (after Need, 2011)

depends on the willingness of the network participants to agree on a command structure. This means that the ability to command can differ for each network. Within the network style the members of the network agree that cooperation leads to mutual benefits, which is why this style can improve the ability to construct a liveable situation.

In table 2.2 the analysis how the implementation styles influences the categories of organisation problems that is given in the previous text is modelled into a diagram.

The main research question is about the relation between the perspectives that stakeholders have on the obstacles in the way youth care is organised and the perspectives of solutions to improve the organisation of youth care. The idea that certain types of problems can be best solved with a certain kind of implementation style, suggests that stakeholders who share a perspective on the obstacles or problems in the organisation of youth care would also share a perspective of solutions to improve the organisation of youth care.

3. Methodology on how this study is conducted

3.1 Introduction

To answer the main research question an empirical study is conducted using Q methodology. The setup of a Q methodological study is quite different from most empirical studies, so called R methodological studies. In these R studies, researchers look for patterns in responses across the variables for each person (Webler, Danielson & Tuler, 2009, p. 6). Q researchers look for patterns across the variables for each statement (Webler, Danielson & Tuler, 2009, p. 7). In the coming paragraph a general explanation of Q methodological research is given to introduce the basic lay out of a Qmethodological research and key terms. These key terms are used to explain how Q methodology has helped to answer the research question. This explanation is described in the third paragraph.

3.2 Explanation on Q methodology

“Q methodology was developed by William Stephenson as a means for gaining scientific access to subjective viewpoints” (Stenner, Cooper & Skevington, 2003, p. 2162). In Q methodology a number of respondents are given the same set of statements and are asked to arrange these statements according to a specific question. The respondents are called Q participants and the statements Q statements (Webler et al., 2009). The way that each individual Q participant arranges the Q statements is called a Q sort (Brown, 1980). The Q participants arrange the Q statements according to their own subjective opinion; therefore the Q sort can be seen as a representation of the opinion of the Q participants (Watts & Stenner, 2012, p. 95). Using factor analysis the Q sorts of the participants can be compared to see if there are clusters of Q sorts which indicate clusters of opinions (van Exel & de Graaf, 2005, p.1). In the basic this is what Q methodology is about, it “provides a foundation for the systematic study of subjectivity, a person’s viewpoint, opinion, belief, attitude and the like” (van Exel & de Graaf, 2005, p. 1).

Q methodology combines quantitative elements of statistical factor analysis with qualitative elements of interviews. The output of interviews is used to name, order and give logic to the factors that are discovered using the factor analysis (Watts & Stenner, 2012, p 95; Brown, 1980, p. 191). In most studies the respondent is the subject of the study and survey questions or other elements are the variables, and the variables are compared to see if there is a relation between the variables (Webler et al., 2009, pp. 6-7). In Q methodology, Q statements are the subject of study and the variable is the Q sort (Webler et al., 2009, pp. 6-7). Q sorts are compared to see if there is a relation between the different Q sorts (van Exel & de Graaf, 2005, p. 1).

Just as the choice of participants in more regular research is vital for the success of the research the same accounts for the selection of the Q statements. In R studies participants need to be a representation of the entire population that one wants to make conclusions about (Shadish, Cook and Campbell, 2002). In Q studies the Q statements need to be a good representation of all possible

statements that can be made about the subject that one wants to make conclusions about (Webler et al., 2009, p. 6). Therefore a thorough research is needed into all the possible statements about the subject before Q statements can be collected (Brown, 1980, p. 187). The result of the research to all possible statements is the *concourse*, the collection of all the possible relevant statements that can be made (Brown, 1980, p. 186). From this *concourse* a selection of Q statements are made. To select Q statements the researcher can try to see if a structure emerges from the *concourse* or the researcher can impose a structure on the *concourse* using a theory (Brown, 1980, p. 189). Whatever way chosen, the aim of the structure is to divide all the possible statements into categories so one can select a number out of each category. This way, the Q sample (the collection of Q statements) is a representation of all the possible statements (Brown, 1980, pp. 186-191).

The selection of Q participants, the so called P set, is not meant as a means to represent the average opinion. The selection of Q participants is meant to represent different factors (Webler et al., 2009, p. 9). The way to choose the P set then requires a theory about whom to choose. The P set does not need to be a large number of participants (Brown, 1980, p. 194). It can be useful to select those who have a clear opinion on the subject since these people might indicate a clear factor (Webler et al., 2009, p. 9).

The factor analysis on Q sorts can be done in several ways. There is the possibility to calculate these by hand, but there are also different statistical programs who will calculate the factors for you (Watts & Stenner, 2012, pp. 92-94). The statistical calculation will not give one answer to the question how many factors there are. In the process of coming to factors, choices need to be made; these can be inductive and deductive (Watts & Stenner, 2012, p. 95). It is up to the researcher to come with a convincing explanation of the results using his or her skills and knowledge about the subject (Webler, 2009, p. 10). The end result is a number of factors describing point of views as discovered in the research.

3.3 Q methodology in this study

The previous paragraph gave a general description on how Q methodological research is conducted. This paragraph describes how this specific study was conducted and uses terminology explained in the previous paragraph. This study actually contains of two separate empirical studies that are related and which are conducted at the same time, using the same participants. The first study is about perspectives that stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way youth care is organised in 2012. The second study is about perspectives that stakeholders involved in youth care in the municipality of Zwolle have for solutions to improve the organisation of youth care. Although these studies are different they have a common setup. In this paragraph the execution of the research is described step by step. In each sub paragraph one step is elaborated for both the study on obstacles and the study on solutions.

3.3.1 Exploration

The first two sub questions of this study are; how is Dutch youth care organised in 2012 and how has youth care in the Netherlands evolved over time into the situation of 2012? To answer these two

research questions, literature about the organisation of youth care and policy documents about youth policy and the decentralisation of the youth care from the municipality of Zwolle are used.

3.3.2 Concourse

The third and fourth sub questions in this study are: which obstacles do stakeholders in youth care perceive in the organisation of the youth care and which solutions are already explored to improve the organisation of the youth care? The answer to these two sub questions will form the two concourses that are needed for the Q study. The concourse should exist of all possible relevant statements that stakeholders made concerning the topic. To collect these statements and therefore answering the third and fourth sub questions, a literature study is conducted. The literature is found using search terms on Google and using official documents from organisations active in youth care. Literature references in documents and on internet provided with a snow ball effect that led to new documents, literature and statements. Since the research questions are about the situation of youth care in 2012 old references cannot be used. All statements that are selected are from 2009 and later.

For the concourse on obstacles, a total of thirty-two sources are used. Some of these sources are reports on the situation of youth care (e.g., Baecke et al., 2009; werkgroep toekomstverkenning jeugdzorg; van Yperen & Woudenberg, 2011). Other sources are vision documents that branch organisations made to prepare themselves for the decentralisation of youth care and also to point out their interest, or the interest of clients that they help (e.g. Waal, 2011; Willems, Rietveld, Lahuis, Allertz & Brekelmans, 2011). Many statements are from opinion articles and response on these articles (e.g. Gerritsen 2012^{ab}; Aalders, 2012; Crisesopvangvader, 2012). Some of the statements are evidence based while other statements are based on emotions. Statements are used to construct a Q sample and this Q sample is intended to help discover the subjective opinion of people. For this study, it does not matter whether the statements are true or not. They do not need to be facts; they can also be based on feelings. In total one hundred and twenty six statements about obstacles in youth care are collected. The entire list with reference to the source where they came from is listed in appendix 1.

For the concourse on solutions twelve sources are used. Two sources are opinion articles or response to an article. Other sources are reports from different organisations. Four reports are documents of branch organisation (e.g. Waal, 2011; VOBC LVG, 2011). One source is a paper of a client organisation in which they define their conditions for the new system. The other reports are from different organisations of which most are independent advice organisations like the NJI (National youth institute) or the commissie zorg om jeugd (e.g. van Yperen & Woudenberg, 2011; van Yperen & Stam, 2010, werkgroep toekomstverkenning jeugdzorg, 2009).

The concourse on solutions contains one hundred and forty seven statements. The entire list of all the statements and the reference to the sources from where they came is enlisted in appendix 2.

3.3.3 Q samples

The next step is to select the Q samples from the concourses. To select statements that represent the wide variety present in both concourses, different approaches were used for the concourse on obstacles and the concourse on solutions. The choice of the number of statements depends on the number of Q participants that are asked to do the Q sorting. There should be more statements than participants (Webler et al., 2009, p.10). The restricted resources available for this study limit the

number of participants. In the initial research proposal, a number of twelve to fifteen participants were expected to do the Q sorting. This number of participants combined with the idea of four categories in both the Q sample of obstacles as well as the Q sample of solutions led to two Q samples of twenty-four statements.

The one hundred and twenty six statements of the concourse of obstacles are reduced to twenty-four statements for the Q sample. This is done by categorizing all the statements out of the concourse using two criteria. The first criterion is whether the statement is internally oriented or externally oriented. Internally orientated statements are those statements that say something about organisations themselves, like whether there is too much management or excessive waiting. Externally orientated statements are those problems that are beyond the control of individual organisations like different ways that organisations are financed, the complexity of the law and the shortage of foster families. The second criterion was whether the statement is a value or a belief. Statements in the belief category are those statements that claim that something, like different ways of financing organisations, is actually hindering youth care. Statements in the values category are not so much about what actually is but more about what people think is valuable, like preventing that something will happen is better than helping afterwards or civilians should try to arrange help in their own system first before going to a professional. Table 3.1 shows how these two criteria lead to four categories.

	belief	value
Internal	Category 1	Category 2
External	Category 3	Category 4

Table 3.1: a visual representation of four problem categories.

All statements on obstacles were placed in one of the four categories. After this first step all statements in each category are checked to see if there are two or more statements who mean more or less the same. Six statements out of each category are then selected which resulted into twenty four statements. These twenty four statements are listed in table 3.2.

A	1.	De jeugdzorg wordt belemmerd door de versnippering in verschillende sectoren (GGZ, LVG, verslavingszorg, etc.).
B	2.	Vanwege de angst dat er wellicht iets mis zou kunnen gaan wordt vaak te zware zorg ingezet.
C	3.	Opvoedingsproblemen worden gemedicaliseerd.
D	4.	Organisatiebelangen worden soms boven de belangen van jongeren gesteld.
E	5.	Er is te veel management binnen de jeugdzorg.
F	6.	Binnen de jeugdzorg wordt onvoldoende door ketenpartners samengewerkt.
G	7.	De regels zijn belangrijker geworden dan de hulpverlening aan jongeren.
H	8.	De jeugdzorg kan de jeugd moeilijk bereiken.
I	9.	De samenleving heeft te weinig vertrouwen in de jeugdzorg.
J	10.	Hulpverleners moeten te veel verantwoording afleggen.
K	11.	De jeugdzorg wordt belemmerd door de versnippering van de financiering.
L	12.	De preventieve kant van de jeugdzorg is onderontwikkeld.
M	13.	De verschillende leeftijdscriteria in verschillende regelingen belemmeren de hulpverlening in de jeugdzorg.
N	14.	Rechters geven vaak een onjuist oordeel bij verzoeken om uithuisplaatsing.
O	15.	Het recht op privacy belemmert goede samenwerking van ketenpartners.
P	16.	Door de wijze van financiering is het voor organisaties gunstig om cliënten binnen de eigen organisatie vast te houden.
Q	17.	Er heerst een afschuifcultuur in de jeugdzorg.
R	18.	Cliënten hebben regelmatig te maken met wisselende hulpverleners, wat de hulpverlening belemmert.
S	19.	Ondanks allerlei controlesystemen vinden nog steeds ernstige incidenten in de jeugdzorg plaats.
T	20.	Controle van de kwaliteit van zorg van individuele zorgverleners is lastig.
U	21.	Er wordt te snel professionele zorg ingeschakeld in de jeugdzorg.
V	22.	De baten van een goed preventiebeleid vallen niet terug naar degenen die de kosten hiervoor hebben gemaakt.
W	23.	Optimale zorg voor alle jongeren is onbetaalbaar.
X	24.	Incidenten (zoals Savanna B en het meisje van Nulde) hebben een te grote invloed op het jeugdzorgbeleid.

Table 3.2: Q sample for the study on obstacles in youth care.

In the theoretical analysis of chapter two, four categories of organizational problems are described, together with five categories of actors who experience these organizational problems. In that chapter, the question is raised whether actors of the same type also have the same perspective on problems. To examine whether this is the case it is important that the twenty four statements, which are already selected, represent all the categories of actors and organisation problems. Chapter two already states that not every type of actor is likely to experience all categories of organizational problems. Therefore, it is not necessary that the twenty four statements represent all possible categories (5 actor types X 4 organisation problems). It is important that the statements are divided among both the actor types and the organizational problems separately. Table 3.3 shows how the twenty four selected statements are divided among the actor types and organizational problems. In the table, the twenty four previously selected statements are fairly equally divided. This shows that the selected statements represent a wide variety of statements. These twenty four statements, listed in table 3.2, are used in the next step of the study to see which perspectives stakeholders in youth care have towards obstacles in youth care.

	'ordinary' people working within the organisation	Managers	clients	General public	Other organisations
verifiability		19, 20	2, 3, 21, 14	2, 3, 9, 10, 16, 21, 14	2, 3
liveableness	1, 5, 10, 14, 24		1, 15, 16, 17, 18, 21, 22, 24	8	
manageability	7		7	10, 19, 23, 24	11, 13
ability to command		17, 20		5, 22	1, 4, 6, 12, 15

Table 3.3: The division of all the statements of the problem q-sample according to kind of organisation problem and who experiences the problem. The numbers represent the statements listed in table 3.3 (After Lammers et al., 2000)

To select twenty four Q statements from the one hundred and forty seven statements of the solution concourse all statements in the concourse are divided into four categories. These four categories are based on the four implementation styles based on Terpstra and Havinga, which are elaborated in chapter two. These are: bureaucratic, professional, managerial and network implementation style. Each statement is judged using characteristics of the implementation styles to decide which implementation style they represent. Some statements needed alterations so they would fit into one of the four categories. From each of the four categories six statements are selected to form the Q sample. The twenty four statements from the obstacle Q sample are used to decide which six solution statements should be selected from each of the implementation style categories. Chapter

I	1.	Verplicht ketenpartners binnen de jeugdzorg tot samenwerking.
II	2.	Geef de hulpverlener de mogelijkheid zelf te bepalen of een cliënt recht op bepaalde zorg heeft.
III	3.	Reken organisaties binnen de jeugdzorg af op behaalde resultaten.
IV	4.	Stel samen met het werkveld de kaders van het jeugdbeleid vast.
V	5.	Laat de gemeente een preventieplan voor de jeugd vaststellen.
VI	6.	Laat de geest van de wet leidend zijn en niet de letter van de wet.
VII	7.	Stel als overheid doelen vast voor de jeugdzorg die SMART zijn. (SMART: Specifiek Meetbaar Accepteerbaar Realistisch Tijdsgebonden)
VIII	8.	Laat partners in het werkveld beoordelen of jeugdzorgorganisaties de juiste zorg verlenen.
IX	9.	Stel heldere regels rondom indicatiestelling vast.
X	10.	Zet in op goede scholing en professionalisering van de hulpverleners.
XI	11.	Geef cliënten ruimte om zelf te bepalen bij wie zij zorg halen.
XII	12.	Spreek met het werkveld maatregelen af die de instroom in de jeugdzorg beperken.
XIII	13.	Leg bevoegdheden tussen organisaties binnen de jeugdzorg helder vast.
XIV	14.	Geef iedere cliënt een casemanager die het juiste hulpverleningstraject regelt voor de cliënt.
XV	15.	Vergoed als overheid alleen evidence based methodieken.
XVI	16.	Betrek scholen, kinderdagopvang, sportverenigingen etc. bij het opstellen van jeugdzorgbeleid.
XVII	17.	Zorg voor eenduidigheid in regelgeving rondom de jeugdzorg.
XVIII	18.	Geef hulpverleners binnen de jeugdzorg de mogelijkheid om gemotiveerd van regels af te wijken.
XIX	19.	Geef als overheid duidelijk aan wat je van jeugdzorginstellingen verwacht.
XX	20.	Spreek af met het werkveld op welke wijze het Centrum voor Jeugd en Gezin versterkt kan worden.
XXI	21.	Zorg voor een goed screeningssysteem voor alle kinderen.
XXII	22.	Train leraren zodat zij een goede signalerende rol kunnen spelen in het herkennen (en oplossen) van problemen bij jongeren.
XXIII	23.	Voer in de jeugdzorg een soortgelijk systeem in als de AWBZ zorgzwaartepakketten (een vaste omschrijving van hoeveel en welk soort zorg en begeleiding iemand nodig heeft met bijpassende vaste financiering).
XIV	24.	Bepaal periodiek samen met het werkveld welke prioriteiten gesteld worden in de zorg voor de jeugd.

Table 3.4: Q sample of the study on solutions to improve youth care.

two describes which category of implementation style is best used to solve which organisation problems (ability to verify, ability to construct a liveable situation, manageability and ability to command). Using this idea problem statements representing organisation problems in the category; ability to construct a liveable situation, are used to select the six statements from the professional and network category. Problem statements representing verifiability problems are used to select the statements from the bureaucracy category, etc. This procedure makes sure that the selected solution statements differ from each other. The selected statements are checked on double negatives and style. According to Donner, it is important that the statements do not contain double negatives and that they should all be in the same kind of style, otherwise the statements will arouse confusion with the participants (2001, p. 27-28). The result of this procedure is the Q sample on solutions that contains twenty four Q statements. These statements are listed in table 3.4.

Both Q samples are tested on three people who are involved in youth care but who are not or not anymore active within the municipality of Zwolle. These are a behavioural scientist specialised in youth, working at a large general home care organisation which also delivers youth and social care, a behavioural scientist specialised in youth working for a cluster of primary schools responsible for the children with special needs and a former family guardian working at the youth care agency. They have sorted the Q samples and are asked if they saw possible improvements or if statements are missing. The result of this exercise is that the Q samples needed no revising.

3.3.4 P set

To obtain the desired variety of opinions that is needed in selecting the Q participants, two criteria are used. The first criterion is the role that participants have within youth care. The theory of Lammers et al. that predicts that a certain type of actors is likely to experience a certain type of organizational problem is used as the base for the first criteria. In chapter two, five actor types are distinguished: street level bureaucrats, managers, clients, general public and other organisations. The general public does not fit in the definition of stakeholders that is used in this study, so this group is excluded. The category 'other organisations', differs from the other categories. The first four categories are persons and can be interviewed directly. Organisations are institutions that cannot be interviewed directly but only via a representative of the organisation, therefore this category is not used to select participants. This means that selected participants need to represent street level bureaucrats, managers or clients.

The second criterion used to select a wide variety of participants, is the different sectors within youth care. From the exploration of youth care, the first step in this study, it is clear that youth care in the Netherlands is divided into different sectors; municipal youth policy, provincial youth care, youth care agency, mental health care, secure and judicial care and the care for youth with a cognitive disability. The selected participants should represent all these sectors. Since the definition of stakeholders used in this study is wider than only people directly involved in youth care, some participants are selected because they are a stakeholder according to the definition but they do not represent one of the mentioned youth care sectors.

In total nineteen participants were selected using the two criteria: the role of participants and the sector they represent. Eight of the nineteen participants were directly selected by the researcher. They were people who are known to the researcher on a personal or professional basis. Seven participants were selected by directors or senior managers who are asked if they knew employees in

their organisations who would be able to participate in this study. The remaining four participants were suggested by people known to the researcher and who are (sidelong) involved in youth care. Table 3.5 shows how participants are spread over the different categories. This table also shows the lack of a representative of the secure and juridical youth care. In the municipality of Zwolle there are no organisations that provide such care. The youth health care, an element of municipal youth policy, is a main stakeholder that is not represented among the participants. Attempts are made to include a represent of this group but due to logistic constraints this was unsuccessful.

Participant	Role	sector	peculiarity
EG 1	street level bureaucrat	municipal youth policy	
EG 2	street level bureaucrat	special education	special education is sidelong involved with youth care but does not officially belong to youth care
EG 3	street level bureaucrat	mental health care	
EG 4	street level bureaucrat	youth care agency	
EG 5	client	provincial youth care	
EG 6	street level bureaucrat	municipal youth policy	
EG 7	street level bureaucrat	cognitive disabled youth	
EG 8	manager	mental health care	
EG 9	street level bureaucrat	education	teaches future social workers
EG 10	manager	mental health care	
EG 11	manager	homeless youngsters	does not fit in a single sector
EG 12	street level bureaucrat	provincial youth care	
EG 13	alderman	municipal youth policy	an alderman might be compared to manager but is not the same.
EG 14	manager	provincial youth care	
EG 15	foster parent	provincial youth care	
EG 16	foster parent	provincial youth care	
EG 17	street level bureaucrat	mental health care	also has some manager tasks
EG 18	street level bureaucrat	mental health care	also has some manager tasks
EG 19	street level bureaucrat	education	teaches future social workers

Table 3.5: the representation of all participants.

3.4.5 Q sorting

When a participant was selected, an appointment was made by email or by phone. All interviews were conducted on location of the participants. Sometimes this was at their office and sometimes this was at their house. Participants are asked if they objected to recording the conversation. All participants agreed on recording the interview and the recordings are added digitally to this study.

The interview started with a brief description of the reason and aim of the study. Then the first assignment was explained. The twenty four statements, placed on cards, were shown to the participants. Then the participant was asked to order the statements according to the following question: "When you look at the present situation of youth care, how do the following statements obstruct the execution of a good youth care. Order them from most obstructing to least obstructing."⁴ A special map is made on which the cards needed to be placed in a bell shaped way. Figure 3.1 shows the bell shape that forced the participants to place the statements in a specific way.

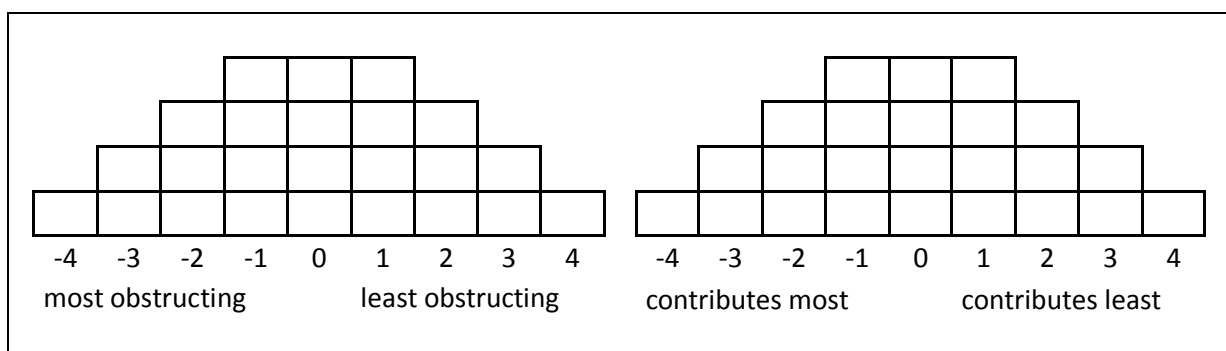


Figure 3.1: The empty Q sorts in which the participants placed the statements. It shows the number of the columns that indicate the importance of the statement that is placed in that column.

The formal question was printed on a paper and placed on the map to remind participants of the exact question. Participants were invited to think aloud during the sorting. When the participant was satisfied with the way the statements were placed, they were invited to explain the choices they made. After their explanation the Q sort was transferred to a data sheet with the aid of letters that were printed on the cards and a picture of the Q sort is made.

After the Q sort on obstacles was finished, the same procedure was used to come to the Q sort on solutions. The formal question for the statements on solutions was as follows: "When you look at the present situation of youth care, how do the following interventions contribute to a better organisation of youth care. Order the interventions from contributes most to contributes least."⁵ Figure 3.1 shows how this ordering looked on the Q sort.

On the cards with the statements roman numerals are placed to help transfer the Q sort onto the data sheet. The choice for roman numerals on these cards and the letters on the cards of the

⁴ Wanneer u de huidige situatie van de jeugdzorg in ogenschouw neemt, in hoeverre belemmeren de volgende uitspraken de uitvoering van een goede jeugdzorg. Deel ze in van meest belemmerend tot minst belemmerend.

⁵ Wanneer u de huidige situatie van de jeugdzorg in ogenschouw neemt, in hoeverre dragen de volgende maatregelen bij aan een betere organisatie van de jeugdzorg. Deel de maatregelen in op de lijn van: draagt het meest bij tot draagt het minst bij.

problem statements was made because normal number might distract the participants. The letters and roman numerals also help to separate the two Q samples from one another.

After both the Q sorts were finished some extra characteristics of the participants were asked: age, gender, level of education, type of education, present function/role and other special characteristics like previous occupations. The interview ended with thanking the participant. All data of the Q sorting is enlisted in appendix 3

3.4.6 Factor analysis

The Q sorts are analysed using the software PQMethod, version 2.11 for windows (Schmolck, 2002). Within this software package the centroid factor analysis method is used instead of the principal component analysis. Although the principal component analysis is included into the PQMethod software it is not a factor analysis and its components are not factors. It only uses statistical calculations to resolve itself into a single mathematical best solution (Watts & Stenner, 2012, p. 99). Factor analysis is not about one definite solution but a process that potentially could lead to infinite possibilities (Watts & Stenner, 2012, p. 95). Centroid factor analysis allows more permissiveness in relation to data exploration (Watts and Stenner, 2012, p. 99-100). Because of this, centroid factor analysis is preferred by many Q methodologists (Watts & Stenner, 2012, p. 100) and therefore used in this study as well. For rotating the factors, PQMethod software has two options: rotating by hand and Varimax. In this study Varimax is used. Rotating by hand is usually done when having a preconception of the factors one wants to describe using a theory. Even then by hand rotating is a complex task that requires experience. This study does not start with a firm theory on the amount of perspectives there might be, and the researcher of this study has no experience in hand rotation. Therefore Varimax is chosen as the technique to rotate factors.

