'Playing Simultaneous Games of Chess': The Implications of Recent Changes in Dutch Youth Care

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The aim of this article is to give an impression of important trends in Dutch child and youth care policy, and their implications for care practice and its clients. After a brief look at the changing position of youth as an important trigger for the recent changes in policy, we turn to the question: what exactly are the current trends in youth care policy? Their potential benefits and risks for clients and care professionals are discussed in the concluding section.

In view of the number and complexity of the changes that child and youth care (hereafter: youth care) practice has been subjected to in the last decade, this task is somewhat ambitious - to say the least. This overview can only offer the reader a glimpse of a number of recent changes in the Dutch youth care landscape; our discussion of these changes is by no means comprehensive. It is important to note that this article focuses on Dutch youth care policy, not on youth policy in general. Readers interested in a concise overview of developments in youth policy over the last three decades are referred to Notten and Elling (1998).

The changing position of youth.

In recent years the welfare state - its collective umbrella shielding citizens from all sorts of risks and the negative effects of becoming unproductive - has given way to a different societal order. The core concept of this new order is individual responsibility. Dieleman (1999) compared studies from various European countries, focusing on young people's concepts of the future and the identification of potential risk groups. He identifies an ongoing, yet not necessarily gradual process of individualisation, which has an impact on different levels: personal, family, school/employment and leisure activities. The current revolution in information technology also has an immediate impact on everyday life, as well as on the development of identity in young people, to whom national borders gradually lose significance. More and more, society demands that children and adolescents be (pro)active and show initiative.

When looking at the international findings with respect to parental goals in bringing up their children, generally speaking we see a parallel development: across Europe, autonomy and self confidence are the key objectives. Personal life goals, for example, finding a satisfying job come first, followed by having control over one's life. Young people are taught to constantly ask themselves: do my efforts bring about the desired results?

Over the last decades the nature of the households children grow up in has become more varied. The key word characterising parent-child relationships is no longer 'command' but 'negotiation'. The role of the family as a vital agent of socialisation has lost significance and a considerable proportion of children and youth grow up in broken homes. By contrast, the importance of peer groups and other contacts outside the home has increased. Since a good education is of overriding importance, young people spend an increasing number of years in the education system. Also, (youth) culture has become more pluralistic; there is now a wide array of styles in behaviour, clothing, home decorating, music and other forms of entertainment, and leisure time activities. In the labour market, flexibility has become a key issue.

As a result of all these factors, patterns within the social institutions of family, education and labour have changed: family-, education- and career-histories are far more varied today than they were a number of years ago. Youth care faces the challenge of adapting to these complex and interrelated developments.

Changes in Dutch youth care policy.

The societal developments and changes affecting children, youth and families described above can be seen reflected in governmental policy-making. Until the mid-sixties national policy at large - and youth care policy in particular - can be labelled as centralist and strongly compartmentalised; various Ministries and Ministerial branches each had their own approach with respect to youth care. They all

developed their own views, referral practice, care policies, culture and jargon. As a result, the Netherlands came to have three youth care sectors[1], operating almost independently:

1. youth care *(jeugdhulpverlening*), e.g. child rearing consultancy centres, foster care, and various facilities providing ambulatory care, day care and/or residential care;
2. youth mental health (*jeugd-geestelijke gezondheidszorg*), e.g. regional institutes for ambulatory mental welfare (*Riaggs* in Dutch) and child- and youth psychiatry;
3. youth welfare (*jeugdbescherming*), e.g. Child Welfare Councils (child protection) and family guardianship institutions.

What these sectors had in common was a conceptualisation of youth as being citizens who had to be fitted into society. Youth care facilities, regardless of whether they were youth care, youth mental health or youth welfare, predominantly provided residential treatment programmes. In the compartmentalised landscape of care centres, shaped by a multi-departmental policy, coordination and cooperation were sadly lacking.

Like everywhere else in Western Europe, the 1960s in the Netherlands were characterised by 'revolt' against post-war conservatism. With this revolt came a certain optimism, a renaissance of belief in human potentialities. At a governmental level, we first see this change reflected in the 1969 Memorandum on Youth Policy, authored by Marga Klompe, the first female Minister of Culture, Recreation and Social Work (CRM) in the Netherlands. Not only did her memorandum reflect the changing views on youth, it was also the first government document to argue in favour of a comprehensive and coherent youth policy, and to lay an elementary foundation for professionalisation and specialisation within the field of youth care.

