

Buying Social Services

The effect of municipal population size and political preference on the municipal tariffs maintained for buying youth care

Author: A.K.Hiddinga
University of Twente
P.O. Box 217, 7500AE Enschede
The Netherlands

ABSTRACT: Municipalities have gained a lot more responsibility regarding the purchasing and execution of youth care, since the new youth care law has been implemented on January, 2015. Many municipalities have collaborated on the purchasing of youth care products, because they were obliged to or because they wanted to gain from scale benefits. This year the new law has been implemented and therefore municipalities had to make decision regarding the degree of innovation, tariffs, and many more aspects of buying social services. In this paper we analyze different municipal approaches to buying these youth care products, and we analyze the effects of municipal population size and political preference on the variation in tariffs maintained by municipalities for youth care.

Supervisors:
Prof. Dr. Jan Telgen
Niels Uenk, MSc

Keywords

Youth care, Dutch law, Tariffs, Population size, Politics, Collaboration

Permission to make digital or hard copies of all or part of this work for personal or classroom use is granted without fee provided that copies are not made or distributed for profit or commercial advantage and that copies bear this notice and the full citation on the first page. To copy otherwise, or republish, to post on servers or to redistribute to lists, requires prior specific permission and/or a fee.

5th IBA Bachelor Thesis Conference, July 2nd, 2015, Enschede, The Netherlands.

Copyright 2015, University of Twente, The Faculty of Behavioural, Management and Social sciences.

1. INTRODUCTION

In this thesis, I analyze the purchasing of services by municipalities in the Netherlands. To be more precise, these services involve youth care. The past year, the new Youth Law has been introduced, which came with a lot of changes for municipalities. This thesis explores these changes and we analyze the current procurement methods municipalities apply. In 2015, the municipalities became responsible for the youth care and became responsible for purchasing this care. For those products, municipalities often maintain standard tariffs, but those tariffs do vary between the municipal collaborations. In this thesis I analyze whether the population size of municipal collaborations and the political preference has any effect on the tariffs maintained by municipal collaborations.

The thesis first sketches the current situation in the Netherlands and provides some background information on youth care. After this, Chapter 3 explains the research methodology and discusses the procurement scales of municipalities. I also discuss the choice for dependent and independent variables. The hypotheses are tested using linear regression analyses in section 5. Section 6 provides the conclusions, limitations and suggestions for future research.

Me and my partner, M.S.J. Evertzen, have worked together in various parts of this thesis. We have started out together by gathering all the data and reading all the documents. We have made all databases together and only went our separate ways when we started analyzing. Therefore, chapters 1 to 3 are identical in our theses. Chapter 4 also shows some similarities, because we partly use the same variables, but these sections have different focusses for us separately.

2. BUNDLING FORCES, BUYING SOCIAL SERVICES TOGETHER

Almost all responsibility of purchasing social services is being transferred to the individual municipalities in the Netherlands. Since this is a big responsibility, a lot of municipalities have chosen to follow the advice of the state and bundle forces and buy services together. This is often done in municipal collaborations. However, there are more ways to work together. This chapter explains the various ways of working together and also portray what municipalities exactly purchased and how they did this.

On request of the ministries of Interior and Kingdom Relations, the ministry of Finance and the Association of Dutch Municipalities (*Vereniging van Nederlandse Gemeenten*; VNG), the Dutch Bureau for Economic Policy Analysis (CPB) has done research on the three large decentralisations (The Wmo, the Youth Law and the Participation Law) that have taken place in January 2015. In this research, the CPB categorizes the (financial) risks and opportunities, and analyses what instruments can reduce or eliminate these risks (CPB, 2013).

2.1 Advantages of Purchasing Together

According to this research, the most important opportunities for youth care are related to the following points:

2.1.1 Economies of scope

Because of the shifted responsibility, municipalities can better match supply with demand in their region. Integration with other municipal agreements in the social domain can provide synergies.

2.1.2 Effective implementation

Because municipalities are now themselves responsible for the services they provide, they are more conscious about price and volume.

2.1.3 Availability of information

Care can be more streamlined, because municipalities not only have their own information, but they also have data available from other sources of the social domain, such as education.

2.1.4 Freedom of policies

Because municipalities have a certain degree of freedom on how to structure their policies, there will be room for experiments and innovation. Also, because of collaborations, municipalities can learn from each other.

2.2 Disadvantages of Purchasing Together

However, there are also some risks involved when buying services together:

2.2.1 Financial risks

Especially for smaller municipalities, financial risks can accumulate. Because budgets are curtailed and differences in division models can occur, smaller municipalities might not be able to shoulder these risks.

2.2.2 Differences in quality

When municipalities do not have clear descriptions or clear measurability for the quality of the services, it might be the case a race to the bottom can occur, because of policy competition. Monitoring quality is something that remains important.

2.2.3 Availability of information

It is unsure whether municipalities have enough knowledge and expertise to determine what type of care a child needs.

2.2.4 Freedom of policies

There is a risk that the current frame for sufficient quality might go to waste because of the differences in policies between municipalities. It could also risk the learning process, benchmarking and quality monitoring, and hinder the evaluation of the decentralization.

2.2.5 Diseconomies of scope

Because the mental youth care is now the responsibility of the municipalities, there will be a financial border in the mental care and the mental youth care and other medical disciplines.

2.2.6 Diseconomies of scale

Decentralizing youth care hampers the achievement of economies of scales. For a number of specialized types of care, a more central approach is beneficial.

2.3 Paradoxes in collaborative procurement

Collaborative procurement brings dilemmas for the youth care. What degree of freedom should municipalities have? What kind of synergies should be formed? How should finances be managed to warrant quality of care? This requires a great deal of collaboration between individual municipalities (CPB, 2013). There have been agreements made involving the freedom for municipalities and involving agreements municipalities need to follow. These will be discussed in section 3.3.

Collaborations are not only about purchasing together, but also about organizing functions and executing care. There are several advantages, but also some disadvantages municipalities need to overcome. With the decentralizations, the government wants to make the youth care system more simple and make it a better fit with civilians own strength and social networks of youth and caregivers. There will be more emphasis on prevention and lighter forms of care, in order to attempt to cut back on heavier forms of care. Bundling responsibilities to one level can promote and improve collaboration between social workers that work with families. There will remain inspections on the quality

of youth care and nationwide agreements are made (CPB, 2013).

Therefore, it is important to work together, reap benefits and overcome challenges.

2.4 Budgets

Budgets have been divided on the basis of historic criteria, which involves the use of youth care in 2012 per municipality. The 2015 budgets have been adjusted according to these historic numbers, along with the 2015 already established budgets in December 2013 (CPB, 2013; SCP, 2014). Only in 2016, an objective method for dividing budgets will be implemented. When the costs of a certain service are higher than the budget allows, the municipality has to pay for this. Whenever costs are lower, this is in favor of the municipality. Municipalities also have their own income sources, such as local taxes, ground exploitation or administrative expenses (CPB, 2013).

3. YOUTH CARE IN ITS CURRENT FORM

This section will describe youth care in its current form, in 2015.

3.1 Youth care products

There are several different products that entail youth care. Before 2015, the individual municipalities were only responsible for the youth health care and pre-emptive youth policies. Now, in 2015, municipalities are also responsible for crisis care, foster care, ambulant care, residential care, closed youth care (gesloten jeugdzorg), mental youth care (jeugd-GGZ), youth care in relation to criminal law (forensische zorg), care for handicapped youth (jeugd-LVG), support and personal assistance (begeleiding en persoonlijke verzorging), notification centers, youth protection (jeugdbescherming) and youth rehabilitation (jeugd reclassering) (Youth Law, 2015).

At the moment, there are some products that are being purchased nationally (see following paragraph), and some products that are being purchased in other collaborations. We first introduce a categorization of different types of youth care. All municipalities describe the categories they maintain differently. Therefore, we have categorized the products ourselves into logical categories. We explain what products belong to which category (these categories are used throughout the thesis):

1. Ambulant youth care
Help at home, which includes consultation and advise, support for the handicapped, help involving the upbringing, etc.
2. Crisis care
Urgency care, which includes interventions, shelter, care groups, etc.
3. Expertise and care for dependency-relationships
Care and help involving problems with adoption and dependency of children.
4. Forensic help and behavioral interventions
Forensic (medical) care after cases involving sexual harassment, loverboys or human trafficking.
5. Closed youth care
Very specialized types of care in a closed environment
6. Youth protection and rehabilitation
Child and youth protective services, including supervision, custody, support multi-problem families, behavioral measures, etc.

7. Youth mental care
Care for youth with a mental disorder, including treatment for addiction care, protected living but also care for severe dyslexia.
8. Notification centers
Centers clients can go to when they want to inform the appropriate authorities of cases of child abuse or mistreat. (Kindertelefoon, AMHK)
9. Personal support
Care for the handicapped, help with daily activities, but also day-fillinf programs such as camps or day-activities.
10. Foster care
Urgent or non-urgent care for children and youth that are in a situation where their parents cannot take care of them in a good enough manner anymore.
11. Specialized mental youth care
Specialized care for youth with mental disorders; eating disorders, care for the severely handicapped, etc.
12. Entrance to help
One level lower than the notification centers, it mostly involves the general practitioner or school teachers. It also involves prevention.
13. Residential care
Care for youth with a more severe disorder, which requires them to stay in an institution.

3.2 National agreements

Some very specific types of youth care are procured on a national level. This applies to care for which there are only a few suppliers, or when only a small number of clients require this type of care. The VNG makes a couple of national decisions, on behalf of all Dutch municipalities. The executions of these decisions are documented in the National Transition Arrangement (Landelijk Transitie Arrangement; LTA). In addition to this, municipalities make regional transition arrangements on the level of municipal collaborations. This part discusses the national decisions for youth care that have been made by the VNG.

The LTA described the agreements between all municipalities and care providers that are to be considered for national agreements for specialized functions, aimed at the following subjects:

1. Continuity in 2015 for clients that have been provided with care by December 31, 2014, or have an indication for care (and are on a waiting list). The client has the right to maintain the care they got before the changed law, when circumstances remain the same.
2. Continuity of the care-infrastructure in 2015 for clients that need this care.
3. Inventory friction costs, that come with the transformation, and determine measures to limit these costs.
4. Starting points for the intended procedure for the national agreements for specialized functions from 2015 and on.

In summary, the LTA describes the continuity of care and the agreements that have been made about national specialized care. The types of care that are classified as specialized, have been determined on the ground of the number of clients, the offer made by a provider of the type of care and the content of this offer. The following types of care have been classified as specialized and are therefore purchased nationally:

1. Closed youth care (Jeugdzorgplus)

- a. Closed youth care for children under 12 years
 - b. Very intensive short-term observation and stabilisation (Zeer intensieve kortdurende observatie en stabilisatie)
 - c. Closed admission of teen-moms
2. Mental health care (Jeugd-GGZ)
 - a. Eating disorders
 - b. Autism
 - c. Personality disorders
 - d. Care for the deaf and hearing impaired
 - e. Psychotrauma/complex trauma
 - f. Child-and youth psychiatry
 - g. Chronic fatigue
 - h. Adoption and attachment disorders
 3. Forensic youth psychiatry
 4. Expertise and care for violence in autonomy relationships
 5. Observation diagnostics and explorative treatment
 6. Behavioural interventions
 - a. Functional Family Therapy (FFT)
 - b. Multidimensional Treatment Foster Care (MTFC)
 - c. Multidimensional Family Therapy (MDFT)
 - d. Multisystem Therapy (MST)
 - e. Parenting with love and borders (Ouderschap met liefde en grenzen; OLG)
 7. Refusal of nourishment (voedselweigering)
 8. Forensic-medical investigation of minors

(VNG, 2013)

Because these types of care are purchased nationally, we keep them out of our analysis for this bachelor thesis.