3.4.7 Factor extraction

The first step in factor analysis is factor extraction. Factor extraction is a statistical process that eventually leads to statistical data, the factor array, which is used to form perspectives. "Factor analyses of all kinds, have a potentially infinite number of acceptable solutions" (Watts & Stenner, 2012, p. 92). To decide what the best solution is, several strategies and criteria can be used. For the choice of the number of factors to extract in this study the Kaiser-Guttman criterion, the number of Q sorts with a significant loading and the correlation between factors are the major elements.

The Kaiser-Gutmann criterion means that only those factors that have an eigenvalue of 1.0 or above should be taken into account for further calculations (Watts & Stenner, 2012, p. 105-106). The eigenvalue is an indication of a factors statistical strength and explanatory power (Watts & Stenner, 2012, p. 105). This criterion is generally accepted within the factor analysis community, but other criteria can also be helpful to select the right amount of factors (Watt & Stenner, 2012, P. 106).

The main results of factor analysis in Q methodology are the factor arrays in which different perspectives are statistically represented. This representation can be visualised in a Q sort. To calculate this factor array it is necessary to select Q sorts that represent the factor. The more Q sorts selected the more stable the average of the factor array will be, but this only holds if the Q sorts are significantly representing the factor. This is a balance between quality and quantity. Brown states that a minimum of two Q sorts are needed to compose a factor array (1980, p. 293). In this study, the

number of possible significant Q sorts that load on a factor is used to select the number of factors that are extracted.

Just like Q sorts can be compared with one another to see how they relate to one another, so can factors be compared to see how well they correlate with one another. If the correlation between factors is larger than the loading of the Q sort to the factor then one needs to wonder if that factor is indeed a separate factor or not (Watts & Stenner, 2012, p. 141).

4. Description of youth care in the Netherlands

4.1 Introduction

This chapter answers the first two sub questions of this study; how youth care evolved and how youth care is organised in the present situation. To gain insight into perspectives that stakeholders have of youth care, insight into youth care itself is necessary. Youth care in the Netherlands has evolved over many years. Especially since the sixties of the previous century, the organisation of modern youth care took shape. From this time numerous taskforces and commissions have been active to improve youth care. In the description of the history of youth care given in the next paragraph, it will become clear that the organisation of youth care has constantly been under pressure to improve. The present situation of youth care has evolved under this constant pressure and is itself under pressure to improve, hence the plans for decentralisation. That the history of the youth care has an influence in how stakeholders view and judge organisation of youth care is confirmed in the interviews that took place as part of this study. The way youth care is organised in 2012 is described in the third paragraph. The organisation of youth care is complex and the boundary of what is youth care and other sectors, is not always strict. This study is about a selective part of youth care so the description of the present organisation is focused on youth care as defined in the first chapter⁶.

4.2 History of youth care in the Netherlands

In earlier times government had no share in the care of children. The earliest initiatives were private and mainly organised by the churches (van Montfoort & Tilanus, 2007). The first time that the Dutch government introduced a policy aimed at problematic children was in 1905, the so called Kinderwetten. The reason for this policy was the pressure that the upper class put on government. The upper class objected to the criminal behaviour of working class children and they had little trust in the capacity of the working class parents to give their children the right upbringing (Bal, 2007).

The first real change in youth policy started with public pressure that was influenced by changing views of the society on youth and their position in society, in the sixties of the last century (van Montfoort & Tilanus, 2007, p. 77). The main change is characterised by professionalization. Special educational tracks were developed to improve the quality of those people who gave aid to the children (van Montfoort & Tilanus, 2007, p. 77). Due to public pressure that emerged because of the changing views in society on youth and their position in society, the government set up a taskforce to help the government to respond to this public pressure (van Montfoort & Tilanus, 2007, p. 78-79). This taskforce, named after its chairman Mik, advised: to intensify preventive measurements, to start care in an early stage and to provide care within the social environment of the children (family,

⁶ The present prevention policy, the present (voluntary) provincial youth care, the lightly cognitive disabled youth, the mental health care for the youth, the judicial youth care, juvenile rehabilitation and youth protection.

school etc.) with the help of the existing social system like family and friends. Legal intervention should only be used to create the right conditions to make good care and upbringing possible. Institutions should co-operate more and boundaries between different sectors like health care, social work, children protection, etc. should disappear (van Montfoort & Tilanus, 2007, p. 80). The different departments involved in youth care could not come with an unambiguous response to the advice of the taskforce Mik. The bill that they constructed was not to the satisfaction of the majority of the Second Chamber. Three members of the Dutch parliament wrote an own initiative bill but due to many amendments the final law, the Youth Assistance Act (Wet op de Jeugdhulpverlening) was a compromise (van Montfoort & Tilanus, 2007, p. 80).

The Youth Assistance Act of 1989 had three main characteristics; aid should be as short and light-touch as possible and should be organised within the social environment of the children (family, school etc.), voluntarily aid is preferred above juridical aid and the abandonment of separation into different sectors like health care, social work, etc. (van Montfoort & Tilanus, 2007, p. 81). Part of the Youth Assistance Act was a decentralisation of most of the care towards provinces⁷. The Youth Assistance Act led to new problems like disagreement on how to divide the budget over different provinces, and old problems such as lack in cooperation between different sectors did not end. The main criticism on the Youth Assistance Act was that it was based on subsidizing institutions instead of social entrepreneurship in which certain services were delivered for a negotiated price (van Montfoort & Tilanus, 2007, p. 83). There was also criticism on the position of municipalities in the field of youth care. The government responded to the criticism with the introduction of a new task force. This task force concluded that care for youth was badly organised, divided into sectors and fragmented (van Montfoort & Tilanus, 2007, p. 84). Their advice was to see the different sectors of youth care as one entity. They also introduced the idea of youth care agencies. The idea behind these youth care agencies was that it could be an approachable institution where youngsters and parents could get immediate, simple help and where they could get an indication for more complicated help (van Montfoort & Tilanus, 2007, p. 84). The government responded with a memorandum. The government repeated the need for a more integrated youth care. The idea of youth care agencies from the task force was not adopted but the government did plead for the idea that youngsters and parents could get a simple and transparent entrance into youth care. The provinces started to form this access but due to the differences between the provinces, each province developed their own ideal entrance.

In 1998, the new cabinet (Paars II) decided that the Youth Assistance Act needed replacement. The main argument was the ineffectiveness of all the different youth care agencies. The lack of uniformity meant that the place where you lived decided what care you could receive. These different youth care agencies did not make youth care more transparent and they could not assure that the different sectors would intensify cooperation (van Montfort & Tilanus, 2007, p. 85). In the bill that the ministers of Paars II sent to the second chamber, youth care would undergo drastic reorganisation. A former task force had introduced the idea of youth care agencies in 1994 as a clear and simple access to youth care (task force Doelmatigheid, Effectiviteit en Financiering Jeugdhulpverlening, 1994). This idea was adopted in the bill to ensure that in every province the same access was available. Other measures that were taken were aimed at breaking through the

⁷ The decentralisation towards the provinces had three exceptions the large urban regions of Amsterdam, Rotterdam and The Hague got the same status as the provinces.

different sectors like mental health care, cognitive disability, children psychiatry, etc. These different sectors opposed the changes in the bill and with the aid of a lobby they blocked some measures that were planned. The new law, the Youth Care Act of 2005 (Wet op de Jeugdzorg) was a compromise that did take into account the interest of different sectors.

Before the Youth Care Act was approved by parliament, a new cabinet (Balkenende II) introduced a new governmental commissioner (regeringscommissaris), called "Operatie Jong". The responsible ministers in cabinet Balkenende II asked the governmental commissioner to bring more uniformity in the youth policy. The cabinet had concluded that youth policy was divided over at least seven ministries (van Montfoort & Tilanus, 2007, p. 164). The governmental commissioner concluded that every authority had its own point of view on youth policy. When the Youth Care Act became active, "Operatie Jong" was still working on the assignment that it was given. The Youth Care Act became active while some elements of this Act were still part of the research of "Operatie Jong".

Even before the Youth Care Act became active there was criticism of it, partially because of initial ideas of "Operatie Jong". There was also another commission active, called "Jeugdzorgbrigade" which looked at the possibility to reduce the amount of bureaucracy due to the Youth Care Act. All in all, the first chamber demanded that before they could agree on approving the law, two evaluations were needed. One evaluation within one and one evaluation within five years after the Youth Care Act became active (van Montfoort and Tilanus, 2007, p. 90).

In 2006 and 2009, an evaluation of the Youth Care Act was conducted (see Baecke et al., 2006; Baecke et al., 2009). These evaluations concluded that some progress had been made but the situation still needed improvement. The Youth Care Act did not bring the required integration within youth care between the different sectors. The evaluation also questions if the indication system as described in the Youth Care Act was still needed. A special element of the Youth Care Act was the right to care instead of availability of care. In the evaluation the question was asked if this right to care should be continued (Baecke et al., 2009, p.11). So the evaluation of the Youth Care Act was not wholly positive.

In 2009, the Dutch parliament formed a taskforce to look into the youth care. The aim of this taskforce was to look into the problems that parliament was told about by the public and to prepare themselves for the discussion with the minister about the evaluation of the Youth Care Act. In their rapport the taskforce acknowledges and recognises problems like: being sent from office to office, long waiting lists, too many social workers within one family, not enough time for actual care of the young people, a lack of use of evidence-based effective treatments, too many regulations of rules, too much pressure to account for the work done and too complex and too many ways of financing youth care (Werkgroep toekomstverkenning jeugdzorg, 2010, p. 5).

As a response to the report of the taskforce of the Dutch parliament, the new cabinet (Rutte) of 2010 decided to adopt several recommendations from the taskforce. Cabinet Rutte decided to decentralise youth care from the ministries and the provinces towards municipalities. During the process of coming to this new construction cabinet Rutte fell. The parliament has given the outgoing cabinet approval to continue to work on the decentralisation.

The organisation of the youth care in the Netherlands has been a long process. Every adaptation to the organisation excited criticism. This criticism evoked a new change in the organisation of youth

care. Cabinets, parliaments, youth care organisations and the general public have invoked these changes. The brief description of the history of youth care in the Netherlands, given in this paragraph, has shown that youth care has been under constant pressure to improve. It also shows that stakeholders have used their influence to adjust bills and that the organisation of youth care has undergone many changes. This pressure to improve and the continuing changes have left an imprint on the people involved in youth care, as the interviews that have taken place for this study show.

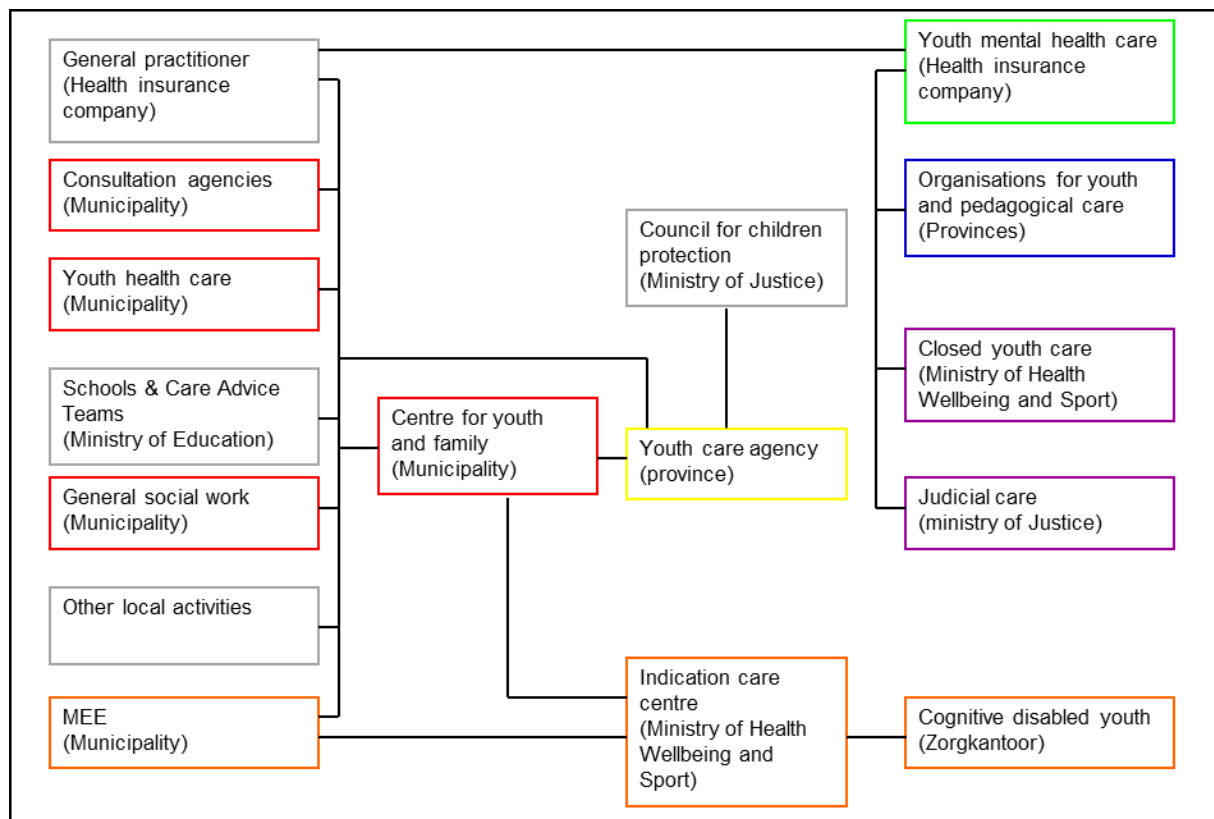


Figure 4.1: Schematic representation of the organisation of the Dutch youth care system (after jeugdzorgcompleet, 2012).

4.3 Organisation structure of youth care in the Netherlands

Currently, youth care in the Netherlands is a complex system of many different organisations, ways of financing, and responsible authorities. Figure 4.1 is a schematic representation of the organisation of youth care. It shows different organisations, responsible authorities and how organisations relate to each other. This schematic representation shows some of the complexity. In this paragraph those elements that will become the responsibility of the municipality after the decentralisation are described in more detail. This description starts with the different tasks that municipalities already have concerning the youth (the red squares). The youth care agencies can be seen as the gateway towards the actual youth care and will be described next (the yellow square). This is followed by the description of five specific elements of youth care namely; provincial youth care, mental health care for the youth (green square), secure care and judicial care (the purple squares) and care for

youngsters with a (minor) cognitive disability (the orange squares). These elements of youth care are mentioned in the governmental agreement as that part of youth care that will be decentralised towards the municipalities (VVD & CDA, 2010).

4.3.1 Municipal youth policy.

(Red squares in figure 4.1) Municipalities play a central role in the realisation of a coherent youth policy. They have gained many responsibilities in the last few decades (NIJ, 2012). The legal tasks that municipalities have concerning youth care in the present situations are based on two acts; the Social support Act (Wet Maatschappelijke Ondersteuning, 2006) and the Public Health Act (Wet Publieke Gezondheid, 2008). These tasks are the organisation of preventive youth policy, the organisation of support for questions about raising children and the organisation of youth health care (NIJ, 2012). These three tasks can be subdivided into many sub tasks.

The aim of a preventive youth policy is to prevent that youngsters come to need care. There are many ways in which municipalities can try to achieve this. Examples of these activities are the organisation of youth welfare, plans to decrease the number of youngsters that leave school without a diploma, special groups for young children to stimulate their language skills, and many more. All these activities are aimed to support the youngsters in their development towards being an independent responsible adult.

Every municipality needs to organise a so-called centrum voor jeugd en gezin [CJG] (Youth and family centre). This is compulsory from 2011 due to an amendment on the Youth Care Act (Rijksoverheid^a, 2012). The way that these CJG's are organised differs between municipalities. Parents and youngsters can receive support and aid from the CJG with all kinds of question about the upbringing of children.

The youth health care is especially aimed at the physical welfare of the children. Every child is seen at the so-called consultatiebureau (infant health centre). This is mainly aimed at prevention just like the school physician who also sees all children at school. This care is often organised with help of the GGD [Gemeenschappelijke Gezondheidsdienst] (community health services) (GGD, 2012). A special element in this health care is the care for homeless youngsters. Municipalities are responsible for the care of people who do not have a secure place to live, like women and their children who are abused or homeless people, like homeless youngsters. The aid for this group is often a cooperation of many different organisations and authorities, but the municipality has a leading or directing role in this task.

4.3.2 Youth care agency

(yellow square in figure 4.1) With the introduction of the Youth Care Act, the youth care agency received a legal basis. According to the Youth Care Act the youth care agencies have nine tasks.

(1) The first is to investigate if youngsters need special care and provide an indication of those youngsters who need this care. The youth care agency can do this for all youth care with exception of the care for youngsters with a cognitive disability. Youngsters with a cognitive disability need an indication from the CIZ [Centraal Indicatie Orgaan] (central indication organisation).

(2) The youth care agency also evaluates whether it is necessary that youngsters are being protected with the aid of a measure of youth protection. This means that the youth care agency asks the council of children's protection to investigate if a measure of protection is needed and if so, (3) to ask the court to decide if a measure of youth protection can be imposed. (4) This means that a family

guardian is appointed and that the parents need to follow the instructions of this guardian. In special cases it is also possible that the children are taken away from their parents and that parents lose their parental authority.(5) If people suspect that parents abuse their children, they can contact the youth care agency to report their suspicion and the youth care agency is responsible to investigate this matter.

(6) Another task is coordination of the care that individual youngsters and their parents receive. Sometimes, in any one case, there are several organisations involved in the care of a youngster. The youth care agency is responsible that the youngster receives the care that it is entitled to and also to see to it that the care from different carers is coordinated.

(7) The youth care agencies can also advise municipalities on the subject of youth policy. In this way the youth care agency and the municipality can reinforce each other and they can prevent that they both do the same things or that a gap is forming between different sources of care. (8)The youth care agency can also give some simple ambulatory care just like municipalities can give this care. Therefore some agreement is needed to see who does what. The idea behind this simple ambulatory care from the youth care agency is that they can immediately start help if somebody asks for it, even before any indication procedure is started.

(9) The last task that the youth care agency has is the organisation of the children's phone service (kindertelefoon). The youth care agency recruits and trains volunteers to answer phone calls of youngsters with all kind of questions. The youngsters can dial a special number so they can anonymously call and ask questions or tell their story. Volunteers listen to the stories and if needed, they can give some advice to the youngsters that phone.

The youth care agency has a special position within youth care because of all the different tasks that they have. They do not only give youngsters the possibility to receive care by providing an indication, they also give care themselves and they can start the procedure that can lead to obligatory outplacement of a youngster away from his or her parents.

4.3.3 Provincial youth care

(Blue square in figure 4.1)Not every care provider is allowed to give care to every client. The province selects care providers, where people who have an indication can receive needed care. In this way in theory it is possible for care providers to compete with one and another.

The provincial youth care contains different sorts of care; day treatment, ambulatory care, residential care, and foster care (Jeugdzorgcompleet, 2012). In the day care youngsters can receive aid during the day time. Sometimes this is also during school hours but it can also be in-between school hours and after school hours. Youngsters can learn things like social skills and how to control their anger. In these daycentres the youth receives a special programme with help and the family situation is being unburdened.

With ambulatory care the youngster stays in their family setting and they or their families receive help. There are many different ways in which this care is given but the main principle is that the family is reinforced so the situation improves and becomes stable. If ambulatory care is not sufficient, it is possible to turn to residential care or foster care. With the last two, youngsters leave

the parental house and live somewhere else. It is also possible for youngsters to receive residential care or foster care in crises situations.

4.3.4 Mental health care

(Green square in figure 4.1) The mental health care focuses on four goals: prevention of mental illness, treatment of mental illness, helping people with chronic mental illness to participate in society and helping (sometimes compulsorily) those people who are severely confused or addicted and who do not ask for help themselves (GGZ, 2012). Whereas provincial youth care is specialised in helping with questions about raising children and growing up, mental health care is specialised in treating mental illness, so treatment is a vital aspect. This distinction is not always very clear. The care for addicted youngsters is also part of mental health care. Mental health care has a special place in the whole of youth care. Organisations that provide mental health care are the only ones in youth care that receive their finances from the health insurance companies. Another deviation from regular youth care, is that youngsters do not need to have an indication from the youth care agency. An indication is needed and can be obtained via the youth care agency but it is also possible to get an indication with help of a general practitioner.

4.3.5 Secure care and judicial care

(Purple squares in figure 4.1) Sometimes youngsters show deviant behaviour that is damaging to society or to themselves. In those cases it might be necessary that these youngsters are restricted in their movement. There are two ways in which youngsters can be restricted in their movement. The first is via the youth care agency, this organisation can ask a judge specialised in children and youth for an authorisation secure youth care (Rijksoverheid^b, 2012). The care that is given in these institutions is aimed for re-socialising youngsters, to train them to take care of themselves and to be responsible in society. The second possibility is when the youngster has committed a crime. The youngster can then be convicted to youth judicial care (Jeugdzorg Nederland, 2012). During their stay in such a penitentiary institution youngsters are trained and receive treatment in order to prepare them for their return in society.

4.3.6 Cognitive disabled youth

(Orange squares in figure 4.1) Some of the youngsters with a cognitive disability have a severe disability. In the plans of the government for the decentralisation of youth care, this group is separated from the group with a minor disability. Only care of those youngsters with a minor disability will be decentralised. The boundary for when a youngster has a severe or a minor disability is set at an IQ of 50. In the same governmental agreement that announced the decentralisation of the youth care, there is also the plan to lower the upper limit for care because of a cognitive disability. These plans have not yet been realised and due to the controversy of the plans they were dismissed, in the latest national budget. The care for youngsters with a minor cognitive disability is various. It can be organised as ambulatory care but there is also care during the day or 24 hours care. Since the disability cannot be taken away, the care is aimed to learn the youngsters and their environment how to cope with the disability. Many youngsters with a cognitive disability still live with their parents and do not receive care from a care provider. If their parents have specific questions they can receive help from an organisation called MEE. MEE is a national wide organisation that advises people with a cognitive disability and people surrounding them on different subjects like; living, spare time, money and more. For advice and support from MEE no indication is needed.

In the original plans of the Youth Care Act the care for youngsters with a minor cognitive disability should be available through an indication of the youth care agency. These plans have not been realised. The availability of this care is organised via the indication care centres and the AWBZ [Algemene Wet Bijzondere Ziektekosten] (general law special care cost).

4.4 Conclusion

The answer to the first two sub questions of this study gives insight into youth care in the Netherlands. This insight helps to understand the problems that stakeholders face and also explains why certain solutions are introduced. The information in this chapter was used during the interviews with the participants to question why the participants placed the statements as they did. The participants themselves are selected using the categorisation into different sectors that is described in this chapter. In the next chapter the results of this selection is further elaborated.

5. The perspectives of stakeholders on youth care

5.1 Introduction

The empirical part of this study consists of two Q methodology studies. Both studies are about youth care and help to answer the question which (core) perspectives stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way youth care is organised in 2012 and in solutions to improve the organisation of youth care. One study focusses on obstacles or problems and the other on solutions. First the analysis of the empirical data from the study about obstacles is described. The following paragraph describes the analysis of the empirical data around the solutions. In the last paragraph of this chapter that data and analysis of the two separate studies are combined and compared. This analysis helps to answer the research question how the perspectives, that stakeholders have concerning obstacles in the way the youth care is organised in 2012, relate to the perspectives they have on solutions to improve the organisation of youth care.

5.2 Results of the study on obstacles

5.2.1 Factor extraction

The first step in the analysis of the data is factor extraction. The software used in this study can calculate a maximum of seven factors. The unrotated factor matrix of the seven factors, listed in appendix 4, shows the eigenvalues of all seven factors (4.7/ 2.0/ 1.9/ 1.4/ 0.4/ 1.2/ 0.9). In the study on obstacles there are five factors that satisfy the Kaiser-Gutmann criterion: factor numbers 1, 2, 3, 4 and 6. Because five factors satisfy the Kaiser-Gutmann criterion, in the next step five factors are rotated. After rotation, four out of the five factors had four Q sorts or participants that loaded significantly ($p = 0.05$) on the factor. The fifth factor had only one Q sort or participant that loaded significantly ($p = 0.05$) on that factor (0.60). Since a factor needs to exist of at least two Q sorts (Brown, 1980, p. 293) the fifth factor cannot be computed into a factor, therefore five factors cannot be extracted.

The next step was to rotate four factors. The result is four factors that have at least three Q sorts that loaded significantly ($p = 0.05$) on each factor and in total sixteen Q sorts loaded significantly ($p = 0.05$) on one of the factors (see appendix 5). There is a clear correlation between factors one and four in this situation (56 %); the correlation between the other factors is less than 33% (see appendix 5). The high correlation between factors one and four raises the question whether three factors are a better option. Although factors one and four do correlate they are not the same. The factor array (the position of all the statements in a factor) between factors one and four have some notable differences (statements I⁸, V and X) that indicate that there is a distinction between these two factors. To see if the differences between factors one and four can be strengthened, the factors are recalculated using a significance of p is 0.01. In this case factors one and four each have three Q sorts that are significantly loaded to these factors and factor two and three have two Q sorts that load

⁸ The capital letters refer to the obstacle statements that are enlisted in table 3.2.

significantly (see table 5.1). This recalculating means that the factors which are calculated are stronger defined since only the strongest loading Q sorts are used to define the factor. This results in a stronger distinction between factors one and four. The correlation decreases a little (to 56%). The statements I, V and X indicate that there is a clear distinction; therefore a preliminary choice is made to first elaborate four factors to see if all four factors can be supported with the qualitative data from the interviews.