A follow-up to Klompe's memorandum was published fifteen years later. The ministers of three Departments joined forces to produce the 1984 Memorandum on Youth Policy. Where the 1969 Memorandum had been limited in terms of political scope but quite grand in terms of its aspirations for the future, the perspective of the 1984 Memorandum was rather a different one. As Notten and Elling (1998) phrased it:

> "The government's convictions clearly turned out to roll on the waves of quite another era - its central concepts were no nonsense and individual responsibility."

From now on governmental aspirations and responsibility towards youth were to be far more limited. Emphasis was placed on family and education networks, which were held responsible for the well-being and development of youth. This notion was combined with a shift in focus from treatment to prevention of problem behaviour - antisocial behaviour in particular.

In 1992, the youth care policy instigated in the mid-eighties, lead the Ministry of Welfare, Public Health and Culture, the first of the three sectors identified above, to relinquish control over virtually all of its youth care facilities. At the same time, the national government restricted its role to formulating policy outlines, initiating a standardised care monitoring/registration practice, and stimulating and facilitating care innovation projects.

Shortly after the decentralisation of control over the youth care sector was put into effect, the Ministry of Welfare, Public Health and Culture published a memorandum entitled Youth deserves a future (1994). This memorandum focused exclusively on 'youth at risk'. In this memorandum youth care policy was equated with youth policy (cf. Notten & Elling, 1998). In the same year, the Government policy stance *Direction in Youth Care* (*Regie in de Jeugdzorg*) (1994) was published. This document proposed splitting the responsibility for the diagnostic decision making process (from intake to decision-making on what type of care to provide, and where) from the process of care and treatment provision.

In summary, from the late eighties onward the following notions have become central to governmental youth care policy in the Netherlands.

- ❒ A focus on decentralisation: today the dominant view is that policy should be developed at the level where it is implemented (i.e. at a provincial or local level).
- ❒ The need for integration of services: the need is felt to break down the barriers between the various, departmentally controlled youth care sectors (including the field of education).
- ❒ Youth are seen as active persons who are invited to take initiative, use their abilities and who are strongly focused on achieving independence.
- ❒ In view of the fact that - time and again - research showed that having your own social network is vital in the development of all youth, they should be approached through institutions and channels that are a part of their everyday environment.

1. Unless otherwise stated, the term 'youth care' in this article is used to refer to the three sectors combined

The 1989 Youth Care Act (*Wet op de Jeugdhulpverlening*) was the legal translation of the above notions by the Dutch Government. This Act only affected youth care insofar as it was controlled by the Welfare branch of the Ministry of Welfare, Public Health and Culture (VWS) (today the Ministry of Public Health, Welfare an Social Work (VWS); the name of this Ministry tends to change with each new cabinet). Yet, from 1989 on, interdepartmental coordination and collaboration were sought with the Public Health and Justice departments.

Today, the 1989 Youth Care Act is clearly in need of revision. That is why a new, interdepartmental - or should we say intersectoral - Youth Care Act (*Wet op de Jeugdzorg*) is currently being prepared. This new act will reinforce the present developments in the field of youth care, in order to achieve the following objectives.

- ❒ Youth care should be offered as quickly and as closely to the home as possible, and be as non-invasive as possible ('as-as-as policy' for short). This policy (see Youth deserves a future (1994); Direction in youth care (1994)) has meanwhile led to a marked increase in ambulatory and outreaching care/treatment at the expense of residential care capacity. It should come as no surprise that the underlying financial premise is that no additional (if not less) funding is required for the remodelling process of care practice, which ensues from this policy.

- ❒ Within the youth care sector, existing institutions are forced to merge into large-scale settings, so-called Multi -Functional Organisations (MFOs) for youth care, offering a 'continuum of care', i.e. a comprehensive range of care programmes. This development is now well under way. An important motivating factor underlies the policy to establish MFOs. This is the notion that when clients are referred to another setting for further care because a different approach is now indicated, but unavailable in the current setting - it is in their interest not to have to go to another institution and go through an intake process all over again. In the past this was a common problem, manifesting itself for instance when a period of residential treatment was followed by a family-oriented outreach programme.

