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# Governance of local care & social service

## An evaluation of the implementation of the Wmo in the Netherlands

institute of Health Policy & Management

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## Summary

### **The Wmo: ceremonial routine or genuine strategic opportunity?<sup>1</sup>**

The introduction of the Dutch Social Support Act (in Dutch: Wmo) in 2007 symbolises a major welfare state reform in the Netherlands. It concerns the decentralisation of tasks and responsibilities with regard to social care and support. This reform is not only a matter of shifting tasks and responsibilities from central government to local government; the Wmo was also intended to cause a paradigm shift that should change the way in which clients, citizens, governments and providers act and think. The core of this paradigm is formed by the compensation principle which describes the replacement of citizens' rights on care by an obligation for municipalities to compensate citizens. If the Wmo is however purely regarded as a decentralisation of tasks, its implementation may, three years after its introduction, be considered a success. After all, municipalities are making serious efforts to regulate home care and social support. Most crucially, however, is the question whether this actually leads to a realisation of the Wmo's underlying goals and ambitions. This question is addressed in this report.

#### *The Wmo requires more than the formal execution of tasks*

The Wmo has been designed to encourage a paradigm shift with regard to social support and home care. This paradigm shift is best described as follows: citizens' entitlement to receive certain (individual) care services has been replaced by municipalities' duty to compensate for these. This denotes that municipalities are responsible for supporting citizens in such a way that they are able to participate in society to a level satisfactory to them, by being enabled to run their own household and go about their business both inside and outside of their own homes. In addition, municipalities have to ensure that people with a handicap have (local) means of transport at their disposal, and are therefore able to meet and socialise with others. The question 'what care do you think you need?' consequently becomes more important than a mere analysis of who is entitled to what. It has been argued that municipalities are most adequately equipped to achieve this new way of thinking and acting. However, has the validity of this claim become at all apparent at this point in time? Our analysis, based on case study research, shows that the Wmo's most substantial ambitions have only sporadically been achieved. What is more, a genuine paradigm shift is still out of the question. How can this be explained?

#### *High ambitions*

Before venturing to answer this question, it is vital to return to the very reasons the Wmo was introduced. The central system of local care and social service appeared to be increasingly less capable of meeting citizens' expectations. The wide range of regulations was highly confusing to citizens, lacking balance between that for which citizens can be held responsible themselves and that for which collective responsibility is to be taken. Moreover, measures needed to be taken to achieve budget cuts without damaging solidarity. These issues led the government to propose a radical change in the way people think about social support and local care. A basic decentralisation of municipalities' tasks would not suffice. It was time to

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<sup>1</sup> This summary is an English translation of an article written for and published in the Dutch healthcare journal, 'Zorgvisie' (August 2010). It is added as a summary of the main findings of this report.

start taking citizens' personal responsibility to consider how to compensate their restrictions – supported either by their social environment or by the government – as a point of departure, rather than the government simply fulfilling citizens' automatic entitlement to receive care.

### *Dilemmas in practice*

In order to achieve this, municipalities were provided with a number of instruments and obligations. Municipalities' duty to compensate citizens comes with substantial policy freedom, so that municipalities are able to enact local Wmo policy within the national legal framework. In order to make sure that policy is congruent with the local situations and needs, it is best developed at a local level. The Wmo has been designed as framework legislation that predominantly encompasses procedural and minimum requirements to facilitate this. For example, it does not prescribe what the exact nature of the personal budget (in Dutch: Pgb) and personal contribution policy should be. However, boundaries or guidelines upon which to base decisions have been put in place. In addition, the participation concept has not been defined in detail either, enabling municipalities to develop this as they see fit. Our analysis shows that the latter element is particularly complex to achieve. How has this developed in practice?

Municipalities' freedom of policy is accompanied by the obligation of making decisions, as a result of which this freedom could cause new insecurities for local politics. Both the way in which municipalities organise care and social services and the way these services are provided are subject to these insecurities. As a result of the new legislation, new collaborative relationships – internal as well as external - are to be created between departments or new organisations that were previously unconnected. With regard to policy participation, it is crucial to achieve a sense of balance between representation and exercising actual influence on policy. For example; the new invitation to tender should be composed in such a way that it meets the task of purchasing care efficiently, without damaging quality, continuity and room for innovation. In the area of funding, new ways of funding need to be explored within the legal frameworks. Finally, the compensation principle needs to be defined more precisely, so that it can be translated into the actual contact between authorities and requestors. This exceedingly complex situation requires the primarily positive attitude of a number of key actors within the municipality. Indeed, all case studies within the scope of this research demonstrate the fact that initiative, the ability to learn and the nerve to take sufficient time to achieve certain goals are crucial to bringing about real changes. The way in which social support has been considered across municipalities has always differed considerably, as a result of which the vital first response, essential to the way the process is developed further, is substantially different as well.

### *Recentralisation becomes Pavlov's dog*

Apart from these self-evident challenges, a number of movements appear to contradict the desired paradigm shift. The less active municipalities in particular want to be informed more effectively with regard to their tasks and the borders of the legal framework in place. This can cause them to adopt a passive attitude, calling for clear-cut steering by either the Ministry of Health (VWS) or the Association of Netherlands Municipalities (VNG). Although it is understandable that municipalities become somewhat unsettled when acting on new responsibilities, these solutions predominantly lead to recentralisation and uniformity, rather than variation and tailor-made results. Consequently, creating 'reparation legislation', such as

objective models, developing ‘best practices’ and calling for more transparent definitions do not suit the policy model that encompasses considerable policy freedom for municipalities.

### *Old habits never die*

The Wmo has, particularly on a local level, certainly managed to stir things up. After all, many municipalities have started to embrace their new policy freedom, seeking new methods, procedures and ways of organising social care in practice. The Leeuwarden ‘Omtinker project’ (see framework), the Hulst ‘Dream Project’ and the Doetinchem ‘Broad intake’ are but a few examples of this development. Since plenty of local creativity and organisation skills have become apparent within the municipalities, the development of these projects is in itself not the issue at hand. However, after pilots and experiments have been completed, officials often fail to embed the lessons they have learned structurally. They are subsequently highly inclined to return to the old working methods that are so deeply rooted within the civil service and those organising the field in question. As a result, it is still unclear how this large number of project can be translated into a more adequate system of social support on a local level.

#### **Example: The ‘Omtinker’ project**

‘Omtinkers’ are a point of contact for citizens who require support with regard to living, welfare, health or participation. ‘Omtinkers’ help to clarify care requests, to map people’s needs more efficiently and to guide them through the care system. They will start assisting before an actual care request has materialised, will continue to be committed to the client and are easy to approach. ‘Omtinkers’ manage to activate social networks and solve complicated issues, often without having to resort to the traditional route of individual provisions. This leads to more adequate support and savings made on expensive Wmo and AWBZ requests.

### *Organising trust and authority locally*

Although the vision documents and four-year policy plans suggest that many municipalities deem to have undergone a development in the way they consider social support, implementation has not at all managed to overtake the planning process. Despite the fact that municipalities seem relatively able to succeed in taking on the traditional tasks (e.g. indicating setting, contracting providers), it has become painstakingly evident that a successful paradigm shift has not yet been achieved. It is therefore essential to question whether decentralisation has contributed anything at all. While, at this point, it has not achieved very much, changing this development requires a strong impulse. First of all, when discussing the Wmo’s success, those evaluating Wmo practices should look beyond the formal execution of tasks. Secondly, central government should act in a way that is respectful to local policy freedom, opting for a facilitating rather than a steering approach. As a result of decentralisation, municipalities differ in terms of the help they require. Central government should take care to ensure that reparation legislation is used to correct municipalities that lag behind. Successful decentralisation should predominantly be measured in terms of whether sufficient reparation mechanisms have been developed. Is horizontal accountability in place, is citizen representation sufficiently organised, and finally are municipalities capable of learning and improving? Only by encouraging this, better Wmo policy can be created on a local level, preventing it from becoming a mere ceremonial routine in practice.





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## 1. Introduction

This section defines the motivation behind the idea to conduct research on the implementation of the Dutch Social Support Act (Wmo; in Dutch 'wet maatschappelijke ondersteuning'). It introduces the complexity surrounding the implementation of the Wmo as the main problem definition and presents the central research questions of this elaborate study.

### 1.1. Welfare state reform

The introduction of the Dutch Social Support Act (Wmo; in Dutch 'Wet Maatschappelijke Ondersteuning') in 2007 symbolises one of the major welfare state reforms in the Netherlands of the past decades. It concerns the decentralisation of important tasks and responsibilities with regard to social care and support from central government to local government, as well as to citizens themselves and their social environments. This study argues that such a reform is not only a matter of replacing tasks and responsibilities. Changing the way in which clients, citizens, governments and providers act and think. This is referred to as the 'paradigm shift', which is a fundamental part of welfare state reform in the Netherlands. The way in which the Wmo has been implemented, how this reforms takes place and whether its broader goals have been reached or are close to being reached so far will therefore be evaluated in this report. The Wmo services regarding social care, support, prevention and welfare will be examined, since they are very much linked to one another. Due to the interest expressed by the French government, care for the elderly and home care will be of particular interest in this study. The French Mission Recherche, DREES, asked the Institute of Health Policy and Management (section Healthcare Governance) to conduct a case study research in order to gain better understanding of the Dutch Social Support Act (Wmo) and its implementation in different settings and contexts in the Netherlands.

### 1.2. Evaluating the Wmo

Why evaluate the Wmo? The needs and demands of citizens is subject to rapid change. Due to the increasing amount of elderly people in Dutch society, the demand for home care and other health care services is ever increasing. This creates an enormous amount of pressure on political authorities dealing with scarce public resources. Having said that, people have more money to spend; they have access to more information and knowledge about possible diseases, medications and technological solutions to their physical limitations. This leads to a growing need for client centeredness, efficiency, choice and citizen involvement in public service delivery. To anticipate to these many and various needs, the Dutch government has chosen to support decentralisation of public services and responsibilities to local governments and citizens very strongly. This changes the roles of local government, citizens and organisations. The new Social Support Act has broadened local government responsibilities for health care services and home care. It is being proposed that local governments are more capable of integrating of health care, welfare, prevention and social services. Citizens should be involved and have a certain level of choice in the specific support they would like to receive. The Wmo's main goal constitutes the participation of all citizens in all facets of society ('meedoen').

Citizens should therefore actively participate in society, clubs, (volunteer) work and social relations, and they are supposed to be involved in the local policy process. This denotes that, although local government is responsible for the organisation of 'home care', citizens no

longer have the automatic 'right to receive care'. Instead, local governments have the duty to compensate them for their limitations to participate in society. There is a lot of freedom in doing this. By moving the responsibilities from the central government to the municipalities, the steering mechanism has become 'horizontal', or 'democratic', tackling the horizontal relationship between the municipalities and their citizens. Citizens themselves should be responsible for their own care and social environment in the first place. Local governments help them taking responsibility. This is what is referred to as the 'paradigm shift'. It implies less vertical steering from central government. The Dutch Ministry of Health, Welfare and Sport only registers if the municipalities comply with the general Wmo claims; it does not set any requirements concerning the content of the local care and social support policies.

This leaves us with the interesting question of exactly *how* the main principles of the Wmo, participation in society, 'client centeredness' and the decentralisation of authority are being established in practice. As a result of the freedom of policy, the Wmo is being implemented in various ways locally. What is the result of this? Are formal tasks and responsibilities concerning the organisation, funding and regulation of these services carried out successfully at a local level? Moreover, does this eventually trigger the intended paradigm shift?

### *1.3. Central question and sub-questions in the research*

The goal of this research is therefore to generate insight into the complex implementation process of the decentralisation of tasks and responsibilities in care and social service from the central to local government level. Especially in a field in which public and private stakeholders share important responsibilities for the quality, accessibility and efficiency of care services, and in a context of limited financial means, it is crucial to determine *how* they are carried out and *what* really changes. This question is particularly relevant given the limited funding available. The **central question** is therefore as follows:

*How is the Wmo being implemented locally and to what extent does this contribute to the intended goals and ambitions?*

In order to answer this question descriptive, explanatory, prescriptive and reflexive sub questions have been phrased. The **descriptive** questions focus on the way the Wmo is being implemented at a local level, in terms of funding arrangements, as well as organisational structures. The local political choices in home and elderly care will consequently be examined, as well as the public and private partners with whom local governments cooperate. Studying the tendering process provides a considerable degree of insight into these issues. This report's **explanatory** questions study the factors that explain the differences and similarities in the ways local communities implement the Wmo. The ways in which central regulations are established in practice will subsequently be examined. In addition, this section will discuss how policy space is being created and applied at a local level. The **prescriptive** component composes a number of lessons to be learnt by central and local governments, as well as the other stakeholders involved in the implementation of the Wmo.

### *1.4. Outline/structure of the report*

In order to answer these questions, this report adheres to a methodological protocol, which will be explained in the methodological section of this report. The second chapter will present some background information regarding the introduction and details of the Wmo. In the third

chapter, the conceptual framework will be discussed. This section contains a theoretical analysis of the Wmo. Its introduction can be used as a framework to increase understanding of the activities and trends linked to the Wmo. The empirical part of the report will review the general trends in regulating, funding and organising the Wmo. This is done by means of the important (intermediary) evaluation reports (SCP 2008a; 2008b; 2009b; 2010) and in-depth interviews with key respondents. The case studies illustrate the dilemmas accompanying those trends. The chapters on funding and organising the Wmo demonstrate the decentralisation of formal tasks and responsibilities in practice. Whether this also leads to a paradigm shift in acting and thinking more locally, and in terms of individual responsibilities for care, is shown in a separate chapter that discusses tendering practices and citizen involvement. Subsequently, the main conclusions will be presented, followed by a reflection on the Wmo reform. Is the local community able to achieve home and elderly care in a better way than central government is capable to achieve? In what way does the shift of responsibilities also imply a paradigm shift in considering individual and collective tasks and responsibilities as well as the involvement of the general public?





## 2. Background information: Introducing the Wmo & the policy context

This section contains background information about the context in which the policy reform of the Wmo took place. This section serves to put everything that follows from the case studies in a broader perspective. In addition, it will hopefully help to increase understanding of the dynamics and detailed problems, particularly those arising in the case of the Netherlands. In order to sketch this overview, the following paragraphs will discuss the Dutch healthcare system in general, the three most important pieces of legislation, general developments and trends in the Dutch setting, the specific regulatory framework and, finally, a first set of data regarding the effects of the Wmo.