3.3 Other agreements

As stated above, municipalities make Regional Transition Arrangements (Regionaal Transitie Arrangement; RTA), in addition to the LTA. These regional arrangements link to the national arrangement (LTA) for the specialized functions. Municipalities also need to take into account these functions in their budgets (VNG, 2013).

All other types of youth care are bought by municipalities who can have their own policies for purchasing, as well as execution of care. Municipalities need to follow certain requirements when they purchase youth care. For certain types of youth care, such as the notification centers (AMHK) or Closed Youth Care (JeugdzorgPlus), collaboration is obligatory, whether this is regional or decentral. Also, municipalities need to stick to the pre-established DBC-codes. These codes make a universal overview of what products are linked to what code. Municipalities can purchase youth care products on the following levels:

- Local: On the level of only one municipality, for example ‘Brunsum’.
- Sub-regional: On the level of about 3-6 municipalities, for example ‘Parkstad’, in which ‘Brunsum’ purchases products.
- Regional: On the level of a pre-determined municipal collaboration, for example ‘Zuid-Limburg’, which entails Parkstad as a sub-regional collaboration.

- Decentral (bovenregionaal): On the level of several municipal collaborations, for example ‘Provincie Limburg’.
- Provincial: On the level of the province
(Sometimes used interchangeable with decentral collaborations)
- National: On the level of the whole country.

4. DATA AND METHODS

This section describes our data collection methods and our data sample. It also describes how we analyzed our individual part. The section includes a description of the sample, an explanation of the data collection methods and a thorough explanation of the dependent and independent factors.

4.1 Setting: The New Youth Care Law in the Netherlands

As stated above, this thesis describes the changes in law and care because of the introduction of a new system that comes with a new youth law.

4.2 Data collection and sample

4.2.1 Data collection

Our data is mainly qualitative and is found in all sorts of documents. We have used purchasing documents, policy documents, national arrangements, evaluations, regional arrangements and local policies to find information about the factors we are researching. We have found these documents on websites such as TenderNed, and on the websites of the municipalities themselves. For TenderNed, we inserted ‘Jeugdzorg’ into the reference bar and clicked out ‘Leveringen’ and ‘Werken’ in the side bar. This way, we only had ‘Diensten’ left, which gave us all the results for youth care services in the Netherlands. When we did not use TenderNed, we used Google with appropriate search terms to find documents we could not find elsewhere. This usually led us to municipal websites, or websites specially organized for purchasing councils. The results included documents for differing types of youth care products for different municipalities. We have also received some documents from municipalities through the personal connections of our supervisor, Niels Uenk. How we have interpreted and displayed this data will be explained in the Methodology part.

4.2.2 Sample

Our data set consists of all municipalities in the Netherlands. In total, the number of municipalities is 393 on January 1st, 2015. This sample is not a random sample. We have gathered as much information we could find on all possible municipalities in the Netherlands. For 34 municipal collaborations, we have found Regional Transition Arrangements with sufficient information to be used in the database for purchasing scales. For 38 municipal collaborations, we have found policy and purchasing documents, giving us information about the factors used in the database about innovation. Which documents we used by which municipality can be found in the Appendix. Because we have not found all information there is available, the sample is not fully representative. However, this is not the goal of this research. The goal is to check for differences in execution throughout the Netherlands. As long as we find results in this domain, our research goal is reached.

Because all municipalities purchase services within one or more collaborations, we work with the VNG categorization. We distinguish between municipal collaborations, and other collaborations. The total number of municipal collaborations is 42. We chose to have the regional viewpoint as a start, because all municipalities are obligated to purchase at least some products

regionally. Therefore, all municipalities are represented in the 42 municipal collaborations. A list of all municipalities with their collaborations can be found in the Appendix.

4.3 Methodology

4.3.1 General methodology

To start our thesis, a database was needed. This database started out small, only displaying the municipalities and their regional and decentral collaborations. We also searched for purchasing documents, policy documents and regional arrangements from the start.

When we had almost all documents, we could really start our research. The first thing we needed was a comprehensive categorization of all youth care products that we could use each time we needed a classification. As stated in section 3.1, all municipalities maintain different categories and different names for types of care. This was very inconsistent throughout all the documents. That is why we made our own classification (mentioned in section 3.1.). We continue to use this classification in all our databases and throughout the thesis.

4.3.2 Purchasing scales

We extended this database to display all forms of youth care on the X-axis, which resulted in 132 separate youth care products, all part of the categories we have described in section 3.2., and all 393 municipalities on the Y-axis. To fill in this database, we used the regional transition arrangements, and sometimes policy documents, the municipalities made available. These documents usually mention what products are purchased in what manner and are therefore of value for this database. We read through all documents separately and manually inserted a letter (e.g. R for regional) into the database. This database provides the scale of purchasing for each municipality, for each youth care product. We have included each possible scale (described in section 3.3) in the database. This database can be found in the Appendix. When everything we could find was filled in, we tallied the number of municipalities that purchased, e.g. ambulant care, in what scale and transformed these numbers into pie diagrams (See the Appendix). With this data, we could see what products are being procured on what scale of purchasing. In general, the following purchasing scales are pursued by municipalities:

Type of care	Main purchasing scale(s)
Ambulant youth care	Local
Crisis care	Decentral
Youth protection and rehabilitation	Regional and decentral
Youth mental care	Regional
Notification centers	Regional and decentral
Personal support	Regional
Foster care	Regional and decentral
Entrance to help	Local
Residential care	Regional and decentral

Table 1. Purchasing scale per type of care

For example, youth mental care is being purchased as follows throughout municipalities:

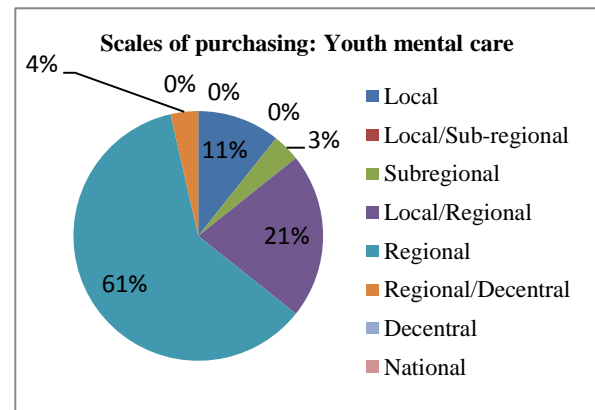


Figure 1. Purchasing scales for youth mental care

This diagram shows that youth mental care is mostly purchased in a regional collaboration, 61%. Whereas, in local/regional collaboration only 21% and 11% locally. For the percentages of municipalities that purchase in what manner for the other youth care products, see the Appendix.

4.3.3 Innovativeness

To define which strategies the municipalities have used to implement the new Youth Care law, we made a second database. This database keeps track of eight factors related to the degree of innovativeness and execution of youth care of the municipal procurement approach. We especially focused on innovativeness as a dependent variable, because we use that later on in our research, see section 4.4 and sections 5 and 6.

In finding all the values for these different factors, we again stripped through all purchasing and policy documents we could find. At first, we looked at websites such as TenderNed and the websites of the municipalities themselves. There were some documents we could not find, so we asked our supervisors to help us find these, using their connections within municipal boards. The collection of this data has been the same as for the purchasing scales.

While reading the documents, we marked in the text whenever we found a value useful for our database. The parameters we use include:

- Type of youth care
As described in section 3.1.
- Categorization of the procurement procedure
The fashion in which municipalities procure their products, this can be done in various ways, such as sending in a tender.
- Discount percentage
The percentage budget or tariff reduction compared to 2014 budgets or tariffs.
- Implementation of discount
How and what is changed in this budget or tariff.
- Innovation (Yes or no)
Do municipalities mention anything about innovating or incentives for innovation?
- Explanation of innovation
If yes, what is mentioned and how is this supposed to be implemented?
- Care providers
Is there only room (or budget) for the current care providers municipalities already have ties with? Or are they open for new providers?
- Risk sharing (Yes or no)
Do municipal collaborations have a policy for sharing risks when financial risks are too great to bear for one small municipality?

We copied this text regarding each parameter into our database in a qualitative manner. We did not codify the values at first, because we did not already have a quantitative classification. In

order to preserve all information possible, we made the values quantitative after we had found all information there is to find. This also counts for the used parameters. Some of the parameters have been left out of account and some parameters have been merged together to make a logical quantitative scale. This will be discussed in section 4.4.

At first we wanted to define different strategy models municipalities could have used, based on the information found in the second database. However, due to lack of information and time, we have decided to leave this part out and focus on our individual part. I therefore do not reflect on the information found in this document but focus on the tariffs maintained by different municipal collaborations. This will be described in the following section.

4.3.4 Tariffs

From here on, we will continue with our individual part.

The focus of my own research is on tariffs maintained by municipalities. To be able to make assumption on the tariffs I have made another database with municipal collaborations on the Y-axis and the tariffs on the X-axis. Because most purchasing documents we have found are of the municipal collaborations, I have decided to also focus on the tariffs of the products which are acquired on that level. Till 2014, the youth care products were categorized by Nza codes, Dutch care authority ('*Nederlandse zorgautoriteit*'). The Nza provided maximum tariffs for those products on a yearly basis. To be able to compare the tariffs maintained by municipalities, I took the Nza maximum tariffs of 2014 as starting point, which I found on the website of the Nza. For the analysis, I compared the tariffs maintained by the municipalities in 2015 relative to the Nza maximum tariff of 2014.

For almost all municipalities, I found the equal discount rates relative to the Nza maximum tariffs 2014 in the purchasing documents or policy documents. I, however, could not find information about the tariffs maintained by 10 municipal collaborations. Therefore in the analysis those municipal collaborations have been left out. Resulting in a data set of 32 municipal collaborations, containing 304 municipalities.

However for the region Twente it was different. They maintain 90% of Nza tariffs for 2012. To make sure that Twente can also be included in the analysis, I found the Nza price list of 2012 and multiplied it with 0,90 to include to 10% discount. This resulted in price list maintained by the municipal collaboration Twente for 2015.

Besides the region Twente, there were six more municipal collaborations that maintained a price list. (Namely: IJssel/Oost Veluwe, West-Brabant Oost, Midden Brabant, Zeeland, Zuidoost Brabant, and Zuidoost Utrecht). For those municipalities I compared five products with the Nza maximum tariffs of 2014 to calculate the discount rate relative to the Nza maximum tariffs. The five products that I will compare for every municipality with a price list are: 1) 'basis GGZ kort', 2) 'basis GGZ intensief', 3) 'diagnostiek', 4) 'crisis', and 5) 'behandeling kort'. Calculations for those municipalities can be found in the Appendix.