  Furthermore, in the near future youth care settings will have to offer care/treatment that is explicitly formulated in terms of specific treatment/care modules and programmes, rather than in broad terms such as 'basic form of residential care'. Presently much energy is invested in the elaboration of such modules and programmes (cf. Van Yperen & Van Rest, 1998).

- ❒ The third objective is to exchange the currently fragmented care practice for a comprehensive, intersectoral care system. In this 'barrier-free' system provincial/regional care centres cooperate with local/municipal institutions such as schools, health centres, social work agencies and police (e.g. Youth care task force (1994); *Progress report & youth care policy framework* 1999 -2002 (1998)).

- ❒ A further objective is to develop and implement instruments and procedures enabling care planning and control, as well as registration and constant monitoring and improvement of the quality of care (e.g. National youth care policy-information project (1994); Van Yperen, Van Gastel & De Jong (1996)) .

- ❒ A final key aspect of current policy is the establishment of Youth Care Offices (*Bureau Jeugdzorg*) as regional/local entrance doors to all forms of youth care (e.g. Nota, Van der Schaft & Van Yperen, 1997). Behind these doors the present youth care, welfare and mental health institutions are expected to collaborate and pool their efforts and expertise. Besides being low-threshold information and documentation centres, the main functions of the Youth Care Offices (YCO) can be divided into two groups. Firstly: client registration and intake, screening, and provision of basic, short term ambulatory care. Access to this type of care can be gained without extensive diagnostic assessment. Secondly: YCOs come into action if clients' problems are serious and a more intensive form of care or treatment needs to be considered. In this case, the task of YCOs is diagnostic assessment and case formulation, decision-making on what is the most appropriate treatment strategy (for all forms of care but the aforementioned basic ambulatory care), and formal assignment of clients to various youth care programs/centres in the region or city.

  YCOs are also charged with the task of case management: YCO case managers are expected to supervise the entire care/treatment process (Van der Schaft, Van Yperen & Nota, 1999), and to accompany clients throughout their care trajectory.

  Finally it should be mentioned that, in addition to the above-mentioned tasks, YCOs are also expected to mediate between specific youth care institutions and more general institutions such as schools, labour-market oriented coaching centres, health care and the police, if

this is in clients' interest.

This set-up implies that diagnostics and treatment become separate responsibilities, performed by YCOs and treatment/care facilities respectively. This task-dichotomisation is motivated by the desire to steer youth care away from its traditional, facilities-orientation or 'supply side' economy towards a demand-oriented care system. In this new order clients' demands for assistance are the starting point for professional support, aimed at assisting clients to actively look for solutions to their problems.

Discussion: benefits and risks of current youth care policy

Now that we have taken a look at the way in which the government is trying respond to the problems and challenges facing Dutch youth today, it is time to return to the question stated in the introduction: what are the benefits and risks of this policy to clients and care workers? To answer this question, we will successively address each of the objectives identified in the previous section.

'As-as-as' policy

In principle, there is nothing wrong with the notion that youth care's response to clients' requests for help should be offered as quickly, as closely to the home, and as non-invasively as possible. Naturally, when this principle was put into effect it meant that care settings and care workers were in for a drastic change. They needed time to adapt, mostly so the residential care centres, who were no longer guaranteed a steady influx of new clients and saw overall residential capacity drastically reduced.

The de-institutionalising effect of this policy must be welcomed. But, as so often, there is also a down-side. Residential capacity has meanwhile been decreased to such an extent, that clients are now confronted with long waiting lists for placement in residential care. Valuable expertise has meanwhile been lost; residential care workers have moved on to new positions in other forms of care. Even if youth care would be allowed to increase residential care capacity, the capacity problem could not be solved overnight.

Inherent to the as-as-as policy is the risk of clients (children, adolescents and their families) being offered non-invasive, 'light' forms of assistance, when they enter the youth care system, regardless of the nature and seriousness of their problems. To counter this risk, it would be advisable to reformulate the 'non-invasive-care-first' principle into a 'most-fitting-care-from-the start' or 'as-non-invasive-as-clients-needs-permit' principle.