Loadings				
QSORT	1	2	3	4
1 EG1	0.1910	0.0150	-0.0084	0.5890
2 EG2	0.1823	-0.1896	-0.3985	0.3151
3 EG3	0.5404	0.1633	-0.0210	0.1206
4 EG4	0.0065	0.1713	0.1031	0.7145X
5 EG5	0.0734	-0.4132	0.2712	-0.0825
6 EG6	0.6912X	0.0707	0.1220	-0.0536
7 EG7	0.0736	0.7408X	-0.1095	-0.1027
8 EG8	0.5760	0.4911	0.1010	0.2239
9 EG9	0.3129	-0.0142	0.5833	-0.4089
10 EG10	0.7966X	-0.2583	0.0518	0.3934
11 EG11	0.2071	-0.0326	0.6669X	0.1608
12 EG12	-0.1248	0.1766	0.4025	0.3844
13 EG13	0.7580X	0.0547	0.0114	0.5641
14 EG14	0.3367	0.2680	0.0232	0.7922X
15 EG15	0.0846	0.0961	0.6184X	0.1030
16 EG16	-0.1389	-0.1430	0.3582	0.2263
17 EG17	0.1407	0.5894	0.1495	0.1577
18 EG18	0.3139	-0.0344	0.2256	0.7269X
19 EG19	0.0618	0.7717X	0.3497	0.1603

Table 5.1: Factor Matrix from Q sorts on obstacles with an X Indicating a Defining Sort ($p=0.01$).

5.2.2 Consensus statements

A means to help elaborate factors are consensus statements and distinguishing statements. Consensus statements are statements that do not distinguish between any pair of factors. This means that within all factors such statements have approximately the same place. Most participants will agree on the role that this statement has in youth care. Distinguishing statements are those statements that have a significant different position in one factor compared to the other factors. Distinguishing statements are useful to emphasis the differences between factors and therefore are useful as a mean to describe factors. Consensus statements are useful because they show which statements stakeholders agree on.

Within the four factors ($p = 0.01$) there are four consensus statements. The first consensus statement is about the possibility for youth care to reach the youth (H^9). This statement is placed in column 1, 2 or 3¹⁰ within the Q sorts of the four factors. This means that the participants do not think that this is one of the major obstacles in youth care. Since the participants neither put this statement more to the right, or more in the direction of column 4 it also means that other statements are seen as even less of an obstacle. The second consensus statement concerns the different ways how youth care is financed (K). The four factors place this statement respectively in column -3, -4, -2 and -4. This means that all participants think that this is a major obstacle. Factor three does think it is less of an obstacle

⁹ The capital letters refer to the obstacle statements that are enlisted in table 3.2

¹⁰ These columns refer to the number of the column that are shown in figure 3.1

than the other factors but factors two and four see this as the major obstacle for a good organisation of youth care. That it is beneficial to keep clients within the own organisation due to the way that youth care is financed (P) is the third consensus statement. It is positioned at -2 till 0. Participants agree that this is an obstacle although not the main obstacle. Clients have to deal with changing personnel that provide care (R) is the last consensus statement. It is positioned at -2 and -1 within the factors. This is seen as an obstacle, not the major obstacle but the participants agree that it is a serious obstacle. The statement that despite all kind of control measurements, there are still incidents in youth care (S) is not a consensus statement. Consensus statements are statistically calculated and apparently this statement lacks the statistical backing to be seen as a consensus statement. In the interviews all participants have mentioned in some form or another that they think that no amount of control can ever prevent incidents from happening. There is consensus that no matter how much supervision, there will always be incidents. According to the participants youth care can learn from incidents but the policy should not be based on incidents.

5.2.3 Factor interpretation

Consensus statements do not distinguish factors and the idea behind factors is that they differ. To show how factors differ, they are expressed into verbal interpretations. These interpretations are a mix of factor arrays (the position that each statements has been given in a factor, see appendix 6) and comments that participants made during the Q sorting. To structure this process crib sheets are made. A crib sheet is a means to systematically and methodically approach factor interpretation and to ensure that a holistic image is produced (Watts & Stenner, 2012, p. 150). A crib sheet contains the most pertinent statements for each factor and is constructed in three steps. First the highest and lowest ranking statement is listed. In the case of this study, the statements that are placed at columns -4 and 4. In the second step, all statements that are ranked higher in a factor array than in all other factor arrays are listed, including their position in the factor. The final step is to list all statements that are ranked lower in the factor array than in all other factor arrays including their position in the factor. The crib sheets are listed in appendix 7.

The statements listed in the crib sheets help to construct the verbal interpretations. There are four distinct factors, each having their own interpretation. In the first factor, the expectations that society has on youth care plays a critical role. The second factor focusses on the lack of money, while the third factor sees bad management and the self-interest of organisations, managers but also street level bureaucrats that provide care, as the main problem in the present situation of youth care. The fourth factor is about the lack of transparency in youth care and also the lack of faith that care providers have in the families and the people close to them. Below, the verbal interpretation of each factor is elaborated.

Factor 1, High expectation on children and youth care

Factor one has an eigenvalue of 4.71 and explains 15% of the study variance. Three Q sorts are used to construct this factor (EG 6, EG 10 and EG 13). Of these three, two are from male participants and one from a female participant. These three participants have an average age of 47 years where the youngest is 41 and the oldest 55 years. One has an academic education level and the other two

HBO+¹¹. They work in three different sectors (municipality, mental health and general social work). Two of them are managers and the last is alderman.

In this factor, the view of people in society towards children is the main obstacle in youth care. At the moment, children with behaviour that deviates from the norm are seen as in need of care (EG 13¹²). Medication is often used to gain a certain amount of control over children (3, -4¹³ / EG 6), instead of helping children to develop themselves. Incidents have a large influence on youth care policy (24, -2), although no amount of supervision can prevent these incidents from happening (19, 3 / EG 10 / EG 13). Incidents give society the idea that action is needed and society increasingly demands more from youth care but does not want to pay the price (EG 10). Youth care responds to this demand by increasing the amount of aid (2, -3).

Finances are the fuel for the system of youth care (EG 13) and the way these finances are divided up is a main obstacle (11, -3). This is especially clear for the preventive part of youth care (22, 1). Because of low priority of prevention, children are not helped in time (EG10).

There is a lot of management within youth care (EG 10) but because of all the regulations and pressure of society this is also necessary (EG10), therefore this statement scores relatively positive in this factor compared to the other factors (5, 1). Although a lot of people say that the right on privacy (15, 3) is an obstacle, in this factor the participants feel that one can work around the rules about privacy (EG 10/ EG 6). The same holds for the obstacle about the age criteria although this asks more commitment from organisations (13, 1).

In this factor the expectations and demands of society are too high. People in society do not accept deviation from the norm and therefore too many children receive too much care. This is enhanced by the incidents that do take place, although no amount of supervision or help can ever stop these incidents from happening.

Factor 2, Lack of money

Factor two has an eigenvalue of 1.96 and explains 12% of the study variance. Two Q sorts are used to construct this factor (EG7 and EG 19). Both participants that constructed these Q sorts are women. They have an average age of 51 (49 and 53 years old). One has an educational level of HBO and the other at HBO+. Both participants work with clients but they also have coordinative tasks. One works in the mental health and the other with cognitive disabled youngsters.

In this perspective, finances play a key role. The way youth care is financed is the main obstruction in this factor (11, -4). That youth care is divided into different sectors is closely related to the way it is financed (EG 19). These different sectors would not be such a problem when the financing system does not hinder better cooperation or exchange of knowledge (1, -3 / EG 19). Because of these financial dilemmas, organisations sometimes keep clients within the organisation although care elsewhere might be good (16, -2). The different sectors and the lack of mutual cooperation have a

¹¹ HBO refers to Hoger Beroep Onderwijs (bachelor degree)

¹² This code refers to commend that participants made during the Q sorting. The interviews are digitally available.

¹³ The first number refers to the number of the statement. The second number refers to the position of the statement in the Q sort of the factor.

great impact on parents who seek help. They do not know where to go to or to whom to turn (EG 7 / EG 19).

The costs of youth care are so important that it is not possible to give all children optimum care (23, -3). Due to costs, prevention is under-developed and this has negative consequences for the care (18, -1). Within this factor, people do not think that children receive too expensive care (21, 3). On the contrary, because of the financial pressure, children start with too little care. Because of this, problems that children face are not solved properly and the situation gets more problematic and in the end even more expensive care is needed (EG 19); an example of penny wise, pound foolish.

If more finances were to be invested in youth care then more and better help would be available for troubled children (EG 7). Of all the factors this factor places the statement that despite all control measurements there are still incidents in youth care closest to the line of most obstructive (19, 1).

Money makes the world go round is a saying that holds for this perspectives. All main obstacles within this factor can be reduced to the lack of finances or the pressure to keep the cost low.

Factor 3, Bad management and self-interest

Factor three has an eigenvalue of 1.92 and explains 10% of the study variance. Two Q sorts are used to construct this factor (EG11 and EG 15). Of these two Q sorts one was constructed by a man and the other by a woman. Their average age is 43 (42 and 44 years old). One has an MBO¹⁴ educational level and the other the equivalent of a HBO. One is chairman of an organisation that supports homeless children. He has no educational or working experience in the youth care. The other participant is a foster mother.

In this factor the main obstacle in youth care is the complex organisation of youth care. Rules and legislation are so complex and so important that the children cannot receive the right care (7, -4 / EG 11 / EG 15). The street level bureaucrat who wants to deliver the right care gets frustrated by all kind of rules. Good workers lose spirit or stop and only the workers who can stick to the rules stay (20, -1). Due to this effect children have to deal with many different people who give care (18, -2). Because of all the regulations, the child does not receive the care that it needs, but only the care that is available (EG 11/ EG 15). Children get fed up with all the rules and different people that give care and they try to avoid youth care.

The complex situation of youth care is to blame on the managers and the self-interest of organisations (4, -3 and 5, -3 / EG 11). The self-interest of organisations and all the different rules also prevents cooperation between organisations (6, -2 / EG 11). The complex way that youth care is financed only stimulates organisations to strive for their own interests (EG 11). An example is the benefit for organisations to keep clients within the organisation instead of turning them to that organisation that can deliver the right care (16, 1). In those situations where a client is more of a hindrance than a benefit, then organisations try to keep clients out of the organisation (17, 1).

Costs are not a real issue in this factor. Besides the value that the welfare of children is priceless (23, 3), many of the costs in youth care are due to all kinds of regulations and bureaucracy (EG 11). That the benefits of a good prevention policy do not return to the one that makes the costs should not play a role if your intention is to help the youth (22, -4).

¹⁴ MBO: Middelbaar beroepsonderwijs (Intermediate vocational education)

This factor agitates against youth care. The street level bureaucrat might have the right intentions but is hindered by all kinds of rules and legislations made up by and maintained by management. The child cannot receive the care that it needs. Due to the rules it can only receive the care that is available from the youth care organisation.

Factor 4, Lack of transparency and lack of faith in the family system

Factor four has an eigenvalue of 1.49 and explains 16% of the study variance. Three Q sorts are used to construct this factor (EG 4, EG 14 and EG 18) Two of these Q sorts are constructed by men. The third was made by a woman. Both men are 50 years old the woman is 35 years old. Two of these three participants have an academic educational level and one has a HBO+ level. All three have different functions and are active in different sectors. One is teacher at a HBO institution and coordinator of the youth care track at a social welfare education. A second participant is manager at an organisation that works in the provincial youth care. The last participant works at the youth care agency and is policy advisor and tries to help organisations within the youth care to cooperate.

Just like in the other factors, the way youth care is financed is a major obstacle in this factor (11, -4). It is not so much a lack of finances that is the problem, like in factor two, but the consequences of the way the financing is organised (EG 14 / EG 18). Due to this system, youth care is divided into different sectors and this has major consequences (23, -3). People with somewhat complicated problems are faced with all different kinds of care providers and each provider has its own employee who provides care (EG14). People who have problems are faced with a jungle of organisations and they have difficulty to find the right person for the right care (6, -3). Youth care has become too complex for people to oversee. Because of this complexity society has trouble with trusting youth care (9, -2 / EG 4). The stories in the media enhance this feeling (EG 18), although this factor does acknowledge that major incidents did lead to improvements in youth care like a reduction of the caseload (24, 2).

The complexity of youth care has consequences for day to day business. Street level bureaucrats need to comply with all kinds of regulations and need to fill in enormous amounts of forms to account for their actions (10, -2). They also need to spend a lot of time to find their way through the jungle of rules to see which care they are allowed to provide (13, -2 / EG14)

Youth care is too eager to provide care according to this factor (21, -1). Instead of asking people what they can do themselves or whom they can turn to, the street level bureaucrat provides care themselves. People are no longer used to rely on their family and friends, the family system (EG19).

Youth care has become too complex to be transparent. This lack of transparency gives youth care a bad reputation and hinders the street level bureaucrats in doing their job. Street level bureaucrats want to provide the best care in spite of all the obstacles but forget to ask the client what they really need and what the client can do themselves with the help of family and friend to tackle their problems.

5.2.4 Number of factors

From the description of factors one and four, it is clear that there are similarities. The complexity of the way youth care is organised plays an important role in both factors. It is also clear that there are clear differences. Whereas the first factor is more about the view of society on the behaviour of children, the fourth factor is more about the view of society on youth care. The ease at which street

level bureaucrats provide care instead of looking at the possibilities of people themselves and their family and friends really distinguishes this factor from the others so the choice to select four instead of three factors is justified.

5.2.5 Comparison with theory

In chapter two, four types of organisational problems are described: ability to verify, ability to construct a liveable situation, manageability and ability to command. Although the four factors described in the previous sub paragraphs are not single problems but more like a cluster of problems, it is interesting to see how the factors relate to these types of organisation problems. It can help to enhance the distinction between factors.

The first organisational problem that Lammers et al. describe is ability to verify, the possibility to know if and or when a decision has been taken or will be taken. It is about the lack of information to know if you are treated according to what you are entitled to (Lammers et al., 2000, p. 25). This can be seen in all factors because of the complexity of youth care. Most eminent in factors three and four that both emphasize the abundance of regulations. Because of the regulations people do not know what they are entitled to. In factor three the main obstacle though is the lack of real care. Ego's and self-interest are most eminent. Factor four is more about the complexity without blaming who is responsible for the complexity. The complexity itself is the main problem and people view youth care with suspicion because they do not know if the choices that are made within youth care are just. Of all four factors the fourth factor is mostly related to verifiability.

Ability to construct a liveable situation is the second organisation problem and is about the possibility to live satisfactory according to certain standards in a given situation. It is about the fear that your quality of life is endangered due to organisations (Lammers et al., 2000, p. 25). All four factors are about the quality of life. All four factors are about youth care and youth care is about the quality of life of the youth. Of the four perspectives, the third is most clear about the ability to construct a liveable situation. This factor states that youth care is not about the interest of young persons but about the interests of the organisations and management. According to this factor the desire of clients to live their lives as they want to, is most eminent. Therefore the ability to construct a liveable situation is mostly related to factor three.

The third organisational problem is manageability, the possibility to control the way a society functions or changes when having certain aims in mind. This is about those cases in which people are hindered in guiding and developing organisations in a certain direction (Lammers et al., 2000, p. 25). The decentralisation of youth care is about this problem; how do we organise youth care in such a way that is really supporting youth? In all four factors this problem emerges. In factor one the main issue is that expectations and demands of society are too high. As long as these expectations are not altered then the problem in youth care cannot be solved. Factor two is about the lack of money. Although a lack of money can hinder changes in organisations, the lack of money itself is more of a political choice than a fact. In factor three the complexity of youth care and the rules that need to be followed are the major obstacle and these do hinder the organisation of youth care but these rules and the complexity can be altered. According to factor three, if management really wanted, they could work around the rules but the self-interest of the organisations and therefore management prevents that management reduces the hinder caused by rules. So the problem can be tackled but a lack of will prevents the solution. In the last factor, the complexity of the care is again a main

problem but can be tackled just like in factor three. The eagerness of street level bureaucrats to provide care is less manageable but can be tackled by rules (paradoxically). Of all factors the first factor is least manageable.

The last problem is the ability to command; the possibility to lay down rules and conditions and control these in order to establish, function or developing a society (Lammers et al., 2000, p. 25). In the discussion about youth care this problem is often labelled in terms of finances. This has to do with the original Dutch word for ability to command that Lammers et al. use: “beheersbaarheid”. The cost of youth care has risen in recent years and the decentralisation is a mean to try and stop this rise in costs and to control the expenses of youth care (Nicis, 2011). The idea of costs as the major concern in youth care can be seen clearly in factor two. Other factors also have elements of a lack of ability to command but factor two really emphasises the issue of cost.

Although it is possible to identify which factor has most resemblance to a particular organisational problem as identified by Lammers et al. (2000), it is not possible to say that the factors represent these organisational problems. The factors consist of a mixture of obstacles and in none of the factors do all major obstacles represent one organisational problem as Lammers et al. (2000) identified them. The theory of Lammers et al. (2000) about organisation problems cannot be used to identify and label the factors.

Lammers et al. extended their theory on organisational problems with groups of actors that are likely to experience these organisational problems (see chapter three). Although the factors do not represent the organisational problems of Lammers et al., it is interesting to see if the factors are related to specific actors. In factor one, the stakeholders that represent the factor work in different sectors. This is also the case in the other factors. All the stakeholders that define the factors are higher educated (at least HBO) with the exception of one in factor three who has an education level of MBO. The stakeholders that define factor one are managers and an alderman. The second factor is defined by two stakeholders who are partially managers and partially street level bureaucrats. The third factor is defined by a manager and a foster mother. The stakeholders that define the last factor all have different functions. From this data it is not clear that the factors are related to a certain group of actors. There are hints that it might be the case for example in the third factor, the stakeholders who define this factor, are outsiders to youth care. The small number of participants in this study (nineteen) makes it difficult to conclude if the factors are indeed represented by a specific actor group, although the data point in the direction that at least not all factors are related to a specific actor group (see factor four).

5.3 Results of the study on solutions

5.3.1 Factor extraction

After the analysis of obstacles in youth care, this paragraph describes the analysis of the study on solutions. The first step is to see how many factors can be extracted from the data. The unrotated factor matrix of the seven factors, listed in appendix 8, shows the eigenvalues of all seven factors (4.4 / 2.4 / 1.2 / 0.9 / 0.9 / 0.4 / 0.9). In this study there are three factors that satisfy the Kaiser-Gutmann criterion: factor number 1, 2 and 3. The Kaiser-Gutmann criterion indicates that three factors should

be extracted. In the next step though, four factors are extracted. In this study statements used to construct the Q sample are selected with the aid of a theory, the theory of implementation styles of Terpstra and Havinga (2001). The Q sample contained six statements of four different implementation styles. If stakeholders have a preference for one of these implementation styles, this should be visible when factors are extracted. Therefore the next step was to extract four factors out of the data.

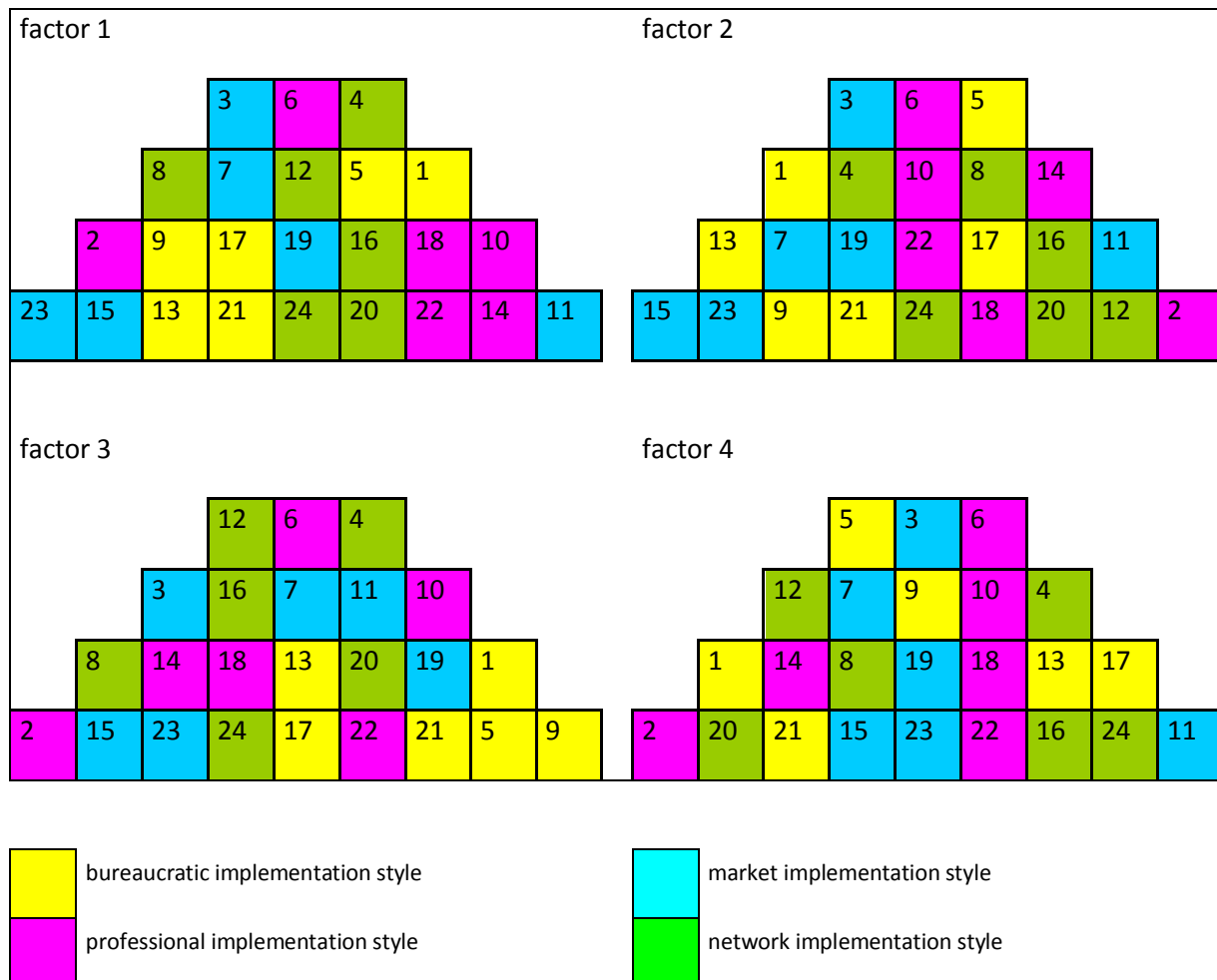


Figure 5.1: Q sorts of the factor arrays when four factors are extracted out of the q sorts with statements about possible solutions, each colour representing an implementation style.

The results of the factor extraction are four factor arrays (see appendix 9) that can be visualised by turning the factor arrays into Q sorts. The result of this exercise is shown in figure 5.1. To see if these factors represent one of the four implementation styles, all statements are given a colour according to the implementation style that they represent. If a factor does represent an implementation style, one would expect that all statements which represent that implementation style would be placed at the left side of the Q sort. The left side of the Q sort is where all solutions are placed that contribute most to a better organisation of youth care.

From figure 6.1 it is clear that all the colours are dispersed across the Q sorts. In none of the Q sorts is the left side dominated by one colour. That is: statements belonging to one implementation style.

The implementation styles are not recognizable in the factors. Since the fourth factor did not have an eigenvalue of 1.0 or above there is no reason to extract four factors.

The next step was to extract three factors because three factors satisfied the Kaiser-Gutmann criterion. Together these three factors explain 42 % of the variance and the largest correlation between two factors is between factors one and three which is 0.34. A compromise for extracting three factors is that a significance of 0.05 is needed to gain a minimum of two Q sorts that load on each factor to create that factor. Thirteen out of the nineteen Q sorts load with a significance of 0.05 on one of the factors, with a minimum of three Q sorts per factor (see table 6.2). The alternative for extracting three factors is extracting two factors. Two factors deliver enough Q sorts that load on one of the two factors at a significance of 0.01. These two factors explain 35 % of the variance. This is minimalistic (Watts & Stenner, 2012, p. 199). Furthermore only six out of the nineteen Q sorts would have a significant loading on one of the two factors. Taking everything into account, the decision was made to extract three factors with a significant loading of the Q sorts on the factors of 0.05. Thirteen out of the nineteen Q sorts load with a significance of 0.05 on one of the factors, with a minimum of three Q sorts per factor (see table 5.2). These three factors explain 42 % of the variance in the Q sorts.

Loadings			
QSORT	1	2	3
1 EG1	0.5277X	0.3086	-0.2004
2 EG2	0.5413	0.5012	-0.3837
3 EG3	0.3376	0.0331	0.4839X
4 EG4	0.8914X	0.0780	0.3357
5 EG5	0.6509X	0.2026	0.0418
6 EG6	0.5309	0.4177	-0.4452
7 EG7	0.1012	-0.0813	0.7116X
8 EG8	0.0071	0.5203X	0.0644
9 EG9	0.3284	-0.2588	-0.0029
10 EG10	0.2087	-0.5913X	0.1501
11 EG11	0.7550X	-0.2055	0.2465
12 EG12	0.6070X	0.0697	-0.0487
13 EG13	0.4441X	0.1120	0.0668
14 EG14	0.7171X	0.1077	0.3857
15 EG15	-0.1563	-0.2843	-0.0368
16 EG16	0.2319	0.2573	0.3744
17 EG17	-0.0527	-0.0564	0.5537X
18 EG18	0.2244	0.2623	0.1324
19 EG19	-0.2683	-0.4825X	0.2653

Table 5.2: Factor Matrix from Q sorts of solutions with an X Indicating a Defining Sort ($p=0.05$).