### 2.1. *The Dutch healthcare system*

The Netherlands has four levels of governance (central government, independent governing agencies, provinces and municipalities), of which the municipalities are thought to be the most visible to civilians. In the formal sense, the Netherlands is a decentralised unitary state. Each level of government has its own, more or less independent set of tasks and responsibilities. However, the lower levels (independent governing agencies, provinces and municipalities) have no full autonomy, as their only powers are those conferred to them by central government, which also (in principle) will supervise its use (see Van Deth & Schuszler, 1990; Neelen et al. (eds.) 2003). This means that in the Netherlands, central government has the authority to give powers to and take powers from local government (provinces and municipalities) whenever it sees fit to do so. Consequently, the actual distribution of power can change over time (Grit 2000: 71). Historically, the Dutch healthcare sector has the following characteristics (Putters, Van Hout & Cardoso Ribeiro 2006: 13):

- Healthcare is to a large degree organised by private parties (most of which foundations and associations).
- Healthcare is predominantly funded by private insurance. The government does not own the insurance companies.
- Long-term care is funded by public insurance. However, private insurance offices execute the purchasing of care providers.
- Medical professional care is characterised by autonomous professionals who determine their own course of action, independent from state or market
- Central government is responsible for the distribution, sustainability, solidarity and quality of healthcare. This responsibility is given to the government by the Dutch constitution. However, in this instance the government is not capable of acting independently. Healthcare is therefore characterised by strong interdependencies between government and private parties, such as healthcare institutions, insurance companies and medical professionals.

Article 22 of the Dutch constitution states that the Dutch government has the task to ‘take measures to improve public health.’ This task is twofold: the government tries to reduce health risks and it facilitates the supply of healthcare. Central government writes legislation that arranges the provision of healthcare. The responsibility for collective preventative healthcare (reducing health risks) is delegated to municipalities, who have installed municipal health services (GGD) to perform this task (Putters, Van Hout & Cardoso Ribeiro 2006: 15).

## *2.2. Four important health laws*

With regard to the Wmo, four specific health laws play an important role. Since references to these pieces of legislation will be made throughout the report, these will now be explained in brief.

First of all, the Wmo itself should be considered as the most important piece of legislation. The Social Support Act (Wmo) has been implemented since the first of January 2007. The Social Support Act replaces the Services for Disabled Act (Wvrg), the Social Welfare Act and parts of the Exceptional Medical Expenses Act (AWBZ). The biggest change is a bundling of laws and a new steering mechanism. Most crucially, central government enacts only a general policy framework. Within the borders of this framework, municipalities have a considerable amount of freedom to develop policy as they see fit (SCP juni 2009). As a result of the Wmo, municipalities have become responsible for ensuring social support for people who are handicapped or chronically ill. The objective of this law is that people themselves arrange the support they need as much as possible. Only when people are not able to arrange the help they themselves require (through friends, family or others), the municipality steps in with social support. The municipality has the duty to compensate (article 4). This denotes that the municipality is responsible for making sure that people with a handicap or chronic illness can run a household and are able to go about their business both within and outside of their homes. In addition, it has to ensure and that people with a handicap have (local) means of transport at their disposal, in order to meet and socialise with others.

The Netherlands has a total number of 441 municipalities – ranging between 1,000 and 760,000 inhabitants –, that are responsible for the execution of the Wmo. Most people live in municipalities of between 10,000 and 50,000 people (47.9 %) or in towns or cities with over 100,000 (31.4 %). Small municipalities predominantly execute the Wmo along with other relatively small communities. Alternatively, they might join a large town or city nearby in executing these activities.

Moving on to a second piece of legislation, the Health Insurance Act (ZVW) has been in effect since the first of January 2006. Along with the Exceptional Medical Expenses Act (AWBZ), it regulates health insurance in the Netherlands. The Health Insurance Act prescribes that everyone who is insured through the AWBZ is obliged to have health insurance (article 2 of the ZVW). In practice, this means that it is compulsory for every Dutch citizen to be covered by a health insurance policy. Furthermore, the ZVW includes a requirement of acceptance for insurance companies, (article 3). Consequently, insurance companies must accept all those applying for health insurance, regardless of the condition of their health. In addition, people on low incomes may receive compensation for the costs of their health insurance.

Thirdly, the Exceptional Medical Expenses Act (AWBZ) came into effect on the first of January 1968. It constitutes an insurance scheme for long-term care that cannot be covered by a regular health insurance policy. It therefore provides insurance for people with a handicap, chronic illness or mental disorder. For people to qualify for care under the AWBZ, they need to be in the possession of an indication issued by an independent organisation responsible for determining care needs. People who are indicated to be rightfully receiving care under the AWBZ can choose to receive some care components in kind or, alternatively,

receive a personal care budget. In comparison to other European countries, the Netherlands has a high rate of residential care for elderly and in nursing homes, and residential care for those who have been admitted to psychiatric and medical hospitals. This residential care is funded through the AWBZ and residents only have to pay a small, income-related share of the costs. It is compulsory for independent indication organs to mention the right to receive residential care to patients (HiT 2004: 79). Some changes were made to the AWBZ in 2009. The aim of the changes was to ensure quality and affordability of the care provided under the AWBZ. The requirements for receiving care under the AWBZ have consequently become stricter. Elderly persons with psychosocial problems are no longer entitled to receive assistance under the AWBZ. Municipalities are now required to provide assistance to people with psychosocial problems. This is to be funded by means of the Wmo budget. Furthermore, all adults are required to pay personal financial contributions when receiving care under the AWBZ.

Fourthly, the law on public health (Wpg) prescribes that local governments are obliged to compose and implement proper public health policy aimed at the general health status of the population, e.g. providing insights into the health status of the population and formulation and implementation of preventative measures. Prevention is awarded specific attention, since proper prevention policy may decrease the amount of social support required. Another aspect of the Wpg is the organisation of youth care. Activities related to prevention are considered the most crucial in this respect. Almost in all municipalities tasks of the Wpg are executed by municipal health service organisations (in Dutch: GGD).

### *2.3. Developments in the Dutch case*

The healthcare, public health and housing sectors have developed separately from one another on an institutional level, with different relations to government, municipalities and private parties. In the Netherlands, collective prevention has been among the responsibilities of municipalities, as quoted in, among other laws, the Wvg (Services for Disabled Act) (Putters, Van Hout, Cardoso Ribeiro, 2007). However, within the healthcare sector, the municipalities have but limited powers. Since the lines between the different sectors – especially those between housing, healthcare and social support – have faded over the years, opportunities have nevertheless arisen. It was at those border areas that municipalities were expected to set up networks between the different fields in order to customise services (ibid.).

Another development that took place was the introduction of more private, commercial parties offering so-called ‘package deals’, combining prevention, care, leisure, housing, and other provisions (ibid.). This development also strengthened relations between the formerly institutionally separated areas and public and private concerns. By the time market principles and other incentives for more demand-driven care (healthcare, care for disabled, social support, et cetera) were introduced, the role of citizens had changed towards a position as client, or customer. It is nevertheless important to stress that this is not always possible to achieve and heavily depends on the dependency on the caregiver (Den Breejen, Meurs and Putters, 2008). Citizens can therefore have different roles on an individual level; from patient to client, and from co producer to customer. One of the issues that will be addressed in this study is whether the municipalities can meet the demands of their citizens by regulating, funding and organising home care.

A third development is the reinventing of the role of civil society and a stronger emphasis on personal responsibility. There is growing recognition of the fact that on a collective level, citizens are part of a broader community. This supplies them with a patron role for their own community, enhancing solidarity and social capital (Van de Donk, 2001; Brandsen, Van de Donk, Putters, 2005; Trappenburg, 2008). Moreover, Dutch governments have sought to achieve a new balance between individual and collective responsibilities. The last cabinets have appealed to the personal responsibility of citizens and their organisations to a considerably higher degree. According to the Balkenende II administration: “many problems are sooner and easier to solve by means of people’s own initiative than through policy plans created by the state” (Tweede Kamer, 2003-2004, 29202, no. 1-2, p. 5). The idea is that people were able to do more, if they got more freedom to act. Whereas the Balkenende II administration stressed the *personal* responsibility and initiative of citizens and private actors, the latest government has rather used a tone of “togetherness” in their appeal to citizens. “Living and working together” was the slogan of the Coalition Agreement and Policy programme of the later Balkenende IV administration. The coalition government aims to be a government that invites and encourages people to participate. The administration calls on citizens to contribute to society and to help others (VWS 2007). Over the last two decades, politicians and policy makers have become increasingly aware that volunteers and carers make an important contribution to the self-reliance and participation of others. “They contribute to the cohesion, to increasing the involvement and social coherence of our society. Voluntary work and informal care offers citizens the opportunity to meet, the opportunity to come in contact with other people” (VWS 2007: 1). From a European perspective, the Netherlands has a leading position in the percentage of citizens who devote their time and energy to volunteering activities. The Netherlands has approximately 4.5 million volunteers and over 1.6 million informal carers (to a population of 16,5 million). Moreover, awareness that the state and local authorities could support voluntary work and informal care is in fact growing. Since 2000, the budget available for stimulating and supporting this kind of care has risen from 7.6 million to 97 million euros. An example of a new financial instrument in this area is the “informal care compliment” of 250 euros awarded to informal carers, who help a family member, partner, friend or acquaintance who would otherwise have required professional care. The implementation of the Wmo marks a new phase, during which the local support of carers and volunteers has been explicitly defined. It is subsequently important to assess whether the government can expect the number of volunteers and informal carers to rise. The Netherlands already has a high percentage of volunteers and an expansion is not to be immediately expected. Most importantly, informal caregivers are particularly overburdened, suffer financial problems because of extra costs and have difficulties with combining paid work and informal care (NIZW/SCP 2005:97; Timmermans 2003 in RMO 2005).

Within these broader developments, the Wmo was developed and introduced. The aim of the Social Support Act (Wmo) is for all citizens of all facets of society to participate, whether or not with help from friends, family or acquaintances; its perspective is a coherent policy in the field of the social support and related areas (website VWS). Four arguments led to the introduction of the Wmo (Putters, Van Hout, Cardoso Ribeiro, 2007):

- Solidarity was jeopardised. The fact that the costs for the AWBZ were increasing by 16 percent on an annual basis, along with the rise in demand of care as a result of the aging

population, made measures for cost containment and maintenance of solidarity necessary.

- Citizens' expectations could not be met. If the policy of the 1990s would continue, citizens' expectations of the 'solution capacity' could no longer be met. The AWBZ had become a garbage can of financial measures and could not meet citizens' requirements.
- Excessive emphasis on the collective level. Balance between individual and collective responsibility, or between societal and state responsibility, was now lacking. Due to the more extensive provision of services, the costs of long-term care were higher in the Netherlands than in its neighbouring countries.<sup>2</sup> Where collective responsibility was still emphasised within the scope of care and social services, the trend towards individualisation continued, accompanied by the necessity for citizens to take personal responsibility.
- A patchwork of regulations. The existing laws did not keep up with the changing Dutch setting. The AWBZ, Wvg and Welzijnswet each had their own regulations and access. It was a patchwork of regulations and provisions, unclear to a great number of citizens (The 2005, Emous, 2005).

An important background element of the Wmo is its aim to transform the welfare state into a safeguard state. The introduction of the AWBZ had resulted in a welfare state, where the state in cooperation with executive private organisations has taken over complete responsibility for the (social) care of elderly people. In the Netherlands, defamilisation has long been an important feature of long-term care policies (Da Roit and Le Bihan 2008). In other countries like Germany, Austria, Italy and France, elderly people are more financially and otherwise dependent on children and occasionally even grandchildren. In the Netherlands, contrary to countries such as France, children and grandchildren are not by law obliged to support their parents (Eijlders et al 2009). Only family members that live in the same household are expected to help each other with household activities. These obligations have only been formalised since 2003, in the Common Care protocol ('Gebruikelijke zorg'), which describes what inhabitants of the same home are expected to supply to each other when someone falls ill or becomes disabled. Examples of this include cooking, doing their laundry, cleaning and supporting the sick person with eating and washing. This protocol was introduced in order to contain costs and to guarantee a more fair distribution of scarce resources (Morée 2007).

The Wmo focuses (once again) on the personal responsibility of citizens and their organisations. In 2004, the Balkenende II administration stated that the responsibility of the state has its limits: "The state does not automatically compensate every organisational, financial or physical limitation of citizens to be social active with provisions. That would invite dependency and 'leaning behaviour', and that is exactly the opposite of what the Wmo intended to do: from leaning into supporting" (VWS 2004: 10) The Wmo is therefore not a classical provision or insurance law (voorzieningenwet), which would have implied that citizens have an automatic right to a public provision when faced with a specific situation. Citizens in need first have to make an appeal to their social environment for help. The Wmo

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<sup>2</sup> In 2000, the costs of long-term care were much higher for the Netherlands than for France: 2.5 versus 0.7 percent of BNP. Without measures, the cost of long-term care as percentage of the BNP would increase to more than 7 percent (VWS 2004).

implies an increased appeal to the civil society, informal caregivers and volunteers. In case this is not sufficient, people are able to file a request for help with the municipality. However, after an amendment of Parliament, the position of their need is enhanced with the introduction of a compensation principle within the Wmo, which obligates municipalities to compensate limitations related to housekeeping, being able to move around freely in and around the house, travelling, attending social activities and entering into social networks and relations. This compensation principle gives citizens the opportunity to call the municipality to account for their task under the Wmo Law. It is mandatory for municipalities to offer compensating provisions for people with limitations; however, they do have a certain level policy freedom in the way this is done (SER 2008). The Social Support Act consequently burdens municipalities with the duty to compensate, which means that only the final results are defined, rather than the arrangements by which those results are achieved.