Organisational up-scaling and the development of care programmes

The formation of Multi-Functional Organisations for youth care has done away with the cellular 'introverted' character of the old youth care settings and cultures, often offering but one or a few forms of treatment. This change is clearly in the interest of clients. Now they are offered a continuum of care under one organisational roof. MFOs as larger, flexible, multiple unit settings offer more possibilities for a flexible, client-centred and innovative care practice, as well as for planning and control, and human resources management. They also appear to promote political 'empowerment' of youth care organisations: already some enterprising general directors are in the process of preparing new mergers between MFOs. These 'second wave' mergers will bring forth even bigger and quite powerful organisations, that provincial authorities will probably find less easy to deal with.

A number of professionals working in MFOs also identify a down side to the process of organisational upscaling. The organisations they work in have become too big for their taste. As a result, care workers are finding it difficult to identify with 'their' organisation. Thus MFO-units are at risk of turning into self-sufficient 'cells' - not so much different from the pre-MFO, small-scale settings. Care workers also experience a widening gap between themselves and their organisation's managers, most of whom incidentally have a background in the social sciences, rather than management or business administration.

Care workers also have mixed feelings towards the development of care / treatment modules and programmes. On the one hand it is welcomed as an important aspect of professionalisation of youth care at large, and as a first step towards a more transparent, evaluation-oriented, and so ultimately more evidence-based practice. On the other hand, this development is considered risky. It may pave the way to a care practice that highly values rationalisation and standardisation at the expense of emphasis on the quality of the client-worker rapport, which is so vital in youth care.

A positive aspect of youth care organisations' focus on care programs and flexibility in care provision, is the growing number of outreach programmes. The nature and aims of these programmes differ widely. They range from family preservation and empowerment, social skills training and coaching for youth living on their own, via combining personal coaching and job training programs for youth who are at risk of becoming school drop-outs or juvenile offenders, to programmes aimed specifically at youth from various ethnic minorities. These programmes reflect the societal problems and challenges

identified in the introduction, and as such underpin the validity of current policy. At the same time we should not close our eyes to the fact that youth care continues to have difficulties reaching for instance youth-at-risk from various ethnic subgroups, and youth in multiple problem families.

Inter-sectoral integration of services and the decentralisation issue

Undoubtedly the most challenging objective of current Dutch youth care policy is the breaking down of barriers between the three traditional youth care sectors, and the integration between these services and those of adjoining fields and institutions, such as education, public health, social work and justice. The unmistakable, widespread enthusiasm among care workers and care centres from various sectors, including education, notwithstanding, inter-sectoral cooperation and tuning continues to be very difficult to actually bring about. Over and over again, the fact that the various institutions have to operate on the basis of different sets of legal, financial and political rules and regulations proves to be a huge handicap. Decentralisation of policy control for instance, is not nearly as prominent in the sectors of youth welfare and youth mental health as it is in the youth care sector. To complicate things further, political and financial control over these 'natural partners' in youth care is exercised at disparate levels, ranging from national (different Ministries) to provincial and local, sometimes even in combination: education policy for instance is the domain of both local authorities and national government. As a general manager of one MFO once put it: "It's as if you're playing a simultaneous game on a large number of chessboards."

A further illustration of the lack of coordination and integration at the political level can be found in the new Youth Care Act, where education is not even mentioned. The Ministry of Education, Culture and Science is currently focused strongly on changing the education system. Its claim of wanting to strengthen cooperation between education and youth care is highly disingenuous.

This situation, combined with the fact that the 'retreating' government and Ministries now limit policy-making activities at the national level to defining very broad policy outlines, severely limits the integration process. There is no effective directorship, no-one to steer developments in a common direction on the basis of a shared, comprehensive youth care policy. One cannot help but think that what is failing is the insight that interest in the nature of the care process should be integrated with an equally keen interest in its organisation, management and facilitation. Provincial and local authorities differ in the extent to which they want and manage to remedy this problem. As a result, we see widely differing initiatives being taken at regional and local levels across the country. Which parties exactly participate, both from the 'care' field and from other youth institutions, what their respective agendas are, how enthusiastically or reluctantly they participate, and to what extent developments are synchronised on the basis of a provincial/inter-regional blueprint, differs in each region. In this climate, worthwhile initiatives do not always get the (inter-regional) attention they deserve, and a number of unsound initiatives are allowed to continue at great expense.