5.3.2 Consensus statements

There are four consensus statements, none of which distinguish between any pair of factors. The first is the idea that teleological interpretation of the law should be used above grammatical interpretation (VI¹⁵). In two factor arrays this statement is set in the middle column and in factor three it is set in position 1 (see figure 3.1). This means that according to all the factors, this solution does not contribute markedly to a better organisation of youth care, compared to other solutions. Because of its position in the middle it also means that according to the factors it contributes more than almost half of the other solutions. So participants agree that this solution is not the most

¹⁵ The roman numerical refers to the statements in table 3.4

contributing solution to a better organisation of youth care. They also agree that this solution is not the least contributing solution.

The second consensus statement is the idea to only spend money on evidence based techniques (XV). Factor two places this solution in column 4 meaning that it contributes least to a good organisation of the youth care. Factors one and three, place this solution in column 3. Of these factors, this solution is not seen as the least contributing solution but only one or two solutions contribute even less. The participants agree that this solution does not result in a better organisation of youth care. In the interviews some participants mentioned that the idea of using evidence based techniques is recommended but that other techniques should still be possible to be used, for example practice-based techniques.

Allowing professionals to deviate from the rules when they can motivate their decision (XVIII) is the third consensus statement. Factor three places this solution in the middle column, and factor two in column -1 and factor one -2. This solution does not contribute as much to a good organisation of youth care as many other statements but according to its position in the factors, participants agree that this solution contributes more than most of the other solutions.

Cooperation between organisations in youth care to strengthen the position of the centre of youth and family (XX) is the last consensus statement. The factors place this statement in column -1 and -2. There is consensus that this solution contributes to a better organisation of youth care. Although participants think that there are better solutions, of all the consensus statements, this solution could contribute most to a good organisation of youth care.

5.3.3 Factor interpretation

The next step is to describe the factors. Previously it was shown that the four implementation styles could not be recognised when four factors are extracted. It is possible that one of these implementation styles or even three will emerge when three factors are extracted. To see if this is the case, the three factors extracted are visually represented using the same method as previously with four factors (factor arrays enlisted in appendix 10). The result is shown in figure 5.3. From this figure it is clear that in none of the factors the statements of one implementation style is dominantly present in the left side of the Q sort. Statements that are placed in the left side contribute more to a better organisation of youth care than statements placed on the right side.

The implementation styles cannot be used to describe the factors. Therefore crib sheets are made as a mean to construct the verbal representation of each factor (see appendix 11). The statements from the crib sheets together with interviews of those participants, whose Q sort is selected to create the factor, are used to come to descriptions of the factors. The three factors are labelled using the actor which has the key role in the factor. In the first factor it is all about the client, in the second factor the care provider plays a key role in improving youth care. According to the third factor the government can help improve youth care by constructing a clear policy. Each factor emphasises a different actor as the main character to improve youth care. In the following descriptions the role of the actors is elaborated.

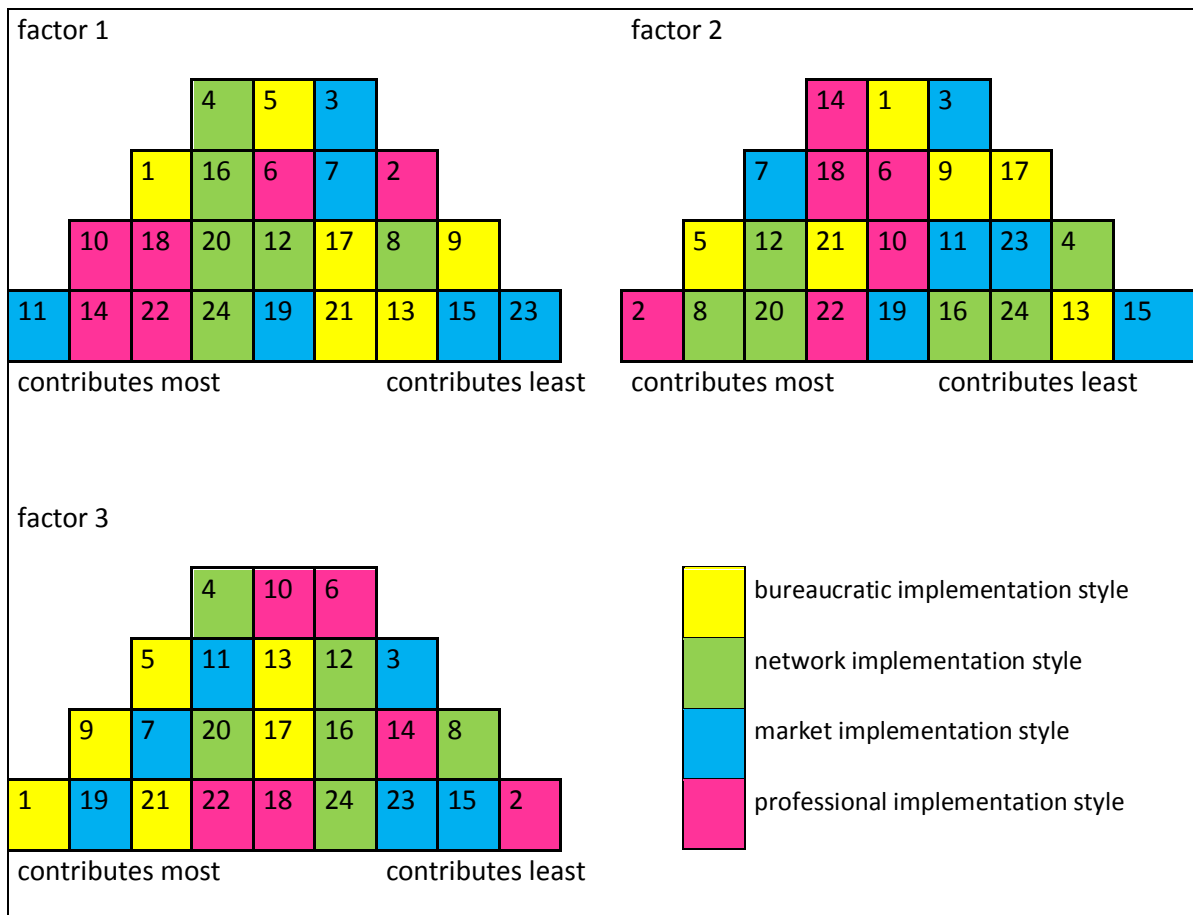


Figure 5.3: Q sorts of factor arrays when three factors are extracted out of the q sorts with statements about possible solutions. Each colour represents an implementation style.

Factor 1, the client

Factor one has an eigenvalue of 4.45 and explains 22% of the study variance. Seven Q sorts are used to construct this factor (EG 1, EG 4, EG 5, EG 11, EG 12, EG 13, and EG 14). Of these seven, four are from male participants and three from female participants. The age of the participants differs from 25 to 50 and the average age is 37 years. The highest educational level is university and the lowest MBO. They come from different sectors: mental health, provincial youth care, youth care agency, municipality, and homeless youngsters. The participants have different roles. Two participants are managers, three are street level bureaucrats, one is a client (mother) and the last is an alderman.

This factor is about giving the client control over their own live and the care that they need (11, -4¹⁶ / EG 11¹⁷ / EG 13). The client needs to be central in youth care and decisions should support the controlling role that the client has. People who provide care need to be well educated (10, -3) in order to be able to support the client in the process that they want to go through in order to improve their own lives. People who provide care are supportive; they should not take over the care. Equality is needed between client and care provider (EG 11).

¹⁶ The first number refers to the number of the statement. The second number refers to the position of the statement in the Q sort of the factor.

¹⁷ This code refers to commend that participants made during the Q sorting. The interviews are digitally available.

Clients should have one case manager who helps to organise the track that the client wants to follow (14, -3). Youth care is so complex that without such a guide the client cannot find its way and therefore cannot control the path he takes (EG 5). There are many rules and the care provider as a guide can help to navigate around rules (18, -2). Solutions that restrict the freedom of the client should be avoided (23, 4 / 9, 3 / 15, 3)

When the client is central in the policy, organisations should organise care around the client and this means that they need to cooperate with each other (1, -2). The policy needs to be developed around the clients (EG 11). Organisations in youth care, youth well-being, schools etc. should be involved when new policy is made. They have more knowledge about clients than the government (16, -1 / 4, -1 / 20, -1 / 24, -1).

This factor is all about helping clients to gain control over their own lives. Care providers are there to support clients and not to take over responsibilities. The whole system should be organised in such a way that clients can control their own track towards a better life.

Factor 2, the care provider

Factor two has an eigenvalue of 2.38 and explains 9% of the study variance. Three Q sorts are used to construct this factor (EG 8, EG 10 and EG 19). Of these three, two participants who made these Q sorts are men and one is a woman. The participants have an average age of 48 years where the oldest is 53 and the youngest 41. One participant has an academic education level and the other two are HBO+. Two participants are managers and the third is a street level bureaucrat with some manager tasks. All of them are active in the mental health sector.

Where the first factor is about the clients and their ability to control their own live, this factor is more about the people who provide care. Clients are important in this factor (EG10) but for many of the clients the situation is too severe to find their own path (EG 19). Care providers should help clients to decide which care is needed (2, -4). The fact that all Q sorts defining this factor are from actors from the mental health sector might explain why not all clients are seen able enough to decide on their own benefit.

A good prevention plan is needed (5, -3) to reduce the number of children who seek help in youth care (12, -2 / EG 8). More emphasis on prevention helps to reach children and their parents in an earlier stage. The centre for youth and family should be strengthened with the aid of people who know what clients need (20, -2). Here people can receive their first-level care. A good screening system can also help to prevent bigger problems (21, +1).

Solutions that increase the need to fill in forms should be avoided (13, 3 / 17, 2 / 3, 1). A decrease in paperwork would give care providers more time with the client (EG 19). The administration to provide necessary data to financing funds can be reduced if care providers can judge each other on their quality (8, -3). The care providers can see best if organisations really deliver a good product.

More freedom for the care providers to make their own decisions in the best interest of clients and an increase in prevention are main elements of this factor.

Factor 3 the government

Factor three has an eigenvalue of 1.18 and explains 11% of the study variance. Three Q sorts are used to construct this factor (EG 3, EG 7 and EG 17). Of these three, two participants who made these Q

sorts are women and one is man. They have an average age of 47. Two are 46 and one 49. One participant has a HBO educational level and the other two HBO+. They all are active with clients but two also have coordinating tasks. Two work in the mental health sector and one works for an organisation specialised in people with a cognitive disability.

According to this factor the first step that needs to be taken to improve youth care is to force organisations to cooperate with one another (1, -4). This cooperation is partially present. Street level bureaucrats find it easier to cooperate between sectors than managers (EG 7). This cooperation takes a long time to evolve on its own so an obligation could speed up this process.

This factor is about clarity. The government should be clear in what it wants; it should direct youth care (19, -3 / EG 3). SMART¹⁸ goals also help to make clear what the government expect from care providers (7, -2). Clear rules around indications make sure that clients know what they are entitled to and lets care providers know what they need to provide (9, -3).

The need for clarity also means that solutions, like the possibility for care providers to decide what care a client is entitled to, is not good because, in those situations, care that a clients can get depends on the care provider (2, 4). The directing role of the government also means that they should judge organisations on their quality and organisations should not judge one and another (8, 3)

The government should be clear in what she wants from youth care organisations. Clarity is needed to improve the organisation of youth care and to make sure that everybody receives the care that they are entitled to.

5.3.5 Reflection on theory

The three descriptions of the factors are not inspired by the implementation styles since they are not dominantly present in the most contributing side of the Q sorts (figure 5.3). The description of factors two and three though do have similarities with respectively the professional and bureaucratic implementation styles. A second look at figure 5.3 reveals that in the Q sort of factor two all statements representing the professional style are situated from the middle column to the left. The same situation applies for the Q sort of factor three. Only there the statements representing the bureaucratic style are situated from the middle column to the left. Some participants may have some preference from an implementation style but not the pure form of the style. This might hint at the idea that participants want to use the best from different styles.

5.3.6 Actor characteristics

Just as is done with the factors on obstacles it is interesting to see if the factors on solutions also represent certain actor groups. The stakeholders that define the first factor on obstacles have different education levels, different roles and work in different sectors. This factor does not seem to be represented by a specific actor group. The defining sorts of factor two are from stakeholders who are all higher educated and all work in the mental health sector. This might explain why they seem to have less confidence in the ability of clients to take control over their own live and why they need professionals to help them to decide what is good. The stakeholders of the Q sorts that define factor three are all higher educated and they all work with clients and also have managerial tasks. It might be possible that this factor is specific for stakeholders who are in this middle position in which they

¹⁸ Specific, Measurable, Attainable, Relevant, Timely.

experience the struggle between the demands of higher management and government on the one side and the demands of the client on the other.

Nineteen participants are not enough to make a clear statement on the representativeness of a group of actors towards a factor. The data from the solution factor does hint at the possibility that certain factors are linked with specific characteristics but further research needs to be conducted before this can be confirmed or not.

5.4 Relation between the perspectives on obstacles and solutions

This study tries to answer how perspectives, that stakeholders have concerning obstacles in the way the youth care is organised in 2012, relate to perspectives they have of solutions to improve the organisation of youth care. In the previous two paragraphs perspectives of the stakeholders concerning obstacles and solutions in youth care are described. In this paragraph the results of the previous chapters will be compared with each other and analysed.

The way the two studies are compared is by looking how participants that load significantly to a perspective on obstacles are loaded to the perspectives on solutions. In this study perspectives are conceptualised as the combination of beliefs and values that form the way that people look at situations. Since the beliefs and values are not likely to change one would suspect that participants that share a perspective of obstacles also share a perspective of solutions.

To compare perspectives that participants have of obstacles with perspective of solutions it is useful to have as many participants that load on both perspectives. Not all participants load on a perspective. This means that the perspective that these participants have is unique and cannot be used in the analysis. Whether a participant loads on a factor, is about the level of significance that is strived for. In the construction of the factors on obstructions only those Q sorts are used that loaded at a significance of 0.01. On the factors of solution the significance of 0.05 was used. For the comparison all participants that load on a perspective with a significance of 0.05 are used. This choice makes sure that the two perspectives are treated equally and it increases the number of participants that can be used for the comparison. There is one special group of participants and that is those participants whose Q sort loads significantly on more than one factor. These Q sorts are said to be confounded.

Table 5.3 shows the perspectives that each Q sort loads significantly at $p = 0.05$ to, both perspectives of obstacles and solutions. The three Q sorts that load significantly on the first factor on obstacles all load different on the perspectives of solutions. The same holds for the two Q sorts that load significantly on the second factor on obstacles. Of the four Q sorts that load significantly on the third perspective of obstacles, two do not load significantly on any of the perspectives of solutions and the other two Q sorts load on different perspectives on solutions. Of the four Q sorts from the fourth perspective of obstacles three load on the first perspective of the solutions while the fourth does not load significantly on any of the solution perspectives. There are two Q sorts that are confounded on the obstacle perspectives (both on factor one and three). These two load on different factors on solutions. The last group are four Q sorts that do not load significantly on any of the obstacle factors.

Two of these Q sorts do not load significantly on the solution perspectives and the other two both load on the first factor of solutions.

sort / Participant	Problem				Solution		
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 1	Factor 2	Factor 3
EG 3	X						X
EG 6	X				*		*
EG 10	X					X	
EG 7		X					X
EG 19		X				X	
EG 9			X				
EG 11			X		X		
EG 15			X				
EG 17			X				X
EG 4				X	X		
EG 14				X	X		
EG 18				X			
EG 1				X	X		
EG 13	*		*		X		
EG 8	*		*			X	
EG 2							
EG 5					X		
EG 12					X		
EG 16							

Table 5.3: an overview how the Q sorts load significantly ($p=0.05$) on both the factors on obstacles and solutions. An X marks a significant loading, an * marks a significant loading of a confounded Q sort

Only participants that constructed the Q sorts that load significant on the fourth perspective on obstacles seem to share the perspective on solutions. The participants that constructed the Q sorts that load on the other perspectives on problems do not seem to share their perspective on solutions. This is contrary to what was expected.

5.5 Reflection on theory

Need (2011) introduced the idea that each organisational problem (Lammers et al., 2000) can be solved using specific implementation styles (Terpstra & Havinga, 2001) (see paragraph 2.4). The factors identified in this study on the obstacles cannot be labelled according to the theory of Lammers et al. (2000), and not all the factors on solutions identified in this study can be labelled according to the implementation styles of Terpstra and Havinga (2001). The comparison according to Need (2011) therefore cannot be used to compare the found factors on obstacles and solutions. According to table 5.3 only factor four on obstacles is linked to one factor on solutions, factor one to be precise. Factor one is about the lack of transparency. Youth care is immense complex full of regulations that prevent the clients from finding the help they need. The solution factor linked to the fourth obstacle factor is about helping clients to gain control over their own lives. There is an obvious link between these two factors both are about the client. Since the other factors on obstacles cannot be linked to a specific factor on solutions, they cannot be compared.

6. Conclusion

6.1 Introduction

Youth care in the Netherlands is about to undergo a major structural change. It has been decided that youth care will be decentralised from the national and provincial government to the municipalities. The municipalities need to draft a youth care policy to address this task. The aim of this study is to see if municipalities can be helped in their task to organise youth care with an analysis of the perspectives that stakeholders in youth care have.

To achieve this aim a main research question is drafted supported by five sub questions. This chapter will give an answer to all these questions and with the help of these answers conclude if an analysis of perspectives of stakeholders in youth care gives insight in the structuring of the problem of decentralisation that a municipality faces and if this insight is useful for the municipality in their attempt to come to a good organisation of youth care.

6.2 First four sub questions on youth care

The first two sub questions of this study are how the youth care is organised and how this organisation has evolved. In chapter four, an answer to both questions is given. From the description of the way youth care has evolved and the way youth care is organised in the present situation, it is clear that the organisation of youth care has undergone constant changes. Every step to improve the organisation led to new problems, which needed addressing. Due to this historical iterative process, youth care has evolved into a system of different sectors. Each sector has its own special rules, legislation and way of financing. This makes the organisation of youth care a complex system.

The next sub question that needed answering is which obstacles stakeholders in youth care perceive in the organisation of the youth care. Dozens of reports have been written about the situation in youth care. From all these reports, but also from internet forums and articles, obstacles have been collected. This resulted in a list of one hundred and twenty six obstacles. Some of these obstacles are similar and others are unique. All found obstacles are documented and listed in appendix 1.

The fourth sub question of this study is which solutions already are explored to improve the organisation of youth care? Many organisations and individuals have tried to come up with new ideas to improve the organisation of youth care. The decentralisation is one of these ideas, but many others are mentioned in reports and articles. A total of one hundred and forty seven solutions have been collected during this study. Some solutions are similar while others are completely out of the box. All these solutions are documented and listed in appendix 2.

The answers to these four sub questions helped to provide a set-up for an empirical study to answer the fifth sub question of this study: which (core) perspectives stakeholders involved in youth care within the municipality of Zwolle have concerning obstacles in the way youth care is organised in

2012 and in solutions to improve the organisation of youth care? The answer to this question is described in the next paragraph.

6.3 Fifth sub question: perspectives

The fifth sub question consists of two elements: the search after perspective on obstacles and the search for perspectives of solutions. These two elements are answered separately. In the next sub paragraph the perspectives on obstacles are described and in the sub paragraph 6.3.2 the perspective on solutions are elaborated.

6.3.1 Perspectives on obstacles

This study has revealed that stakeholders within the municipality of Zwolle indeed have different perspectives on obstacles in youth care. Four different perspectives are identified. In chapter five these perspectives are described in detail. Underneath the four perspectives are summarised.

Stakeholders that identify themselves with the first perspective think that the expectations and demands of society towards youth care and children are too high. People in society do not accept deviation from the norm and therefore too many children receive too much care. This is enhanced by the incidents that have taken place, although no amount of supervision or help can ever stop these incidents from happening.

The second perspective is all about money. Money, and especially the need for money, is the motive behind almost all decisions made in youth care. All main obstacles within this factor can be reduced to the lack of finances or the pressure to keep the costs low.

The third perspective seems to be more of an outsider's perspective. This perspective dissociates itself from youth care. The street level bureaucrat might have the right intentions but is hindered by all kinds of rules and legislation made up by and maintained by management. The child cannot receive the care that it requires. Due to the regulations it can only receive the care that is available by the youth care organisation.

According to the last perspective youth care has become too complex to be transparent. This lack of transparency gives youth care a bad reputation and hinders the street level bureaucrats in doing their job. Street level bureaucrats do want to provide best care in spite of all the obstacles but forget to ask the client what they really need and what the client can do for themselves with the help of family and friend to tackle their problems.

The summaries given above show the differences between the perspectives and also some similarities. Despite the four distinct perspectives the participants also share beliefs and values. There are four consensus statements, statements that have more or less the same position in each factor. The participants also share the belief that no amount of supervision can prevent bad incidents from happening. The factors found show that participants do have different points of view on youth care but it does not mean that they do not share points of view as well. There are no factors that are opposites of each other. If this was the case then participants would have radically different

perspectives. As mentioned, this is not the case. Stakeholders do have shared beliefs and values besides to those that differ.

6.3.2 Perspectives on solutions

Besides to the different perspectives on obstacles this study shows that stakeholders also have different perspectives on solutions to improve the organisation of youth care. Three perspectives are identified. In constructing this study a theory about implementation styles was used. In the analysis, the descriptions of the perspectives are compared with these implementation styles. After the summaries of the three perspectives, the comparison with the implementation styles is elaborated.

The first perspective focusses on the needs of the client. The clients need to gain control over their own lives. Care providers are there to support the clients and not to take over responsibilities. The whole system should be organised in such a way that the clients can control their own track towards a better life.

Where the first perspective focuses on the client, the second perspective focuses on the care provider. More freedom for the care providers to make their own decisions in the best interest of the clients is needed. Beside the emphasis on the care provider an increase in prevention is also a main issue in this perspective.

In the last perspective the government has a key role. The government should be clear in what she wants from youth care organisations. Clarity is needed to improve the organisation of youth care and to make sure that everybody receives the care that they are entitled to.

The second and third perspectives have some resemblance to two of the implementation styles of Terpstra and Havinga. The second perspective has characteristics of the professional implementation style in which the expertise and specific know-how of professional executors (generally achieved by professional education) play a central role. The data does however show elements in this perspective that are contradictory to this style (like the idea that municipalities should construct a prevention plan or the idea that the government should construct SMART goals for organisations to oblige themselves).

The third perspective shows resemblance to the bureaucratic style. Formalism and legalism are central elements of the bureaucratic style of policy implementation. The aim of this bureaucratic style is an impartial, uniform application of regulations irrespective of the status of the individual citizen. The perspective also emphasises the need for clarity and equal rules for all. The idea that people who need care can decide for themselves to whom they want to turn does not fit in the bureaucratic style but is seen as an important solution in this perspective.

The first perspective with its focus on the client does not resemble a specific implementation style. The solutions that contribute most to a better organisation of youth care represent all implementation styles. Obligations and freedoms are combined, all in the interest of the client. It seems that this perspective combines elements of implementation styles. To see what the consequences are, of the choices that this perspective makes, further study is necessary. This study cannot answer that question.

This study exposes three perspectives on solutions to improve the organisation of youth care. It shows that participants have different perspectives; it does not mean that participants do not share

any beliefs and values. There are four consensus statements, statements that have more or less the same position in each factor. Participants are asked to sort the statements in comparison to each other. This means that participants that loaded strong on the second factor, that emphasises the role of the care provider, can still think that the role of the client is very important, which is the core of the first perspective. The different perspectives show what the stakeholders find the most important or most effective solution but this does not mean that the other solutions are seen as useless. This can be useful when striving towards a consensus solution.

6.3.3 Stakeholder characteristics

In this study there was no specific research question to see if specific factors are related to specific characteristics of the stakeholders. Nineteen participants is too small a sample to make statements about this. There are indications that certain factors are indeed linked to certain characteristics but further research is needed to make statements about this. There are also hints that some factors are not linked to specific characteristics of stakeholders. For municipalities it is important to know if specific characteristics of stakeholders are indeed linked to specific perspectives. To reorganise youth care, municipalities are depending on stakeholders for information. They often use stakeholder dialogues to inspire them in their policy development. For the stakeholder dialogue to be successful, the right stakeholders need to be included. Insight into which stakeholder has which perspective helps to select a good representation of stakeholders for a stakeholder analysis. Further research could help municipalities to select the right stakeholders for a stakeholder dialogue to inspire a new youth care policy.

6.4 Relationship between the perspectives on obstacles and solutions

The main research question is how the perspectives, that stakeholders have concerning obstacles in the way the youth care is organised in 2012, relate to the perspectives they have of solutions to improve the organisation of youth care. To answer this question, the perspectives on obstacles and solutions are compared by looking how the participants that load significantly to a perspective on the obstacles are loaded to the perspective on solutions. Contrary to the expectations, participants that share a perspective on the obstacles do not share a perspective on solutions. The exceptions to this are the participants that share the fourth perspective on obstacles (that emphasises the lack of transparency and the lack in faith in the strength of the family and the people close to them). They seem to share the first perspective on solutions, the client orientated perspective.