Even though civil society and the community is the domain of citizens, municipalities are expected to support informal caregivers and volunteers within this sphere. The central government expects that citizens are prepared to help other people. However, these responsible citizens need support, creating a new task for local authorities (VWS 2004; Putters, Van Hout, Cardoso Ribeiro, 2007). In the policy letter *Getting (it) together*, the Ministry of Health, Welfare and Sport (VWS) has announced yet another intensification of this policy for the coming years (VWS 2007). Apart from improving the combining of work and informal care, which is part of the responsibility of the coalition government, the ministry wants to direct municipalities to offer a number of basic support functions for carers, diminishing the number of overloaded carers. The Secretary of State for VWS wants to pinpoint a number of basic support functions, such as information and advice, offering various forms of support (emotional & educational, financial & material) and a local supply of respite care. In the same way, the Secretary of State aims to establish a targeted and concrete substantiation of the local support available for volunteers, like advice, promotion of expertise, practical assistance and a broker function. In addition, she wants to develop alliances with the ministries of education and social welfare and with the business sector, in order to promote voluntary work to young people, to boost social participation, and to encourage employees to do voluntary work (VWS 2007). Municipalities are expected to play a role in these alliances. The idea is that the ministry only provides a general set of directions; municipalities have the freedom to manoeuvre and achieve results in any way they see fit.

To sum up, the Wmo substituted three laws: the Social Welfare Act, the Wvg and parts of the AWBZ. This was done to create a coherent policy within the field of social support. The bundling of the different laws into a single piece of legislation setting the regulatory framework gives municipalities more control and freedom to organise social support and home care in the way they think is best. They do so in collaboration with (those they themselves) selected private (third) parties, and in order to create a chain of good quality provisions in order to customise services to the demands of the clients (SER, 2008). This freedom of policy given to the municipalities does not only account for the way in which they offer provisions, but also for the way they indicate care, and for the introduction of deductibles, as long as they comply to national maximum standards.

#### 2.4. Regulatory framework of the Wmo

The regulatory framework surrounding the Wmo defines the policy areas for which provisions are to be developed, and requires the involvement of citizens and the transparency of results. The Wmo does set more general claims, such as (1) procedural claims, (2) the claim that as much social support as possible should be given by third (private) parties and that those should be selected through market principles, and (3) that municipalities are legally bound to the European Tender Legislation (SER, 2008). The Dutch Ministry of Health, Welfare and Sport merely supervises those regulations at a distance. However, the core of the Wmo's philosophy is based on decentralised powers and relations; the regulatory framework will now be explained.

In terms of policy content, the Wmo defines the following nine policy areas:

1. The promotion of social cohesion and quality of life in villages, districts and neighbourhoods
2. Prevention-focused support for young people experiencing problems as they are growing up and parents experiencing problems raising their children.
3. The provision of information, advice and client support
4. Supporting informal carers, including offering assistance with finding effective solutions if they are temporarily unable to carry out their tasks, and supporting volunteers
5. The promotion of participation in society and the independent functioning of people with a disability or chronic mental problem and of people with psychological problems
6. The provisions of services for people with a disability or chronic mental problem and people with psychological problems, in order for them to be able to maintain and enhance their independency or participation in society
7. The provision of social relief, including women's refuge and the pursuit of policies to combat acts of violence committed by an individual from within the victim's domestic circle
8. The promotion of public mental health care, except for the provision of psychosocial aid in the event of disasters
9. The promotion of addiction policy

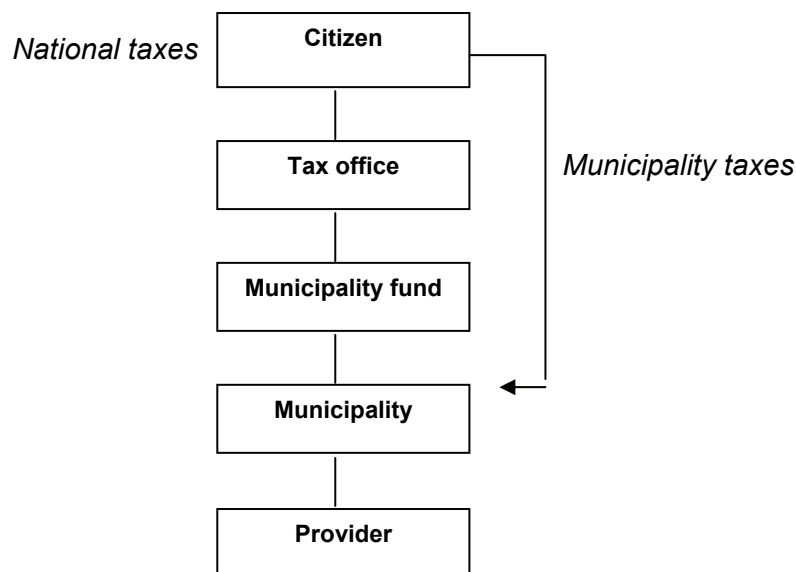
To compensate limitations experienced by a person as referred to in the areas 4, 5 and 6, the municipality is to take measures that enable him (a) to run a household, (b) to be able to move freely in and around the home, (c) to use means of transport for local mobility and (d) to meet other people and, in doing so, form social ties (Wmo, Article 4). People entitled to such measures should receive that measure either in non-monetary form or as a financial allowance or personal budget (pb). In the case of the latter, the client becomes budget holder and is supposed to serve as an employer hiring his or her own personnel. Municipalities will offer entitled persons the choice between receiving a non-monetary form of provision and receiving a comparable budget, unless serious objections have arisen.

##### 2.4.1. Financial Resources and Allocation

Central government moderates a fund (gemeentefonds – municipality fund), from which payments are allocated and remitted to the municipalities. Organising this fund, the institutional barriers between the different laws (Social Welfare Act and Wvg) were removed. As a result, it up till point remains unclear which specific resources were allocated to Welfare and which for the provision of goods for disabled people. Consequently, it is not yet known

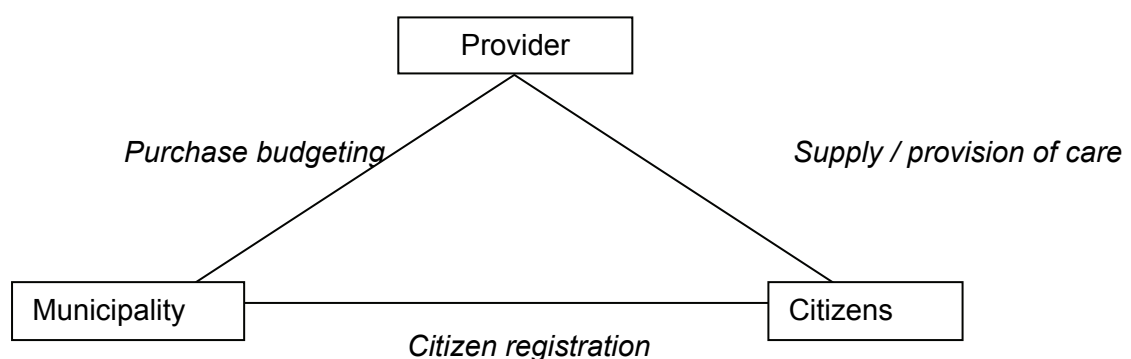
how much communities spent on the Wmo in 2007 (SER, 2008). The financial allocation stream of the Wmo is similar for each community (figure 1). However, the communities are free in using the Wmo budget and determining the sum their own community receives. This means that the authorities are capable of underspending as well as overspending (ibid.). The allocation model for the community fund accounts for approximately fifty allocation stick yards, and is based upon two basic assumptions:

- 1) The model has to take into consideration the intercommunity differences in costs, based on the tasks municipalities have to perform.
- 2) The model has to take into consideration the financial strength of the individual communities.



**Figure 1: Financial Scheme Wmo (Source: SER 2008)**

This research will analyse how financial resources are allocated and used in the different settings in greater depth. The implementation of care is to be achieved through private parties (art. 10). As a result, in most cases, care arrangements are to be purchased by municipalities by means of a tender instrument. The relation scheme between municipalities, providers and citizens is demonstrated in figure 2. With regard to the different cases, the different relations will be analysed, in order to understand how different municipalities organise and regulate social support in various settings in the Netherlands.





## Figure 2: Relational Scheme Wmo (source: SER 2008)

### 2.4.2. Tendering

The tender instrument is an important element of the Wmo. With regard to any contracts exceeding € 206.000, municipalities are obliged to contract goods and services through a tender instrument. Tender procedures for government and public organisations are set by the European Union in the tender regulations 2004/17/EG and 2004/18/EG. These European rules are elucidated further in Dutch legislation by means of the “Besluit aanbestedingsregels voor overheidsopdrachten” (BAO) and the “Besluit aanbestedingen speciale sectoren” (BASS).

The technical procedure of the tender system includes 6 steps:

1. Determine the nature of the contract: supplies, services or labour. Household assistance is covered by the services category.
2. Determining total estimated contract value, which identifies the procedure that is to be applied.
3. Determine procedure: there are five procedures for the awarding of public contracts by means of a contract: open procedures, restricted procedures, negotiated procedures (with or without prior notice) and competitive dialogues. Contracting household assistance is a public procedure, which allows any interested entrepreneur to register. The selection of candidates and awarding the contract all take place as part of a single procedure.
4. Announcement of the proposed contract must be reported to the European Community, to be published in the Supplement to the Official Journal of the EU. The contracting authority may also publish an early announcement. Making an early announcement reduces the time of the procedure.
5. Choice selection and awarding criteria: the minimum selection criteria are financial and technical. Candidates may be excluded from participation if a company does not meet these requirements, or the company fails to answer the questions in full. Two awarding criteria are in place: the lowest price or most economically advantageous tender. In practice, the economically most advantageous offer is most frequently selected, with aspects such as price, quality and delivery playing an important role. The contracting authority awards scores for the various criteria of the contract on the basis of certain factors of importance. The scores determine the award. If possible, the companies that compete for the contract are aware of these factors and their order of importance.
6. Award: the awarding of the contract will be published in the Supplement to the Official Journal of the EU. Among other things, information will be provided on the method of procurement, the award's criteria, the name of the company to whom the contract is awarded, etc. ([www.europeseaanbestedingen.eu](http://www.europeseaanbestedingen.eu)).

One form of social support outsourced by means of the tender system is household assistance. In the Netherlands, two types of household assistance exist. In one form, the home care provider has the role of employer to the household assistant. The alternative personal budget variety on the other hand denotes that the client is employer to the household assistant. The idea is that the clients have to purchase care themselves; however, the care provider may in such cases act as mediator between client and household assistant. This construction is comparable to agency work and is called “alfahulp” in Dutch. Clients

using alfahulp construction receive compensation for the salary they have to pay. Household assistants working as alfahulp are less well-trained and well-paid than household assistants employed by home care organisations. The alfahulp construction is only considered appropriate for people who are able to take on the role of employer. In 2007, the Dutch government conducted a research that showed an increase of household assistants in the form of alfahulp, at the expense of household assistants employed by home care providers. This was a direct result of the tender instrument (Kamerstukken II 2007/08, 29 538, no. 70). By using the alfahulp, citizens unconsciously and unintentionally became employer of their household assistant. As a result, they were often unaware of the obligations associated with being an employer. The research also showed that employees were forced to leave positions as household assistants with home care providers to become self-employed and less well-paid alfahulp household assistants. This has led to a decline in the employment conditions of many household assistants. Recently, changes have been made to the Social Support Act with regard to the tender system (TweedeKamer, vergaderjaar 2008-2009, 31 795, nr 3). This has led to three major changes for home care providers, their employees and clients.

- Healthcare providers may not deliver household assistance to their clients in the form of an alfahulp; the mediating role of the care provider is no longer allowed. People who want an alfahulp (for example, because they want to maintain their current household assistant employed by means of an alfahulp construction), can choose to do so. They will be compensated with a personal budget for the costs of their household assistance.
- The change in the law prevents employees of home care providers to be forced to switch to an alfahulp construction - and thus suffer a decline in their employment conditions.
- A new provision stipulates that awarded new home care providers (as result of tender) have to negotiate with the old (not awarded) home care provider on the possible acquisition of personnel. As a result, household assistants can continue working after a change in homecare providers. Consequently, clients are probably able to keep the same household assistant after a changing providers.

On the ninth of June 2009, the Dutch First Chamber (Senate) accepted the changes to the Social Support Act. The date of the first two elements of the legal alteration has been determined by royal decree. The expected date that the changes will come into force consequently constitutes the 1<sup>st</sup> of January 2010 ([www.minvws.nl](http://www.minvws.nl)).

The chapter on tendering will explain the way in which the tender works out in practice, what the role of local government is in balancing price and quality, and what differences exist regarding tenders between local governments. During the time of research, some adjustments were made to the regulation concerning the obligations involved in organising a tender. The most recent developments, based upon two new legislative initiatives, will be discussed in the thematic chapter on tendering. In addition, appendix III will include a number of recent discussions, presented as an overview of recent news articles.

#### 2.4.3. Citizen participation and transparency

The Wmo dictates procedural requirements about regarding the preparation of local policy and how to account for these developments. Municipalities themselves have to develop care arrangements in participation with citizens. Article 11 and 12 of the Social Support Act state that the municipality must arrange possibilities for citizens to participate in policy formulation and that citizens have to be consulted about Social Support policies before the city council

decides on the policy plans. Local authorities have to follow Article 150 of the Municipality Act, which already states that municipalities must develop policy on citizen participation. The Social Support Act consequently forces municipalities to enable people with a disability and chronic illness to participate in policy formulation. The municipality will provide the information required for making participation possible (art 11). Transparency is also arranged in article 9 of the Wmo. It states that each municipality will publish the results on customer satisfaction of people using the Wmo on an annual basis. These are to be obtained by a method established in consultation with representative organisations in the field of social support. The results produced by all municipalities are united and subsequently published by the Dutch Ministry of Health, Welfare and Sport (VWS) in a national rapport, enabling public and politicians to compare the performances of different municipalities (SER 2008: 180).

Citizen participation and transparency of performance constitute a shift from vertical to horizontal accountability mechanisms. Many of such mechanisms can already be found in the Netherlands, such as client councils and benchmarks. They should invite citizen to hold local government accountable for Wmo performance. However, the scope of this shift from vertical to horizontal accountability should not be overestimated, since most patient organisations are best organised on a national level and participation of citizens in local government policies was not at a particularly high level at the start of the Wmo (RMO 2005).