From a national viewpoint, this situation is uneconomical, demotivating, and not likely to lead to a youth care practice that - overall - is able to respond decisively to the changing needs of youth. From the political animation of the late sixties with respect to youth care policy, we have now arrived at a situation where, due most likely to political indifference, the problems and prospects of youth do not take up high positions on the national political agenda. As Notten and Elling (1998) also point out, the current localism and opportunism, resulting in haphazard initiatives and strategic alliances, leads to a situation where political factors rather than clients needs shape the face of youth care. The necessity to create a comprehensive, inter-sectoral youth care policy may be widely recognised in the field, but it is a long way from materialising.

Monitoring, evaluation and quality of care

At the beginning of the nineties, care monitoring and quality of care became political issues. This was fuelled by the growing awareness that by and large youth care institutions were unable to demonstrate who their clients were, what were their needs, what was done to assist them, and to what avail. This political awareness, combined with growing pressure for openness from client organisations and a growing dissatisfaction with this state of affairs in the ranks of care professionals, has meanwhile lead to a basic, mandatory form of registration/monitoring for youth care institutions. What is registered are basic data concerning clients and care history. As yet there is no standardised form of registration/monitoring for clinical data, although efforts to that effect are being made at various levels (cf. Van Loosbroek & Veerman, 1998). Registration/monitoring (and evaluation) can be instrumental in various ways: gearing youth care to the needs of its clients, increasing care accountability, facilitating training of future care workers, and improving care practice and programmes. Thus it contributes to the professionalisation of care.

In recent years there have been attempts at implementing a more comprehensive monitoring practice. In our view these attempts have been

unsuccessful because field workers often rightfully so, considered them as bureaucratic measures, imposed top-down, and alien to the character of everyday youth care practice. We acknowledge that many care workers have yet to assimilate the notion that elementary clinical monitoring/ registration should be a part of their everyday professional routine; herein lies an important task for schools and universities who train future care workers. Yet, even if this is accomplished, in our view monitoring and evaluation have to be based on the premise that whatever is registered must also have professional (i.e. clinical) relevance to the care workers themselves. The investments needed to develop a successful, politically and professionally rewarding monitoring/registration practice are considerable. They demand perseverance and considerable funding. At the political level, this insight is a rare commodity.

Quality of care has also become an important issue in recent years. Almost every care institution has meanwhile assigned a task force to initiate quality projects. Such projects can be important instruments in the context of accountability, changing professional attitude from facility-oriented to client-oriented, and improving and innovating care in order to meet the needs of clients. At the national level some support and guidelines are being offered to institutions wanting to initiate quality of care-projects (e.g.. VOG, 1999). The problem is however that - in this respect too - there is considerable fragmentation and insufficient coordination between settings and sectors.

The birth of Youth Care Offices and the care-provision/care-access dichotomy

Perhaps the concept of the Youth Care Office as gateway to all forms of youth care most strongly emphasises the government's desire to change youth care practice from being facility-oriented to becoming client-oriented, and from being multi-sectoral to becoming inter-sectoral. The arrival of YCOs forecloses the old practice of many youth care settings more or less autonomously selecting their clients. This was possible because these care provision settings were also responsible for the diagnostic decision process. In effect, care institutions from the various sectors as well as all other organisations that used to play a role in providing clients access to 'indication-based' care and treatment programmes, are now being forced to transfer much of their diagnostic expertise and personnel to the YCO. The term 'indication-based care' refers to intensive/specialised forms of care, to which clients only have access after formal recommendations to provide such care have been made by professional diagnosticians. Such indication-for-treatment recommendations are based on extensive diagnostic assessment and decision making.

In the new setup, youth and families experiencing serious problems still require a treatment recommendation/indication in order to gain access to any intensive/specialised treatment programme. What is new is that treatment recommendations are now the responsibility of diagnostic teams operating within the YCOs. Thus YCOs have become the sole gateway to specialised/intensive youth and family care.

In keeping with the above-mentioned general trend, the various Ministries playing a role in the establishment of the YCOs have decided to provide only general functional guidelines concerning the tasks of YCOs. Currently these national guidelines are being supplemented in a number of provinces by 'formula-contracts'. In these contracts, all regional YCO partners within a province commit themselves to developing a specific number of basic YCO-tasks and -procedures within a specified time frame. In keeping with the creed that 'form must follow function', these regional YCO partner-organisations are left free by the national government to design an organisational and operational structure for their YCO as they see fit. Bearing in mind that the regional partners come from various care sectors and cultures, with all their inherent incompatibilities, it is not difficult to predict the consequences of this policy: The organisational structure of YCOs will differ in each region. Some regions are well under way in erecting YCOs, others have only just got started. Some regions proceed in a planned manner, emphasising teamwork, while others work chaotically and suffer the consequences of political strife between the partners and a total lack of team spirit. The number and nature of parties involved in this formative process differs from region to region. Sometimes the partners participate enthusiastically, sometimes reluctantly. It is obvious that clients will ultimately suffer the consequences if the latter is the case.