The theory that specific organisation problems from Lammers et al. (2000) can be solved by using matching implementation styles from Terpstra and Havinga (1999) could not be used because not all the found perspectives resemble the organisational problems of Lammers et al. or the implementation styles of Terpstra and Havinga. This theory does indicate at the idea that the same problem can be tackled in different ways and this is confirmed in this study.

6.5 Final conclusion

The aim of this study is to see if municipalities can be helped in their task to organise youth care with an analysis of the perspectives that stakeholders in youth care have. The answers to the research questions show that an analysis of the perspectives of stakeholders in youth care gives insight into the complexity of the task that the municipalities face. According to the scholars in policy analysis, it is important to clearly define the problem that one wants to solve before taking action (Hoppe, 2012; Dunn, 2008). From this study it is clear that stakeholders have different perspectives on what the main obstacle is in the organisation of youth care. They also have different perspectives on how to solve the problems caused by the obstacles. Stakeholders that share a perspective on obstacles can disagree on how to solve the problem. Although stakeholders have different perspectives they also share some values and beliefs. There is some ground of commonality.

Hoppe distinguishes four different kinds of policy problems with the aid of two criteria: whether stakeholders agree on what the situation is and if they agree on what they want to achieve. It is about the distinction between 'is' and 'ought' (2011, p. 73). This study shows that stakeholders do not totally agree on what the situation is and they neither agree on what they want to achieve. This means that the municipality of Zwolle is faced with an unstructured problem.

Insight into the perspectives of the stakeholders shows the municipality how complex the situation is. In this complex situation, the problem definition is essential for the success of policy. The municipality can use the insight into the perspectives in their process to come to a problem definition. Without a directing role of the municipality, the stakeholders are not likely to construct a clear problem definition.

Within the value perspective on social problems there are three solutions to cross the differences in opinions on values: consensus, trading and naked power (Rubington and Weinberg, 2011, p. 99). If the municipality wants to come to a single problem definition, these three options are open. The municipality depends on the stakeholders for resources like knowledge. Fleuke and Hulst mention that in processes of decentralisation, local authorities often rely on persuasion and bargaining to realise integration (2006, p. 49). That is why naked power should only be used in a last resort. Since there is some communality in the perspectives, trading or consensus-building seems more appropriate. In a process of trading or consensus-building the municipality needs to come to a final choice on the problem definition. A definition that derives out of trading or consensus means that not all stakeholders will be completely satisfied. Knowing that stakeholders might be disappointed and in what they are disappointed, can help the municipality to manage expectations. If this is done correctly then criticism after the policy is implemented does not necessarily have to lead to a new system change.

An analysis of the perspectives of stakeholders in youth care gives insight in the structuring of the problem of decentralisation that a municipality faces and this insight is useful for the municipality in their attempts to come to a good organisation of youth care. Whether the results of this study can be copied to other municipalities is questionable. Since Zwolle is not very different from other 'centre' municipalities, it is likely that stakeholders within these other municipalities indeed have different perspectives. It is not clear whether their perspectives are the same as in the municipality of Zwolle.

Further research is needed to see which perspectives stakeholders in other municipalities have. Future research could also try to answer the question whether certain characteristics of stakeholders influence their perspectives. An answer to this question can help municipalities to select the right stakeholders for a stakeholder dialogue on the decentralisation of youth care in that specific municipality.

7. Critical reflection on the study

7.1 Introduction

This study shows that stakeholders within youth care of Zwolle have different perspectives on obstacles in youth care and on the best solutions to overcome these obstacles. This insight is valuable because it shows that stakeholders can differ in opinions on the task of decentralisation that the municipalities face and this increases the complexity of the task of the municipality. Insight into the different perspectives and the structuring of the problem can help the municipality in its task to reorganise youth care after the decentralisation of youth care to the municipalities. This study shows the complexity in the way that youth care is organised. It also shows the complexity of values and beliefs that play a role within youth care. Insight in this complexity shows that the municipalities are faced with a challenge to satisfy the stakeholders and it can help to manage the expectations of the stakeholders towards the end-result of the process to come to a new organisation of youth care.

This study is helpful for municipalities but it is possible to make some critical remarks on the way the study has been conducted. In the following paragraphs the research is critically assessed to enhance future research and to help readers to judge how conclusive the conclusions are.

7.2 Representativeness of statements towards implementation styles

From the verbal representation of the perspectives on solutions, two out of the three perspectives resembled implementation styles of Terpstra and Havinga. This did not clearly show in the visual representation (fig. 5.3) of the Q sorts of these perspectives that were constructed to see if the perspectives might resemble the implementation styles.

The visual representation of the Q sorts of each factor is used to see if each factor is dominated by statements that represent one implementation style. The presumption hereby is that each statement is a good representative of one specific implementation style. During the Q sorting participants can interpret the statement in a different way than was intended. A different interpretation can mean that the statement does not represent the implementation style it was intended to represent. Especially statements that represent the network style can easily be reframed as a professional style statement. For example the statement that partners who work with the children should judge if other youth care organisations deliver the right care. This statement should represent the network style but when interpreted that professionals are best suited to see if other professionals perform well, then it can be seen as representing the professional style. It would be interesting to see whether less-interpretable statements that represent specific implementation styles might indeed give a clearer image of dominance in the visual representation in the Q sort. If this is the case, it can help to identify the implementation styles within the factors.

7.3 Selection of participants

Within Q methodology the selection of the participants is a very important aspect (Watts & Stenner, 2012, p. 70). The method works best with people who are knowledgeable about the issue and have well-formed opinions (Webler et al., 2009, p. 21). The participants for this study were selected on base of availability. As a member of the town council of Zwolle, the researcher has easier access to key actors involved in youth care in the municipality of Zwolle. Besides this positive effect of the membership of the town council a negative effect might be that some participants are careful in what they say in the interviews because of this extra role of the researcher.

The use of two criteria, different sectors and different functions, has helped to select people with different backgrounds. These selection criteria are not enough to ensure that those stakeholders who were selected also have well-formed opinions. Neither can it ensure that the selected participants represent all different perspectives that stakeholders have. Despite the use of the two criteria, some stakeholders were absent from the list of participants. There were no youngsters or members of the youth health care that participated and only one parent had participated. A better selection of participants could result in a different outcome: more or different perspectives could have emerged. This only would have led to an increase of complexity in an already very complex situation. A better selection of participants might have led to a more accurate insight in the different perspectives that stakeholders have of youth care. A better selection would not have resulted in a less complex situation. The conclusion of this study, that the problem of decentralisation of youth care to municipalities is unstructured, would not have changed with a better selection of participants. Neither would it have changed the conclusion that stakeholders differ in perspectives on youth care. A better selection of participants would have given more detailed insights that might be useful but it does not change the major conclusions of this study. The selected participants were adequate for the study conducted.

7.4 Execution of the methodology

Q methodology is a research technique that uses factor analysis to reveal social perspectives. Although there are basic steps to perform a Q methodological study the study can be improved with the use of extra steps, for example hand rotating. The researcher that conducted this study had little experience with this method. Only the basic steps are used. A researcher with more experience in this method could have used extra elements available for this method. This could have resulted in clearer defined perspectives and possibly fewer or more perspectives. The manual rotation of the factors and the selection of the Q sorts to include in the factor estimate can influence the results of the factor arrays that are used to interpret the factors.

7.5 Final comment

This chapter contains some elements of criticism of this study. This can be used to improve future research and helps to assess if the end conclusion can indeed be derived from the results of this study. Although the criticism in this chapter is appropriate, improvement of the study as suggested would only have resulted in even better support for the end conclusion. The end conclusion that an analysis of the perspectives of stakeholders in youth care gives insight in the structuring of the problem of decentralisation that a municipality faces and that this insight is useful for the municipality in their attempts to come to a good organisation of youth care still holds.

The results of this study can be useful for other municipalities although they cannot be copied across directly. To gain insight into the perspectives of stakeholders in other municipalities, this study could be repeated using participants from that municipality. If several of these studies are conducted, it might be possible to compare the outcomes and to see how unique the perspectives, found in this study, are. Further study might also help to see if certain characteristics of stakeholders are related to certain perspectives.

8. Literature

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Appendix 1: Concourse on obstacles

125 statements on obstacles

De problemen in de jeugdzorg worden veroorzaakt door de steeds geringere acceptatie van risico's en afwijkend gedrag door samenleving en ouders.¹

(De problemen in de jeugdzorg worden veroorzaakt door de) stijging van het beroep op jeugdzorg.¹

(De problemen in de jeugdzorg worden veroorzaakt door de) hardnekkige problematiek van multiprobleem-gezinnen.¹

(De problemen in de jeugdzorg worden veroorzaakt door) de verantwoordingsdruk.¹

(De problemen in de jeugdzorg worden veroorzaakt door de) indekcultuur in de jeugdzorg.¹

(De problemen in de jeugdzorg worden veroorzaakt) door de versnipperde financiering van de jeugdzorg.¹

De problemen in de jeugdzorg worden veroorzaakt door de door de versnipperde organisatie van de jeugdzorg¹

Er gaat te veel tijd, geld en energie naar het indicatieproces.¹

De kwaliteit van de indicatiestelling weinig inzichtelijk en weinig betrouwbaar.¹

(Er dient met name aandacht te zijn voor continuïteit qua aanwezigheid van hulpverleners in een gezin, niet) elke week een ander en steeds dossiers overdragen.¹

Te veel kinderen met gedragsproblemen in het speciaal onderwijs terechtkomen.^{1 p.10}

Voor mensen met een lichte beperking of aandoening steeds moeilijker is geworden om te anticiperen in de samenleving en bijvoorbeeld een passende werkplek te vinden.^{1 p.10}

Het zogenoemde «Savannah-effect opgetreden, waardoor de afgelopen jaren vooral incidentenpolitiek is bedreven.^{1 p.10}

Problemen worden zelfs van generatie op generatie doorgegeven.^{1 p.10}

Een behoorlijke groep gezinnen die te maken heeft met veel en deels samenhangende en cumulerende problemen, zoals alcoholmisbruik, verslavingsproblematiek, werkloosheid, mishandeling en zwakbegaafdheid bij de ouders.^{1 p.10}

Alledaagse opgroei- en opvoedproblemen in toenemende mate worden gelabeld als iets waarbij professionele hulp is aangewezen.^{1 p.11}

De verbeterde signalering in de eerste lijn, gecombineerd met een gebrek aan effectieve preventie-interventies en een tekort aan aanbod van laagdrempelige eenvoudige hulp, lijkt te leiden tot een toename van de vraag naar (zwaardere) jeugd.^{1 p.11}

De uitstroom stagneert, terwijl de instroom in de tweedelijnszorg wordt gestimuleerd.^{1 p.11}

De kosten voor zwaardere jeugdzorg wordt gedragen door anderen dan door degene die verantwoordelijk is voor de preventie. ^{1 p.11}

De wettelijke meerderjarigheidsgrens van 18 jaar in relatie tot de financieringssystematiek en de mogelijkheid voor een verlengde meerderjarigheid. ^{1 p.20}

Vraag naar jeugdzorg groeit explosief ^{2 p.53}

Er is te weinig oog voor wat alle jeugdigen nodig hebben en welk voordeel preventie en vroegtijdig ingrijpen kunnen hebben. ^{2 p.9}

Er is veel overlap in de activiteiten van de deelsectoren. ^{2 p.9}

Je kunt het prima treffen op Bureau Jeugdzorg. Je kunt het ook slecht treffen op Bureau Jeugdzorg. Het is een gok. ^{3 p.}

Jeugdzorg ouders niet serieus neemt⁴

Het systeem is ziek, doordat er onvoldoende controle en onvoldoende tijd is ⁴

Kinderen veel te gemakkelijk uit huis worden geplaatst ⁴

Je zit als advocaat tegenover een blok van kinderbescherming, jeugdzorg en voogdij en die zeggen allemaal hetzelfde en krijgen door de bank genomen altijd gelijk van de rechter. Je zou als advocaat tijd en geld moeten hebben voor een contra-expertise. Mensen met veel geld kunnen dat laten doen en die overkomt dit soort ellende ook niet. ⁴

De organisatie is onverantwoord complex, de wetgeving ingewikkeld ⁴

Jeugdzorg heeft enorm veel last van de sfeer die is ontstaan (Het wordt ook uitgelokt door de overheid, die te veel wantrouwen uitstraalt. Dat kan zelfs het succes van de nieuwe Centra voor Jeugd en Gezin gaan ondermijnen) ⁴

Het aantal cliënten van jeugdzorg groeit al jaren explosief ⁴

Kan de samenleving nog maar weinig hebben van zijn jeugd ⁴

Er lijkt een jacht ontstaan op 'risicogezinnen' die nog geen probleem zijn, maar dat wel zouden kunnen worden. Het gevolg is in ieder geval dat steeds meer kinderen de boodschap krijgen dat er iets met ze is. ⁴

Wij zien een tendens van indekken en lagere acceptatie. Niemand mag nog fouten maken en dat leidt tot risicomidend gedrag. En de tolerantie ten opzichte van gedrag van jeugdigen is gedaald ⁴

Een groot tekort aan gezinsvoogden en een groot tekort aan pleeggezinnen. ⁴

Jeugdzorg ...is organisatorisch een logge instelling ⁵

Er bestaat niet zoiets als de "rechten van het nog te verwekken kind" ⁶ (binnenlands bestuur 4, 23-02-2012)

Er wordt niet goed geluisterd ⁷

Veel hulpverleners luisteren slecht en zoeken problemen⁸

Het liefst zien de jongeren dat de jeugdzorg in de drie noordelijke provincies regionaal georganiseerd worden, vooral bij wisselingen van instelling, werk en opleidingen zijn er problemen als de provinciegrenzen overschreden worden en dat zou niet nodig moeten zijn⁹

Er ligt op dit moment niets vast over ouderparticipatie¹⁰

De kinderrechter zou te gemakkelijk instemmen met uithuisplaatsing.¹¹

Professionals zijn niet verplicht de informatie over het kind en de gezinsleden te delen^{12 p. 7}

Een ander knelpunt vormen de verschillende potjes waar de hulp aan jongeren uit betaald wordt¹³

De jeugdzorg zelf vindt ook dat kinderen niet steeds doorgeschoven mogen worden van de ene verkokerde vorm van zorg naar de andere¹³

Huidig systeem is te duur, te complex en inefficiënt.¹⁴

Huisartsen, ouders, scholen, iedereen moet verantwoordelijkheid nemen en zien dat er een cultuurverandering noodzakelijk is waarbij Jeugdzorg dan de echt moeilijke gevallen de juiste aandacht kan geven, nu zit er veel te veel vervuiling in¹⁵

De overheid gaat steeds niet ver genoeg met wetgeving¹⁵

Jeugdzorg laat ouders teveel aanmodderen¹⁵

Beroepsgroepen signaleren onvoldoende en¹⁵

Ouders verstoppert opvoedproblemen¹⁵

De gevestigde macht zit erg stevig in het zadel¹⁶

'De omvang en de ernst van de wachtlijstproblematiek in de rapportages van de provincies en stadsregio's is te weinig zichtbaar^{17 p.5}

Er gaat veel geld naar toe en er verdwijnt veel naar management¹⁸

Het gaat niet om de uitvoerders, maar de laag die erboven zit en die van de materie geen kaas heeft gegeten¹⁸

In mijn jarenlange persoonlijke ervaringen met de werkwijze en professionals bij Bureau Jeugdzorg hebben ze dat bij mij verspeeld. Incompetentie, 9-5 mentaliteit, laksheid borrelt meer op dan vertrouwen.¹⁹

Het huidige jeugdzorgsysteem voor een deel zijn eigen doelgroep van zorgmijders heeft gecreëerd, die alle vertrouwen in de sector verloren heeft na te lang wachten, te veel bureaucratie, te veel wisselende niet samenwerkende en soms angstige hulpverleners, te veel verschillende halve oplossingen en te weinig hoogwaardige professionaliteit²⁰

Dat ook de jeugdsector zelf, in het bijzonder als het gaat om de zwaarste probleemgevallen, nog te veel leidt aan het syndroom van 'niet willen/niet kunnen'. De ene onmacht die de andere onmacht voedt.²⁰

De jeugdzorg hervorm je niet duurzaam door 'grand design'-achtige tekentafel reorganisaties, maar door van onderop al doende te leren van successen en fouten, gebruikmakend van de kennis en passie in de uitvoering.²⁰

Machtsmisbruik binnen de jeugdzorg en bij de onwetenschappelijkheid van de jeugdzorg²¹

Bestuurders die naast hun schoenen lopen, die nog niet het fatsoen hebben om naar hoogleraren te luisteren bijvoorbeeld, die al hun leven lang studeren op de doelgroep²¹

Een ander verhaal zijn de medewerkers in de instellingen, de groepsleiders. Zij doen zwaar en onregelmatig werk en zij zitten in lagere loonschalen. Zij verdienen zeker niet te veel²¹

De manageritis in de jeugdzorg is idioot, het is een ziekte aan het worden²¹

Mensen in de jeugdzorg die geen kritiek kunnen velen moeten eens gaan nadenken. De arrogantie en het machtsmisbruik zijn zo doorgeslagen dat er helemaal geen reflectie meer in lijkt te zitten. Het is altijd de schuld van die incompetente ouders, de moeilijke kinderen, de media²¹

Het ontbreken van samenwerking met en tussen ketenpartners. Met ketenpartners bedoel ik jeugdzorginstellingen, scholen, huisartsen, politie en met name rechters en advocaten²²

Er is sprake van een grote ongelijkheid tussen vaders en moeders, waarbij helaas vaders meestal aan het kortste eind trekken. Nog steeds wordt verondersteld dat moeders betere opvoeders zijn dan vaders en dat vaders per definitie de oorzaak zijn van huiselijk geweld ed. Er wordt niet aan waarheidsvinding gedaan. In de rechtszaal heerst de macht van de grootste mond. Door het uiten van een stortvloed aan (valse) beschuldigingen, veelal door advocaten aangezet, krijg je de rechter aan je zijde. En hier zijn over het algemeen de moeders goed in.²²

Rechters volgen hun eigen wetten, hun eigen regels. En doordat de samenwerking met jeugdzorgwerkers en politie ontbreekt, ondervinden vaders al aan het begin van de juridische strijd een gigantische achterstand die veelal niet meer kan worden ingelopen, hoe goed de vader ook zijn best doet om zijn pedagogische kwaliteiten aan te tonen en de valse beschuldigingen te weerleggen.²²

Kinderrechters plaatsen te snel en te vaak kinderen uit huis.²³

De steeds terugkerende zgn cijfers/wachtlijsten in de jeugdzorg zijn gebaseerd op onbetrouwbare/twijfelachtige cijfers²³

Er lopen enkel in Nederland al tienduizenden kinderen bij Raad en Jeugdzorg die daar eigenlijk heel niet thuis horen.²³

Maar de laatste tig jaren komt het te vaak voor dat ouders, verzorgers die om hulp vragen, juist omdat zij het beste voor hun kind(deren) willen worden gestraft.

Er wordt geen hulp geboden maar de kinderen worden dan maar uithuis geplaatst, ook komt het veelal voor dat er door enkel anonieme telefoontjes kinderen uithuis worden geplaatst.²³

Kinderrechters vinden het tempo waarin ze zaken moeten afhandelen absurd.²⁴

Want de cijfers kindermishandeling blijven stijgen omdat er nog steeds te weinig aandacht en kennis/expertise is²³

Waar in ieder geval meer aandacht voor moet komen is de positie van het kind of de kinderen die betrokken zijn bij de scheiding.²³

Als inlooppunt leiden CJG's zeker niet tot meer toegang tot probleemjongeren en gezinnen.^{25 p. 14}

Organisaties zijn ook bezig met lijfsbehoud.

Bureaucratie domineert, de niet hulp heeft qua aandacht, budget, contactmomenten gewonnen van de hulp. ^{25 p. 15}

Het jeugdzorg systeem biedt jongere en zijn/haar ouders vooral ambtelijk contact. ^{25 p. 15}

Het onderscheid tussen management en therapie lijkt verdwenen. ^{25 p. 15}

Er is sprake van een ontwikkende en wegduikende vraag, de meest hulpbehoevende jongere (en ouder) vertoont zelf remming en (letterlijk) wegloopgedrag, en het systeem versterkt dit remgedrag. ^{25 p. 15}

De zorg voor jongeren is teveel geënt op de zorg voor ouderen. ^{25 p. 15-16}

Het voortdurend maar wegnemen van private verantwoordelijkheden en plichten leidt tot een steeds minder zelfredzame houding bij burgers, vervolgens volgt claimgedrag. ^{25 p. 21}

De verschillen tussen opleiding niveaus groeien. ^{25 p. 25}

De jeugd heeft het gevoel dat zij er niet beter uit zullen komen dan hun ouders en dat gevoel van moedeloosheid en tegenslag heeft directe gevolgen voor hun welbevinden, schoolcarrière, zorg voor zichzelf etc. ^{25 p. 25}

Voorlichting bij jeugd heeft een notoir slecht bereik ^{25 p. 25}

Individualisering van de samenleving ^{25 p. 25}

Er heerst in de jeugdzorg niet van nature een geprofileerd professioneel klimaat (controle op de professionaliteit van mensen) ^{25 p. 31}

Het vertrouwenssysteem is vervangen door wantrouwen ^{25 p. 32}

Wij zijn van een strenge eenmalige inputtoets overgegaan naar permanente throughput- en outputsturing. ^{25 p. 32}

De professionele mechanismen om met eventueel disfunctioneren om te gaan en gebrek aan kwaliteit zijn vervangen door bureaucratische mechanismen ^{25 p. 32}

Verantwoordingsdruk ^{25 p. 33}

Handelingsverlegenheid ^{25 p. 33}

Dossiergerichtheid ^{25 p. 33}

Onvoldoende passende en tijdige vroeghulp ^{26 p. 9}

Draaideureffect door nagenoeg gebrek aan geformaliseerde nazorg ^{26 p. 9}

Verplichte indicatiestelling leidt tot toename wachttijd: problemen verergeren ^{26 p. 9}

Financieren van wachtlijsten is een perverse prikkel. ^{26 p. 9}

Bureau Jeugdzorg (BJZ) en Centrum voor Jeugd en Gezin (CJG) bestaan naast elkaar ^{26 p. 9}

Betrokkenheid drie bestuurslagen. ^{26 p. 9}

Verschillende leeftijdsgrenzen geïndiceerde en preventieve jeugdzorg ^{26 p. 9}

Te weinig betrokkenheid professional bij (nieuw) beleid. ^{26 p. 10}

Te kort aan gekwalificeerd personeel ^{26 p. 9}

Voor (bepaalde specialistische) gesloten residentiële zorg is onvoldoende capaciteit ^{26 p. 10}

Effectiviteit veel behandelmethoden niet duidelijk ^{26 p. 10}

De vertaling van het recht op hulpverlening heeft er toe bijgedragen dat grote groepen kinderen buiten hun normale sociale contexten (gezin, school, kinderopvang, buurt, etc.) ^{28 p. 11}

Het gebrek aan samenhang tussen in het bijzonder de jeugd-ggz en de provinciaal gefinancierde jeugdzorg heeft er daarnaast toe geleid dat maatregelen om deze groei

te beteugelen in het ene werkveld onmiddellijk leidden tot effecten in het andere werkveld (het zogeheten 'waterbedeffect') ^{28 p. 12}

Onnodig doorschuiven van kinderen tussen de verschillende sectoren. ^{28 p. 12}

Er is onvoldoende wettelijk kader voor de functies van het ZAT en er is al evenmin een voldoende wettelijk kader voor de functies van het CJG. ^{28 p. 12}

Bij langdurige trajecten is altijd de vraag aan de orde of de lange duur een gevolg is van de problematiek of van tekortschietende hulp. ^{28 p. 26}

Krapte op de arbeidsmarkt ^{27 p. 6}

De kosten van het vaak lange indicatie traject overstijgen nogal eens die van de uiteindelijke ingezette hulp. ^{29 p. 18}

De wachttijd tot de daadwerkelijke hulpverlening duurt lang waardoor de problemen kunnen verergeren of veranderen, waardoor een nieuwe indicatie vereist is. ^{29 p. 18}

De tweedelijns zorg is sterk afgeschermd van de eerste lijn, waardoor de continuïteit in het hulpproces in gevaar komt. ^{29 p. 18}

Kennis en expertise uit de tweede lijn zijn nauwelijks inzetbaar in de eerste lijn. ^{29 p. 18}

De verschillende indicatietrajecten hebben als gevolg dat kinderen in de 'kokers' van de geïndiceerde hulp terecht komen: of jeugdhulpverlening, of jeugd-licht verstandelijk gehandicaptenzorg, of jeugd – geestelijke gezondheidszorg. ^{29 p. 18}

De jeugd-geestelijke gezondheidszorg en de jeugd-licht verstandelijk gehandicaptenzorg nemen in het stelsel een aparte positie in. ^{29 p. 18}

Het speciaal onderwijs vormt een 'eigen koker' met een aparte financieringsstroom, terwijl het vaak om dezelfde kinderen gaat ^{29 p. 18}

In de praktijk van de jeugdzorg worden kinderen vaak heen en weer gestuurd tussen eerste en tweedelijns hulp. ^{29 p. 18}

Er is geen ene toegang voor wat betreft de integratie van de toegang tot de provinciale jeugdzorg, jeugd-LVG en jeugd-GGZ. ^{30 p. 10}

Er is nog geen integrale aanpak van geïndiceerde jeugdzorg. ^{30 p. 10}

In de praktijk leveren de gescheiden financieringsstromen veel knelpunten op. ^{30 p. 10}