From this calculation I concluded that for the first 2 products, the discount rate was different from the last 3 products. For instance the municipal collaboration Midden Brabant maintained a 98% of Nza maximum tariff 2014 for 'basis GGZ kort' and 'basis GGZ intensief', and maintained a 89,9% of Nza maximum tariff 2014 for 'diagnostiek', 'crisis', and 'behandeling kort'. Because those percentages are different, for the analysis I will reason for the average percentage. For the region Twente this is again different, because the tariff for the

first two products could not be found and for the other three products the differences in percentage were significant. This due to the fact that when the Nza provided the new maximum tariffs of the year 2013 and 2014, they did not just use one discount rate for every product, but used different percentages for different youth care products. However for the region Twente, I still take the average discount percentage on the Nza maximum tariff, to be able to include Twente in the analysis.

The municipalities who maintain the same tariffs as last year, 2014, I assumed the tariffs to be 95% of the Nza maximum tariff 2014. This because, according to sources at health care insurers responsible for procurement up to 2015, this is the average tariff offered to health care providers in 2014.

To proceed; I categorized the tariffs into 4 groups, which can be found in the next section. Based on these categories I analyze whether the variation in tariffs maintained by municipal collaborations can be explained by the political preference and the population size of the municipal collaboration, and to which degree this can be explained by those independent variables.

How these numbers have been made into a logical scale classification, will be discussed in section 4.4.2.

4.3.5 Political representation

For this aspect we used the executive-composition of municipalities in 2015. We have arranged this into a slightly different form. Because all municipalities purchase youth care products on regional levels, at smallest (after the local level), we have displayed the political preference per municipal collaboration, instead of per municipality.

First we displayed all the political parties that are represented in the coalition of the municipality, this can be found in the Appendix. After that, we have counted the political representation in the municipal coalition. A list of the political representation in the municipal collaboration is available in the Appendix.

4.3.6 Population

A lot of information about the population of municipalities was already available through our supervisors. Retrieved from the CBS we found a list that included the number of citizens per municipality in January 2014. The information came from the Central Bureau of Statistics. I have copied this list into the database and corrected and added to it where needed.

The database needed some correction on the municipalities. Some municipalities merged on January 1st, 2015. Therefore, I looked again at the data from the Central Bureau of Statistics and merged municipalities that have been newly formed.

Because the number of citizens usually does not change that much throughout the year, I have chosen to just add the numbers of citizens when, for example, two municipalities became one, to calculate that number of citizens. I also had to work with data from 2014, because most data from 2015 is not available yet. In order to keep it consistent, I have chosen to insert all data from 2014. Besides that, municipalities are still continuing purchasing products, so for 2015 the numbers are unknown.

In order to compare it with the tariffs maintained by municipal collaborations, I have added up the populations size of the municipalities for each municipal collaborations, and divided it by the number of municipalities participating in the municipal collaboration. This gives an average population size for each municipal collaboration, which can be found in the Appendix..

4.4 Dependent variable: tariffs maintained by municipal collaborations

The dependent factor tariff needs some conceptualization and operationalization.

4.4.1 Conceptualization

Tariff is a broad concept. Therefore, it is needed to explain it further in this research. Municipalities use different units to charge the care provided. For instance tariff per hour, day or process. Clients get a number of hours/day assigned and the care providers have to supply that care for the agreed tariff. Often, municipalities talk about tariffs they will maintain for their products and what discount rate it has relative to a previous year. Those In my research, I will conceptualize ‘tariffs’ as ‘tariffs maintained by municipal collaborations relative to Nza maximum tariff of 2014’

4.4.2 Operationalization

In order to make this concept measureable, I needed to ensure that all the tariffs could be compared with each other. Therefore, I have decided to make all the data relative to the Nza maximum tariff 2014. Description on how I have done that can be found in section 4.3.3. I have made a classification of the 2 options municipalities appear to have made on which tariffs to maintain. This is made up out of the following values:

1. Maintaining the Nza maximum tariff 2014 as budget ceiling.
2. < 100% of Nza maximum tariff 2014.

The first category displays the municipal collaborations that used the Nza maximum tariff of 2014 as a budget ceiling. For those municipalities, I cannot be sure what the real discount is relative to the Nza maximum tariff 2014. The municipalities within this category will not be used in the analysis. This I further explained in the analysis part. The section category displays the municipalities which maintain a percentage relative to Nza maximum tariff of 2014. For those municipalities, I have a ratio variable, and thus can be used during the analysis.

4.5 Independent variable: Political representation within municipal collaborations.

The first independent variable, political preference, is also quite straightforward, but a bit harder to quantify.

4.5.1 Conceptualization

In the Netherlands, we have a voting system. The citizens of the country vote for the political leaders that will eventually be seated in the Parliament. The amount of votes a certain person, or party, has gathered, is directly linear to the amount of seats this party will get in the House of Representatives. It can be described as a direct, centrally organized voting system. This is, in general, the same for separate municipalities. However, municipalities have a Municipal Board where representatives of political parties take place after being voted for by the citizens of that municipality. Since all municipalities vote separately, there are a lot of different political preferences within municipalities in the Netherlands.

However, in this thesis, we talk mostly about central municipalities. Because most youth care products are purchases throughout central municipalities, the political preferences we use for our research are measured for each municipal collaboration, instead of each municipality. In this thesis, distinction is made between progressive and conservative. In section 5 I analyze what the effect of political representation is on the tariffs maintained by municipal collaborations.

4.5.2 Operationalization

In order to make this concept measureable, I calculated the percentage of conservative and progressive representation within a municipal collaboration.

According to the information of the 2012 ‘Kieskompas’, a tool to help citizens decide which party to vote on, this is the division between progressive and conservative parties:

Conservative		Progressive
Staatskundig Partij (SGP)	Gereformeerde Partij (GPP)	Socialistische Partij (SP)
Partij voor de Vrijheid (PVV)	Christen Uni (CU)	Partij voor de Dieren (PvdD)
Christenlijk Appèl (CDA)	Democratisch	Vijftig Plus Partij (50+)
Volkspartij voor Vrijheid en Democratie (VVD)		Partij van de Arbeid (PvdA)
		GroenLinks (GL)
		Democraten 1966 (D66)

Table 2. Conservative political parties vs. progressive political parties

I have looked at the conservative and progressive representation of political parties in the municipal coalition. Percentages can be found in the Appendix. When calculating those percentages, the local political parties have been left out, because those are different for each municipality. Therefore, the analysis only includes the established parties, and do the percentages not add up to 100%, but the numbers we have are comprehensive now.

4.5.3 Hypothesis

Conservative political parties characterize themselves because they do not like to make changes. Whereas, progressive political parties do and are mostly innovative. Relating to tariffs, you could say that conservative municipalities will not make radical changes relating to tariffs and thus maintain a higher percentage of Nza maximum tariffs 2014. Therefore, my hypothesis is:

H1: ‘‘The higher the percentage of conservative representation within a municipal collaborations, the lower the discount rate on the Nza maximum tariff 2014.’’

4.6 Independent variable: Size of the municipal population

The second independent variable, population size, is very straightforward.

4.6.1 Conceptualization

The concept ‘population size’ in this thesis, relates to the number of people that reside in a certain municipal collaboration. A list of these numbers can be found in the Appendix.

4.6.2 Operationalization

This concept is already quantitative. Therefore, I have decided to not change anything with this variable. In order to preserve the nature of the variable, a ratio variable, I used the raw quantitative numbers that tell us the population per municipal collaboration. For each municipal collaboration I have calculated the average population size per municipality and that number is used for the analysis.

4.6.3 Hypothesis

I expect municipal collaborations with smaller population size to have smaller budgets for youth care and therefore, they might keep the tariffs as low as possible to be able to provide enough care.

Therefore, my hypothesis is:

H1: “The bigger the population, the lower the discount rate on the Nza maximum tariff 2014.”

5. RESULTS

This section describes the results of a regression analysis between the dependents and independent variables.

In order to test my hypotheses, I use a regression analysis. In order to accurately prove my hypotheses, I need to analyse whether there is a significant effect of independent variables on the dependent variable that proves my hypotheses are correct.

5.1 Statistics

There are 393 municipalities in the Netherlands collaboration in 42 municipal collaborations. For most municipalities we only found one purchasing document describing regional bought care. Sometimes we found multiple documents. However the percentage of the Nza maximum tariff 2014 found in the documents were the same for the municipal collaboration. However for 10 municipal collaborations I could not found the tariffs they maintained during the year 2015. Of the 32 municipal collaborations, there were 9 municipal collaborations that used a 100% Nza maximum tariff of 2014 as a budget ceiling. Because I cannot be sure what the exact rate of Nza maximum tariff 2014 is they maintained, I did not include those municipalities in the regression analysis. Resulting that I only used the municipal collaborations that fall within category 2, 3, and 4 of the categorization I made in section 4.4.2. Therefore, in my analysis, the sample will consist of 23 municipal collaborations, which are 231 municipalities. The dataset used for the linear

	N	Mean	Std. Deviation
% Nza maximum tariff 2014	23	92,0522%	5,64131%
Population	23	953,73556	658,0858617 21622900
%con	23	43,1609%	11,37308%
Valid N	23		

Table 3. Descriptive statistics of the data sample

I will perform two linear regression analyses. Those analyses will be as follows.

1. Percentage conservative representation in municipal coalition vs. dependent variable tariffs.
2. Population size vs. dependent variable tariffs.

5.2 Testing the assumptions for linear regression analysis

Certain assumptions need to be checked, before making linear a regression analysis. The analyses are conducted using SPSS, meaning only significant predictors are taken into the calculation.

5.3 Regression analysis: Conservative representations vs. tariffs

To test the hypothesis whether or not the political preference has influence on the tariffs maintained by the municipal collaborations, I made a linear regression analysis. For this linear regression analysis I used the percentage Nza maximum tariff

of 2014 for the 23 municipal collaborations as the dependent variable, and the percentage of conservativeness within the municipal collaborations as the independent variable.

If we take a look at the output from SPSS, we can see in de Model summary that the R is 0,198. This shows us the correlation between the independent variable and the dependent variable.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,198 ^a	,039	-,007	5,66028%

a. Predictors: (Constant), %con

b. Dependent Variable: % Nza maximum tariff 2014

Table 4. Model summary conservative representation vs. tariffs

The R square can tell us more about the percentage of the dependent variable that is explained by the independent variable. I will look at the adjusted R square because this is more precisely. In this analysis, the adjusted R square is less than 0, which means that 0% of the variance in the tariff is explained by the conservative representation within a municipal collaboration. To verify this result, I also look at the ANOVA table, to tell more about the usefulness and the added value of this analysis.

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	27,322	1	27,322	,853	,366 ^b
Residual	672,815	21	32,039		
Total	700,137	22			

a. Dependent Variable: % Nza maximum tariff 2014

b. Predictors: (Constant), %con

Table 5. Anova conservative representation vs. tariffs

The statistical significance is 0,366. Based on this number we can state that there is no relationship between conservative political representation and the tariffs maintained by the municipal collaboration. It will not be useful to do more research on this relationship. Deeper insight will be given in section 6.