#### *2.5. Some general trends within the Wmo*

The Netherlands Institute for Social Research (SCP) has executed a first evaluation of the Wmo (SCP 2008a, SCP 2008b, SCP 2009b and SCP 2010). In this paragraph, some initial impressions of the implementation of the Wmo will be discussed, predominantly based on all these evaluation reports. Only some of the general results and experiences discussed will relate to the policy areas most crucial to elderly and disabled people (domain 1, 3 up to 6). These will be explored in detail in the empirical part of the report. The policy areas for youth and special groups (2, 7-9) will only be discussed in brief, since these areas are not included in the scope of this research. Since the trends all deal with slightly different aspects of the Wmo, the main trends and developments have been presented as bullet points.

- Almost all municipalities show different activities to promote citizen participation in local activities and to stimulate citizens' personal initiative (policy area 1). However, most of these activities were already taking place before the introduction of the Wmo. Many municipalities (53%) focus on facilitating citizens who are already active in their neighbourhood in particular. A smaller group of municipalities (41%) encourages citizens taking more responsibility for their neighbourhood, while a small minority (6%) hardly do anything at all to promote social cohesion and quality of life in neighbourhoods (SCP 2010).
- Nearly all municipalities (97%) have a physical Wmo counter or office where citizens can ask questions, receive information and request advice about societal support. In addition, almost all these locations offer a telephone information service for citizens. A large group of municipalities (72%) has a digital Wmo office; however, only one half of these offers the possibility of submitting applications digitally (SCP 2010).
- The policy area of supporting informal care and volunteers is not a new task to the municipality. Many municipalities already offer facilities like information, counselling and

contact networks for fellow sufferers and informal carers, as well as broker functions and information for volunteers. According to the SCP (2010), a quarter of the current forms of support for informal carers and nine percent of the support for volunteers is effectuated by the Wmo. Facilities that increased most strongly after the introduction of the Wmo constitute respite care for informal caregivers and third-party insurance for volunteers.

- The fifth policy area concerns general provisions or measures to promote the societal participation of people with disabilities, such as diner provisions, social alarm circles, volunteer 'odd job services' and involving disabled people in the design of public space. According to the evaluation of SCP (2010), almost all (95%) of the activities of the municipalities in this policy area had already started prior to the implementation of the Wmo.
- Especially policy area six, the supply of individual provisions, brings new tasks to the municipality. Prior to the Wmo, the provision of household assistance fell into the jurisdiction of the AWBZ authorities. Notwithstanding that municipalities are currently responsible for the assessment of household assistance; many of them (93%) still use the old framework and guidelines of the Centre for Needs Assessment (CIZ), such as the International Classification of Functioning, Disability and Health (ICF) of the WHO (SCP 2010). Since three-quarter of the municipalities has delegated the task of assessment to the CIZ, this is not at all surprising. Moreover, 85 percent of the municipalities use the usual care ('gebruikelijke zorg') protocol, which describes the household tasks of family members living at home. Almost no municipalities deliver less household assistance than prescribed in the protocol; whereas a minority (13%) delivers more assistance; urban cities are a little more generous than non-urban municipalities.
- All municipalities offer citizens personal budgets, even though many of them do not actively promote personal budgets. For that reason, some applicants (12% of the total number of applicants) would have preferred to receive more information about these types of budgets. On average, clients who have opted for help in kind are able choose between six providers, with a variation between two and twenty-one providers.<sup>3</sup>
- The Wmo has an impact on the labour conditions of workers supplying household assistance, since care provider organisations often tend to bid below the cost price of their working hours (Roerink and Tjadens 2009). Organisations have recruited more alfa workers and offered new employees more temporary contracts or flexible hours. The 'semi-self employed' status of the alfahulp implies that they don't receive emoluments part of standard labour contracts in the Netherlands, such as holiday payments, participation in pension funds and insurance for unfitness to work. The increased use of the alfahulp also raises issues of gender equality on the labour market, as most alfa workers are female (Roerink and Tjadens 2009). Even though most municipalities (70%) took attention to the consequences of the tendering for employees of home care organisations in their tendering policy, this factor has played a subordinate role in the

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<sup>3</sup> In chapter on tendering some general trends in the tendering process of municipalities and the experience within the case studies are discussed in more detail.

tendering. Other factors like price, quality, freedom of choice and local tailoring were more important to municipalities (SCP 2010). After the societal unrest about alpha workers contracted by provider organisations and not by clients themselves, this intermediary role of organisations between clients and alpha workers is now legally banned.

In 2008, half million people applied for Wmo provisions. This implies an average of 28 applications per 1000 inhabitants. However, a substantial variety (10 till 59 per 1000) exists between municipalities (SCP 2010 - see table 1 for the actual number of applicants for individual provisions within the Wmo). In the year before and the first year of the Wmo, the amount of applications for provisions other than household assistance increased with 10 percent, after which it remained stable on this level (SCP 2010). A possible explanation for this temporarily increase is the considerable media attention and emphasis placed by municipalities when the Wmo was introduced. This may have alerted people with an aid question on the possibility of support offered by the municipality.

Actual numbers & averages (min / max) for every 1000 citizens	For every 1000 citizens					
	2008 (x 1000)	C.I (x 1000)	Average	Minimum	Maximum	(n)
<b>Domestic assistance</b>	232	33	13	5	30	(249)
<b>Other (individual) provisions</b>	330	40	19	6	39	(237)
<b>Total</b>	496	82	28	10	58	(182)

**Table 1: Number of applicants for domestic and other individual assistance (source: SCP 2010)**

- The most frequently asked provisions concern household assistance (43%), transport provisions (32%), housing provisions (25%) and wheelchairs (13%). Single people tend to request household assistance relatively often, while those receiving residential care and mentally disabled people are more likely to apply for a transport provision. These differences can be explained by the differences in resources available to people. In the same way, women tend to request household assistance more frequently than men, who tend to pass away or become chronically ill sooner than their partner. On the other hand, men are more likely to ask for conveyance such as scoot mobiles and car adaptations than women (SCP 2010). A possible explanation for this last difference could constitute gender differences in mobility preferences and experiences.
- More than 90% of the applications have been (partially) granted (SCP 2010). In general, applicants are satisfied with the indication talk and procedure. A minority (17%) of applicants states that the person executing the intake meeting failed to 'think with them' sufficiently. A large variety between municipalities exists (varying from 0% till 57%). Not surprisingly, citizens whose application was rejected are most unsatisfied: 60% states that the officials were not prepared to 'think with them' (SCP 2010). The

Secondant/HASCA report (2009) notes that most negative clients' evaluation reports complained about the indication process and the amount of household assistance indicated. Especially the use of the 'usual care' concept triggered a great number of negative remarks. However, these negative experiences do not imply that this is an effect caused by the Wmo, since most citizens were confronted with the new protocol of usual care for the first time when they required a re-indication of the municipality with shift of tasks from the AWBZ to the Wmo (Roerink and Tjadens 2009). In 17% of cases, clients who needed a re-indication reported that they were awarded fewer hours than before (SCP 2010).

- Most clients are satisfied with the quality of the delivery of household assistance and the way they have been approached by their care worker. Around one half of the clients state that their worker does more than plain cleaning and washing. Moreover, more than eighty percent agrees that their household help has their interests at heart and take their circumstances into consideration (SCP 2010). This would imply that most household staff's position is much broader, providing some form of care in addition to their basic tasks. Clients are less satisfied about the organisation of replacement in the event of sickness or the help leaving their employment. Almost a third of clients states that this was not well-organised (ranging between 0% and 80%). Clients also have very mixed opinions about collective transport, which results in people having to share taxis with others. Users are relatively positive about the price, the helpfulness of the chauffeur and how easy it is to order a taxi. They are less satisfied about the time-consuming aspects of collective transport, like waiting and driving around. Sometimes, they indicate, the taxi fails to show up at all (SCP 2010).
- The SCP evaluation shows some intensification and broadening of measures and activities in the policy areas with regard to special groups. It is not clear if the increased activity is the result of the Wmo or of other policy impulses (SCP 2010).

In sum, the Wmo has led to a modest increase (5% up to 24%) of the existing supply of activities promoting societal support. The supply is slightly more substantial in municipalities with a high degree of urbanity. Moreover, the municipalities were able to more or less fulfil the Wmo's basic (new) requirements of, such as organising the assessment and provision of household assistance. On the basis these results, the SCP report concluded that most municipalities implement the Wmo adequately (SCP 2010). This somewhat optimistic conclusion drawn by the SCP will be referred to in the conclusions of this report, adding a number of qualifications. We will take higher standards of evaluation, since the Wmo unites many ambitions such as maintaining solidarity, cost containment, stimulating the community and civil society, citizen participation, integral care and improved public services. This raises not only the question if municipalities are really able to deal with so many ambitions, but also if it is possible to combine such a variety of goals. For instance, a strict cost containment policy for household assistance could threaten integral care, while selection of the best care providers diminishes the element of choice to individual clients. Moreover, the realisation of ambitions has to be achieved within the Wmo and other regulations. It remains uncertain whether the Wmo delivers sufficient latitude to seek compromises and solutions acceptable within society. The subsequent analysis will also reflect on these issues.

### **3. Conceptual framework: From government to governance**

Within studies of public administration, references are often made to the large gap that exists between policy and practice. There is a void between the world of legislation and policy making on the one hand and the world of implementation and practice of service delivery on the other. Public administration science has demonstrated that several institutional, organisational and political explanations can be relevant. This study aims to analyse whether municipalities are practically capable of organising integrated health and welfare services to their citizens within the new Wmo framework, and whether for example home care organisations are capable of delivering these services to their clients adequately. This will depend on the way in which the most important stakeholders organise local governance along with local governments: their collaboration, the way they negotiate on finances and the way they interpret the (changing) needs and demands of citizens. In other words, in order to understand and explain Wmo practices it is rather important to detect the institutional and organisational context in which the Wmo has been introduced and is currently being implemented.

#### *3.1. Changing interpretations of the concept of citizenship*

In addition to new tasks, local authorities are challenged by the different attitude of their citizens. In many Western countries, citizens have developed a more critical attitude towards government and politicians (Van den Brink 2002). While citizens' values have changed, it seems as if they have become less satisfied with the performance of politics and public administration over time. Dissatisfaction is not only linked to poor performance, it is also the result of increasing expectations.

Over the past decades, a high percentage of Dutch citizens has developed an assertive lifestyle in many areas of social life, like a more considerable amount of freedom in relationships, more mobility and living space, increasing consumer choice, more acts of violence, secularisation, et cetera (Van den Brink 2002). However, it remains to be seen if this applies to all citizens or whether the difference in attitude has increased between these and the more vulnerable individuals in Dutch society. In general, hierarchical relations are substituted by more egalitarian positions. Young people, women, homosexuals and ethnic minorities expect to receive the same rights and respect as the 'privileged' or other groups. These forms of egalitarianism lead to new manners, which are no longer related to ideologies of authority and class but rather of emancipation and self-fulfilment. During the late sixties, traditional forms of authority in the Netherlands were discredited regarding the whole spectrum of social life. Citizens, students and believers, for instance, criticised the authoritative behaviour of city administrators, professors and bishops. Sociologist Abram de Swaan typified this as the transformation of a hierarchical order into a negotiating order. Moreover, contemporary citizens have obtained more emotional, social and intellectual capital than before, due to having smaller families, enjoying a longer education, and other investments of the welfare state. According to Van den Brink, the advance of more assertive lifestyle should not be interpreted as a threat to civilisation. An assertive lifestyle is accompanied by high social and moral requirements. Expectations or norms are raised in family life (fidelity), in public space (safety) and at work (characteristics such as creativity and flexibility). In the same way, citizens have higher expectations about the possibilities of participation and the quality of public service.

The new habitat of emancipated citizens affects the provision of public goods and services. A repositioning of the patient role is central to policy reform in healthcare in many Western countries. From passive recipients of care, patients are thought to have changed into active and critical consumers (Le Grand 2003; Clarke et al. 2007). The 'one size fits all' solution is no longer possible (Clark et al). This challenged political leaders and policy makers to develop a more demand-oriented system of healthcare. Since the end of the 1980s, the Dutch government has been aiming to transform the existing supply-oriented health care system into a more demand-oriented system. Apart from to arguments of cost containment, the diagnosis of a changed citizen was among the main arguments used in policy and advisory documents to argue in favour of the transformation (Beek 1998; RVZ 1999; VWS 2001). The authors of these documents make implicit or explicit assumptions about how the world has changed or how consumers of care have indeed evolved:

“The Dutch have not only grown older and more diverse, they have also become more articulate, richer and better educated. Because citizens often have direct access to (medical) information through publications of interest groups and/or the Internet, they increasingly have clear preferences for healthcare provision and insurance. They want to choose. They place demands on the quality of services: more direct access, more choice and an eye for cultural and social diversity.” (VWS, Dutch Ministry of Health, Welfare and Sport 2001: 4-5, translated from the Dutch source text by the authors)

At the same time, policy makers are aware of the fact that patients do not automatically behave like critical health care users making informed choices concerning their care. Instruments serving to equip patients for this active critical role are therefore developed and implemented. Many instruments have been introduced in order to enable citizen-consumers' participation of critical healthcare consumers' availability of choice, such as participation rights, public information about the performance of components of the healthcare system (e.g. hospitals) and individual budgets (Grit et al 2008).

### *3.2. Participation*

Improving the social participation of citizens is the Wmo main aim. At the same time, however, local authorities should also focus on another form of participation. Municipalities are supposed to allow citizens to participate in the policy process. Pröpper & Steenbeek (1999) define this policy participation as: 'a government involves at the earliest possible stage, citizens, civil society organisations, companies and / or other stakeholders in the policy process through open interaction and / or cooperation with them to the preparation, determination, execution and / or evaluation of policy plans.' What are arguments in favour of participation? Apart from the empirical argument of citizens having changed, a number of reasons can be considered in order for governments to make participation possible (Pröpper & Steenbeek 1999; ROB 2005):

- Increasing support for policies. The more citizens are involved in producing the policy, the greater the chance that citizens in general will agree with the policy.
- Improving the quality of policy. By exploiting the expertise of citizens, quality of policy can be improved. It can also lead to mutual understanding between citizen and government.
- Increasing problem solving capacity. Citizens' involvement not only enhances the quality, input from different angles may also lead to other solutions to a problem. This public



involvement may also denote that citizens feel more responsible and therefore more involved in the implementation of the policy.