Whether YCOs will be sufficiently staffed, facilitated and financed to adequately perform their various tasks is another concern of all those involved. Certainly at the moment, financing and facilitation leave much to be desired. If this situation does not change, the likely result will be waiting lists at the entrance to youth care. Other concerns expressed by critics of the current YCO development are that YCOs may turn into new bureaucratic bodies, which will not improve the quality or service. Furthermore, the split between the responsibility for care provision and care access may prove dysfunctional because it creates a segregated youth care practice with two camps

(diagnostic and care provision), who find it difficult to communicate effectively.
It should also be noted that there is a distinct tendency towards posting most of the available diagnostic expertise in the youth care sector at the front door (YCO), thus creating a care practice that is staffed with treatment/care specialists, but lacks sufficient diagnostic expertise. This will undoubtedly undermine the potential for the much-desired 'continuum of care'.

Finally, there is considerable discussion on how to operationalise the currently fashionable 'request for assistance' concept (*hulpvraag* in Dutch). In its 1994 policy stance, the Dutch government proclaimed that clients' requests for assistance are the only valid basis for care provision. It was argued that youth care can only be effective if it is truly client-centred - that is to say provided strictly in accordance with clients' own 'requests for assistance'. Although almost everyone in the field subscribes to this principle, many care professionals hasten to add that it does no follow from this principle that professional diagnostic practice should be discarded. In other words: the notion of 'care in line with the client's request for assistance' should not be translated into a 'just tell us what you-want' policy.

A further problem to be considered in this context is the issue of fringe group families and teenage drop-outs who simply do not come forward with requests for assistance, in spite of the manifold problems they face. For many years, youth care has had a structural problem in reaching these families and youth, let alone in supporting them. Embracing the notion of care provision in accordance with clients' requests for assistance and erecting YCOs as gateways to youth care will not remedy this fundamental problem.

In conclusion: there are beneficial as well as potentially detrimental sides to the recent changes and developments in Dutch youth care policy. Since we are still in the midst of all these changes, it is too early to draw any final conclusions at this point. Still, a number of favourable effects can already be identified. Current policy favours a more client-oriented, de-institutionalised and less self-indulgent practice, able to adapt more flexibly to the changing needs of youth and their families, and willing to focus on professionalisation and accountability. The character and aim of many of the new treatment and support program quite adequately reflect a number of the problems and challenges children, young people and families confront today. In many regions, youth care institutions are struggling to bypass the traditional sectoral restraints, and collaborate with other youth-oriented institutions in order to connect with problem youth in their everyday environment and provide a comprehensive package of youth care services.

At the same time there are serious concerns regarding policy making at the national level. The recent changes in youth care policy have not done away with the typically Dutch problem of multiple youth care sectors and the lack of coordination between care, education and public health. Only if this problem is dealt with, can a truly 'inter-sectoral' youth care come to bloom. The chances of a coherent, long term youth care policy emerging are slim however. What that means becomes obvious when one looks at the chaotic, languishing evolution of the Youth Care Offices.
What is also regrettable is the virtual lack of structural exchange between care practitioners, policy makers and researchers. Youth care can and should benefit much more from the exchange with research than it currently does, and vice versa. The recent changes and developments in youth care are not nearly as thoroughly underpinned by research findings as they might be.

At best, what we will see in our country in the near future is that more or less comprehensive local/ regional youth care policies will be developed in a number of regions and cities. Such successful local policies will have to provide inspiration for other, more struggling regions; political vision and support from national authorities with respect to integrating form and function of youth care is hardly to be expected. Basically, what this means for the coming years is that you may get decent help if you are a youth or family with problems. But then again, you also may not. It will depend in large part on where you live, and also, of course, on your own informal network - if you have one. Have the various youth care partners and related institutions in your area managed to get organised or not? That will be the key question. And that is a question clients should not need to ask.

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