5.4 Regression analysis: Tariffs and population size

To test the second hypothesis concerning the influence of population size of the municipal collaborations on the tariffs maintained, I also made a linear regression analysis. Here, I used the average population size for each municipal collaboration as the independent variable, and again the percentage Nza maximum tariff of 2014 as the dependent variable.

If we take a look at the output from SPSS, we can see in de Model summary that the R is only 0,177. This shows us the correlation between the independent variable and the dependent variable.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,177 ^a	,031	-,015	5,68241%

a. Predictors: (Constant), Population

b. Dependent Variable: % Nza maximum tariff 2014

Table 6. Model summary population size vs. tariffs

Again, the R square can tell us more about the percentage of the dependent variable that is explained by the independent variable. I will look at the adjusted R square because this is more precisely. In this analysis, the adjusted R square is less than 0, which means that 0% of the variance in the tariff is explained by the average population size of the municipal collaboration. To verify this result, I also look at the ANOVA table, to tell more about the usefulness and the added value of this analysis.

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	22,052	1	22,052	,683	,418 ^b
Residual	678,085	21	32,290		
Total	700,137	22			

a. Dependent Variable: % Nza maximum tariff 2014

b. Predictors: (Constant), %con

Table 7. ANOVA population size vs. tariffs

When we take a look at the ANOVA table, we can tell more about the usefulness and the added value of this analysis/

The significance is 0,418. Based on this number we can state that there is no relationship between population size and the tariffs maintained by the municipal collaboration. It will not be useful to do more research on this relationship. Deeper insight will be given in section 6

6. DISCUSSION AND CONCLUSION

This section interprets the results mentioned in section 5. In this section, I draw conclusions about those results and discuss limitations and future research.

6.1 Conclusion

As mentioned in section 5, both the analysis I have made did not have any statistical significance. This means for both hypothesis there was no relationship between the independent variable and the dependent variable. This means for the first hypothesis, that the degree of conservative representation in a municipal coalition does not have any effect on the tariff maintained by that municipal collaboration. And for the second hypothesis it means that the population size also has no relationship with the tariffs maintained by municipal collaborations.

6.2 Limitation and suggestions for future research

6.2.1 Limitations

There are several limitations we can mention. Firstly, we could not find all documents we needed. A lot of documents are simply not published, or not accessible for us, because we do not work at the municipality or the government. Secondly, we did not have enough time to make our research comprehensible

enough. This is a shame because we could have gotten so much more out of our data when we had more time to collect all documents and look deeper into all the factors stated in these documents. Methodology-wise, it would be better to include all documents made. We now only had the ones we could find within the time frame, but there are still more to consider. For the research I conducted about the tariffs maintained by municipal collaborations, there are also several limitations to mention. The first one, relates to the fact that I could not find for each municipal collaborations which tariff they maintained. Therefor the database is at least missing 10 municipal collaborations in the analysis. Secondly, for 9 municipal collaborations I could only find that they used a budget ceiling of 100% Nza maximum tariff of 2014, and suppliers could subscribe with tariffs under this ceiling. I could not include those municipalities in the analysis, because I cannot be sure which tariff they eventually maintained. Therefor my dataset only consisted of 23 municipal collaborations, which are 231 municipalities.

Another limitation is due to the lack of time, I could not analyze the whole product list for those municipalities that used a price list. And I could also not take into consideration the DCB's. That is a shame, because it would have made the research much more reliable.

6.2.2 Suggestions for future research

For this paper I have chosen to focus on tariffs maintained by municipalities in relation to political preference and population size. It might also be interesting to look at other dependent variables. Such as risk sharing practices.

It might also be interesting to look at other independent variables. For instance: urbanization or in which province the municipalities are allocated.

7. ACKNOWLEDGMENTS

I want to thank my supervisors for helping us throughout the process of writing our thesis. They have been very helpful in giving us advice and helping us to find certain documents. I also want to give credits to the students with who I started this bachelor thesis. Because there was so much data to be found, it was almost impossible to analyze it all alone within the limited time available.

8. REFERENCES

1. Association of Dutch Municipalities (Vereniging van Nederlandse Gemeenten; VNG) (2013). Landelijk Transitiearrangement (National Transition Arrangement), The Hague, Netherlands. Retrieved from: <http://www.vng.nl/onderwerpenindex/jeugd/jeugdhulp/publicaties/landelijk-transitiearrangement-jeugd-2015>
2. Central Planning Bureau; Netherlands Bureau for Economic Policy Analysis (2013). Decentralisaties in het social domein (Decentralisations in the social domain) The Hague, Netherlands. Retrieved from: <http://www.nji.nl/nl/2013/Decentralisaties-hebberschaalvoordelen-en--nadelen.html>
3. Ministry of Health, Welfare and Sports and Ministry of Security and Justice (2014). Jeugdwet (Youth Law) Wassenaar/ The Hague, Netherlands.
4. Purchasing and policy documents of 38 municipal collaborations. See Appendix A.
5. Regional Transition Arrangements of 34 municipal collaborations. See Appendix A.
6. Nederlandse zorgautoriteit (NZa)(2015). Regelgeving, tarieven. Retrieved from: <http://www.nza.nl/regelgeving/tarieven/?selectedCategory=124431&selectedTextItem=133321>

9. APPENDIX

9.1. Appendix A

List of municipalities' documents we have included in our research

Municipal collaboration	Regional Transition Arrangement?	Purchasing and/or policy documents?
Achterhoek	Yes	Both
Amsterdam-Amstelland	Yes	Both
Drenthe	No	Only policy documents
Eemland/Amersfoort	Yes	Only policy documents
Flevoland	Yes	Only policy documents
Food Valley	Yes	Only policy documents
Fryslân	No	Both
Gooi en Vechtstreek	Yes	No
Groningen	No	Only policy documents
Haarlemmermeer	Yes	Both
Holland Rijnland	Yes	Only policy documents
IJsselland	Yes	Only policy documents
Kop van Noord-Holland	Yes	Only policy documents
Lekstroom	Yes	Only policy documents
Midden-Brabant	Yes	Both
Midden IJssel – Oost Veluwe	Yes	Only policy documents
Midden Holland	Yes	Only policy documents
IJmond en Kennemerland	No	Only policy documents
Midden-Limburg West	No	Only purchasing documents
Midden-Limburg Oost	No	Only policy documents

Noord Limburg	Yes	Only policy documents
Noord-Veluwe	No	Only policy documents
Noord Oost Brabant	Yes	Only policy documents
Alkmaar	Yes	Only policy documents
Arnhem	Yes	No
Nijmegen	Yes	Only policy documents
Rivierenland	Yes	Only policy documents
Haaglanden	Yes	Both
Rijnmond	Yes	Only policy documents
Twente	Yes	Both
Utrecht Stad	Yes	Only policy documents
Utrecht West	Yes	No
West Brabant Oost	Yes	Both
West Brabant West	No	Only policy documents
West-Friesland	Yes	Both
Zaanstreek Waterland	Yes	Both
Zeeland	Yes	Both
Zuid-Holland Zuid	Yes	Only policy documents
Zuid Kennemerland	Yes	No
Zuid-Limburg	Yes	Only policy documents
Zuid-Oost Brabant	Yes	Only policy documents
Zuid-Oost Utrecht	Yes	Only policy documents

9.2. Appendix B

List of municipalities with population and collaborations

Municipality	Population	Decentral collaboration	Regional collaboration	Sub-regional collaboration
Aalten	27013	G7 (Gelderse regio's)	Achterhoek	
Berkelland	44666	G7 (Gelderse regio's)	Achterhoek	
Bronckhorst	36932	G7 (Gelderse regio's)	Achterhoek	
Doetichem	56344	G7 (Gelderse regio's)	Achterhoek	
Montferland	34987	G7 (Gelderse regio's)	Achterhoek	
Oost Gelre	29700	G7 (Gelderse regio's)	Achterhoek	
Oude IJsselstreek	39595	G7 (Gelderse regio's)	Achterhoek	
Winterswijk	28881	G7 (Gelderse regio's)	Achterhoek	
Alkmaar	106857	West Friesland; Kop van Noord-Holland	Alkmaar (Noord-Kennemerland)	
Bergen	30076	West Friesland; Kop van Noord-Holland	Alkmaar (Noord-Kennemerland)	
Castricum	34288	West Friesland; Kop van Noord-Holland	Alkmaar (Noord-Kennemerland)	
Heerhugowaard	53307	West Friesland; Kop van Noord-Holland	Alkmaar (Noord-Kennemerland)	
Heiloo	22636	West Friesland; Kop van Noord-Holland	Alkmaar (Noord-Kennemerland)	
Langedijk	26935	West Friesland; Kop van Noord-Holland	Alkmaar (Noord-Kennemerland)	
Aalsmeer	30759	Stadsregio Amsterdam	Amsterdam-Amstelland	
Amstelveen	85015	Stadsregio Amsterdam	Amsterdam-Amstelland	
Amsterdam	810937	Stadsregio Amsterdam	Amsterdam-Amstelland	
Diemen	25930	Stadsregio Amsterdam	Amsterdam-Amstelland	
Ouder-Amstel	13271	Stadsregio Amsterdam	Amsterdam-Amstelland	
Uithoorn	28418	Stadsregio Amsterdam	Amsterdam-Amstelland	
Arnhem	150823	G7 (Gelderse regio's)	Arnhem	
Doesburg	11437	G7 (Gelderse regio's)	Arnhem	
Duiven	25609	G7 (Gelderse regio's)	Arnhem	
Lingewaard	45776	G7 (Gelderse regio's)	Arnhem	
Overbetuwe	46665	G7 (Gelderse regio's)	Arnhem	
Renkum	31580	G7 (Gelderse regio's)	Arnhem	
Rheden	43640	G7 (Gelderse regio's)	Arnhem	
Rijnwaarden	10917	G7 (Gelderse regio's)	Arnhem	
Rozendaal	1503	G7 (Gelderse regio's)	Arnhem	
Wageningen	37429	G7 (Gelderse regio's)	Arnhem	
Westervoort	15138	G7 (Gelderse regio's)	Arnhem	
Zevenaar	32283	G7 (Gelderse regio's)	Arnhem	
Aa en Hunze	25357		Drenthe	Noord Drenthe