- Speeding up the process. Because citizens are involved, it becomes less likely that proceedings against the policy will be slowing the policy process. However, the more people are involved, the more difficult it becomes to reach an agreement.
- Creating an impulse for policy renewal. Through participation, citizens are able to exercise a more direct influence on the political process.
- Improving the image of government. Because participation increases legitimacy, a more positive image of the government could be created.

Many forms of participation exist. Moreover, the place of participation within the process of policy formulation and decision-making can vary considerably. Occasionally, citizens are asked to comment on early draft versions. In other cases, administrators may request their opinion on a finished policy proposal (Pröpper 2006). Arnstein (1969) developed the participation ladder, which classifies the different forms of participation on a participation scale ranging from low involvement to high involvement. With each step, citizens are given more influence, causing the influence of the registration to diminish. Instruments for participation can vary for each specific step. This model is not normative in nature; it does not argue that the highest step of participation is better than the lowest step. Another model based on Arnstein is the model of Edelenbos (2000):

- Information about policy: citizens do not have direct influence, but are informed about the policies of the municipality.
- Commentary: citizens are asked to comment on situations or policy proposals. Citizens are conversation partners, but have no formal powers to influence decision-making.
- Advising: citizens are asked to advise the municipality. Although formal power is still not in place, the municipality is open to new ideas.
- Co-production: citizens are involved in production of and decision-making, but within a specified framework. It is the municipality that determines on what issues and when people can participate .
- Participation in decision-making: citizens have the initiative of producing policy. The municipality acts as facilitator.

In the Netherlands, participation is highly institutionalised. The number of possibilities for participation and representative bodies, such as client councils, pressure groups foundations etc., has become so substantial that it is become known as the “third party” (in addition to providers of care and insurance organisations). However, this does not say anything about the effectiveness of participation, about the changes that made through to the input of patients. Input from patients often fails to lead to changes in policy (Bovenkamp, Grit & Bal 2008). The higher steps of the participation ladder do not guarantee more effectiveness. In fact, it is even possible to argue in favour of the opposite. For clients to effectively participate, opinions have to be aligned. The difficulty of this is that it fails to do justice to the diverse needs of different illnesses of patient groups. Also, institutionalisation demands a high level of professionalisation. Not all patients will be able to reach the level of professionalisation demanded (ibid). This will subsequently be discussed. One of the results of professionalisation of patient participation is the loss of the patient perspective. The value of patient participation does not constitute scientific knowledge or a policy perspective, but rather the experience of being a client. With the implementation of professionalisation it is

very likely that the patient perspective will be weakened. Therefore, Bovenkamp, Grit & Bal (2008: 57-9) argue, the goal of patient participation should not be to reach the highest steps of the participation ladder, but to bring across the patient perspective to policy makers and healthcare providers.

The introduction of the Wmo is supported by the argument that local authorities are better suited to match citizens' new expectations. While more citizens are active these days, the low-educated citizens experience nevertheless merely constitutes a greater distance between themselves and political authorities. A recent report by Bovens and Wille (2009) argues that a new class division has emerged, dividing citizens who have enjoyed a lower and higher education respectively. More highly educated people dominate government, parliament and single-issue organisations. This has led to a platonic meritocracy or, as branded by the authors, a diploma democracy. The educational elite is also the participation elite. What is problematic about this development is that highly and lowly educated citizen have different concerns. As an effect, worries of lowly educated citizens are barely addressed in political arenas. An explanation for the low involvement of lower educated people is sought in the verbal cognitive proficiency that is required for political participation, a proficiency that is for an important part acquired through education. The question is if decentralised forms of participation could involve low-educated citizens more effectively.

### *3.3. Decentralisation*

The introduction of the Wmo is part of a process of decentralisation, which is a popular reform in many countries (Buse et al 2005). Decentralisation is the transfer of authority and responsibilities from central government to local levels. Decentralisation has gained increasing attention as a means of improving public service (Kimr 2008). The autonomy of local governments depends the freedom it has to raise and spend money independently of central government. Possibilities for citizen to participate in policy formulation are linked to the freedom in raising and spending money by local government (Gallagher, Laver & Mair 2006: 177).

It should be acknowledged that decentralisation in this case means more than just the transfer of tasks from central to local authorities. Since the end of the nineteenth century, the central state has entrusted municipalities with an increasing number of tasks, including public housing, provision of public goods and services, education, culture policy, industry policy and social security, public health (Veldheer 1994). This expansion of local government was however occasionally accompanied by processes of centralisation as well, especially from the 1950s onwards. In the Netherlands, state funds are still the main source of income to municipalities. The relationship between local and central authorities is often described with the term "golden strings" (gouden koorden). The financial contributions from the state were specific; spending was only allowed regarding goals defined by the state. More rules and policy directions from "The Hague" compensated the increase of municipality funds. In that period, municipalities were considered as an execution body or intermediary of The Hague, or, at best, a co-maker of policy (Veldheer 1994).

Since the 1980s, municipalities have received gradually more latitude to develop their own policy and to spend money. Apart from transferring tasks, the new policy philosophy was that "golden strings" were to be loosened. However, central government was uncertain whether smaller communities were equipped for these new responsibilities. Since larger

municipalities are supposed to operate more professionally, governments started a new large phase of creation a division of municipalities. Whereas, at the start of the 1980s, 5,000 people constituted a minimum for a good functioning municipality, this minimum level was raised to 25,000 at the end of the 1990s. However, this process slowed down after 2002, with the political advance of Pim Fortuyn, who vehemently criticised large public organisations and the redivision of municipalities. Nowadays, municipalities are not only evaluated in terms of administration force, but also in terms of societal and collective values.

The Wmo is not just an example of transferring tasks from central to local authorities, since it also aims to give more responsibilities to municipalities in terms of policy making. This does however not imply total decentralisation taking place, in which central government plays no role whatsoever. This can be understood by distinguishing subsidiarity from devolution. The idea of subsidiarity is that everything should be dealt with at the lowest level of government possible. Central government only acts if local government is unable to do so in that specific policy field. Devolution means that central government determines what local government can and should do. Local governments can have some policy freedom in this system based on devolution, but this freedom can be taken away by central government at any given time (Gallagher et al. 2004: 176). Since, in the Dutch case, the principle of devolution has been considered the leading principle, as opposed to subsidiarity, decentralisation in the Netherlands should always be treated in relative and not in absolute terms.

Which arguments exist in favour and against decentralisation?<sup>4</sup> There are two main arguments in favour of decentralisation; allocation efficiency and more opportunities for citizen participation. The first argument is that local provision of public services are better suited to the needs and wants of citizens, since these services are supplied to end users at a local level (Gallagher et al 1995). Whereas central approaches could lead to standard products and services, local solutions are supposed to offer greater flexibility and specialisation of services. Each municipality can make its own policy, based on the composition and demands of its inhabitants. The argument is that local government is more efficient at providing public goods and services tailored to the preferences and tastes of individual residents (Kimr 2008). Moreover, public services could also be tailored to the social support that is already being offered by the community. All this would lead to better allocation of efficiency. Another argument is that decentralisation enhances the legitimacy of the political system. Local authorities could offer more possibilities for ordinary citizens to get involved in the state's everyday activities. From the perspective of the ordinary citizen, the probability of having any real impact on decision-making increases as the decision-making unit becomes smaller and more approximate (Gallagher et al 1995). Local government may be more accessible and democratic, because it stands in closer proximity to citizens (Newton and Deth 2005).

Two main arguments against decentralisation can also be produced. Firstly, decentralisation raises issues of equity and fairness. Decentralisation could lead to different treatment to

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<sup>4</sup> Not all possible theoretical arguments will be discussed. Arguments that are not relevant to the WMO will be left out, including the fact that decentralisation could be a training ground for democracy and offer experiments on a small scale with new services and new methods of delivering services or the fact that it could trigger disintegration of the state (See Newton and Deth 2005).

similar individuals in the same country (Kimr 2008). Public services would then have the character of a “postcode lottery”, in which the amount of services available depends on where people live (Hunter 1997). For example, wealthier municipalities would be able to provide higher levels of public services than poorer municipalities. However, this danger is partly nullified as the sources for the Wmo from the central municipality fund are based on population characteristics, more or less reflecting the need of citizens. Nevertheless, there could be serious differences in circumstances under which municipalities have to operate, like the role and extent of the community and how much informal carers are inclined to seek help. Secondly, decentralisation without transferring fiscal responsibilities could decrease resources, especially if an overburdened central government delegates tasks without ensuring adequate institutional and financial provision (Gallagher, Laver & Mair 2006?). Delegating public services to a lower level of government can also deteriorate efficiency if it results in duplication, wasteful competition and high capital costs (Newton and Deth 2005).

#### 3.4. *From government to governance*

The last few decades have seen a general decline in public trust of governments and a movement towards ideas summed up by expressions like ‘the crisis of the welfare state’ and ‘the hollowing out of the state’. The welfare state crisis is not only a problem of funding, but reflects more fundamental issues such as *legitimacy and steering problems*. Policy scientists have reflected on many factors that reduce the possibilities of government steering, like increasing complexity of problems and the differentiated society (Rhodes 1997). As mentioned in the ‘changed citizenship’ section, many citizens no longer take the authority of the government for granted, being less satisfied with public services. Ironically, the critical stance of citizens against public authorities and their dissatisfaction with the quality of public services is partly caused by the success of the welfare state (WRR 2002, Grit and Meurs 2005). Growing interventions of the state triggered citizens and their organisations to be more critical about the functioning of the state. State contributions to the education and welfare of citizens have increased their level of expectations. Moreover, the large scale of public services has enabled the establishing of professional, well-organised service organisations that request more latitude for making own policy decisions. The expanding welfare state necessitates functional and institutional specialisation and the fragmentation of policies and politics – Rhodes (1997) calls this a “differentiated polity”. Tragically, the welfare state threatens to be brought down by its own success (RMO 2006). The state is no longer regarded as being able to solve all societal problems. It therefore requires the assistance of other actors who, in turn, will have to become more responsible, moderating their claims on the state (Beck 1994; Bovens *et al.* 1995; Rhodes 1997).

Many western governments have tried to reduce their steering power, leaving more room for private actors in society. The last two decades have seen a shift away from the domain of the state. On the one hand, a shift towards the market domain has occurred, while, on the other hand, a shift towards the domain of the community has taken place as well. This shift is often recalled as the shift from *government* to *governance* (Van Montfort and Oude Vrielink-Van Heffen, 2006; Rhodes 2007). The term governance refers to a new process of governing, a decentred model of government. According to Rhodes (1999: 15), “governance refers to *self-organising, interorganisational networks* characterized by interdependence, resource exchange, rules of the game and significant autonomy from the state”. This means (a) that the government becomes more dependent on (private and commercial) stakeholders in organising, funding and facilitating healthcare, and (b) that the steering of healthcare

services becomes more complex and less controllable from the central level (Ngo, Den Breejen, Putters et al 2008). The aim of this shift is the empowerment of clients and the increase of competition possibilities in public services, in order to create more choice for clients (Putters, Van Hout, Cardoso Ribeiro, 2007; Den Breejen, Meurs, Putters, 2008). The introduction of the Wmo is an example and a result of this shift from government to governance, and the shift towards more private and commercial activities. This means that decentralisation could be a solution for the lack of legitimacy and high demands of citizen. Municipalities are thought to be closer to their citizens and therefore better at understanding citizens' needs than central government, who can only do so from a distance. Consequently, especially at the level of municipalities, participation of citizens in policy formulation and implementation is highly desirable. As described, this can happen at different levels of the participation ladder (Edelenbos, 2000). During de 1990s, interactive policy formulation became increasingly popular as a means to increase legitimacy, quality and speed of the policy process (Edelenbos & Klijn 2005). The idea of interactive policy formulation enables citizens to participate in the policy formulation process as early as possible. It refers to the lowest steps of the participation ladder. Participation is a more general term than interactive policy formulation. Participation does not only refer to the beginning of the policy process, but also includes later stages: decision-making, implementation and evaluation. Policy participation at a local level can therefore be one of the results of a shift from government to governance, or will at least receive more attention (on a local level) in a decentralised policy landscape.

The shift from government to governance increases awareness of the fact policy formulation and decision-making can no longer be understood by looking at government alone. Instead, the network in which policy is phrased, discussed, negotiated, decided and implemented needs to be examined. The public and private sector have become increasingly interwoven, while government depends on many parties for the realisation of public goals. Policy formulation and implementation has increasingly become a matter of co production, in which government is but a party amongst parties (Bovens et al 2001; Klijn & Koppenjan 2000). De Bruijn and Ten Heuvelhoff (2004 p.15) describe a network as: 'a number of actors with different interests who depend on each other for the realization of their goals.' None of the actors has the power to determine the strategies of other actors in the network and the relations between the actors have a more or less lasting nature (Kickert & Koppenjan 1999; Klijn, Kickert & Koppenjan 1999).

Multiple scholars have addressed the need for network management due to the lack of collective goals and hierarchy (De Bruijn & Ten Heuvelhof 1995; Koppenjan et al. 1993). Network management is not aimed at policy outcomes, but focuses on collective problem solving and management of the relations between actors (Koppenjan et al. 1993). Network management demands some changes to classic hierarchical steering mechanisms (Van den Heuvel 1998):

- Direct control must be changed to indirect control, in collaboration with the actors of the network.
- Instead of generic steering, specific steering should be exercised: customised arrangements are required.
- When possible, unilateral instruments are to be replaced by multilateral instruments. Implementation should not be dictated but there is room for alternative courses of action. Cooperation should be voluntary.

- Policy should not longer be focused on the implementation of specific instruments. Strategic policy is to focus on the attraction of actors and their instruments.

Even though it is possible to diagnose an increasing mix of public and private stakeholders and interests involved in health care and social support services within the Dutch context, it is crucial to be aware that the Dutch health care sector has always been characterised by huge public-private interdependencies. In order to develop a genuine understanding of the Wmo practices and their institutional context it is important to acknowledge the roots of Dutch healthcare. Government has important public responsibilities for the quality, accessibility and efficiency of the healthcare services. Yet, the organisations delivering these services are primarily private (both non-profit and profit organisations). In addition, private health insurers, to whom citizens pay their premiums, own most of the finances. Last but not least, professionals in health care are autonomous to a certain extent (especially medical specialists, but also other professionals groups). Consequently, Dutch health care is characterised by public-private networks (government and private organisations cooperating to deliver public services) and hybrid organisations (private organisations with public goals). It is within this context that local governments face their new tasks, being forced to deal with the increasing demands for healthcare services, while they are also limited in their (financial and professional) means. In order understand Wmo policy and practice it is vital to be aware that its institutional context was already characterised by public-private networks and hybridity.