Door de wachtlijst problematiek en het ontbreken van de beoogde integratie bij de toegang en zorguitvoering wordt het recht op jeugdzorg onvoldoende gerealiseerd.^{30 p. 11}

De juiste financiële prikkels ontbreken.^{30 p. 11}

Er is te weinig financiële beheersbaarheid.^{30 p. 11}

Er wordt te snel doorverwezen naar professionele instellingen, ouders worden onvoldoende aangesproken op hun eigen verantwoordelijkheid en de sociale omgeving wordt onvoldoende benut.
^{31 p. 2-3}

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Appendix 2: Concourse on solutions

147 statements on solutions

De rol van de scholen als vindplaats van jongeren met problemen verdient een meer prominente plaats. ^{1 p. 9}

Meer aandacht te komen in de opleiding van huisartsen, leerkrachten en andere professionals die met kinderen en gezinnen werken voor het onderkennen van opvoedings- en ontwikkelingsrisico's en voor succesvolle, bewezen methodieken ^{1 p. 9}

Effectiviteit van de jeugdzorg moet worden verbeterd. Omdat er steeds meer bewijs komt voor de effectiviteit en kosteneffectiviteit van preventieve acties en vroegtijdige interventies, ^{1 p. 9}

In de opleidingen meer aandacht moet worden besteed aan het herkennen van kindermishandeling, omdat de deskundigheid op dit gebied thans te kort schiet dan wel ontbreekt. ^{1 p. 9}

Er moet daarom worden overgegaan op een minimum van verantwoording en een maximum in vertrouwen in de professionaliteit van de hulpverlener. ^{1 p. 9}

De werkgroep meent dat het voorkomen van dreigende ernstige gedragsproblematiek en vroegtijdige interventie bij bestaande ontwikkelingsstoornissen de kansen van kinderen op maatschappelijk participatie in de toekomst sterk kan vergroten. ^{1 p. 12}

De onderzoeksfuncties van het Algemeen Meldpunt Kindermishandeling (AMK) en de Raad voor de Kinderbescherming kunnen volgens de werkgroep worden samengevoegd. De werkgroep vindt dat er een oplossing moet worden gevonden voor de overlap tussen de onderzoeksfuncties van deze instanties; ^{1 p. 20}

Meer naar de voorkant van de keten ^{2 p. 8}

Meer aansluiten op de civil society en andere instituten in de samenleving ^{2 p. 8}

Meer aaneenkoppelen van bevoegdheden en budget rond concrete jongeren en hun gezin ^{2 p. 8}

Verminderen van vertraging en stappen in de keten ^{2 p. 8}

Minder algemeen preventie en meer gefocust op risicogroepen ^{2 p. 23}

Andere vormen van communicatie met oudere jeugd voor preventie ^{2 p. 10}

Meer inschakelen van de reële pedagogische civil society, met name sport en scholen/kinderopvang bij preventie ^{2 p. 10}

Krachtig case management door de hele keten heen , vanaf de voorkant. ^{2 p. 10}

Weg van voortgaande verambtelijking van de uitvoering ^{2 p. 10}

Een systeem van bestuurlijke kaders, heldere rolverdeling door de hele keten en een zeer professioneel, streng klimaat voor de uitvoering met veel discretionaire bevoegdheden in individuele gevallen ^{2 p. 10-11}

Opheffen bureau jeugdzorg^{2 p. 14}

Verder ontwikkelen CJG^{2 p. 14}

Boor de drijfveer van jongeren aan om uit de zorg te komen, om op eigen benen te staan.^{2 p. 16}

De zorgprofessional moet weer dominant en sturend vooraan worden gezet.^{2 p. 16}

Geen indicatie maar toetsing achteraf (kengetallen per professional).^{2 p. 16}

Alleen evidence based zorg van dure en tweedelijnszorg^{2 p. 16}

Herijking van preventieve zorg^{2 p. 18}

Vertrouw meer op de vitaliteit en veerkracht van de jeugd^{2 p. 18}

Heldere taakverdeling, ook tussen publiek en privaat^{2 p. 22}

Opsporen en communiceren met de doelgroep en hun ouders vergt een heel andere cultuur van contactleggen en overtuigen^{2 p. 24}

Professionals die bevoegdheden heeft door de keten heen^{2 p. 30}

Meer professionaliteit betekent meer zelfstandigheid van de individuele professional tot een eigen inschatting en diagnose en tot direct zelfstandig of teamgericht initiatief en handelen: meer discretionaire bevoegdheid.^{2 p. 32}

Inzetten op een krachtige, individuele, doortastende profesionaliteit^{2 p. 33}

Een degelijke, voorgeschreven, geprotocoliseerde, dubbelgecheckte en gereguleerde ambtelijkheid.^{2 p. 33}

Zet in op kwalitatief goede kaders^{2 p. 33}

Goede check and balances^{2 p. 33}

Borging van een echt professionele cultuur met discretionaire bevoegdheden^{2 p. 33}

Spreek voortaan voor het hele domein van Zorg voor Jeugd. Een nieuwe start vergt een nieuwe term. Veel van de oude onderdelen zullen nog blijven bestaan, met hun oude naam en hun, soms niet zo goede, imago^{2 p. 35}

Zet in op een professionele dienst op lokaal en/of regionaal niveau met voldoende zelfstandigheid en een echte professionele cultuur; pas de HRM-systemen en de binnengemeentelijke sturing hierop aan.^{2 p. 35}

Schaf parallel de ambtelijke indicatiestelling af en vervang die door een systeem van professionele diagnose en behandeling enerzijds en lokale/regionale budgetbeheersing en inkoopsturing naar duurdere zorg anderzijds; het lijkt er zeker op dat dit tot versnelling van de doorlooptijden en tot kostenbesparing moet kunnen leiden;^{2 p. 35}

Laat dat laatste (inkoop) niet alleen over aan economen en inkopers, maar bouw ook een zorgwetenschappelijke toets in⁵³. Om ook rendement te verdienen, niet alleen kosten te reduceren^{2 p. 35}

Regel het case ownership vanaf de voorkant (de eerste professional, liefst met de hoogste medische kwalificaties) door de hele keten^{2 p. 35}

Maak een scherp onderscheid in de publieke as en het private aanbod; de publieke as levert geen hulp of zorg zelf, de private as doet niet alle ketenmanagement en diagnoses nog eens dunnetjes over; dit vergt waarschijnlijk strakkere echelonnering van de hele keten^{2 p. 35}

De publieke as doet de collectieve preventie^{2 p. 36}

Organiseer binnen de publieke as collectieve preventie los van sturingstaken in de curatieve keten^{2 p. 36}

Benoem expliciet de verantwoordelijkheid van het ondersteunen van de (pedagogische) civil society, los of zelfs tegen de aanzuigende werking van de professionele keten. Goed alternatief zou in de WMO-hoek gezocht kunnen worden; vooral aandacht voor de samenwerking met scholen, kinderopvang en sport^{2 p. 36}

Maak het fundament van het CJG, als de voorkant van de publieke as en de keten, veel steviger.^{2 p. 36}

De diverse organisaties die voor de jeugdzorg verantwoordelijk zijn moeten de handen ineenslaan "om gezamenlijk voor een verantwoord resultaat te zorgen, ook in ieder individueel geval." (red. zet de klant echt centraal in je managementmodel en praat er niet alleen over)³

Brenninkmeijer signaleert een gebrek aan 'commitment' bij de voor de jeugdzorg verantwoordelijke organisaties om gezamenlijk op te trekken. (red. men blijft de coördinatiemechanismen maar zoeken in structuuroplossingen (alles onder 1 dak) en meer ICT (centraal kind dossier)³

De oorzaak hiervan moet gezocht worden in de verschillende lagen en bevoegdheden, financieringsstromen en machtsstructuren. "Er blijven slechts individuele medewerkers over, die vaak jong en onervaren zijn en werken in een organisatie waar het management vaak tekort kan schieten."³

Werken volgens richtlijnen leidt tot de best mogelijke zorg^{4 p. 6}

Vaker gebruik maken van innovatieve interventies als e-health^{4 p. 6}

Het rendement van ingrepen wetenschappelijk vaststellen/beoordelen^{4 p. 6}

Internet gebruiken als communicatie middel met de jeugd.^{4 p. 10}

Zo veel mogelijk behandelen en begeleiden in de eigen omgeving^{4 p. 6}

Organisaties moeten beter aansluiten op de vragen van ketenpartners en cliënten^{4 p. 6}

Bestuurlijke borging van samenwerking op regionaal niveau om wederzijdse verwachtingen te expliceren^{4 p. 6}

De jeugd GGZ moet in de huidige inbedding blijven, waarbij zorg en behandeling een verzekerd recht zijn voor ieder kind, jeugdige en gezin die deze zorg nodig heeft.^{4 p. 7}

Indicatie als procesbenadering, waarbij nadrukkelijker wordt gezocht naar oplossingsmogelijkheden binnen het eigen gezin/netwerk van de cliënt en waarbij het beoogde eindresultaat meer centraal staat.^{5 p. 10}

Het opheffen van het recht op jeugdzorg^{5 p. 11}

Verbeteringen die te maken hebben met deskundigheid, effectieve methodieken, cultuur en samenwerking.^{5 p. 11}

De wet moet hiervoor randvoorwaarden creëren en professionals de ruimte hebben om tot verdere verbetering te komen^{5 p. 169}

Een herwaardering van de mogelijkheid tot het voeren van vijf gesprekken in BJZ-verband en anderen^{5 p. 27}

Pleiten voor acceptatie van de gegroeide situatie, waarbij dat wat verloren is gegaan (de laagdrempelige directe hulp) wordt opgepakt door de CJG's.^{5 p. 27}

Om allochtone gezinnen beter te bereiken dan nu gebeurt, achten deze respondenten het noodzakelijk om de drempel te verlagen en preventiever op te treden. Instanties in het voor veld zoals consultatiebureaus, peuterspeelzalen, kinderopvang, onderwijs en politie leiden idealiter toe naar het BJZ.^{5 p. 28-29}

Sommige cliënten vinden daarom dat het gedwongen kader afzonderlijk van het BJZ georganiseerd moet worden.^{5 p. 34}

Bij de toegang van BJZ kan volgens hen een nog betere selectie plaatsvinden van zaken die ofwel bij de toegang thuishoren, ofwel AMK-onderzoek vergen.^{5 p. 36}

Wij zodanig aan te passen dat het werken met één dossier mogelijk wordt. BJZ ervaart in de praktijk dat, als bijvoorbeeld het AMK onderzoek doet naar aanleiding van een vermoeden van kindermishandeling of bij de uitvoering van de ondertoezichtstelling, zij van beroepskrachten niet altijd de gevraagde noodzakelijke informatie ontvangt. In het kader hiervan wordt er in de praktijk wel gepleit voor een wettelijk recht op informatie voor BJZ bij vermoedens van kindermishandeling en bij de uitvoering van de ondertoezichtstelling^{5 p. 37}

Verschillende vertegenwoordigers van zorgaanbieders bepleiten een verhoging van de leeftijd waarop een OTS geldt van 18 naar 21 of zelfs 23 jaar.^{5 p. 38}

Ook door geïnterviewden uit de jeugdzorg wordt aangegeven dat wanneer de productie gemeten wordt aan de hand van het aantal cliënttrajecten in plaats van aan het aantal indicaties, een deel van de tijd die nu aan indicaties wordt besteed kan worden ingezet voor case-management. Men veronderstelt dat hiermee doelmatiger kan worden gewerkt. Het accent van het werk van de BJZ-medewerker zou dan niet langer liggen op het stellen van indicaties, maar op de concrete begeleiding van cliënten en cliënttrajecten^{5 p. 51}

Soms blijkt ter zitting of uit nadere rapportage dat andere zorg meer aangewezen is. Dan kan deze eis de zaak vertragen. Kinderrechters geven in de interviews aan dat de omzetting van een dergelijk

advies in een indicatie ter plekke meer recht zou doen aan vraagsturing en bureaucratie zou beperken.^{5 p. 54}

De RMO en RVZ (2009) constateren dat de neiging bestaat om het beleid te concentreren op wat professionals voor (probleem)gezinnen kunnen doen, terwijl er ook veel mogelijkheden zijn om gunstige voorwaarden te scheppen die er voor zorgen dat burgers meer voor elkaar gaan betekenen. De jeugdsector kan hieraan bijdragen door zich niet alleen op de ouders als individu, maar ook op het kind en de sociale context van ouders en kind te richten.^{5 p. 58}

Het samenvoegen van de verschillende financieringsstromen zou volgens verschillende geïnterviewde vertegenwoordigers van zorgaanbieders, provincies en BJZ's veel problemen oplossen.^{5 p. 60}

Andere respondenten denken dat betere samenwerkingsafspraken (zo nodig onder druk van het Rijk) over en weer voldoende zou moeten zijn.^{5 p. 60}

Sommige geïnterviewde betrokkenen bij jeugdzorg zien het afrekenen van samenwerkingsverbanden op resultaten van cliënttrajecten als een mogelijkheid om integraal aanbod dichterbij te brengen.^{5 p. 67}

Ze bepleiten het echt centraal plaatsen van de cliënt en de professional waarmee het niet nodig zou zijn om maatregel op maatregel te stapelen om risico's, die inherent zijn aan het werk in deze sector, te minimaliseren.^{5 p. 79}

BJZ's en CJG's zouden met elkaar moeten afspreken hoe ze gaan zorgen voor duidelijkheid (zowel voor het kind als voor elkaar) over de geboden hulpverlening in elk stadium van het traject.^{5 p. 81} Belemmeringen waaraan volgens het Integraal Toezicht Jeugdzaken het Rijk een bijdrage kan leveren om deze weg te nemen hebben vooral te maken met leeftijdsgrenzen, privacyregelingen en beschikbaarheid informatie.^{5 p. 82}

In dit sturingsadvies is voorgesteld om eerstelijns taken zoals opvoedingsondersteuning, jeugdgezondheidszorg, licht ambulante begeleiding en functies op het gebied van AMK in een CJG onder te brengen. Gemeenten zouden verantwoordelijk moeten zijn voor de algehele regie in het jeugdbeleid, zowel wat de algemene en preventieve taken als wat de verbindingen met de specialistische taken betreft. Deze verantwoordelijkheid zou bij voorkeur berusten bij de wethouder Jeugd.^{5 p. 82}

Sommige vertegenwoordigers van BJZ's en zorgaanbieders signaleren doublures tussen de onderzoeken van het AMK en die van de Raad. Een deel van de mensen met deze opvatting vindt dat er geen noodzaak is tot het voortbestaan van twee afzonderlijke organisaties (waarbij overigens het onderscheid in functies van BJZ en Raad wel degelijk zinvol wordt geacht).^{5 p. 88}

De jeugdzorg hervorm je niet duurzaam door 'grand design'-achtige tekentafel reorganisaties, maar door van onderop al doende te leren van successen en fouten, gebruikmakend van de kennis en passie in de uitvoering⁶

Een sterke opvoedcontext waarbinnen jeugdigen en gezinnen worden geholpen waar dat kan.^{7 p. 4}

Goed toegeruste professionals met voldoende handelingsruimte.^{7 p. 4}

Vindplaats- en contextgerichte inzet van hulp en ondersteuning.^{7 p. 4}

Samenhangend aanbod van hulp uit alle domeinen.^{7 p. 4}

Voldoende en lokaal snel beschikbare opvang in crisissituaties^{7 p. 4}

Verantwoordelijkheden en budgeten worden zo lokaal mogelijk belegd.^{7 p. 4}

Structurele aandacht voor opvoeden en opgroeien in het beleid van de instelling: preventie en versterken van eigen kracht en zelfredzaamheid van kinderen en gezinnen krijgen prioriteit en nadruk in de organisatie.^{7 p. 5}

Instellingen moeten professionals ondersteunen in een nieuwe manier van werken door kennisontwikkeling en vaardigheidstraining.^{7 p. 6}

Wegnemen institutionele belemmeringen in capaciteit, financiering, verantwoordingssystematiek en toegang tot zorg.^{7 p. 6}

Professionele regie (samenwerkingsafspraken, coördinatie en afstemming).^{7 p. 6}

Resultaatverantwoording aan de hand van integrale indicatoren, op het niveau van jeugdige en gezin en op niveau van de gemeente^{7 p. 6}

(door)Ontwikkeling van de Centra voor Jeugd en Gezin^{7 p. 6}

Het ontwikkelen van een methodiek voor een adequate inschatting 'aan de voorkant'
Verbinden van visie met beleid en praktijk: focus op het versterken van de ondersteuning in 'het dagelijkse leven'^{7 p. 6}

Verbinden van de transitie van de jeugdzorg, het preventief jeugdbeleid, de invoering van Passend onderwijs en de toeleiding naar de arbeidsmarkt^{7 p. 6}

Verminderen van het aantal sturende en regisserende actoren (lokale regie op de jeugdketen)
Jeugdzorg beleidsmatig en in de uitvoering integreren in het bredere gemeentelijk takenpakket (welzijn, onderwijs, WMO, AWBZ, schuldhulpverlening, re-integratie/arbeidstoeleiding, veiligheid)^{7 p. 6}

Heldere afspraken met alle samenwerkingspartners over financiering en verantwoording^{7 p. 6}

Een adequate afweging van wat lokaal wel en niet kan worden geboden aan zorg voor de jeugd (bovenlokale) Samenwerkingsafspraken met zorgaanbieders over de benodigde inzet van zorg^{7 p. 6}

Een methodiek om proces, resultaten en effecten in beeld te brengen en te beoordelen of de beoogde doelstelling wordt bereikt^{7 p. 6}

Vorm regio's van voldoende omvang om de noodzakelijke samenwerking op het terrein van tweede en derde compartiment gestalte te geven. Sluit hierbij aan bij grote steden, kerngemeenten, provincies, GGD's, of veiligheidsregio's. Bed dit bestuurlijk en financieel gedegen en op niet-vrijblijvende manier in.^{8 p. 31}

Maak afspraken over het volume en de samenhang van onderwijs- en jeugdzorgvoorzieningen in de drie compartimenten.^{8 p. 31}

Leg een expliciete verbinding tussen de functies van het CJG en de ZAT's als het gaat om de rol van deze instituties in de drie compartimenten en ten opzichte van elkaar.^{8 p. 31}

Haal de ambulante jeugdzorg die past binnen het eerste compartiment achter de indicatie van bureau jeugdzorg vandaan.^{8 p. 32}

Verplicht de jeugdzorgaanbieders op gemeenteniveau te rapporteren over de uitgevoerde samenwerkingsvormen en hulpverleningsvormen, de kwantiteit van de uitgevoerde projecten en hun kostprijs en de effecten ervan in een uniform verantwoordingsmodel.^{8 p. 32}

Zorg voor landelijke standaardisatie van rapportage.^{8 p. 32}

Vergroot de toegankelijkheid van de jeugdzorg door aan te sluiten bij bestaande, logische ingangen voor de uiteenlopende leeftijds- en doelgroepen.^{8 p. 33}

Optimaliseer de inzet van beschikbare vormen van hulpverleningen alleen waar nodig het aanpassen van het wettelijk stelsel.^{9 p. 9}

Flexibel schakelen tussen en combineren van verschillende hulpvormen kan de effectiviteit aanzienlijk vergroten.^{9 p. 9}

Alle vormen van lichte en zwaardere hulpverlening moet vanaf een vroeg stadium voor de flexibele inzet beschikbaar zijn.^{9 p. 9}

Complicerende en vertragende indicatieprocedures en bekostigingsproblemen moeten worden beëindigd.^{9 p. 9}

Een hulpverlener moet de uitvoeringsregie hebben en collega's met verschillende deskundigheden, zowel uit de eerste als de tweedelij n , kunnen betrekken in het hulpverleningsproces.^{9 p. 9}

De uitvoeringsregie moet berusten bij een medewerker van het centrum voor jeugd en gezin.^{9 p. 10}

De huidige gespecialiseerde provinciaal gefinancierde hulp, de jeugd-GGZ en de jeugd-LVG worden gelijkelijk toegankelijk via een verwijzing vanuit het Centrum voor Jeugd en Gezin (CJG). Daarbij wordt aangegeven dat gespecialiseerde zorg nodig is. Wat er precies aan hulp nodig is, is aan de professionals in deze domeinen ter beoordeling. De (tijdrovende) indicatieprocedures vervallen hiermee.^{9 p. 10}

Harmonisatie van de financiering van deze drie nauw verwante domeinen is wenselijk voor een flexibele inzet van hulp in complexe situaties.^{9 p. 10}

Gemeenten worden op termijn ook verantwoordelijk voor de inkoop van gespecialiseerde jeugdzorg, waarmee de inhoudelijke en financiële relatie tussen de preventie, de vroeghulp en de specialistische hulp tot stand komt. Een voldoende schaal, een duidelijke visie en bestuurlijke samenwerking zijn daarvoor echter noodzakelijk.^{9 p. 10}

Opvoeders zijn op de eerste plaats verantwoordelijk voor het opvoeden en opgroeien van kinderen. Het is daarom van groot belang dat vanuit de jeugdzorg zoveel mogelijk aansluiting wordt gezocht bij de eigen kracht van het gezinssysteem en/of sociale netwerk rond het kind.^{10 p. 5}

Hulp wordt bij voorkeur geboden op en rond plaatsen waar kinderen en opvoeders al vaak komen: kinderopvang, school, consultatiebureau, huisarts etc.^{10 p. 5}

Het belang van vroegsignalering en vroeginterventie wordt door ons onderstreept.^{10 p. 5}

Jeugdzorg is er voor alle kinderen met (ernstige) opvoed- of opgroei problemen, dus voor zowel jonge kinderen als voor oudere kinderen.^{10 p. 5}

Hulpverlening aan jongeren en gezinnen dient één aaneensluitend traject te zijn (één kind, één gezin, én plan) vanuit alle levensdomeinen. Jeugdigen en opvoeders mogen in de samenhang en continuïteit van zorg geen hinder ondervinden van het stelsel.^{10 p. 5}

De overgang van lokale of 1e lijnsvoorzieningen naar 2e lijnsvoorzieningen en tussen verschillende vormen van zorg dient vloeiend te zijn.^{10 p. 5}

Bureau Jeugdzorg richt zich in het verbeterde stelsel op een afgebakende doelgroep, namelijk kinderen met ernstige opvoed- en opgroei problemen waarbij het gezin niet in staat is zelfstandig zorg te zoeken ("niet kunnen") of zorgmijdend gedrag vertoont ("niet willen").^{10 p. 7}

Het indicatiebesluit blijft maar in beperkte vorm behouden: het beschrijft alleen de doelen voor het zorgaanbod, waarop Bureau Jeugdzorg kan sturen. Dit kan echter alleen gerealiseerd worden in samenhang met integraal zorgaanbod (jeugdzorg, jeugd-LVG, jeugd-GGZ). De aard en inhoud van het indicatiebesluit wordt verontbureaucratiseerd (of: van bureaucratische regels en procedures ontdaan) en daarnaast geharmoniseerd met indicatiebesluiten voor het speciaal onderwijs.^{10 p. 7}

De huidige case-manager, gezinsvoogd of jeugdreclasserder van Bureau Jeugdzorg gaat, conform de maatschappelijke verwachtingen, in het gezin daadwerkelijk hulpverleners. Bureau Jeugdzorg verricht daartoe zorgcoördinatie én indien nodig indicatiestelling én case-management voor aanvullende zorg. Deze invulling leidt tot verlaging van de case-load.^{10 p. 7}

Op basis van deze multidisciplinaire diagnostiek wordt één integraal behandelplan opgesteld.^{10 p. 8}
Om samenwerking tussen jeugdzorg, jeugd-LVG en jeugd-GGZ te bevorderen is niet zozeer ontkooking van organisaties nodig, maar wel ontkooking van financieringsstromen. Wij zijn van mening dat voor samenwerking en integraal zorgaanbod één financieringsstroom voor deze drie sectoren noodzakelijk is.^{10 p. 9}

Niet alleen het jeugdzorgaanbod, maar ook Bureau Jeugdzorg en de lokale of 1e lijnsinstanties horen thuis in hetzelfde financieringskader. Hierdoor ontstaat een positieve prikkel voor het inzetten op preventie.^{10 p. 9}

Bij de aansturing van zorg voor jeugdigen dienen zaken als prestatie-indicatoren, outcome en effect een grotere rol te krijgen.^{10 p. 9}

Vroegsignalering: De behandelcentra kunnen aan de jeugdgezondheidszorg en de Centra voor Jeugd en Gezin ondersteuning bieden bij het vergroten van de mogelijkheden van vroegsignalering. Hierbij kunnen instrumenten voor screening worden ingezet en indien nodig kan verder diagnostisch onderzoek plaatsvinden.^{11 p. 4}

Deskundigheidsbevordering: Vanuit de gespecialiseerde jeugdzorg kan een bijdrage worden geleverd aan de deskundigheidsbevordering voor collega's in de eerste lijn.^{11 p. 4}

Consultatie, onderzoek en hulp: Professionals van de orthopedagogische behandelcentra kunnen actief participeren in lokale c.q. regionale netwerken ten behoeve van consultatie, onderzoek en het leggen van een directe verbinding tussen eerstelijns hulp en gespecialiseerde zorg. ^{11 p. 4}

Behandeling: Ambulante behandelprogramma's kunnen worden ingezet in de eerste lijn voor de ondersteuning van kind en gezin met (potentieel) ernstige problematiek. ^{11 p. 4}

Ondersteuning van leerkrachten: Door de orthopedagogische behandelcentra kan ondersteuning worden geboden aan leerkrachten in het basisonderwijs om (beginnende) gedragsproblematiek bij kinderen met een licht verstandelijke beperking hanteerbaar te maken. ^{11 p. 4}