Assen	67190		Drenthe	Noord Drenthe
Borger-Odoorn	25627		Drenthe	Zuid Oost: BOCE
Coevorden	35769		Drenthe	Zuid Oost: BOCE
De Wolden	23583		Drenthe	Zuid West
Emmen	108052		Drenthe	Zuid Oost: BOCE
Hoogeveen	54664		Drenthe	Zuid West
Meppel	32867		Drenthe	Zuid West
Midden-Drenthe	33366		Drenthe	Noord Drenthe
Noordenveld	31087		Drenthe	Noord Drenthe
Tynaarlo	32493		Drenthe	Noord Drenthe
Westerveld	18933		Drenthe	Zuid West
Amersfoort	150897	Jeugdzorg Regio Utrecht	Eemland	
Baarn	24314	Jeugdzorg Regio Utrecht	Eemland	
Bunschoten	20492	Jeugdzorg Regio Utrecht	Eemland	
Eemnes	8779	Jeugdzorg Regio Utrecht	Eemland	
Leusden	28997	Jeugdzorg Regio Utrecht	Eemland	
Soest	45493	Jeugdzorg Regio Utrecht	Eemland	
Woudenberg	12422	Jeugdzorg Regio Utrecht	Eemland	
Almere	196013		Flevoland	
Dronten	40413		Flevoland	
Lelystad	76142		Flevoland	
Noord-Oostpolder	46356		Flevoland	
Urk	19470		Flevoland	
Zeewolde	21499		Flevoland	
Barneveld	54152	G7 (Gelderse regio's)	Food Valley	
Ede	110656	G7 (Gelderse regio's)	Food Valley	
Nijkerk	40638	G7 (Gelderse regio's)	Food Valley	
Renswoude	4924	Jeugdzorg Regio Utrecht	Food Valley	
Rhenen	19116	Jeugdzorg Regio Utrecht	Food Valley	
Scherpenzeel	9498	G7 (Gelderse regio's)	Food Valley	
Veenendaal	63252	Jeugdzorg Regio Utrecht	Food Valley	
Achtkarspelen	28016		Fryslân	
Ameland	3578		Fryslân	
Boarnsterhim	19482		Fryslân	
Datumadiel	19030		Fryslân	
Dongeradeel	24160		Fryslân	
Ferwerderadiel	8790		Fryslân	
Franekerdeel	20445		Fryslân	
Gaasterlân-Sleat	10186		Fryslân	
Harlingen	15821		Fryslân	
Heerenveen	49899		Fryslân	
het Bildt	10626		Fryslân	
Kollumerland en Nieuwkruisland	12878		Fryslân	
Leeuwarden	107342		Fryslân	

Leeuwarderadeel	10278	Fryslân	
Lemsterland	13544	Fryslân	
Littensaradiel	10926	Fryslân	
Menameradiel	13673	Fryslân	
Ooststellingwerf	25672	Fryslân	
Opsterland	29863	Fryslân	
Schiermonnikoog	942	Fryslân	
Skarsterlân	27467	Fryslân	
Smalingerland	55467	Fryslân	
Súdwest Fryslân	84180	Fryslân	
Terschelling	4780	Fryslân	
Tytsjerksteradiel	31973	Fryslân	
Vlieland	1110	Fryslân	
Weststellingwerf	25454	Fryslân	
Blaricum	9094	Gooi en Vechtstreek	
Bussum	32631	Gooi en Vechtstreek	
Hilversum	86426	Gooi en Vechtstreek	
Huizen	41245	Gooi en Vechtstreek	
Laren	10862	Gooi en Vechtstreek	
Muiden	6287	Gooi en Vechtstreek	
Naarden	17205	Gooi en Vechtstreek	
Appingedam	12064	Groningen	Delfzijl & Loppersum
Bedum	10494	Groningen	BMWE gemeente; De Marne, Winsum & Eemsmond
Bellingwedde	8920	Groningen	Oldambt
De Marne	10209	Groningen	BMWE gemeente; Bedum, Winsum & Eemsmond
Delfzijl	25698	Groningen	Appingedam & Loppersum
Eemsmond	15928	Groningen	BMWE gemeente; Bedum, De Marne & Winsum
Groningen	198317	Groningen	Haren & Ten Boer
Grootegast	12165	Groningen	Leek, Marum, Zuidhorn
Haren	18782	Groningen	Groningen & Ten Boer
Hoogezand-Sappemeer	34304	Groningen	Slochteren & Menterwolde
Leek	19597	Groningen	Grootegast, Marum, Zuidhorn
Loppersum	10196	Groningen	Delfzijl & Appingedam
Marum	10378	Groningen	Grootegast, Leek & Zuidhorn
Menterwolde	12258	Groningen	Hoogezand-Sappemeer & Slochteren
Oldambt	38560	Groningen	Bellingwedde
Pekela	12706	Groningen	Veendam
Slochteren	15548	Groningen	Hoogezand-Sappemeer & Menterwolde
Stadskanaal	32803	Groningen	Vlagtwedde
Ten Boer	7479	Groningen	Groningen & Haren

Veendam	27792		Groningen	Pekela
Vlagtwedde	15905		Groningen	Stadskanaal
Winsum	13850		Groningen	BMW gemeente; Bedum, De Marne & Eemsmond
Zuidhorn	18775		Groningen	Grootegast, Leek & Marum
Delft	100046		Haaglanden	
Den Haag	508940		Haaglanden	
Leidschedam-Voorburg	73356		Haaglanden	
Middel-Delfland	18456		Haaglanden	
Pijnacker-Nootdorp	51071		Haaglanden	
Rijswijk	47634		Haaglanden	
Wassenaar	25675		Haaglanden	
Westland	103241		Haaglanden	
Zoetermeer	123561		Haaglanden	
Haarlemmermeer	144061	Stadsregio Amsterdam; Kennemerland	Haarlemmermeer	
Alphen aan de Rijn	106785		Holland Rijnland	Rijnstreek
Hillegom	20944		Holland Rijnland	Zuidelijke bollenstreek
Kaag en Braassem	25745		Holland Rijnland	Rijnstreek
Katwijk	62782		Holland Rijnland	Zuidelijke bollenstreek
Leiden	121163		Holland Rijnland	Leidse regio
Leiderdorp	26813		Holland Rijnland	Leidse regio
Lisse	22336		Holland Rijnland	Zuidelijke bollenstreek
Nieuwkoop	27104		Holland Rijnland	Rijnstreek
Noordwijk	25691		Holland Rijnland	Zuidelijke bollenstreek
Noordwijkerhout	15956		Holland Rijnland	Zuidelijke bollenstreek
Oestgeest	22910		Holland Rijnland	Leidse regio
Teylingen	35735		Holland Rijnland	Zuidelijke bollenstreek
Voorschoten	24951		Holland Rijnland	Leidse regio
Zoeterwoude	8075		Holland Rijnland	Leidse regio
Beverwijk	40093	Kennemerland	IJmond (Midden Kennemerland)	
Heemskerk	39088	Kennemerland	IJmond (Midden Kennemerland)	
Uitgeest	13234	Kennemerland	IJmond (Midden Kennemerland)	
Velsen	67220	Kennemerland	IJmond (Midden Kennemerland)	
Apeldoorn	157545	G7 (Gelderse regio's)	IJssel/Oost Veluwe	
Brummen	21177	G7 (Gelderse regio's)	IJssel/Oost Veluwe	
Epe	32351	G7 (Gelderse regio's)	IJssel/Oost Veluwe	
Hatterij	11732	G7 (Gelderse regio's); IJsselland+	IJssel/Oost Veluwe	
Heerde	18490	G7 (Gelderse regio's); IJsselland+	IJssel/Oost Veluwe	
Lochem	33248	G7 (Gelderse regio's)	IJssel/Oost Veluwe	
Voorst	23767	G7 (Gelderse regio's)	IJssel/Oost Veluwe	
Zutphen	47164	G7 (Gelderse regio's)	IJssel/Oost Veluwe	

Dalfsen	27674	IJsselland+	IJsselland	
Deventer	98322	IJsselland+	IJsselland	DOWR
Hardenberg	59577	IJsselland+	IJsselland	
Kampen	51092	IJsselland+	IJsselland	
Olst-Wijhe	17770	IJsselland+	IJsselland	DOWR
Ommen	17361	IJsselland+	IJsselland	
Raalte	36519	IJsselland+	IJsselland	DOWR
Staphorst	16367	IJsselland+	IJsselland	
Steenwijkerland	43350	IJsselland+	IJsselland	
Zwartewaterland	22167	IJsselland+	IJsselland	
Zwolle	123159	IJsselland+	IJsselland	
Den Helder	508940	Noord-Holland-Noord	Kop van Noord-Holland	
Hollands Kroon	47502	Noord-Holland-Noord	Kop van Noord-Holland	
Schagen	45978	Noord-Holland-Noord	Kop van Noord-Holland	
Texel	13552	Noord-Holland-Noord	Kop van Noord-Holland	
Houten	48421	Jeugdzorg Regio Utrecht	Lekstroom	
IJsselstein	34275	Jeugdzorg Regio Utrecht	Lekstroom	
Lopik	13999	Jeugdzorg Regio Utrecht	Lekstroom	
Nieuwegein	61038	Jeugdzorg Regio Utrecht	Lekstroom	
Vianen	19596	Jeugdzorg Regio Utrecht	Lekstroom	
Krimpenerwaard	54287	Zuid-Holland Zuid & Zuid-Holland Noord	Midden Holland	
Bodegraven-Reeuwijk	33272		Midden Holland	
Gouda	70941	Zuid-Holland Zuid & Zuid-Holland Noord	Midden Holland	
Waddinxveen	25508		Midden Holland	
Zuidplas	40892	Zuid-Holland Zuid & Zuid-Holland Noord	Midden Holland	
Dongen	25358		Midden-Brabant	
Gilze en Rijen	26069		Midden-Brabant	
Goirle	23098		Midden-Brabant	
Heusden	43165		Midden-Brabant	
Hilvarenbeek	15092		Midden-Brabant	
Loon op Zand	23080		Midden-Brabant	
Oisterwijk	25802		Midden-Brabant	
Tilburg	210270		Midden-Brabant	
Waalwijk	46498		Midden-Brabant	
Echt-Susteren	31976	Midden-Limburg	Midden-Limburg Oost	
Maasgouw	23907	Midden-Limburg	Midden-Limburg Oost	
Roerdalen	20832	Midden-Limburg	Midden-Limburg Oost	
Roermond	56929	Midden-Limburg	Midden-Limburg	

			Oost
Leudal	36219	Midden-Limburg	Midden-Limburg-West
Nederweert	16751	Midden-Limburg	Midden-Limburg-West
Weert	48721	Midden-Limburg	Midden-Limburg-West
Beuningen	25288	G7 (Gelderse regio's)	Nijmegen
Druten	18210	G7 (Gelderse regio's)	Nijmegen
Groesbeek	34304	G7 (Gelderse regio's)	Nijmegen
Heumen	16334	G7 (Gelderse regio's)	Nijmegen
Middelaar	931	G7 (Gelderse regio's)	Nijmegen
Mook	3045	G7 (Gelderse regio's)	Nijmegen
Nijmegen	168292	G7 (Gelderse regio's)	Nijmegen
Wijchen	41043	G7 (Gelderse regio's)	Nijmegen
Beesel	13617		Noord-Limburg
Bergen	13237		Noord-Limburg
Gennep	17286		Noord-Limburg
Horst aan de Maas	41727		Noord-Limburg
Peel en Maas	43314		Noord-Limburg
Venlo	100428		Noord-Limburg
Venray	43112		Noord-Limburg
Bernheze	29690		Noordoost Brabant Maasland
Boekel	10089		Noordoost Brabant Uden/Veghel
Boxmeer	28147		Noordoost Brabant Land van Cuijk
Boxtel	30320		Noordoost Brabant Meierij
Cuijk	24783		Noordoost Brabant Land van Cuijk
Grave	8800		Noordoost Brabant Land van Cuijk
Haaren	13587		Noordoost Brabant Meierij
Landerd	15266		Noordoost Brabant Uden/Veghel
Mill en Sint Hubert	10850		Noordoost Brabant Land van Cuijk
Oss	89421		Noordoost Brabant Maasland
Schijndel	23360		Noordoost Brabant Meierij
s-Hertogenbosch	150514		Noordoost Brabant Meierij
Sint Antonius	11691		Noordoost Brabant Land van Cuijk
Sint-Michielsgestel	28121		Noordoost Brabant Meierij
Sint-Oedenrode	17934		Noordoost Brabant Uden/Veghel
Uden	40913		Noordoost Brabant Uden/Veghel
Veghel	37464		Noordoost Brabant Uden/Veghel
Vught	25638		Noordoost Brabant Meierij
Elburg	22645	G7 (Gelderse regio's)	Noord-Veluwe
Ermelo	26045	G7 (Gelderse regio's)	Noord-Veluwe
Harderwijk	45732	G7 (Gelderse regio's)	Noord-Veluwe
Nunspeet	26680	G7 (Gelderse regio's)	Noord-Veluwe
Oldebroek	22835	G7 (Gelderse regio's)	Noord-Veluwe
Putten	23872	G7 (Gelderse regio's)	Noord-Veluwe