### *3.5. State, market and society steer local networks and organisations*

Prior to the enactment of the Wmo, the authorities already anticipated a more prominent role for municipalities in offering public services. They were expected to deliver more customised social support to the clients. The measures taken by the Wmo were intended to support those expectations, by giving municipalities the legal responsibility to deliver services that meet the needs of the citizens. Municipalities therefore coordinate and facilitate chains of services such as healthcare, housing, public health, prevention, social support and participation (Putters, Van Hout, Cardoso Ribeiro, 2007). It is important to analyse this local government authorities' new role in relation to other stakeholders within these different markets and sectoral fields. It is consequently necessary to study and understand the relationships of municipalities with other stakeholders in the Wmo field. This is a varied set of public, private and hybrid stakeholders. Most healthcare organisations local governments have to deal with are privately owned. However, they do achieve public goals, making them typical hybrid organisations. Dutch local governments deal with all kinds of more or less hybrid organisations between state and market. This research studies the relationships between these organisations and municipalities, by using the theoretical scheme below, based on the work of Pestoff (1998).



**Figure 3. The complex relationships between public, private and hybrid stakeholders (Pestoff 1998)**

Pestoff (1998) distinguishes four main sectors: the state, the market, the community and the third sector (in French sometimes called *économie sociale*). In comparison to other countries, the Netherlands has a relatively large third sector, providing a considerable amount of non-profit services such education, housing, healthcare, care for people with disabilities and social welfare. The four sectors or social orders can be distinguished from one another with the aid of three social dimensions. These three dimensions are: public/private, profit/non-profit and formal/informal. The grey circle of the third sector illustrates that these borders are not very stringent. Actors within the circle may express varying degrees of privateness/publicness, non-profitness/profitness and formality/informality, placing them closer to one of the other three social sectors. In the Netherlands, many public services are predominantly provided by non-profit private organisations (the third sector). However, the Dutch state is still responsible for funding these services and regulating their quality. The funding and provision of public services are thus separated from each other. Even though home care organisations are private organisations, their financial resources are mostly dependent upon public insurance financed by income taxes. Even though home care has become a formalised service, many caregivers with regular customers are still inspired by values that are more natural to the community sector, like commitment and love. Most healthcare organisations, however, have developed into large professional organisations (1,000 till 5,000 employees), as a result of successive mergers. Apart from to mergers of the same kind of healthcare organisations, organisations operating in different healthcare sectors and even the housing sector have indeed merged. The conglomerate Eevan Group, for example, employing around 16,500 people, delivers household assistance, mental care, elderly care, youth care and maternity care in an area of 78 municipalities. This group has a cooperation contract with the housing organisation (Woonzorg Nederland); the coalition government has not yet approved both parties to merge. Interestingly enough, these developments were partly the outcome of a process of increased state involvement (public funding and quality regulations). More recently, the transformation into a more market-oriented system has generated a next phase of increase of scale and (management) professionalisation.

Another group of organisations within more or less the boundaries of the third sector are voluntary organisations, relevant because one of the aims of the Wmo is to stimulate informal care and voluntary work. Examples of voluntary work include support by churches, buddy-work, fellow-sufferer meetings, meal services (Tafeltje Dekje) and neighbourhood buses. Many organisations that deliver voluntary work are subsidised by municipalities or the state and have small professional staffs that support the organisation. Some volunteers even work within the context of a private company. This again illustrates the polyvalent and hybrid nature of third sector organisations. Organisations found in the third sector (social enterprises) are more than just service providers, since they have a role in preserving and cultivating public virtues like solidarity and participation. “Third sector and cooperative organisations are often seen as an alternative, or at least a compliment to both public and private sectors. They are associated with innovation, advocacy and the promotion of public values” (Pestoff 1998: 14). According to Pestoff, social enterprises could contribute to the developing of a more participatory welfare society on the foundation of the present universal welfare state. In the Netherlands, third-sector organisations that deliver public services are legally obliged to organise citizen participation by client councils. The Client Representation Healthcare Act (WMCZ) regulates participation rights within healthcare providers. However, providers contracted in the framework of the Wmo are excluded from the WMCZ legislation.

In short, the scheme elucidates the fact that local health care is characterised by the involvement of state, market, community and the third sector. All kinds of public, private and professional stakeholders are involved with their own interests and demands. Each of the domains of state, market, community and third sector has its own steering principles, more or less focusing on the individual or more collective needs of citizens. In addition, the relationships between government and other stakeholders can be characterised by public or private orientations, formal or informal characteristics and profit or non-profit goals. With this scheme, it becomes possible to obtain insight in the complex networks of public, private and professional stakeholders, steering mechanisms and goals in which local government is expected to implement the Wmo. This makes it possible to understand and explain the role of local government within Wmo policy and practices.

### 3.6. *Different orientations on the organisation, funding and implementation of the Wmo*

Local governments may deal with their context in different ways, including the way in which they try to control their environment and the instruments they choose. Table 2 provides an example of how it is possible to theorise the different roles of government. It is crucial to be aware that this is an ideal type presentation of the different roles local governments apply in practice – practice, of course, is not as univocal and unambiguous as theoretical models suggest. This framework will be used to reflect on the possible variation of roles.

<b>Steering principle</b>	<b>Role of government</b>	<b>Instruments</b>
Classical government steering	Dirigistic (top down)	Laws, regulations, control, taxes.
Decentralised steering and self regulations	Facilitating, stimulating, negotiating (more bottom up)	Covenants, agreements.
Market steering	Regulating the market (being a “clearing house”)	Control at a distance.

**Table 2: Different roles of local government**



The above scheme addresses that local governments do have some choice in filling in their new role. It is important to study the way municipalities interpret and practice their new role in healthcare and social support. Earlier research (Putters, 2005; 2007) shows that local governments respond to decentralisation trends in at least three different ways, leading to different roles within the public-private networks:

1. Some try to develop publicly oriented services with a steering role of local public administration. This is referred to as the 'state-oriented' type of Wmo.
2. Other municipalities focus on contracting private and commercial organisations at the health care market, placing them in the lead to organise and deliver the services in an efficient, qualitative and client-oriented way. This is called the 'market oriented' type of Wmo.
3. Within some local communities, groups of people (non-profit and profit organisations) try to organise the services by themselves in cooperation with public and private organisations. This is called the 'society-oriented' type of Wmo, because these societal organisations are in the lead, while the government merely follows.

All three types of Wmo implementation demonstrate ongoing hybridisation. Public and private organisations get more involved in healthcare service delivery. Some emphasise the possibilities of the market to find solutions for people's increasing demands. Others focus on the steering role of local government or the self-steering capacity of society. With this theoretical framework, it is important to try to describe and explain the role of local government authorities, the relationships with other stakeholders as well as the way the Wmo is organised, funded and implemented.

### *3.7. Some remarks about the theoretical framework in relation to the analysis*

The framework presented in this chapter is the result of an extensive theoretical analysis into theories that either describe or partly explain the emergence, essence and details of developments associated with the introduction of the Wmo. In that sense, the theoretical framework is not really a framework used for the rest of the research but to some extent part of the analysis already. In this chapter, most attention has been given to three different topics: centralisation vs. decentralisation, the changing relations between market, government and civil society and the concept of what makes good care. The Wmo actually is a decentralisation process, meaning that all actors have to adapt to changing roles. For society in general this changes the relations between central government and organisations operating on a market and within civil society. In the end, new arrangements need to ensure that high-quality social support is delivered to those who need it. A successful decentralisation process is consequently characterised by successful changes in those three domains. The remainder of this report is not structured according to these same theoretical domains or terms. The empirical part of this research is structured according to independently selected themes that represent the effect and the actual changes in the Wmo most accurately. The somewhat pragmatic approach of this report has been motivated by the dual intentions of this research and the practical assignment from the French Mission Recherche (DREES), who have requested a detailed description and analysis of the Wmo in the Dutch setting. In accordance with earlier agreements, some empirical themes were selected to analyse the cases. This theoretical framework should be seen as a theoretical analysis of the Wmo, forming the background for the remainder of this report. The analysis

and the thematic chapters are therefore somewhat separate from this theoretical framework. In order to relate theory and practice to each other at the end of this study, a reflection will be presented in the eleventh chapter. A reflection will subsequently be presented on the success of the specific Wmo decentralisation, based on the domains and theoretical terms used in this chapter. The fourth chapter will clarify how the empirical themes were selected and how the case studies were conducted in greater detail.

## 4. Methods and case selection

Having phrased the central questions of this research proposal, the methods and techniques used to answer these questions will subsequently be explained. Both the methods and research techniques, as well as the selection criteria used to select the case studies within the Netherlands will therefore be discussed. In this research, six different cities/regions are used as case studies.

### 4.1. Methods and research techniques

First of all, it is important to analyse the genesis and different aspects of the Social Support Act (Wmo) exhaustively. This is done by conducting intensive desk research, studying all relevant policy documents, analysing archives and initiating expert interviews with key individuals concerning the development and implementation of the Wmo. Due to the fact that the Institute and its researchers already had some experience in studying Wmo practices in the Netherlands, earlier research and analyses could also be used. Subsequently, in-depth case study research was conducted, serving to get a better grip on the Wmo and to understand its practical workings and the consequences. This comparison did not only bring about new insights into the differences between Wmo practices, but also contributed to the understanding of the dilemmas and tensions involved in putting the Wmo into practice. Based on these insights, it is possible to phrase recommendations for better policies and practices. Overall, the empirical analyses of the implementation of the Wmo can be used in international comparative research.

In order to perform a stakeholder analysis and describe the relevant networks, relevant representatives of the selected local communities (government officials; politicians), and select relevant representatives of healthcare organisations, housing corporations, client organisations, health insurers etc. were interviewed. The appendixes include an overview of all interviews that were conducted; the exact selection of the interviewees depended on the unique setting of each particular case study. This has resulted in almost 50 interviews for 6 case studies. In addition, some expert interviews with representatives of central government and government bodies (such as the Health Authority, the Ministry of Health, the College of Health Insurances, the VNG and the ClZ) were conducted. Since all the interviews were held in Dutch, the quotes used throughout this report are translated into English by the authors.

### 4.2. Case selection

In collaboration with DREES, three sets of selection criteria have been developed for the cases studies, in order to make the exact selection:

1. The case selection should involve demographic and socio-economic criteria. Communities are selected with different amounts of citizens, allowing for selection and comparison between rural, industrial communities and urban cities/areas. The different regions across the Netherlands will be taken into account as much as possible.
2. Secondly, the case selection also included policy criteria. As is shown in the theoretical framework, different ways to interpret and implement the Wmo exist across local governments. Some opt for a state-led orientation, while others organe a considerable amount by themselves. Some might focus more on societal stakeholders, or react on market incentives. These different perspectives will all be touched upon in this report,

including the so-called 'Zeeuws model', in which providers have to compete on quality with a fixed price.

3. Finally, the case selection will involve the preparation to change and innovate. As this report aims to research whether municipalities are equipped for their new tasks and responsibilities, both frontrunners and followers have been selected. Since the Wmo is a relatively new law, frontrunners can be better used as a test case when municipalities need some time to adapt to the new situation.

Applying these sets of criteria resulted in the following selection of 6 cases (See Appendix I for a more detailed description of the municipalities):

- Doetinchem: Is an average-sized municipality (57,000 inhabitants) in the east of the Netherlands, consisting of the city of Doetinchem, the villages Gaanderen and Wehl and the Langerak and Wijnbergen communities. The city of Doetinchem serves as the societal, cultural and economic centre, not only for the municipality, but also for the larger region. One of the main challenges for Doetinchem is the ageing population, which poses a challenge to of the ability to fund the Wmo. The case of Doetinchem could be interesting because of its cooperation with the surrounding villages. Furthermore, it could be of interest to compare Dordrecht and Doetinchem. Dordrecht is situated in a metropolitan area, while Doetinchem is situated in a predominantly rural area.
- Dordrecht/Zwijndrecht: This is a big city with just over 118,000 inhabitants not far from Rotterdam. Although much smaller than Rotterdam, it shares some characteristics such as socio-economic and cultural problems common to the urbanised areas in the West of the Netherlands. Dordrecht has put civil society at the centre of its policies in the field of the Wmo. Participation and self-responsibility are key elements in the implementation of the Wmo.
- Dronten: The municipality of Dronten was formed after the 'impoldering' of the North-East Polder after the Second World War. It is a fast-growing middle-sized municipality (40,000 inhabitants) with a relatively young population. The municipality consists of three villages: Biddinghuizen, Dronten and Swifterband.
- Hulst: This is a small municipality in the southeast of the Netherlands. It consists of Hulst and 14 other villages that have formed a single municipality since 2003. The population is relatively old, with 32% of the inhabitants being between 39 and 60 years of age and 26% of the inhabitants being 60 or more years' old. Hulst has adopted the Zeeuws Model as means of implementing the Wmo. This creates an interesting case with not only an aging population creating a challenge to provide quality care, but also the composition of the municipalities with its many small centres.
- Leeuwarden: a middle-sized city with industrialised and urban areas, in the northern part of the Netherlands. Leeuwarden has opted for the so-called Zeeuws Model when implementing the Wmo. The pilot programme they provided with the implementation of the Wmo, aiming at more coordinated and customized care giving processes (the chain of care services), is of particular interest. The Friesland region is also starting an experiment (approved by the Ministry of Health, Welfare and Sport), serving to optimise

the coordination between different financial streams and regulations. The relationship between the civil society and local government makes this case especially interesting.

- Rotterdam: The second largest city in the Netherlands, including an industrialised and urban area with severe socio-economic and cultural problems. Rotterdam has had substantial problems with the first tender of home care, which was also legally contested. The city has changed its tender programme since. It is interesting to study this change, the arguments of municipalities, and to analyse the way in which the programme is currently in place. One of the changes that has been made concerns the involvement of citizens in implementing the Wmo and combining different financial streams concerning home care services, but also social participation and labour market.