Inroepen ambulante hulp: Professionals in de eerste lijn kunnen de specialistische kennis en ambulante behandeling en begeleiding inschakelen in de thuissituatie. Hiervoor zijn korte lijnen van belang en worden indicatieprocedures vermeden. ^{11 p. 5}

Regie: Per situatie worden bindende afspraken gemaakt over de regievoering bij complexe gezinsproblematiek. Er is één centrale hulpverlener die de verbinding vormt tussen het gezin en andere betrokkenen (vrijwilligers, professionals). ^{11 p. 5}

Netwerk: De gespecialiseerde zorg levert een bijdrage aan het vormen van een steunend sociaal netwerk rondom het gezin. Dit vanuit het perspectief dat het gezin op termijn zo veel mogelijk op eigen kracht en met sociale steun zelfstandig verder kan. ^{11 p. 5}

Residentiële behandeling: De orthopedagogische behandelcentra bieden residentiële behandeling aan kinderen waarbij sprake is van ernstige gedragsproblematiek en waar de gezinssituatie op dat moment onvoldoende veiligheid kan bieden. ^{11 p. 5}

Netwerkonderzoek als voorliggend traject ^{12 p. 4}

Als er onvoldoende kennis is moet de cliënt daar gebracht worden waar de kennis wel aanwezig is. ^{12 p. 4}

Advies en meldpunt kindermishandeling scheiden van het centrum voor jeugd en gezin. ^{12 p. 4}

Ieder CJG heeft cliëntenparticipatie en medezeggenschap, overal op dezelfde manier. ^{12 p. 4}

Ieder kind een plan en ieder kind een eigen plan. ^{12 p. 5}

Een plan vraagt een financieringsstroom en een wettelijk kader, dat voor iedereen waar dan ook woonachtig in Nederland, hetzelfde is. ^{12 p. 5}

Hulpverleners van verschillende organisaties werken met jongeren en ouders samen aan de uitvoering van het kindplan. ^{12 p. 5}

Organisaties zijn geen eigen winkel, hulpverleners zijn verantwoordelijk voor het aanspreken van elkaar met betrekking tot de uitvoering. De ketensamenwerking is optimaal. ^{12 p. 5}

- 1) werkgroep toekomstverkenning jeugdzorg, 2010
- 2) de Waal, 2011
- 3) Jaap, 2009
- 4) Willems, Rietveld, Lahuis, Allertz, Brekelmans, 2011

- 5) Baecke, de Boer, Bremmer, Duenk, Kroon, Loeffen, Mobach, Schuyt, 2009
- 6) Gerritsen, 2012^b
- 7) G32, 2011
- 8) Van Yperen, Stam, 2010
- 9) Commissie zorg om jeugd, 2009
- 10) Jeugdzorg Nederland, 2011
- 11) VOBC LVG, 2011
- 12) LCFJ, 2010

Appendix 3: Data from the Q sorting

Code	EG 1
Leeftijd	32
Geslacht	V
Opleidingsniveau	Universiteit
Opleiding	Algemene sociale wetenschappen
Huidige functie / rol	Beleidsadviseur/ projectleider
Bijzonderheden	

problemen

naam

			C	P	D			
		B	J	V	T	N		
	R	H	O	F	G	L	E	
A	K	U	I	M	X	S	Q	W

meest belemmerend

minst
belemmerend

oplossingen

			XXII	X	IV			
		XVI	XII	XXIV	VII	IXX		
	II	VIII	VI	XXI	V	XIII	IX	
XVII	XI	XX	XVIII	I	III	XIV	XV	XXIII

draagt meest bij

draagt minst bij

Yellow: Bureaucratic
 Blue: Market

Green: Network
 Pink: Professional

Code	EG 2
Leeftijd	36
Geslacht	V
Opleidingsniveau	HBO
Opleiding	SPH
Huidige functie / rol	Teamleider indicatie en planning
Bijzonderheden	Speciaal onderwijs

problemen

naam

			R	V	G			
		X	B	W	A	H		
	U	J	F	P	G	M	D	
L	C	S	I	K	N	E	O	T

meest belemmerend

minst
belemmerend

oplossingen

			XXIV	VIII	X			
		V	XVIII	IV	I	XIX		
	II	XII	VI	III	XXII	IX	VII	
XIV	XI	XVI	XX	XVII	XXI	XXIII	XIII	XV

draagt meest bij

draagt minst bij

Code	EG 3
Leeftijd	46
Geslacht	M
Opleidingsniveau	HBO + VO
Opleiding	Jeugdwelzijnswerk, MWD, MWD-GGZ
Huidige functie / rol	Preventiemedewerker GGZ jeugd, GGZ consulent huisartspraktijk
Bijzonderheden	Vorige functies bij Bureau jeugdzorg oa, ambulant beg bij JAC, team leider, school counselor en maatschappelijk werker bij Bodaer

problemen

naam

			J	C	Q			
		R	F	B	D	E		
	G	X	T	A	S	M	W	
L	V	K	U	H	O	I	P	N

meest belemmerend

minst
belemmerend

oplossingen

			XIII	VI	XXIII			
		XI	I	XXI	XII	III		
	X	IV	XVII	XX	VII	VIII	II	
V	XXII	XVI	IX	XXIV	XIX	XIV	XVIII	XV

draagt meest bij

draagt minst bij

Code	EG 4
Leeftijd	50
Geslacht	M
Opleidingsniveau	academisch
Opleiding	Pedagogiek
Huidige functie / rol	Steunfunctie jeugdzorg Overijssel
Bijzonderheden	

problemen

naam

			B	H	D			
		R	U	J	X	S		
	A	M	L	O	W	E	V	
I	K	F	Q	C	T	G	P	N

meest belemmerend

minst
belemmerend

oplossingen

			IV	XXIV	XVII			
		XIV	XVI	III	VI	XIII		
	XXII	I	V	XIX	VIII	IX	II	
XI	X	XVIII	XX	XII	VII	XXI	XV	XXIII

draagt meest bij

draagt minst bij

Code	EG 5
Leeftijd	25
Geslacht	V
Opleidingsniveau	MBO
Opleiding	SPW activiteitenbegeleider
Huidige functie / rol	Moeder
Bijzonderheden	Lid cliëntenraad RIBW en cliëntenraad BJZ

problemen

naam

			G	F	Q			
		U	X	M	C	P		
	N	J	H	L	S	K	A	
B	R	D	T	O	E	I	V	W

meest belemmerend

minst
belemmerend

oplossingen

			VII	VIII	VI			
		X	XX	XVII	II	XXI		
	XI	I	IV	XXII	XXIII	IX	XV	
XIV	XVI	XII	XXIV	XVIII	XIX	XIII	V	III

draagt meest bij

draagt minst bij

Code	EG 6
Leeftijd	55
Geslacht	V
Opleidingsniveau	HBO +
Opleiding	MWD, Management opleiding
Huidige functie / rol	Teamleider jeugd en gezin De Kern
Bijzonderheden	Lid klachten commissie jeugdzorg provincie Overijssel

problemen

naam

			V	H	E			
		B	C	U	W	I		
	X	G	T	J	M	Q	F	
D	P	A	K	R	L	O	S	N

meest belemmerend

minst
belemmerend

oplossingen

			XII	III	IX			
		XIX	XX	XVI	XXIV	XXIII		
	II	XXII	X	VI	IV	VII	I	
XIV	VIII	XI	XVIII	XVII	V	XXI	XIII	XV

draagt meest bij

draagt minst bij

Code	EG 7
Leeftijd	49
Geslacht	V
Opleidingsniveau	HBO
Opleiding	HBO J
Huidige functie / rol	Consulent jeugd en gezin/ coördinator integrale vroeghulp
Bijzonderheden	Is een van de gesprekspartners met de gemeente Zwolle rond jeugdbeleid

problemen

naam

			D	E	I			
		P	O	V	Q	U		
	W	T	L	J	S	N	B	
A	K	M	X	G	R	H	F	C

meest belemmerend

minst
belemmerend

oplossingen

			V	XVII	XII			
		XX	XXI	XVI	XXIV	III		
	XIX	XI	IV	XVIII	VI	XV	VIII	
I	VII	IX	XXII	XIII	X	XXIII	XIV	II

draagt meest bij

draagt minst bij

Code	EG 8
Leeftijd	50
Geslacht	M
Opleidingsniveau	Academisch
Opleiding	Psychologie & bedrijfskunde
Huidige functie / rol	Manager jeugd & autisme
Bijzonderheden	

problemen

naam

			G	V	S			
		X	M	A	F	H		
	P	D	R	U	C	T	B	
K	J	L	W	I	E	O	Q	N

meest belemmerend

minst
belemmerend

oplossingen

			XVII	VI	XXIV			
		XXI	XX	XVI	III	XXIII		
	II	XIX	XI	XXII	X	VIII	XV	
XII	V	VII	IX	IV	XIV	I	XVIII	XIII

draagt meest bij

draagt minst bij

Code	EG 9
Leeftijd	39
Geslacht	V
Opleidingsniveau	HBO+
Opleiding	SPH, IOG opleiding, opleiding tot docent bevoegdheid
Huidige functie / rol	Docent Sociaal Agogisch Werk, ROC Deltion
Bijzonderheden	Zzp-er die begeleiding aanbied via de PGB. Verder gewerkt als groepsleider, family First, iog

problemen

naam

			S	N	I			
		J	X	K	C	L		
	E	Q	V	P	U	O	H	
G	D	T	M	B	R	A	F	W

meest belemmerend

minst
belemmerend

oplossingen

			XIII	IX	XXIII			
		XXII	VII	XXIV	XIX	II		
	XI	XVIII	IV	XVI	XX	XII	I	
VI	XVII	X	VIII	V	III	XV	XIV	XXI

draagt meest bij

draagt minst bij

Code	EG 10
Leeftijd	41
Geslacht	M
Opleidingsniveau	HBO+
Opleiding	MEAO, psychiatrisch verpleegkunde, voortgezet management opleiding
Huidige functie / rol	Afdelingsmanager bedrijfsvoering
Bijzonderheden	Afkomstig uit de volwassenenzorg

problemen

naam

			V	L	G			
		P	A	D	M	T		
	C	U	F	E	I	W	O	
X	B	K	R	J	Q	H	N	S

meest belemmerend

minst
belemmerend

oplossingen

			XXIII	X	VI			
		XIII	III	IX	XVIII	I		
	XVI	IV	XIX	XXII	VII	V	XX	
XI	XXIV	XVII	XV	XXI	XIV	XII	II	VIII

draagt meest bij

draagt minst bij

Code	EG 11
Leeftijd	42
Geslacht	M
Opleidingsniveau	HBO certificaten
Opleiding	MEAO, politie academie, management opleiding
Huidige functie / rol	Voorzitter stichting Byou
Bijzonderheden	Manager educatie bij consultatie bureau

problemen

naam

			K	L	I			
		F	H	Q	U	V		
	E	G	A	B	J	X	O	
D	P	R	C	T	N	M	S	W

meest belemmerend

minst
belemmerend

oplossingen

			XXIV	V	VII			
		XXII	III	XIX	XII	XV		
	IV	VI	I	XVI	XVII	XIII	II	
XI	X	XVIII	XXI	XIV	VIII	XX	XXIII	IX

draagt meest bij

draagt minst bij

Code	EG 12
Leeftijd	28
Geslacht	V
Opleidingsniveau	MBO+
Opleiding	SPW niv 4 bezig met MWD
Huidige functie / rol	Integraal trajectbegeleider 1000 jongeren plan
Bijzonderheden	Voormalig groepsbegeleidster Trias

problemen

naam

			I	D	G			
		M	A	T	P	U		
	J	H	R	S	X	Q	V	
F	L	E	K	B	O	N	C	W

meest belemmerend

minst
belemmerend

oplossingen

			XX	II	XV			
		X	XXII	XVI	XXIV	IV		
	XIV	III	XII	XIX	XXI	XIII	VIII	
I	XI	XVIII	VI	VII	XVII	XXIII	V	IX

draagt meest bij

draagt minst bij

Code	EG 13
Leeftijd	45
Geslacht	M
Opleidingsniveau	Academisch
Opleiding	Rechten daarna bachelor geschiedenis
Huidige functie / rol	Wethouder jeugdzaken
Bijzonderheden	

problemen

naam

			F	J	D			
		V	M	G	E	O		
	A	B	L	P	Q	W	H	
K	C	R	U	X	T	S	I	N

meest belemmerend

minst
belemmerend

oplossingen

			VII	I	XVIII			
		X	V	IV	XI	XV		
	XXII	III	XX	XXIV	IX	VI	XII	
XIV	XVI	XIX	XVII	II	XIII	VIII	XXI	XXIII

draagt meest bij

draagt minst bij

Code	EG 14
Leeftijd	50
Geslacht	M
Opleidingsniveau	HBO+
Opleiding	HSAO pedagogiek, verpleegkunde en management opleidingen
Huidige functie / rol	Teamleider van 4 basisteams dagbehandeling en ambulante begeleiding te Kampen, Rijssen, Steenwijk en Zwolle
Bijzonderheden	Gewerkt in de GGZ zorg specialisme; autisme, zowel volwassenen als jeugd

problemen

naam

			I	V	G			
		U	R	L	W	O		
	A	M	P	C	X	S	N	
K	J	F	E	B	D	H	Q	T

meest belemmerend

minst
belemmerend

oplossingen

			XVIII	XXIV	XII			
		X	XVI	V	XIX	VIII		
	XI	VI	XXII	XVII	XIII	IX	II	
XIV	I	XXI	XX	IV	VII	XV	III	XXIII

draagt meest bij

draagt minst bij

Code	EG 15
Leeftijd	44
Geslacht	V
Opleidingsniveau	MBO
Opleiding	MDGO VZ
Huidige functie / rol	pleegmoeder
Bijzonderheden	

problemen

naam

			C	X	O			
		R	D	J	I	U		
	K	E	T	P	B	A	H	
G	F	Q	M	W	S	N	L	V

meest belemmerend

minst
belemmerend

oplossingen

			XXI	XXII	I			
		III	XIII	XX	XII	XIX		
	XVIII	XXIII	IX	IV	XIV	X	II	
XVII	XXIV	VII	VIII	VI	XVI	XV	XI	V

draagt meest bij

draagt minst bij

Code	EG 16
Leeftijd	46
Geslacht	M
Opleidingsniveau	HBO+
Opleiding	Agrarisch pedagogisch hogeschool, special educational needs
Huidige functie / rol	pleegvader
Bijzonderheden	

problemen

naam

			D	U	C			
		E	P	J	M	A		
	I	Q	R	T	G	H	W	
F	S	X	K	O	B	V	N	L

meest belemmerend

minst
belemmerend

oplossingen

			XII	XVII	II			
		V	IV	XI	XX	XV		
	XIX	XIII	VII	VIII	XIV	XXII	IX	
XVIII	X	I	XXIV	XXI	XVI	III	XXIII	VI

draagt meest bij

draagt minst bij

Code	EG 17
Leeftijd	46
Geslacht	V
Opleidingsniveau	HBO+
Opleiding	HBO J, VO social works
Huidige functie / rol	Behandel coördinator IPG
Bijzonderheden	Tot twee jaar terug Praktijkleider geweest bij BJZ

problemen

naam

			V	O	E			
		M	W	B	T	S		
	A	L	D	R	Q	J	C	
G	K	F	H	X	I	U	N	P

meest belemmerend

minst
belemmerend

oplossingen

			I	V	XXIV			
		XII	XVII	XX	XXII	XVI		
	XVIII	VI	XIX	XIV	VII	III	VIII	
IX	XXI	X	XIII	IV	XXIII	XI	XV	II

draagt meest bij

draagt minst bij

Code	EG 18
Leeftijd	35
Geslacht	V
Opleidingsniveau	Academisch
Opleiding	MWD, Cultuur organisatie en management
Huidige functie / rol	Coördinator uitstroom profiel Jeugdzorgwerker bij de opleiding SPH
Bijzonderheden	Heeft in de jeugdzorg gewerkt in verschillende functies.

problemen

naam

			R	T	D			
		P	J	I	Q	L		
	C	F	U	G	S	V	X	
K	A	B	M	E	W	O	N	H

meest belemmerend

minst
belemmerend

oplossingen

			XXIV	V	XXIII			
		XIV	VIII	XVII	III	XXI		
	X	XIII	XII	XVIII	VII	XXII	XI	
I	IV	II	XX	VI	XIX	XVI	IX	XV

draagt meest bij

draagt minst bij

Code	EG 19
Leeftijd	53
Geslacht	V
Opleidingsniveau	HBO+
Opleiding	HBO jeugdwelzijnswerk management cursussen, coachen en gestart met opleiding tot systeemtherapeut
Huidige functie / rol	Behandel coördinator IPG
Bijzonderheden	Achtergrond op de groep in LVG, als speltherapeut en bodearcentrum

problemen

naam

			E	M	T			
		F	P	V	J	X		
	R	W	L	O	H	I	U	
K	A	D	G	Q	S	N	B	C

meest belemmerend

minst
belemmerend

oplossingen

			XIII	XXI	XVI			
		VI	XXIII	X	XX	XVIII		
	IX	IV	XIX	XII	XXII	XI	VII	
XV	XVII	I	III	XIV	XXIV	V	II	VIII

draagt meest bij

draagt minst bij

Appendix 4: Unrotated factor matrix: Obstacles

Unrotated Factor Matrix
 Factors

	1	2	3	4	5	6	7
SORTS							
1 EG1	0.5265	0.0872	-0.2878	0.1269	0.0424	-0.1931	0.0771
2 EG2	0.1573	0.1426	-0.5068	-0.1592	0.1305	-0.0573	0.3807
3 EG3	0.4311	0.1362	0.0588	-0.3548	0.0688	-0.5865	0.0938
4 EG4	0.6075	-0.1031	-0.2461	0.3321	0.0710	-0.3287	-0.1332
5 EG5	-0.1286	0.4478	0.1198	0.1582	-0.0958	-0.3919	0.2486
6 EG6	0.3790	0.3258	0.2523	-0.4325	0.1723	0.1433	0.0932
7 EG7	0.2409	-0.5989	0.2362	-0.3228	0.2333	0.3557	-0.0914
8 EG8	0.6831	-0.0800	0.2129	-0.3390	0.0751	0.1675	0.2206
9 EG9	-0.0072	0.3249	0.7042	-0.0638	-0.2674	0.1578	0.1210
10 EG10	0.6061	0.6331	-0.1365	-0.2684	0.2392	0.0247	0.1047
11 EG11	0.3565	0.3134	0.4389	0.3108	0.1842	0.0562	0.1284
12 EG12	0.3697	-0.0959	0.1389	0.4374	0.0925	-0.3029	0.2413
13 EG13	0.8260	0.3480	-0.1580	-0.2597	0.0988	-0.1031	-0.2800
14 EG14	0.8578	-0.0355	-0.2642	0.0807	0.0286	0.0872	0.1803
15 EG15	0.2924	0.1323	0.4582	0.3106	0.1502	0.2267	-0.1203
16 EG16	0.1100	0.1450	0.0791	0.4241	0.0905	0.2504	0.1296
17 EG17	0.4581	-0.3688	0.2511	-0.0738	0.0855	-0.3638	-0.2684
18 EG18	0.7209	0.2545	-0.1826	0.2473	0.0690	0.2892	-0.2074
19 EG19	0.5362	-0.5039	0.4509	0.0496	0.2056	0.0491	-0.2223
Eigenvalues	4.7056	1.9583	1.9200	1.4922	0.3944	1.2925	0.7119
% expl.Var.	25	10	10	8	2	7	4

Appendix 5: Obstacles four factors

Statistical outcome after rotating the data of 19 Q sorts on obstacles.

A factor matrix after rotating with four factors

Significance $p = 0.05$

Factor Matrix with an X Indicating a Defining Sort

Loadings				
QSORT	1	2	3	4
1 EG1	0.1910	0.0150	-0.0084	0.5890X
2 EG2	0.1823	-0.1896	-0.3985	0.3151
3 EG3	0.5404X	0.1633	-0.0210	0.1206
4 EG4	0.0065	0.1713	0.1031	0.7145X
5 EG5	0.0734	-0.4132X	0.2712	-0.0825
6 EG6	0.6912X	0.0707	0.1220	-0.0536
7 EG7	0.0736	0.7408X	-0.1095	-0.1027
8 EG8	0.5760X	0.4911	0.1010	0.2239
9 EG9	0.3129	-0.0142	0.5833X	-0.4089
10 EG10	0.7966X	-0.2583	0.0518	0.3934
11 EG11	0.2071	-0.0326	0.6669X	0.1608
12 EG12	-0.1248	0.1766	0.4025	0.3844
13 EG13	0.7580X	0.0547	0.0114	0.5641
14 EG14	0.3367	0.2680	0.0232	0.7922X
15 EG15	0.0846	0.0961	0.6184X	0.1030
16 EG16	-0.1389	-0.1430	0.3582	0.2263
17 EG17	0.1407	0.5894X	0.1495	0.1577
18 EG18	0.3139	-0.0344	0.2256	0.7269X
19 EG19	0.0618	0.7717X	0.3497	0.1603
% expl.Var.	15	12	10	16

Correlations Between Factor Scores

	1	2	3	4
1	1.0000	0.2105	0.2960	0.5841
2	0.2105	1.0000	0.1374	0.2534
3	0.2960	0.1374	1.0000	0.1377
4	0.5841	0.2534	0.1377	1.0000

Appendix 6: Factor arrays: study on obstacles, significance 0.01

Factor Array -- For Factor 1

No.	Statement	No.	Z-SCORES
14	14 rechters onjuist oordeel	14	1.976
19	19 ondanks controle toch incidenten	19	1.694
15	15 recht op privacy belemmert	15	1.329
9	9 samenleving weinig vertrouwen	9	1.060
8	8 jeugd moeilijk te bereiken	8	1.011
23	23 optimale zorg onbetaalbaar	23	0.964
17	17 afschuifcultuur	17	0.689
20	20 controle kwaliteit hulpverlener lastig	20	0.502
5	5 te veel management	5	0.324
13	13 leeftijdsriteria verschillen	13	0.180
6	6 onvoldoende samenwerking ketenpartners	6	0.001
10	10 te veel verantwoording	10	0.000
12	12 preventievlak onderontwikkeld	12	-0.048
7	7 regels belangrijker dan hulpverlening	7	-0.049
4	4 organisatiebelangen boven jongeren	4	-0.366
18	18 wisselende hulpverleners	18	-0.599
21	21 te snel professionele zorg	21	-0.640
22	22 baten kosten preventiebeleid in onbalans	22	-0.736
16	16 financiering gunstig cliënten vasthouden	16	-0.868
1	1 versnippering sectoren	1	-1.060
24	24 incidenten grote invloed	24	-1.323
2	2 angst te zware zorg	2	-1.329
11	11 versnippering van financiering	11	-1.335
3	3 opvoedingsproblemen medicalisering	3	-1.377

Factor Array -- For Factor 2

No.	Statement	No.	Z-SCORES
3	3 opvoedingsproblemen medicalisering	3	2.130
2	2 angst te zware zorg	2	1.598
21	21 te snel professionele zorg	21	1.351
14	14 rechters onjuist oordeel	14	1.065
9	9 samenleving weinig vertrouwen	9	0.819
8	8 jeugd moeilijk te bereiken	8	0.779
19	19 ondanks controle toch incidenten	19	0.533
24	24 incidenten grote invloed	24	0.326
10	10 te veel verantwoording	10	0.286
17	17 afschuifcultuur	17	0.246
6	6 onvoldoende samenwerking ketenpartners	6	0.167
22	22 baten kosten preventiebeleid in onbalans	22	0.000
20	20 controle kwaliteit hulpverlener lastig	20	-0.206
15	15 recht op privacy belemmert	15	-0.246
5	5 te veel management	5	-0.286
7	7 regels belangrijker dan hulpverlening	7	-0.286
13	13 leeftijdsriteria verschillen	13	-0.493
12	12 preventievlak onderontwikkeld	12	-0.533
18	18 wisselende hulpverleners	18	-0.612
16	16 financiering gunstig cliënten vasthouden	16	-0.779
4	4 organisatiebelangen boven jongeren	4	-0.819
23	23 optimale zorg onbetaalbaar	23	-1.311
1	1 versnippering sectoren	1	-1.844
11	11 versnippering van financiering	11	-1.884

Factor Array -- For Factor 3

No.	Statement	No.	Z-SCORES
22	22 baten kosten preventiebeleid in onbalans	22	1.642
23	23 optimale zorg onbetaalbaar	23	1.231
15	15 recht op privacy belemmert	15	1.180
19	19 ondanks controle toch incidenten	19	1.180
14	14 rechters onjuist oordeel	14	0.821
21	21 te snel professionele zorg	21	0.821
12	12 preventievlak onderontwikkeld	12	0.770
24	24 incidenten grote invloed	24	0.615
9	9 samenleving weinig vertrouwen	9	0.564
8	8 jeugd moeilijk te bereiken	8	0.462
13	13 leeftijdscriteria verschillen	13	0.359
10	10 te veel verantwoording	10	0.308
2	2 angst te zware zorg	2	0.257
1	1 versnippering sectoren	1	0.205
20	20 controle kwaliteit hulpverlener lastig	20	-0.257
17	17 afschuifcultuur	17	-0.513
3	3 opvoedingsproblemen medicalisering	3	-0.564
16	16 financiering gunstig cliënten vasthouden	16	-0.923
11	11 versnippering van financiering	11	-1.077
18	18 wisselende hulpverleners	18	-1.129
6	6 onvoldoende samenwerking ketenpartners	6	-1.385
5	5 te veel management	5	-1.436
4	4 organisatiebelangen boven jongeren	4	-1.487
7	7 regels belangrijker dan hulpverlening	7	-1.642

Factor Array -- For Factor 4

No.	Statement	No.	Z-SCORES
14	14 rechters onjuist oordeel	14	1.847
8	8 jeugd moeilijk te bereiken	8	1.142
20	20 controle kwaliteit hulpverlener lastig	20	1.093
19	19 ondanks controle toch incidenten	19	0.956
24	24 incidenten grote invloed	24	0.900
22	22 baten kosten preventiebeleid in onbalans	22	0.818
15	15 recht op privacy belemmert	15	0.804
17	17 afschuifcultuur	17	0.709
4	4 organisatiebelangen boven jongeren	4	0.562
23	23 optimale zorg onbetaalbaar	23	0.562
7	7 regels belangrijker dan hulpverlening	7	0.553
12	12 preventievlak onderontwikkeld	12	0.178
5	5 te veel management	5	0.087
16	16 financiering gunstig cliënten vasthouden	16	-0.091
2	2 angst te zware zorg	2	-0.498
3	3 opvoedingsproblemen medicalisering	3	-0.507
18	18 wisselende hulpverleners	18	-0.722
21	21 te snel professionele zorg	21	-0.795
10	10 te veel verantwoording	10	-0.869
9	9 samenleving weinig vertrouwen	9	-0.873
13	13 leeftijdscriteria verschillen	13	-0.956
6	6 onvoldoende samenwerking ketenpartners	6	-1.124
1	1 versnippering sectoren	1	-1.687
11	11 versnippering van financiering	11	-2.089

Appendix 7: Crib sheets: study on obstacles

The crib sheet was invented by Watts and is a helping aid to systematically and methodologically approach a factor interpretation. A crib sheet contains four categories of statements. These are the highest and lowest ranked statement of the factor and those statements that are ranked higher or lower in a factor than by any of the other study factors Watts and Stenner, 2012, pp. 150-153).