Albrandswaard	25069	Provincie Zuid-Holland	Rijnmond
Barendrecht	47377	Provincie Zuid-Holland	Rijnmond
Brielle	16312	Provincie Zuid-Holland	Rijnmond
Capelle aan den IJssel	66178	Provincie Zuid-Holland	Rijnmond
Goeree-Oostflakkee	48245	Provincie Zuid-Holland	Rijnmond
Hellevoetsluis	38953	Provincie Zuid-Holland	Rijnmond
Krimpen aan den IJssel	28825	Provincie Zuid-Holland	Rijnmond
Lansingerland	57122	Provincie Zuid-Holland	Rijnmond
Maassluis	32080	Provincie Zuid-Holland	Rijnmond
Ridderkerk	45253	Provincie Zuid-Holland	Rijnmond
Rotterdam	618357	Provincie Zuid-Holland	Rijnmond
Schiedam	76450	Provincie Zuid-Holland	Rijnmond
Nissewaard	84931	Provincie Zuid-Holland	Rijnmond
Vlaardingen	70981	Provincie Zuid-Holland	Rijnmond
Westvoorne	13964	Provincie Zuid-Holland	Rijnmond
Buren	26019	G7 (Gelderse regio's)	Rivierenland
Culemborg	27590	G7 (Gelderse regio's)	Rivierenland
Geldermalsen	26300	G7 (Gelderse regio's)	Rivierenland
Lingewaal	11060	G7 (Gelderse regio's)	Rivierenland
Maasdriel	24156	G7 (Gelderse regio's)	Rivierenland
Neder-Betuwe	22555	G7 (Gelderse regio's)	Rivierenland
Neerijen	12020	G7 (Gelderse regio's)	Rivierenland
Tiel	41775	G7 (Gelderse regio's)	Rivierenland
West Maas en Waal	18419	G7 (Gelderse regio's)	Rivierenland
Zaltbommel	27182	G7 (Gelderse regio's)	Rivierenland
Almelo	106857		Twente/Samen14
Borne	21884		Twente/Samen14
Dinkelland	25947		Twente/Samen14
Enschede	158586		Twente/Samen14
Haaksbergen	24344		Twente/Samen14
Hellendoorn	35711		Twente/Samen14
Hengelo	80957		Twente/Samen14
Hof van Twente	34997		Twente/Samen14
Losser	22612		Twente/Samen14
Oldenzaal	32137		Twente/Samen14
Rijssen-Holten	37661		Twente/Samen14
Tubbergen	21206		Twente/Samen14
Twenterand	33929		Twente/Samen14
Wierden	23909		Twente/Samen14
Utrecht	328164	Jeugdzorg Regio Utrecht	Utrecht Stad
De Ronde Venen	42642	Jeugdzorg Regio Utrecht	Utrecht West
Montfoort	13639	Jeugdzorg Regio Utrecht	Utrecht West
Oudewater	9873	Jeugdzorg Regio Utrecht	Utrecht West
Stichtse Vecht	63856	Jeugdzorg Regio Utrecht	Utrecht West
Weesp	18172		Utrecht West

Wijdereen	23187		Utrecht West
Woerden	50577	Jeugdzorg Regio Utrecht	Utrecht West
Aalburg	12846	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Alphen-Chaam	9717	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Baarle-Nassau	6612	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Breda	179623	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Drimmelen	26695	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Geertruidenberg	21571	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Oosterhout	53717	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Werkendam	26387	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Woudrichem	14425	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant Oost
Bergen op Zoom	66419	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Etten-Leur	42357	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Halderberge	29340	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Moerdijk	36729	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Roosendaal	77027	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Rucphen	22180	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Steenbergen	23374	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Woensdrecht	21621	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Zundert	21399	West-Brabant; Veiligheidsregio (West- en Midden-Brabant)	West Brabant West
Drechterland	19250	Noord-Holland-Noord	West Friesland

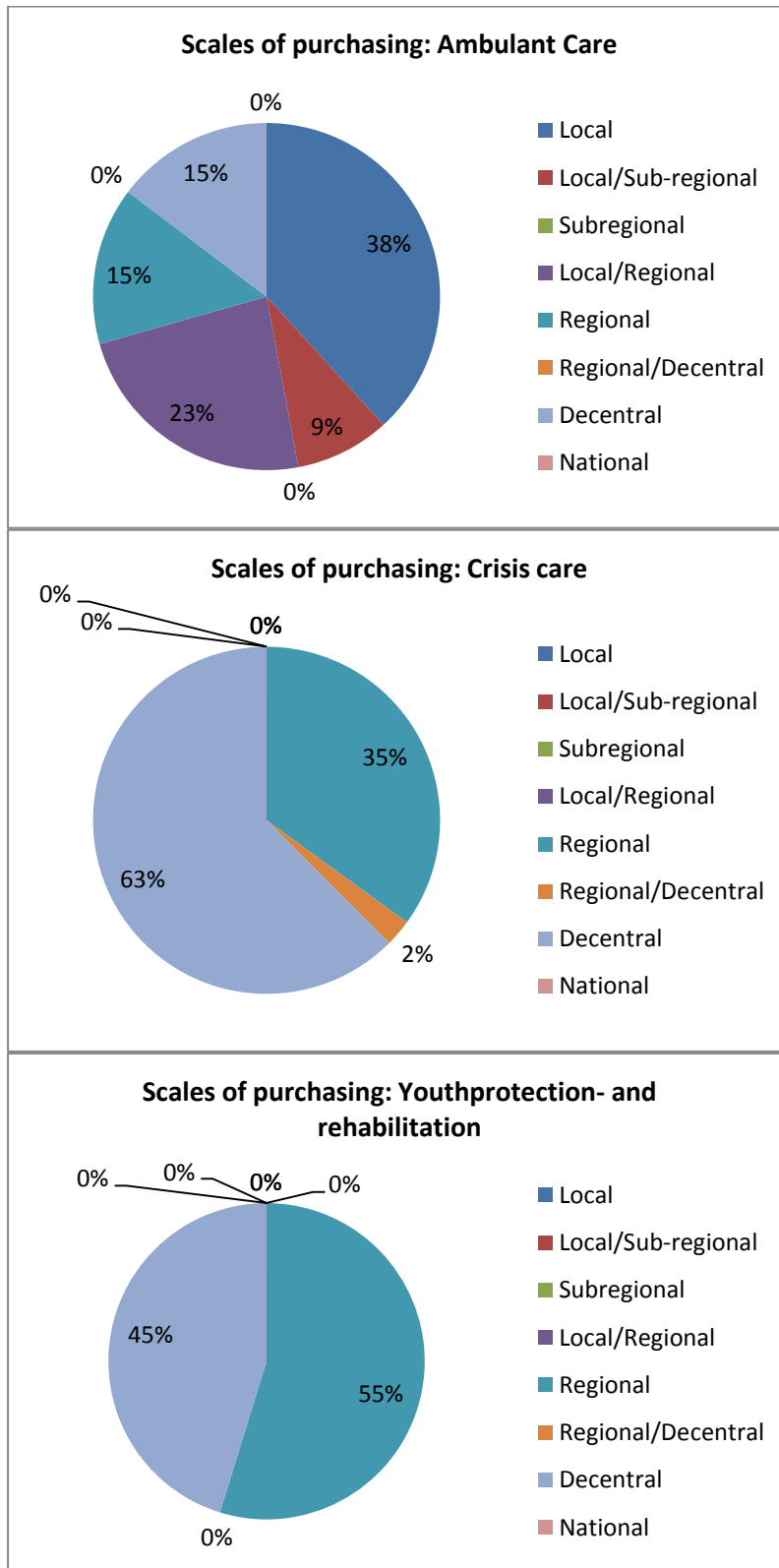
Enkhuizen	18376	Noord-Holland-Noord	West Friesland	
Hoorn	71703	Noord-Holland-Noord	West Friesland	
Koggenland	22485	Noord-Holland-Noord	West Friesland	
Medemblik	43320	Noord-Holland-Noord	West Friesland	
Opmeer	11368	Noord-Holland-Noord	West Friesland	
Stede Broec	21485	Noord-Holland-Noord	West Friesland	
Beemster	8910		Zaanstreek-Waterland	
Edam-Volendam	28920		Zaanstreek-Waterland	
Landsmeer	10444		Zaanstreek-Waterland	
Oostzaan	9139		Zaanstreek-Waterland	
Purmerend	79576		Zaanstreek-Waterland	
Waterland	17134		Zaanstreek-Waterland	
Wormerland	15777		Zaanstreek-Waterland	
Zaanstad	150598		Zaanstreek-Waterland	
Zeevang	6341		Zaanstreek-Waterland	
Borsele	22579		Zeeland	
Goes	36954		Zeeland	
Hulst	27388		Zeeland	
Kapelle	12500		Zeeland	
Middelburg	47642		Zeeland	
Noord-Beveland	7402		Zeeland	
Reimerswaal	21927		Zeeland	
Schouwen-Duiveland	33852		Zeeland	
Sluis	23820		Zeeland	
Terneuzen	54709		Zeeland	
Tholen	25408		Zeeland	
Veere	21868		Zeeland	
Vlissingen	44444		Zeeland	
Bloemendaal	22059	Kennemerland	Zuid Kennemerland	
Haarlem	155147	Kennemerland	Zuid Kennemerland	
Haarlemmerliede	5535	Kennemerland	Zuid Kennemerland	
Heemstede	26364	Kennemerland	Zuid Kennemerland	
Spaarnwoude	5535	Kennemerland	Zuid Kennemerland	
Zandvoort	16575	Kennemerland	Zuid Kennemerland	
Alblasserdam	19801	Provincie Zuid-Holland	Zuid-Holland Zuid	Drechtsteden
Binnenmaas	28710	Provincie Zuid-Holland	Zuid-Holland Zuid	Hoeksche Waard
Cromstrijen	12738	Provincie Zuid-Holland	Zuid-Holland Zuid	Hoeksche Waard
Dordrecht	118691	Provincie Zuid-Holland	Zuid-Holland Zuid	Drechtsteden
Giessenlanden	14442	Provincie Zuid-Holland	Zuid-Holland Zuid	