Moving on to frequently addressed issues, some specific problems are analysed in each case study. This offered the opportunity to research a number of issues more extensively. The selection of particular issues in every case is shown below; this will also be reflected in empirical part of the research report

- Doetinchem: Applying the compensation principle and funding
- Dordrecht: Tendering and citizen participation
- Dronten: (Policy) Participation (focus on transparency and use of performance indicators)
- Hulst: Policy participation
- Leeuwarden: Organisation and applying the compensation principle
- Rotterdam: The tender instrument

As has already been mentioned, the following six themes have been selected for the empirical analysis: organisation, (policy) participation, tendering, funding, paradigm shift and centralisation-decentralisation. This means theme-specific data have been gathered with regard to the different case studies. In order to interpret the data from the case studies more adequately, especially regarding the representation of the selected frontrunners, national evaluation reports have been employed. These reports will also be used to discuss some national trends in the empirical part of this report.

In addition to the literature search and case studies, a committee of experts with experience in international comparative research or connections with organisations in relevant fields abroad was also established. On two occasions, the findings of this research have been reported to this committee, subsequent two which these were discussed with its members. Their reflections and feedback on the findings have been used to optimise the analysis. The first meeting was on August 31st, 2009, where the expert committee gave feedback on the research proposal. A second round was organised in the spring of 2010, during which members of the committee gave individual feedback on the concept report. The committee consists of experts from related academic fields, the Ministry of Health, Welfare and Sport, and from local practice; the following people are included:

- Prof. dr. Roland Bal, Professor of Health Care Governance, Institute of Health, Policy and Management, Erasmus University Rotterdam.
- Mr. Kees van den Burg, Director Wmo, Ministry of Health, Welfare and Sport.

- Mr. Otwin van Dijk, Alderman of the municipality of Doetinchem, responsible for implementing the Wmo.
- Drs. Guus Bannenberg, Director of home care organisation Swinhove, Zwijndrecht.
- Mr. Aart Mosterd, board member of the Dutch Federation of Patient and Consumer Organisations

## **Empirical component based upon the case studies**

The remainder of this report focuses on the case studies and the empirical analysis of the different themes. Chapters 5 to 10 deal with the themes selected for the case studies as shown in the methodology section.





## 5. Organisation

This chapter tackles all of the Wmo's organisational aspects, by discussion cooperation agreements between municipalities and external organisations as well as organisational aspects within specific municipalities.

### *5.1. Municipal partnerships and boroughs*

In the Netherlands, most municipalities have dozens of collaborations with other municipalities in areas like police, fire brigades, public health, sewage works, garbage collection, libraries, recreation areas, taxes, unemployment relief, et cetera. The Wmo seems to strengthen and increase collaborations between municipalities. Many municipalities (70%) work formally together with other municipalities in one or more areas of the Wmo. The tendering of household assistance (61%) and support of volunteers and informal caregivers are areas where many municipalities collaborate and set up formal agreements (SCP 2010). These collaborating municipalities cooperate their tendering with an average of seven other municipalities. The most important reason for collaboration of the tendering of household assistance is cost reduction. Other reasons are improving the quality of implementation and the realisation of equity of justice in the region. (SCP 2010) One of the key problems of these collaborations is nevertheless democratic legitimacy, since town councils and Wmo councils have less control or influence over these kinds of decision bodies. However, none of the six case studies demonstrated such a problem. One reason for this may be that collaborations in the area of the Wmo were used to a lesser extent by the selected municipalities or that they were the central, dominant municipality in the collaboration.

In the Netherlands, only the cities of Rotterdam and Amsterdam have two governmental layers. The first one is the municipality, which is concerned with the whole city, and the second one is on a smaller scale and is concerned with a certain part of the city. With regard to the Rotterdam case study, these two governmental layers both have their own responsibilities within the Social Support Act, which implies that these two parties have to work together to develop a joined vision (city of Rotterdam 2006). It is aimed at making sure that the different governmental layers share and work with the same vision on the Social Support Act. The municipality has delegated the first five policy areas of the Wmo to the boroughs. The municipality is responsible for the other areas. Although boroughs are responsible for the execution of the first five areas, the municipality has the overall responsibility for the execution of the Social Support Act. Even though formally, the central municipality is responsible for the execution of the Wmo, city hall has few instruments to steer the borough. It lays down the policy framework but has no persevering power to achieve its policies. In addition, the boroughs do not always appreciate direction from city hall. One of the Wmo programme managers of city hall explained that they could try and persuade boroughs by promising facilities and support to reach uniformity in policies. The possibilities of central steering are limited, since the boroughs have their own budget for the policy areas for which they are responsible. On the other hand, boroughs sometimes fail to use the opportunities to influence the policy decision-making and implementation in their own area. Borough Noord, for instance, is formally responsible for the functioning of the local care network of 'Oude Noorden'. However, the municipality has awarded the municipal health services the task to appoint a network coordinator. Up until this point, the borough has failed to take the opportunity to actively participate in the local care network, because they have not received any complaints with regard to the functioning of the network. As a result, the

borough has not established how they want to reach the weakest groups, such as isolated, vulnerable elderly in their neighbourhood at local level. Because the borough does not actively participate in the local care network, it is difficult for them to understand the problems of these groups in society. Since the coordinator of the local care network reports to the municipal health service, which in turn reports to the municipality, the question how the borough can actively develop policy for these groups remains unanswered (IJzerman 2009).

### *5.2. Internal organisation*

According to a SCP report (SCP 2010), the administrative attention for the Wmo areas has increased in almost all municipalities (96%). Within the scope of this research, it has been confirmed that the Wmo has in most cases been awarded a clear position in the municipal organisation. The Wmo has strengthened the position of the alderman and senior civil servants responsible for the health and welfare of the citizens. In some of the case studies, the alderman plays a key role in developing and implementing the Wmo, whereas, in other cases, civil servants play a central role instead. Within Doetinchem, the alderman acts as a proactive and ambitious political leader; all interviewees indicate that his involvement in transforming Wmo policy within the municipality has been absolutely crucial.

“The alderman is really ambitious and plays an important role in achieving the goals of the new approach towards Wmo policy. The structural involvement of a very proactive civil servant is also important, since she is someone with a vision and the capacity to propagate it, which makes her someone who sees a challenge in a problem and has a hands-on approach. The success of implementing Wmo policy can therefore to a large degree be attributed to the personality of the individuals involved (‘broad intake’ project manager, Doetinchem)”.

Stimulated by the increased decentralisation of policy, e.g. the Wmo, the alderman is active on a national level to lobby for the interest of the local governments. An example of this is the important role the alderman had in lobbying for adjusting the new objective model for the national fund.

In Leeuwarden, for instance, the head of the Wmo in particular is responsible for a great number of initiatives in the field of the Wmo. The alderman of Leeuwarden says the following about this civil servant:

“He is a real driving force and very inventive. He has worked here for many years and can explain everything regarding the historical situation. He is somewhat older now, but his energy and curiosity have not diminished. He is continually involved with the Wmo; if things could be different, they would be connected with other policy areas and how you can position involved parties. (..) In this area, we were very lucky to attract and keep employees. That makes a difference. That also makes a difference to the guidance you receive as a relative layman, as alderman of course. (alderman, Leeuwarden).”

The alderman of Leeuwarden explains that the implementation of the Wmo went better than expected. According to him, it did not require a considerable amount of governmental attention, since it was rather well organised. Ironically, he says, there was both a lack of political affairs and a lack of things that did not go well.

The references made to the personalities of those political responsible for implementing the Wmo in Doetinchem and Leeuwarden reflects that personal characteristics are maybe even more important than official positions or power relations. These key figures play a central role in these particular examples of frontrunners in the Wmo implementation. As will become evident, people ranging from aldermen to neighbourhood coaches and from transition employees to Wmo coordinators are crucial factors in achieving the ambitions of the Wmo and for the coordination of different policy areas.<sup>5</sup> Notwithstanding the role of these actors, it will be demonstrated that the role of actors is a necessary condition but not a sufficient condition for realising the Wmo's ambitions. However, notwithstanding the good examples of effective local administration, the national survey of the SCP (2010) shows that some stakeholders have doubts about the organisational capacity of municipalities. A substantial minority of client representatives (29%) and executive organisations (29%) is of the opinion that their municipality is insufficiently equipped for Wmo implementation.

Coordination is very important, since many municipalities have created a link in their Wmo policy to other policy areas, such as healthcare (88%), housing (83%) and poverty policy (71%). However, most municipalities fail to specify these relations in Wmo notes, preferring to include them in notes of other policy areas, as is shown in table 3. In spite of this, while almost all municipalities (96%) have developed an integral vision on the Wmo, this does not imply that this vision will be translated into a single integral, detailed policy plan (SCP 2010).

	<b>Relation mentioned</b>	<b>of which elaborated in Wmo policy</b>	<b>of which elaborated in other policies</b>
<b>(health) care policy</b>	88	35	65
<b>housing policy</b>	83	33	67
<b>poverty policy</b>	71	19	81
<b>activation/labour policy</b>	69	20	80
<b>sport policy</b>	69	26	74
<b>integration/naturalization policy</b>	56	16	84
<b>transport policy</b>	55	24	76

**Table 3: Details of the links between Wmo policy and other domains (in %; n = 367)**  
**Source SCP 2008a.**

Municipalities try to make connections between different policy areas. Nevertheless, in some municipalities, the current compartments in the financial structure are still leading. This is especially the case if the different areas are spread over different departments of the municipality, which is for instance the case in Rotterdam. In the new four-year program, the city has opted for an orientation on clusters instead of implementing an integral Wmo. One of

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<sup>5</sup> The new vision on social support implies a different way of working for civil servants – this will be further analysed in chapter 9 on the 'Paradigm shift'.

the Rotterdam civil servants defends this policy by criticising the idea of a single integral Wmo vision:

“The Wmo is, in my eyes, a very odd law, the similarity of which is placed below the line merely labelled ‘support’. And above the line, all kinds of totally dissimilar target groups are written. If you look at policy area two, then it is about preventive care for youth; policy area six is about individual provisions; policy area nine about societal shelters. I will give a 100-euros book voucher to whoever can explain to me the connection between a junk who is now in a stable condition after being retrieved from some park bushes, an 82-year old grandma requesting a mobility scooter and a young offender visiting a youth and family centre for advice, because, I reckon, such a connection doesn’t exist.” (civil servant, Rotterdam)

### *5.3. Policy networks*

The Wmo Act supposes that municipalities involve local users, ‘providers’ and other stakeholders in the development, implementation and accountability of Wmo policy. Even though some distance between municipalities and private providers during the tendering process is necessary, the Wmo Act follows the Dutch corporatist tradition in healthcare. These denote that there are close ties between the government or ministry and the representatives of private providers and patient organisations (Helderman 2007; Hemerijck 1992). The corporatist style of decision making supposes that the sharing of political space – and consequently a higher degree of consensus between policy actors and crucial stakeholders – were to lead to more societal legitimacy and better solutions for collective action problems. The Wmo Act does not suppose a full-blown corporatist model, since municipalities are expected to involve individual private providers and not an association of providers representing individual members. The associational order is still in place with regard to client organisations.

Most municipalities (92%) have introduced platforms, where the municipality and organisations meet each other on a regular basis, to confer on the different aspects of the Wmo policy (SCP 2010). All in all, around 27 organisations per municipality are involved in all of these platforms. Organisations that participate in these platforms most frequently (79-98%) are customer organisations, housing corporations, social welfare organisations, home care organisations and informal care organisations. Depending on the local organisation of platforms and the policy area, a large number of other parties could be involved, like social-cultural work, youth work, elderly work, social counselling, (public) transport, care offices, indication organs, public health, organisations for disabled, nursing homes, care counselling, volunteer organisations, province, welfare, police, churches, et cetera. The different organisations confirm that they have been having more contact with the municipality than with other organisations, even more than with the same kind of organisations. According to the SCP, this implies that the municipality is the central player in the policy networks in the domain of societal support (SCP 2010).

The involvement of more stakeholders does not always guarantee better plans. Too many stakeholders at the negotiation or discussion table could hinder integral policy or the realisation of action plans. Municipalities that achieve a low or very high score in terms of collaboration with network partners achieve a lower score with regard to integral policy than municipalities that achieve a more average collaboration score (SCP 2010). A reasonable or

sufficient level of collaboration is consequently required to achieve good results; more collaboration however could be counterproductive. Another problem of these collaborations or policy networks is that they could hinder the entrance of new providers. The organisation of a tendering process that includes many quality requirements and pre-phrased demands is an illustrative example of this phenomenon. A representative of the Association of Dutch Municipalities (VNG) says that to most communities, really changing current relations with suppliers is, if required, a difficult step to take. The VNG recognises that there is a strong incentive to build intense long-term relations, but that it is equally inevitable to change current relations if Wmo policy is implemented according to the compensation principle. At the same time, it acknowledges that most of the Dutch municipalities have focused on implementing new regulations (with a strong focus on tendering procedures) and still have to make the revolutionary change in considering civil society and the exiting relations with providers and citizen organisations. The VNG considers it one of its own important roles to support communities in making this change.

“Of course, decentralisation comes with a certain degree of freedom to act. Still, it will come down to a situation in which you have to create new arrangements with for example welfare organisations. That’s not a bad thing, but implementing the compensation principle asks for a reconsideration of all existing relations...[...]...in order to encourage municipalities to do this we developed a theoretical model, which can be used to structure all local efforts. By framing the theory surrounding the local initiatives, we can scale up valuable experiments by expressing it in terms of a (policy) instrument. In addition, we try to establish new contacts between different pilots and to make valuable initiatives available to all our members.” (VNG representative)

Most municipalities within the scope of the case studies hesitate to steer the different actors who could contribute in achieving the Wmo goals strongly. This will be illustrated by the example of the municipality of Doetinchem, which is somewhat reserved in taking a new approach to take an active role in shaping and steering social networks or the general civil society. Although this is not explicitly expressed during the interviews, it seems that efforts are aimed at supporting the civil society instead of actually planning or steering it. It was often mentioned that a lot is already being done within a community and that it is the task of the local government to obtain an overview of the total amount of provision available. In order to offer an integral solution for every Wmo applicant, an overview of possible solutions is required. This overview, called a ‘social map of the community’ in Doetinchem, contains a short description of all generally available provisions in the community, organised by various different groups or foundations. Since the well-functioning of such a map is in the interest of civil servants and representatives of other organisations alike, its creation at specifically organised meetings generally constitutes a joint effort. The following quote illustrates and explains this procedure.