Notice: A plus means that the statement is less obstructive then a minus

Factor 1

Item ranked at -4

3 opvoedingsproblemen medicalisering

Items ranked lower in factor 1 than in other factor arrays

2 angst te zware zorg (-3, 22)

24 incidenten grote invloed (-2, 21)

22 baten kosten preventiebeleid in onbalans (-1, 18)

Items ranked higher in factor 1 than in other factor arrays

1 versnippering sectoren (-2, 20)

5 te veel management (+1, 9)

6 onvoldoende samenwerking ketenpartners (0, 11)

9 samenleving weinig vertrouwen (+2, 4)

13 leeftijdscriteria verschillen (+1, 10)

15 recht op privacy belemmert (+3, 3)

17 afschuifcultuur (+1, 7)

18 wisselende hulpverleners (-1, 16)

19 ondanks controle toch incidenten (+3, 2)

Item ranked +4

14 rechters onjuist oordeel

Rest

4 organisatiebelangen boven jongeren

7 regels belangrijker dan hulpverlening

8 jeugd moeilijk te bereiken

10 te veel verantwoording

11 versnippering van financiering

12 preventieve kant onderontwikkeld

16 financiering gunstig cliënten vasthouden

20 controle kwaliteit hulpverlener lastig

21 te snel professionele zorg

23 optimale zorg onbetaalbaar

Factor 2

Item ranked at -4

11 versnippering van financiering

Items ranked lower in factor 1 than in other factor arrays

1 versnippering sectoren (-3, 23)

12 preventieve kant onderontwikkeld (-1, 18)

15 recht op privacy belemmert (0, 14)

16 financiering gunstig cliënten vasthouden (-2, 20)

19 ondanks controle toch incidenten (+1, 7)

23 optimale zorg onbetaalbaar (-3, 22)

Items ranked higher in factor 1 than in other factor arrays

2 angst te zware zorg (+3, 2)

6 onvoldoende samenwerking ketenpartners (0, 11)

10 te veel verantwoording (+1, 9)

21 te snel professionele zorg (+3, 3)

Item ranked +4

3 opvoedingsproblemen medicalisering

Rest

4 organisatiebelangen boven jongeren

5 te veel management

7 regels belangrijker dan hulpverlening

8 jeugd moeilijk te bereiken

9 samenleving weinig vertrouwen

13 leeftijdsriteria verschillen

14 rechters onjuist oordeel

17 afschuifcultuur

18 wisselende hulpverleners

20 controle kwaliteit hulpverlener lastig

22 baten kosten preventiebeleid in onbalans

24 incidenten grote invloed

Factor 3

Item ranked at -4

7 regels belangrijker dan hulpverlening

Items ranked lower in factor 1 than in other factor arrays

4 organisatiebelangen boven jongeren (-3, 23)

5 te veel management (-3, 22)

8 jeugd moeilijk te bereiken (+1, 10)

14 rechters onjuist oordeel (+2, 6)

17 afschuifcultuur (-1, 16)

18 wisselende hulpverleners (-2, 20)

20 controle kwaliteit hulpverlener lastig (-1, 15)

Items ranked higher in factor 1 than in other factor arrays

11 versnippering van financiering (-2, 19)

12 preventieve kant onderontwikkeld (+1, 7)

23 optimale zorg onbetaalbaar (+3, 2)

Item ranked +4

22 baten kosten preventiebeleid in onbalans

Rest

1 versnippering sectoren (+3, 23)

2 angst te zware zorg (-3, 2)

3 opvoedingsproblemen medicalisering

6 onvoldoende samenwerking ketenpartners (0, 11)

9 samenleving weinig vertrouwen

10 te veel verantwoording (-1, 9)

13 leeftijdscriteria verschillen

15 recht op privacy belemmert (0, 14)

16 financiering gunstig cliënten vasthouden (+2, 20)

19 ondanks controle toch incidenten (-1, 7)

21 te snel professionele zorg (-3, 3)

24 incidenten grote invloed

Factor 4

Item ranked at -4

11 versnippering van financiering

Items ranked lower in factor 1 than in other factor arrays

1 versnippering sectoren (-3,23)

6 onvoldoende samenwerking ketenpartners (-3, 22)

9 samenleving weinig vertrouwen (-2, 20)

10 te veel verantwoording (-2, 19)

13 leeftijdscriteria verschillen (-2, 21)

21 te snel professionele zorg (-1, 18)

Items ranked higher in factor 1 than in other factor arrays

4 organisatiebelangen boven jongeren (+1, 10)

7 regels belangrijker dan hulpverlening (0, 11)

8 jeugd moeilijk te bereiken (+3, 2)

16 financiering gunstig cliënten vasthouden (0, 14)

20 controle kwaliteit hulpverlener lastig (+3, 3)

24 incidenten grote invloed (+2, 5)

Item ranked +4

14 rechters onjuist oordeel

Rest

2 angst te zware zorg

3 opvoedingsproblemen medicalisering

5 te veel management

12 preventieve kant onderontwikkeld

15 recht op privacy belemmert

17 afschuifcultuur

18 wisselende hulpverleners

19 ondanks controle toch incidenten

22 baten kosten preventiebeleid in onbalans

23 optimale zorg onbetaalbaar

Appendix 8: Unrotated factor matrix: study on solutions

Unrotated Factor Matrix
 Factors

	1	2	3	4	5	6	7
SORTS							
1 EG1	0.5436	-0.2739	0.2082	0.3194	0.0179	0.0477	0.1392
2 EG2	0.5958	-0.5344	0.2254	0.1700	0.0744	0.1290	-0.1591
3 EG3	0.4235	0.3717	-0.1779	0.3734	-0.3247	0.1604	0.0004
4 EG4	0.8861	0.3204	0.1599	-0.1908	-0.1825	0.1299	-0.0067
5 EG5	0.6620	-0.0105	0.1678	-0.0715	0.1168	0.0214	-0.1251
6 EG6	0.5351	-0.5221	0.3092	-0.0239	-0.1208	0.1727	0.0143
7 EG7	0.2240	0.5757	-0.3763	0.0731	-0.1242	0.2380	-0.1108
8 EG8	0.2511	-0.3117	-0.3386	0.3570	-0.2490	0.1440	-0.1641
9 EG9	0.1690	0.2265	0.3082	0.3533	-0.0608	0.0769	0.5036
10 EG10	-0.0441	0.5456	0.3408	0.2170	-0.0912	-0.2390	-0.1129
11 EG11	0.6216	0.4317	0.3168	0.0199	0.0442	0.1256	0.0716
12 EG12	0.5436	0.0103	0.2831	-0.1913	0.2917	0.0953	-0.3858
13 EG13	0.4494	0.0381	0.1041	-0.1902	-0.3335	0.1116	-0.1302
14 EG14	0.7606	0.3087	0.0262	0.0072	0.3041	0.0688	-0.2452
15 EG15	-0.2693	0.1459	0.1130	0.0423	0.1857	-0.0438	0.2982
16 EG16	0.4046	0.1235	-0.2850	-0.2122	0.0421	0.0919	0.2903
17 EG17	0.0638	0.4231	-0.3598	0.1794	0.3674	0.1813	0.0142
18 EG18	0.3417	-0.0525	-0.1311	-0.3729	0.4577	0.1943	0.2997
19 EG19	-0.3803	0.4794	-0.0268	0.0351	0.0997	-0.1093	-0.2146
Eigenvalues	4.4472	2.3830	1.1759	0.9097	0.9437	0.3672	0.9064
% expl.Var.	23	13	6	5	5	2	5

Appendix 9: Statistical data: study on solution, four factors extracted

Factor Matrix with an X Indicating a Defining Sort (significance 0.05)

Loadings				
QSORT	1	2	3	4
1 EG1	0.2928	0.6097X	-0.0558	0.2352
2 EG2	0.3395	0.7319X	-0.2589	0.0485
3 EG3	0.2200	0.1897	0.5771X	0.2669
4 EG4	0.9779X	0.1469	0.2523	0.1000
5 EG5	0.6144X	0.3013	0.0232	0.0532
6 EG6	0.4036	0.5822X	-0.3911	-0.0184
7 EG7	0.1823	-0.1826	0.6793X	0.0210
8 EG8	-0.1338	0.5632X	0.2353	-0.1092
9 EG9	0.1319	0.0843	0.0862	0.5175X
10 EG10	0.1099	-0.3146	0.1507	0.5737X
11 EG11	0.6985X	0.0154	0.2024	0.3799
12 EG12	0.6109X	0.1498	-0.1150	0.0590
13 EG13	0.4876X	0.1029	0.0005	-0.0456
14 EG14	0.6981X	0.1983	0.3605	0.1338
15 EG15	-0.1654	-0.2312	-0.0459	0.1596
16 EG16	0.3659	0.0566	0.2988	-0.2807
17 EG17	-0.0275	-0.1134	0.5737X	0.0441
18 EG18	0.3869	0.0398	0.0184	-0.3523
19 EG19	-0.2094	-0.4991X	0.2155	0.1924
% expl.Var.	20	12	10	6

Factor Array -- For Factor 1

No.	Statement	No.	Z-SCORES
23	voer AWBZ pakketten in	23	1.925
15	vergoed alleen evidence based methodieken	15	1.432
2	hulpverlener mag recht op zorg bepalen	2	1.405
9	heldere regels indicatiestelling	9	1.095
13	bevoegdheden helder vast leggen	13	0.983
21	screening systeem alle kinderen	21	0.838
8	partners beoordelen elkaar	8	0.565
17	eenduidigheid in regelgeving	17	0.443
7	stel smart doelen op als overheid	7	0.432
6	geest van de wet leidend, niet letter	6	0.335
3	reken org af op behaalde resultaten	3	0.063
12	werkveld instroom berekenen	12	0.031
19	overheid geef aan wat je verwacht	19	0.020
24	samen met werkveld prioriteiten vast stellen	24	-0.025
5	gemeente een preventieplan maken	5	-0.315
20	met werkveld c/j versterken	20	-0.435
4	met werkveld beleidskaders vaststellen	4	-0.470
16	betrek scholen etc bij opstellen beleid	16	-0.527
18	gemotiveerd af mogen wijken van regels	18	-0.923
1	verplicht samenwerken	1	-1.033
14	casemanager die traject regelt	14	-1.098
22	train leraren signaleren problemen	22	-1.364
10	goede scholing en professionalisering hulpverleners	10	-1.457
11	clinten bepalen zelf wie zorg levert	11	-1.920

Factor Array -- For Factor 2

No.	Statement	No.	Z-SCORES
15	vergoed alleen evidence based methodieken	15	2.298
13	bevoegdheden helder vast leggen	13	1.707
23	voer AWBZ pakketten in	23	1.429
9	heldere regels indicatiestelling	9	1.043
1	verplicht samenwerken	1	0.926
7	stel smart doelen op als overheid	7	0.491
4	met werkveld beleidskaders vaststellen	4	0.409
3	reken org af op behaalde resultaten	3	0.316
19	overheid geef aan wat je verwacht	19	0.302
21	screening systeem alle kinderen	21	0.217
10	goede scholing en professionalisering hulpverleners	10	0.195
24	samen met werkveld prioriteiten vast stellen	24	-0.069
6	geest van de wet leidend, niet letter	6	-0.157
22	train leraren signaleren problemen	22	-0.234
18	gemotiveerd af mogen wijken van regels	18	-0.294
17	eenduidigheid in regelgeving	17	-0.349
5	gemeente een preventieplan maken	5	-0.656
8	partners beoordelen elkaar	8	-0.719
16	betrek scholen etc bij opstellen beleid	16	-0.740
20	met werkveld cjb versterken	20	-0.757
14	casemanager die traject regelt	14	-0.908
12	werkveld instroom berekenen	12	-1.068
11	cliënten bepalen zelf wie zorg levert	11	-1.486
2	hulpverlener mag recht op zorg bepalen	2	-1.897

Factor Array -- For Factor 3

No.	Statement	No.	Z-SCORES
2	hulpverlener mag recht op zorg bepalen	2	2.276
15	vergoed alleen evidence based methodieken	15	1.759
8	partners beoordelen elkaar	8	1.663
3	reken org af op behaalde resultaten	3	1.227
14	casemanager die traject regelt	14	1.135
23	voer AWBZ pakketten in	23	0.873
24	samen met werkveld prioriteiten vast stellen	24	0.436
12	werkveld instroom berekenen	12	0.086
18	gemotiveerd af mogen wijken van regels	18	0.006
16	betrek scholen etc bij opstellen beleid	16	-0.004
6	geest van de wet leidend, niet letter	6	-0.092
13	bevoegdheden helder vast leggen	13	-0.354
17	eenduidigheid in regelgeving	17	-0.354
7	stel smart doelen op als overheid	7	-0.425
20	met werkveld cjb versterken	20	-0.519
11	cliënten bepalen zelf wie zorg levert	11	-0.523
4	met werkveld beleidskaders vaststellen	4	-0.616
22	train leraren signaleren problemen	22	-0.618
10	goede scholing en professionalisering hulpverleners	10	-0.626
19	overheid geef aan wat je verwacht	19	-0.777
21	screening systeem alle kinderen	21	-0.788
5	gemeente een preventieplan maken	5	-0.972
1	verplicht samenwerken	1	-1.392
9	heldere regels indicatiestelling	9	-1.401

Factor Array -- For Factor 4

No.	Statement	No.	Z-SCORES
2	hulpverlener mag recht op zorg bepalen	2	1.523
1	verplicht samenwerken	1	1.466
20	met werkveld c/jg versterken	20	1.253
12	werkveld instroom berekenen	12	1.196
14	casemanager die traject regelt	14	1.139
21	screening systeem alle kinderen	21	1.082
8	partners beoordelen elkaar	8	1.039
5	gemeente een preventieplan maken	5	0.655
15	vergoed alleen evidence based methodieken	15	0.214
7	stel smart doelen op als overheid	7	0.057
9	heldere regels indicatiestelling	9	0.000
19	overheid geef aan wat je verwacht	19	-0.057
3	reken org af op behaalde resultaten	3	-0.057
23	voer AWBZ pakketten in	23	-0.057
18	gemotiveerd af mogen wijken van regels	18	-0.214
22	train leraren signaleren problemen	22	-0.541
10	goede scholing en professionalisering hulpverleners	10	-0.541
6	geest van de wet leidend, niet letter	6	-0.755
4	met werkveld beleidskaders vaststellen	4	-0.925
13	bevoegdheden helder vast leggen	13	-0.925
16	betrek scholen etc bij opstellen beleid	16	-0.982
24	samen met werkveld prioriteiten vast stellen	24	-0.982
17	eenduidigheid in regelgeving	17	-1.466
11	clienten bepalen zelf wie zorg levert	11	-2.121

Appendix 10: Factor arrays: study on solutions, significance 0.05

Factor Array -- For Factor 1

No.	Statement	No.	Z-SCORES
23	voer AWBZ pakketten in	23	1.970
9	heldere regels indicatiestelling	9	1.476
15	vergoed alleen evidence based methodieken	15	1.456
2	hulpverlener mag recht op zorg bepalen	2	1.162
13	bevoegdheden helder vast leggen	13	1.066
8	partners beoordelen elkaar	8	0.621
21	screening systeem alle kinderen	21	0.475
7	stel smart doelen op als overheid	7	0.355
3	reken org af op behaalde resultaten	3	0.262
17	eenduidigheid in regelgeving	17	0.192
19	overheid geef aan wat je verwacht	19	0.159
5	gemeente een preventieplan maken	5	0.113
12	werkveld instroom berekenen	12	0.050
6	geest van de wet leidend, niet letter	6	-0.085
24	samen met werkveld prioriteiten vast stellen	24	-0.103
20	met werkveld c/j versterken	20	-0.344
4	met werkveld beleidskaders vaststellen	4	-0.434
16	betrek scholen etc bij opstellen beleid	16	-0.661
18	gemotiveerd af mogen wijken van regels	18	-0.846
1	verplicht samenwerken	1	-1.125
22	train leraren signaleren problemen	22	-1.146
14	casemanager die traject regelt	14	-1.220
10	goede scholing en professionalisering hulpverleners	10	-1.423
11	cliënten bepalen zelf wie zorg levert	11	-1.970

Factor Array -- For Factor 2

No.	Statement	No.	Z-SCORES
15	vergoed alleen evidence based methodieken	15	1.645
13	bevoegdheden helder vast leggen	13	1.567
4	met werkveld beleidskaders vaststellen	4	0.910
17	eenduidigheid in regelgeving	17	0.885
23	voer AWBZ pakketten in	23	0.877
24	samen met werkveld prioriteiten vast stellen	24	0.832
3	reken org af op behaalde resultaten	3	0.666
16	betrek scholen etc bij opstellen beleid	16	0.621
11	cliënten bepalen zelf wie zorg levert	11	0.493
9	heldere regels indicatiestelling	9	0.347
1	verplicht samenwerken	1	0.256
10	goede scholing en professionalisering hulpverleners	10	0.211
6	geest van de wet leidend, niet letter	6	0.103
19	overheid geef aan wat je verwacht	19	0.033
18	gemotiveerd af mogen wijken van regels	18	-0.008
14	casemanager die traject regelt	14	-0.058
22	train leraren signaleren problemen	22	-0.186
21	screening systeem alle kinderen	21	-0.422
20	met werkveld c/j versterken	20	-1.203
7	stel smart doelen op als overheid	7	-1.249
12	werkveld instroom berekenen	12	-1.381
8	partners beoordelen elkaar	8	-1.397
5	gemeente een preventieplan maken	5	-1.542
2	hulpverlener mag recht op zorg bepalen	2	-1.997

Factor Array -- For Factor 3

No.	Statement	No.	Z-SCORES
2	hulpverlener mag recht op zorg bepalen	2	2.275
8	partners beoordelen elkaar	8	1.673

15	vergoed alleen evidence based methodieken	15	1.636
3	reken org af op behaalde resultaten	3	1.204
14	casemanager die traject regelt	14	1.171
23	voer AWBZ pakketten in	23	0.904
24	samen met werkveld prioriteiten vast stellen	24	0.469
12	werkveld instroom berekenen	12	0.100
16	betrek scholen etc bij opstellen beleid	16	0.070
6	geest van de wet leidend, niet letter	6	-0.033
18	gemotiveerd af mogen wijken van regels	18	-0.105
13	bevoegdheden helder vast leggen	13	-0.300
17	eenduidigheid in regelgeving	17	-0.300
10	goede scholing en professionalisering hulpverleners	10	-0.430
22	train leraren signaleren problemen	22	-0.532
11	clients bepalen zelf wie zorg levert	11	-0.534
4	met werkveld beleidskaders vaststellen	4	-0.567
20	met werkveld cjb versterken	20	-0.604
7	stel smart doelen op als overheid	7	-0.606
21	screening systeem alle kinderen	21	-0.804
5	gemeente een preventieplan maken	5	-0.832
19	overheid geef aan wat je verwacht	19	-0.941
9	heldere regels indicatiestelling	9	-1.406
1	verplicht samenwerken	1	-1.508

Appendix 11: Crib sheets: study on solutions

The crib sheet was invented by Watts and is a helping aid to systematically and methodologically approach a factor interpretation. A crib sheet contains four categories of statements. These are the highest and lowest ranked statement of the factor and those statements that are ranked higher or lower in a factor than by any of the other study factors Watts and Stenner, 2012, pp. 150-153).

Notice: A plus means that the statement is less obstructive then a minus

Factor 1

Item ranked at -4

- 11 cliënten bepalen zelf wie zorg levert

Items ranked lower in factor 1 than in other factor arrays

- 3 reken org af op behaalde resultaten (+1, 9)
- 4 met werkveld beleidskaders vaststellen (-1, 17)
- 6 geest van de wet leidend, niet letter (0, 14)
- 10 goede scholing en professionalisering hulpverleners (-3, 23)
- 14 casemanager die traject regelt (-3, 22)
- 15 vergoed alleen evidence based methodieken (+3, 3)
- 16 betrek scholen etc bij opstellen beleid -1, 18)
- 18 gemotiveerd af mogen wijken van regels (-2, 19)
- 22 train leraren signaleren problemen (-2, 21)
- 24 samen met werkveld prioriteiten vast stellen (-1, 15)

Items ranker higher in factor 1 than in other factor arrays

- 5 gemeente een preventieplan maken (0, 12)
- 7 stel smart doelen op als overheid (+1,8)
- 9 heldere regels indicatiestelling (+3, 2)
- 19 overheid geef aan wat je verwacht (0, 11)
- 20 met werkveld cjb versterken (-1, 16)
- 21 screening systeem alle kinderen (+1, 7)

Item ranked at +4

- 23 voer AWBZ pakketten in

Rest

- 1 verplicht samenwerken
- 2 hulpverlener mag recht op zorg bepalen
- 8 partners beoordelen elkaar
- 12 werkveld instroom berekenen
- 13 bevoegdheden helder vast leggen
- 17 eenduidigheid in regelgeving

Factor 2

Item ranked at -4

- 2 hulpverlener mag recht op zorg bepalen

Items ranked lower in factor 2 than in other factor arrays

- 5 gemeente een preventieplan maken (-3,23)
- 7 stel smart doelen op als overheid (-2, 20)
- 8 partners beoordelen elkaar (-3,22)
- 12 werkveld instroom berekenen (-2, 21)
- 20 met werkveld c/j versterken (-2,19)

Items ranked higher in factor 2 than in other factor arrays

- 1 verplicht samenwerken (0,11)
- 4 met werkveld beleidskaders vaststellen (+3,3)
- 10 goede scholing en professionalisering hulpverleners (0,12)
- 11 cliënten bepalen zelf wie zorg levert (+1, 9)
- 13 bevoegdheden helder vast leggen (+3, 2)
- 16 betrek scholen etc bij opstellen beleid (+1, 8)
- 17 eenduidigheid in regelgeving (+2,4)
- 24 samen met werkveld prioriteiten vast stellen (+2,6)

Item ranked at +4

- 15 vergoed alleen evidence based methodieken

Rest

- 3 reken org af op behaalde resultaten
- 6 geest van de wet leidend, niet letter
- 9 heldere regels indicatiestelling
- 14 casemanager die traject regelt
- 18 gemotiveerd af mogen wijken van regels
- 19 overheid geef aan wat je verwacht
- 21 screening systeem alle kinderen
- 22 train leraren signaleren problemen
- 23 voer AWBZ pakketten in

Factor 3

Item ranked at -4

- 1 verplicht samenwerken

Items ranked lower in factor 3 than in other factor arrays

- 9 heldere regels indicatiestelling (-3,23)
- 13 bevoegdheden helder vast leggen (0, 13)
- 15 vergoed alleen evidence based methodieken (+3,3)
- 17 eenduidigheid in regelgeving (0, 13)
- 19 overheid geef aan wat je verwacht (-3, 22)
- 21 screening systeem alle kinderen (-2, 20)
- 23 voer AWBZ pakketten in (+2, 6)

Items ranked higher in factor 3 than in other factor arrays

- 3 reken org af op behaalde resultaten (+2,4)
- 6 geest van de wet leidend, niet letter (+1, 10)
- 8 partners beoordelen elkaar (+3,2)
- 12 werkveld instroom berekenen (0,12)
- 14 casemanager die traject regelt (+2,5)
- 18 gemotiveerd af mogen wijken van regels (0, 11)
- 22 train leraren signaleren problemen (-1, 15)

Item ranked at +4

- 2 hulpverlener mag recht op zorg bepalen

Rest

- 4 met werkveld beleidskaders vaststellen
- 5 gemeente een preventieplan maken
- 7 stel smart doelen op als overheid
- 10 goede scholing en professionalisering hulpverleners
- 11 cliënten bepalen zelf wie zorg levert
- 16 betrek scholen etc bij opstellen beleid
- 20 met werkveld cijf versterken
- 24 samen met werkveld prioriteiten vast stellen