Gorinchem	35242	Provincie Zuid-Holland	Zuid-Holland Zuid	
Hardinxveld-Giessendam	17758	Provincie Zuid-Holland	Zuid-Holland Zuid	
Hendrik-Ido-Ambacht	28911	Provincie Zuid-Holland	Zuid-Holland Zuid	Drechtsteden
Korendijk	10702	Provincie Zuid-Holland	Zuid-Holland Zuid	Hoeksche Waard
Leerdam	20590	Provincie Zuid-Holland	Zuid-Holland Zuid	
Molenwaard	29032	Provincie Zuid-Holland	Zuid-Holland Zuid	
Oud-Beijerland	23715	Provincie Zuid-Holland	Zuid-Holland Zuid	Hoeksche Waard
Papendrecht	32117	Provincie Zuid-Holland	Zuid-Holland Zuid	Drechtsteden
Sliedrecht	24528	Provincie Zuid-Holland	Zuid-Holland Zuid	Drechtsteden
Strijen	8683	Provincie Zuid-Holland	Zuid-Holland Zuid	Hoeksche Waard
Zederik	13656	Provincie Zuid-Holland	Zuid-Holland Zuid	
Zwijndrecht	44547	Provincie Zuid-Holland	Zuid-Holland Zuid	Drechtsteden
Beek	16271		Zuid-Limburg	Westelijke Mijnstreek
Brunssum	28958		Zuid-Limburg	Parkstad
Eijsden-Margraten	24979		Zuid-Limburg	Maastricht-Heuvelland
Gulpen-Wittem	14484		Zuid-Limburg	Maastricht-Heuvelland
Heerlen	88259		Zuid-Limburg	Parkstad
Kerkrade	46784		Zuid-Limburg	Parkstad
Landgraaf	37573		Zuid-Limburg	Parkstad
Maastricht	122488		Zuid-Limburg	Maastricht-Heuvelland
Meerssen	19254		Zuid-Limburg	Maastricht-Heuvelland
Nuth	15583		Zuid-Limburg	Parkstad
Nuth	15583		Zuid-Limburg	Parkstad
Onderbanken	7881		Zuid-Limburg	Parkstad
Schinnen	12901		Zuid-Limburg	Westelijke Mijnstreek
Simpelveld	10844		Zuid-Limburg	Parkstad
Sittard-Geleen	93691		Zuid-Limburg	Westelijke Mijnstreek
Stein	25390		Zuid-Limburg	Westelijke Mijnstreek
Vaals	9685		Zuid-Limburg	Maastricht-Heuvelland
Valkenburg aan de Geul	16675		Zuid-Limburg	Maastricht-Heuvelland
Voerendaal	12454		Zuid-Limburg	Parkstad
Asten	16440		Zuidoost Brabant	Peel
Bergedijk	18256		Zuidoost Brabant	Kempen
Best	28617		Zuidoost Brabant	BOV
Bladel	19834		Zuidoost Brabant	Kempen
Cranendonck	20344		Zuidoost Brabant	A2
Deurne	31659		Zuidoost Brabant	Peel
Eersel	18183		Zuidoost Brabant	Kempen
Eindhoven	220920		Zuidoost Brabant	Eindhoven
Geldrop-Mierlo	38854		Zuidoost Brabant	Dommelvallei+
Gemert-Bakel	29315		Zuidoost Brabant	Peel
Heeze-Leende	15353		Zuidoost Brabant	A2
Helmond	89256		Zuidoost Brabant	Peel
Laarbeek	21802		Zuidoost Brabant	Peel
Nuenen, Gerwen en	22565		Zuidoost Brabant	Dommelvallei+

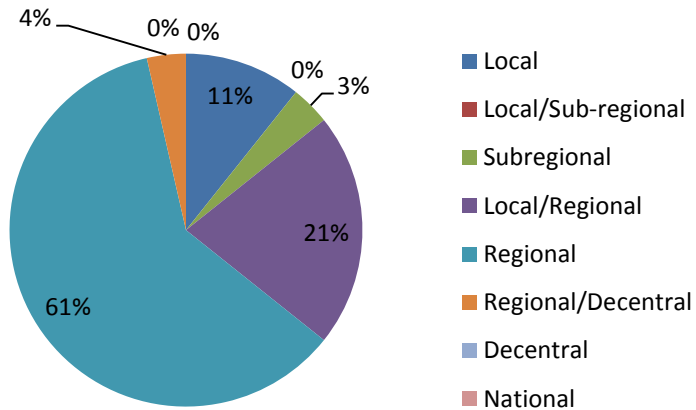
Nederwetten			
Oirschot	17980		Zuidoost Brabant BOV
Reusel-De-Mierden	12713		Zuidoost Brabant Kempen
Someren	18690		Zuidoost Brabant Peel
Son en Breugel	16235		Zuidoost Brabant Dommelvallei+
Valkenswaard	30335		Zuidoost Brabant A2
Veldhoven	44155		Zuidoost Brabant BOV
Waalre	16765		Zuidoost Brabant Dommelvallei+
Bilt, de	42220	Jeugdzorg Regio Utrecht	Zuidoost Utrecht
Bunnik	14626	Jeugdzorg Regio Utrecht	Zuidoost Utrecht
Utrechtse Heuvelrug	47951	Jeugdzorg Regio Utrecht	Zuidoost Utrecht
Wijk bij Duurstede	23043	Jeugdzorg Regio Utrecht	Zuidoost Utrecht
Zeist	61250	Jeugdzorg Regio Utrecht	Zuidoost Utrecht

9.3. Appendix C

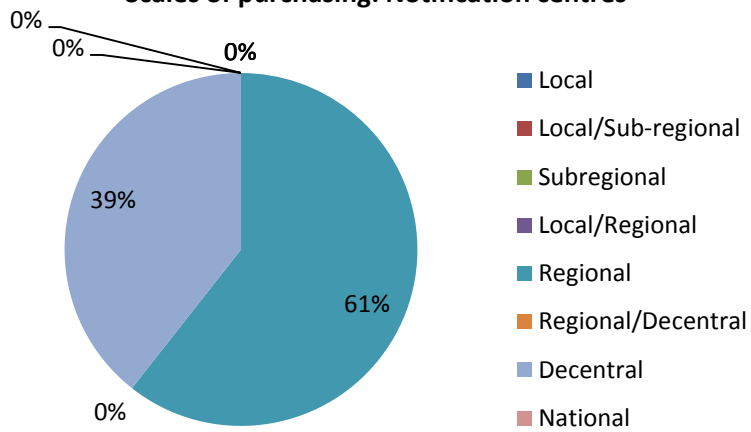
Diagrams of purchasing scales



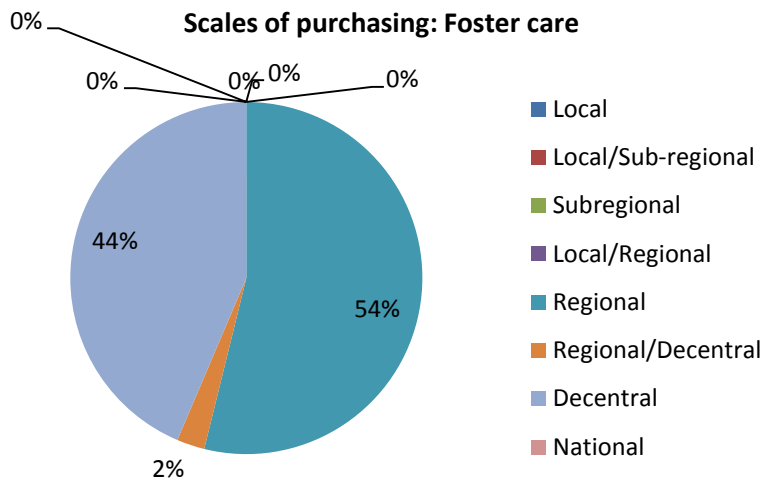
Scales of purchasing: Youth mental care



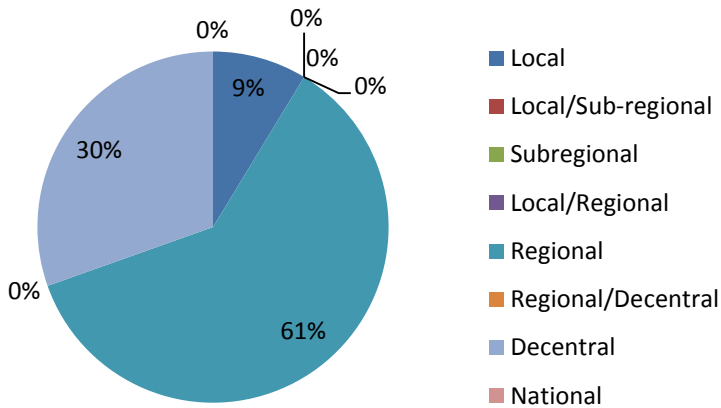
Scales of purchasing: Notification centres



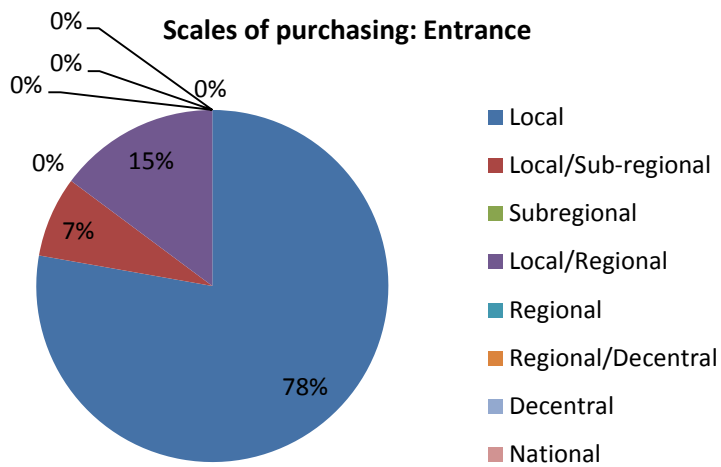
Scales of purchasing: Foster care



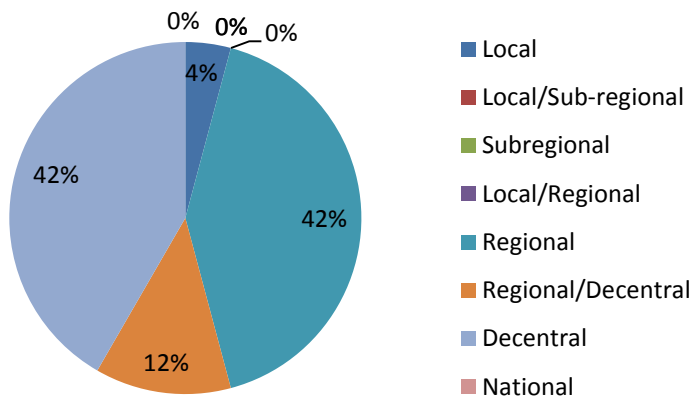
Scales of purchasing: Personal support



Scales of purchasing: Entrance



Scales of purchasing: Residential care



9.4. Appendix D

List of municipal collaborations and tariffs maintained

Municipal collaboration	% Nza maximum tariff 2014
Achterhoek	95,0%
Amsterdam-Amstelland	95,0%
Eemland	85,0%
Flevoland	95,0%
Food Valley	100,0%
Fryslân	90,0%
Haaglanden	94,0%
Haarlemmermeer	95,0%
Holland Rijnland	92,0%
Ijmond (midden Kennemerland)	84,0%
Ijssel/Oost Veluwe	98,9%
Kop van Noord-Holland	95,0%
Lekstroom	100,0%
Midden Limburg West	100,0%
Midden-Brabant	93,4%
Midden-Holland	97,0%
Midden-Limburg Oost	100,0%
Noord-Limburg	100,0%
Noordoost Brabant	100,0%
Rijnmond	97,0%
Rivierenland	100,0%
Twente	78,1%
Utrecht Stad	100,0%
Utrecht West	80,0%
West Brabant Oost	93,4%
West Friesland	95,0%
Zaanstreek Waterland	95,0%
Zeeland	85,9%
Zuid Limburg	95,0%
Zuid-Holland Zuid	100,0%
Zuidoost Brabant	91,0%
Zuidoost Utrecht	97,5%

Missing:

Alkmaar	Arnhem	Drenthe	Gooi & Vechstreek
Groningen	Ijsselland	Nijmegen	Noord-Veluwe
West Brabant West	Zuid-Kennemerland		

9.5. Appendix E

Database used in SPSS

Municipal collaboration	% Nza maximum tariff 2014	Population	%con	%prog
Twente	78,10%	572,07	51,06%	27,66%
Utrecht West	80,00%	519,14	50,00%	25,00%
Ijmond (midden Kennemerland)	84,00%	1452,75	31,25%	50,00%
Eemland	85,00%	846,14	45,45%	40,91%
Zeeland	85,90%	338,62	68,09%	14,89%
Fryslân	90,00%	212,05	44,44%	27,78%
Zuidoost Brabant	91,00%	621,81	32,35%	33,82%
Holland Rijnland	92,00%	1676,93	51,06%	25,53%
Midden-Brabant	93,40%	1320,20	40,63%	18,75%
West Brabant Oost	93,40%	472,78	41,38%	24,14%
Haaglanden	94,00%	2596,44	31,25%	43,75%
Achterhoek	95,00%	299,63	54,17%	25,00%
Amsterdam-Amstelland	95,00%	2119,83	25,00%	55,00%
Flevoland	95,00%	639,83	54,17%	20,83%
Haarlemmermeer	95,00%	806,00	25,00%	50,00%
Kop van Noord-Holland	95,00%	435,50	40,00%	20,00%
West Friesland	95,00%	1103,43	44,00%	32,00%
Zaanstreek Waterland	95,00%	1055,33	45,45%	33,33%
Zuid Limburg	95,00%	953,61	25,81%	29,03%
Midden-Holland	97,00%	655,00	56,25%	18,75%
Rijnmond	97,00%	2215,00	54,17%	27,08%
Zuidoost Utrecht	97,50%	628,20	33,33%	44,44%
Ijssel/Oost Veluwe	98,90%	395,63	48,39%	38,71%

9.6. Appendix F

Analysis on the tariffs maintained by municipalities with price list

Municipal collaboration	Product	Tariff 2012	Tariff used	Nza maximum tariff 2014	% difference	Tariff relative to Nza max tariff 2014
Ijssel/Oost Veluwe	Basis GGZ Kort		461,89	453,79	1,78%	101,78%
	Basis GGZ intentsief		1234,06	1212,41	1,79%	101,79%
	Diagnostiek (400-799min)		1060,78	1102,77	-3,81%	96,19%
	Crisis (1200-1799min)		2607,11	2710,29	-3,81%	96,19%
	Behandeling kort (200-399min)		589,42	612,74	-3,81%	96,19%
Twente (10% korting op 2012)	Basis GGZ Kort		0	453,79		
	Basis GGZ intentsief		0	1212,41		
	Diagnostiek (800-1199min)	2442,74	2198,466	2871,75	-23,45%	76,55%
	Crisis (1200-1799min)	2426,36	2183,724	2710,29	-19,43%	80,57%
	Behandeling kort (200-399min)	525,62	473,058	612,74	-22,80%	77,20%
West Brabant Oost	Basis GGZ Kort		444,58	453,79	-2,03%	97,97%
	Basis GGZ intentsief		1187,8	1212,41	-2,03%	97,97%
	Diagnostiek (800-1199min)		2581,42	2871,75	-10,11%	89,89%
	Crisis (1200-1799min)		2436,28	2710,29	-10,11%	89,89%
	Behandeling kort (200-399min)		550,79	612,74	-10,11%	89,89%
Midden Brabant	Basis GGZ Kort		444,58	453,79	-2,03%	97,97%
	Basis GGZ intentsief		1187,8	1212,41	-2,03%	97,97%
	Diagnostiek (800-1199min)		2581,42	2871,75	-10,11%	89,89%
	Crisis (1200-1799min)		2436,28	2710,29	-10,11%	89,89%
	Behandeling kort (200-399min)		550,79	612,74	-10,11%	89,89%
Zeeland	Basis GGZ Kort		392,61	453,79	-13,48%	86,52%

	Basis GGZ intentsief	1048,95	1212,41	-13,48%	86,52%
	Diagnostiek (800-1199min)	2440,99	2871,75	-15,00%	85,00%
	Crisis (1200-1799min)	2332,68	2710,29	-13,93%	86,07%
	Behandeling kort (200-399min)	527,37	612,74	-13,93%	86,07%
Zuidoost Brabant	Basis GGZ Kort	438,8	453,79	-3,30%	96,70%
	Basis GGZ intentsief	1172,37	1212,41	-3,30%	96,70%
	Diagnostiek (800-1199min)	2450,7	2871,75	-14,66%	85,34%
	Crisis (1200-1799min)	2312,92	2710,29	-14,66%	85,34%
	Behandeling kort (200-399min)	522,91	612,74	-14,66%	85,34%
Zuidoost Utrecht	Basis GGZ Kort	461,89	453,79	1,78%	101,78%
	Basis GGZ intentsief	1234,06	1212,41	1,79%	101,79%
	Diagnostiek (800-1199min)	2675,19	2871,75	-6,84%	93,16%
	Crisis (1200-1799min)	2524,78	2710,29	-6,84%	93,16%
	Behandeling kort (200-399min)	570,8	612,74	-6,84%	93,16%

9.7. Appendix G

List of municipal collaborations' political preferences

Municipal collaboration	CDA	VVD	D66	PvdA	ChristenUnie	Groenlinks	SGP	SP	Lokaal	Totaal	prog	%Progressive	cons	%Conservative
Achterhoek	8	3	3	2	1	1	1	0	5	24	6	25,00%	13	54,17%
Alkmaar	3	3	4	2	0	0	0	0	5	17	6	35,29%	6	35,29%
Amsterdam-Amstelland	2	3	4	2	0	4	0	1	4	20	11	55,00%	5	25,00%
Arnhem	8	6	5	2	0	3	0	1	10	35	11	31,43%	14	40,00%
Drenthe	10	4	3	8	5	2	0	0	8	40	13	32,50%	19	47,50%
Eemland	4	3	5	2	3	2	0	0	3	22	9	40,91%	10	45,45%
Flevoland	4	4	1	2	4	0	1	2	6	24	5	20,83%	13	54,17%
Food Valley	5	3	1	1	5	1	3	0	2	21	3	14,29%	16	76,19%
Fryslân	18	9	4	14	5	1	0	1	20	72	20	27,78%	32	44,44%
Gooi & Vechstreek	5	5	4	2	1	2	1	1	3	24	9	37,50%	12	50,00%
Groningen	16	8	5	14	13	10	0	5	11	82	34	41,46%	37	45,12%
Haaglanden	4	6	6	4	0	3	0	1	8	32	14	43,75%	10	31,25%
Haarlemmermeer	0	1	1	1	0	0	0	0	1	4	2	50,00%	1	25,00%
Holland Rijnland	11	9	9	2	2	0	2	1	11	47	12	25,53%	24	51,06%
IJmond (midden Kennemerland)	4	1	4	3	0	1	0	0	3	16	8	50,00%	5	31,25%
IJssel/Oost Veluwe	8	3	4	4	3	3	1	1	4	31	12	38,71%	15	48,39%
Ijsselland	9	4	4	4	4	0	1	1	6	33	9	27,27%	18	54,55%
Kop van Noord-Holland	2	3	0	2	1	1	0	0	6	15	3	20,00%	6	40,00%
Lekstroom	4	5	3	3	1	1	1	1	1	20	8	40,00%	11	55,00%
Midden-Brabant	6	6	1	3	1	1	0	1	13	32	6	18,75%	13	40,63%
Midden-Holland	3	2	1	0	2	0	2	2	4	16	3	18,75%	9	56,25%

Midden-Limburg Oost	4	1	1	2	0	1	0	0	6	15	4	26,67%	5	33,33%
Midden Limburg West	1	2	0	0	0	0	0	1	2	6	1	16,67%	3	50,00%
Nijmegen	1	0	1	4	0	2	0	1	11	20	8	40,00%	1	5,00%
Noord-Limburg	5	2	2	3	0	0	0	1	8	21	6	28,57%	7	33,33%
Noordoost Brabant	8	10	6	4	0	0	0	2	26	56	12	21,43%	18	32,14%
Noord-Veluwe	2	1	0	0	6	0	4	0	7	20	0	0,00%	13	65,00%
Rijnmond	10	8	7	4	5	0	3	2	9	48	13	27,08%	26	54,17%
Rivierenland	8	6	2	4	3	0	3	0	9	35	6	17,14%	20	57,14%
Twente	13	5	6	4	4	1	2	2	10	47	13	27,66%	24	51,06%
Utrecht Stad	0	1	1	0	0	1	0	1	0	4	3	75,00%	1	25,00%
Utrecht West	5	4	3	4	4	0	1	0	7	28	7	25,00%	14	50,00%
West Brabant Oost	6	2	2	2	2	2	2	1	10	29	7	24,14%	12	41,38%
West Brabant West	6	7	2	1	0	0	0	1	12	29	4	13,79%	13	44,83%
West Friesland	6	4	2	3	1	1	0	2	6	25	8	32,00%	11	44,00%
Zaanstreek Waterland	8	6	5	2	1	3	0	1	7	33	11	33,33%	15	45,45%
Zeeland	11	8	2	4	4	0	9	1	8	47	7	14,89%	32	68,09%
Zuid-Kennemerland	3	3	4	2	0	3	0	0	2	17	9	52,94%	6	35,29%
Zuid-Holland Zuid	13	11	3	6	7	1	10	1	8	60	11	18,33%	41	68,33%
Zuid Limburg	8	8	5	7	0	3	0	3	28	62	18	29,03%	16	25,81%
Zuidoost Brabant	15	7	7	8	0	3	0	5	23	68	23	33,82%	22	32,35%
Zuidoost Utrecht	3	2	3	1	0	3	1	1	4	18	8	44,44%	6	33,33%
Totaal	270	189	136	142	88	60	48	45	337	1315				