“Once every three months, a lunch meeting is organised to develop the social map further. During this informal meeting, organisations get the opportunity to explain what kind of activities they have to offer for which particular target groups. Of course, it is a process that needs further development; however, it is more and more becoming a standard procedure. The fact that these meetings are face-to-face is what makes them a great success for everyone involved.” (Wmo Quality Manager)

The participation effect of the Wmo-store constitutes yet another example of the focus on supporting civil society rather than steering it. Signals about the satisfaction of citizens concerning the package of generally available provisions and the suggestion made to improve these are both taken seriously and acted upon. Emphasis must be placed on understanding civil society, supporting it where needed and/or facilitating it where needed instead of prescribing what is to be done. As the alderman puts it: “the question who knows better what is needed on the level of (individual) provisions, me as a bureaucrat or the professionals, is not hard to answer. We need to respect professionalism more than we do now.” (alderman, Doetinchem).

Notwithstanding the existence of policy networks and the appreciation of parties for the cooperation in policy making, civil servants and societal actors are critical about the quality of the cooperation, which they value as nearly sufficient. According to the SCP (2010), client representatives award the quality of the policy network a 5.4 for policy making and a 5.0 for policy implementation, and executive organisations give a 5.8 for policy making and a 5.4 for policy implementation (on a scale of 10). Besides their meagre appraisal of the policy network, it has already been mentioned that over a quarter of these salient stakeholders are of the opinion that their municipality is not sufficiently equipped for Wmo implementation (SCP 2010). However, the next section will demonstrate that the quality of the organisational capacity of the municipality is not the only problem. This will be illustrated with two examples of ‘best practices’ or ambitious forms of cooperation from the Leeuwarden and Doetinchem case studies. These ‘best practices’, which could be typified as being more or less examples of public-private partnerships, will provide additional insight into success and failure factors in the cooperation between the municipality and societal actors. The term ‘public-private partnerships’ will be used in this report, even though no full-blown partnerships with contracts between public sector authorities and private parties exist, nor any form of risk sharing. Municipalities have developed partnerships based on a mixture of cooperation forms like informal networks, platforms, covenants and contracts.

#### *5.4. Public-private partnerships*

The municipality of Leeuwarden has explored different public-private partnerships with housing corporations and healthcare organisations in particular. These public-private partnerships already existed before the introduction of the Wmo. These partners include both small and large healthcare organisation. The most sizeable partners are two healthcare groups: Palet and Noorderbreedte. According to the alderman, these are very stable collaborative partners (Interview Leeuwarden alderman 2010). Housing corporations currently constitute more difficult partners, because of financial limitations as a result of the current economic situation (ibid.). Since the credit crunch, housing corporations have been increasingly less eager to start up new initiatives.

Multifunctional care centres are an example of the partnership between municipalities, home care organisations and housing corporations. Within this partnership, municipalities have taken a leading role when required (ibid.). This means that the municipality had no role whenever everything went well. However, whenever problems did arise, the municipality would take action to steer the project in the right direction. The alderman mentions that some hesitations were uttered by private partners, with regard to the creation of a multifunctional care centre in a newly planned neighbourhood. His current role is to bring partners together

and to persuade them of the importance of care and social support facilities in this new neighbourhood. The municipality has also formed the so-called Amarillus Group. This group consists of all organisations active in the area of social welfare. The group holds a series of informal meetings to review the policy on social welfare and to align organisations' different goals with the overall policy goal. The municipality is not always needed to form initiatives. Healthcare organisations and housing corporations also build partnerships without the involvement of the municipality. According to the transition team of project Omkeer 2.0 (Leeuwarden), it was very difficult for homecare providers to pinpoint the right role for them to play.<sup>6</sup> On the one hand, they were expected to compete with each other, while on the other hand Omkeer 2.0 expected them to try and shape initiatives that required cooperation. This for instance became evident respecting an experiment in which a single provider would deliver all-night care in the Bilgaard area. The idea was that two night care helps from one provider would be more efficient than a single night help from each of the three different providers. To avoid contravening competition law, the other providers subcontracted the night care help from the performing provider. Whether this concept is entirely lawful, is still unclear. Practical problems also arose. For instance, handing over the keys of clients from one provider to the other would occasionally cause problems.

Over the past number of years, Doetinchem has had some experience in building public-private-partnerships (PPPs). Indeed, building and maintaining PPPs around certain policy was seen as a critical factor for success. The experiences so far were quite negative, causing Doetinchem to have learned a number of lessons the hard way. As a municipality, it is extremely difficult to take the lead in any PPP, since formal power or authority is lacking. Consequently, no genuinely effective instruments, serving to steer and/or control the public-private contracts (memorandum of understanding) with diverging interests, are available. Although the commitment of private partners is considered crucial in implementing new policy plans, the municipality therefore increasingly acknowledges that effective PPP agreements need to be realistic in addition to being optimistic and ambitious. The interview fragment with the policy manager concerning housing and service areas in Doetinchem reflects the core issues in building and maintaining successful PPPs. Firstly, it describes why establishing effective PPP agreements is difficult. Secondly, it identifies what needs to be done to tackle these issue, before eventually touching upon the desired effect.

“The main cause of difficulties in organising PPPs is that we anticipate efforts by actors to whom it is outside their core business, which could mean they do not do not have the expertise, the money and the capacity to put substantial effort into it. However, we expect that our partners in PPPs think in terms of common interest and act accordingly. This requires another way of thinking. We realise that the partners involved are autonomous organisations that are confronted with increasing competition in a free market, at the expense of the involvement in what are not their core business activities...[...]...the only solution seems to be to be less ambitious and to describe aims in concrete terms and projects that can be dealt with one by one. Effort agreements and financial commitments must be created...[...]...this may cause a reconsideration of desires and demands of all actors involved. Ideally, every actor

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<sup>6</sup> The idea of Omkeer 2.0 is to bring living, wellness and care together. This would require a fundamental change (transition) in the structure and culture of the different sub-systems and their relationships.

can then focus on its core activities, while the process is safeguarded by municipality officials (Housing and Service Areas Manager, Doetinchem).”

Welfare and societal support, for instance, are not part of the core business of housing corporations. Apart from the exploitation of houses, they are more focused on issues such as cleanliness, intactness and safety (manager woonservice gebieden). Moreover, public housing corporations have been privatised since the 1980s. They are more or less autonomous in their policy and management operations. However, the statement made by the ‘woonservice gebieden’ manager about the core business and private interest of housing corporations requires some qualification. In the past, cleanliness and neighbourhood safety were not always part of their business. Ideas about what constitutes their core business may be subject to change. If corporations are of the opinion that a good social network increases the attractiveness of their houses and improves the maintenance of houses by tenants, they are probably more inclined to invest in activities or facilities that could increase societal support. The content of a PPPs and the new more realistic management of expectations within such an agreement requires the involvement of a dedicated process manager. According to the ‘woonservice gebieden’ manager, whose jurisdiction constitutes an important PPP field, the creation of the function of a process manager is essential in making PPPs work.

“It is very clear that process management is really important, especially at the start of the process. Previous PPPs have taught us that private partners expect the municipality to take the lead and coordinate the progress. Based upon earlier PPPs, we took that responsibility by analysing different forms of taking the lead; i.e. in policy, in process and in implementation. This led to reformulation of the municipality’s tasks and simultaneously it acted as a strong instrument to remind other actors of their responsibilities. The most important task of a process manager is therefore to make sure that meetings are organised and that interaction is taking place. It really deals with practical issues: the desire to cooperate is present, it just requires someone who is willing to act upon it.” ( ‘woonservice gebieden’ manager, Doetinchem)

Regardless of these drawbacks and difficulties in organising a PPP effectively, they are still considered as valuable and even essential in order to create effective and efficient policy, both within and outside of the scope of the Wmo. According to the Doetinchem interviews, the introduction of the Wmo has not led to awareness of the importance of PPPs; this already existed. Consequently, although the direct influence of the Wmo on the ambition to work with a PPP in Doetinchem is rather limited, PPPs are considered a critical success factor within the Wmo as well.

“The municipality and the partners in the PPP regarding ‘woonservicegebieden’ share the belief that the PPP will be able to realise its ambitions and for that reason should be considered a valuable example of successfully building and creating a PPP.” ( ‘woonservice gebieden’ manager, Doetinchem)

##### *5.5. Role of institutional structure*

One of the ambitions of the Wmo is to develop a more integrated policy in the areas of care, welfare, societal support and labour participation. The idea is that with the shift of more responsibilities to municipalities, it becomes more attractive to integrate the different policies



aiming to increase citizen participation. Doetinchem has therefore entirely agreed with the underlying idea of implementing the Wmo and the increased responsibility that is inherent to decentralisation of tasks. As the alderman puts it; “the compensation principle offers enough opportunities for local government to organise the Wmo rather differently and better” (alderman, Doetinchem). However, the different policy areas are governed by different laws and regulations, which could create demarcations between different policies. The national SCP survey confirms that many municipalities still struggle with harmonising different laws. A substantial part of the municipalities (44%) agrees with the statement that municipal steering of the Wmo policy has been complicated by other laws and regulations, including the AWBZ (SCP 2010). Central government was already aware of harmonisation issues prior to the introduction of the Wmo. Over the last decade, central government has therefore authorised experiments regarding the development of the possibilities of policy integration, even though this does not result in complete eradication of all issues.

The municipality of Leeuwarden, for instance, has received a grant from the Ministry of Health to detect bottlenecks in regulations between the Wmo, the AWBZ, the ZvW (Healthcare Insurance Law), the Youth Care Act and the Public Health Act (Interview Herder 2009). For instance, within Skewiel in Trynwalden (north of Leeuwarden) extramural organisations are involved in the process. These organisations only receive payments from the AWBZ, but also perform Wmo tasks. As a result, AWBZ funding did not suffice and these organisations were consequently faced with the possibility of going bankrupt. This denotes that finding structural funding for concepts such as Skewiel is not that easy. Moreover, Doetinchem has tried to introduce a regulation-free zone with regard to health support for their citizens. As part of the ‘undivided care’ pilot, a budget, which could not be overrun, was provided to local healthcare professionals at the level of an individual neighbourhood, serving to deliver the right amount and type of support from all the different pieces of health legislation. This experiment tried to overcome the barriers and multiple ways of funding in the organisation of local care. The initial results demonstrate that this is not as easy as some have suggested. Traditional ways of organising and working and, once again, the limits of the system hamper real experiment and radical change.

#### *The quest for more policy freedom to make a difference*

The Doetinchem community embraces the new responsibilities and even lobbies for increased freedom of operation. Doetinchem acknowledges the desire to make local governments more free to act but expresses explicitly that national government should act upon that more by providing the required means. Doetinchem thus desires further decentralisation and consequently further expansion of tasks for local government, as is expressed in the following quote.

“The basic idea of the implementation of the Wmo as a form of increased decentralisation is a good thing; the basic idea is legitimate. However, national government should get less involved if they really want to decentralise. Making the organisation of a tendering process compulsory is in contrast with having more local freedom to shape the town’s own relations.” (alderman, Doetinchem)

Doetinchem sees the new responsibilities regarding the organisation and implementation of the Wmo more as a gift than a burden. When asked about the potentially undesirable effect of creating excessive differences between different municipalities, the alderman responds by

mentioning that local differences are inherently associated with decentralisation and that this is not a bad thing.

“The result of big local differences is inherent to the system and really not a big issue, let alone a huge problem. First of all, the local preferences of local politicians determine what happens with the Wmo, but that is the same as with every kind of political decision. To be more exact, it is the value of local governments and that which makes local politics interesting. I do believe in setting boundaries: a certain level of services should be available everywhere. However, the exact choices made during implementation of policy within these boundaries are, and should be, up to local governments. Apart from the fact that I do not anticipate any problems with regard to local differences (as is the case in other policy areas like housing, parking etc.). I anticipate that best practices will spread either way, due to (in)formal contacts, the media and the functioning of the local democracy. The level of variation will therefore be limited by itself.” (alderman, Doetinchem)

The municipality of Leeuwarden is even prepared to go one step further in terms of latitude and policy freedom. Their alderman wants to make increased efforts to combine the different budgets that are now separated. Leeuwarden is currently facing some problems with the separation of budgets. Apart from more freedom, the alderman is not afraid of being given more tasks. He even has dreams of taking over a large part of the AWBZ:

“Someone held a presentation on behalf of the Association of Frisian Municipalities. He drew the province of Friesland and said: ‘this is Friesland and let’s tie it in a bow. Give all the money to Friesland and we will distribute it here. We don’t need more money, but give us the freedom to relocate that which we receive. And then everything will be fine.’ I’ll admit, that is very simple thought. It’s a tricky business. I reckon that’s what it really comes down to though.” (alderman, Leeuwarden)

Consequently, it seems that Doetinchem and Leeuwarden really see the Wmo as a opportunity, as opposed to the national trend that suggests that local governments are increasingly keen to request guidance when confronted with this new freedom and associated responsibilities. This proactive and positive approach to the Wmo is in contrast with the general impression of the attitude of municipalities, as expressed by the Association of Dutch Municipalities (VNG). The VNG develops ‘model policy plans’, which, according to the VNG, could be very helpful to the municipalities. The fact that a successful implementation of ‘model policy plans’ threatens local freedom to operate is not acknowledged by the VNG. When all communities follow the national guidelines, it seems that doing well enough is more important than determining the best course of action on a local level.

Although the Ministry of Health encourages municipalities to explore the limits between different laws like the Wmo and AWBZ, in practice, these were located rather quickly, according to the respondents of Leeuwarden. While a plan existed to experiment extensively on this in the quarter Bilgaard in Leeuwarden, the Ministry of Health turned down the proposition. It was argued that no exceptions could be made, since this would lead to questions from other municipalities. One of the main problems is that Wmo and AWBZ are embedded in different institutional settings. The municipality is responsible for the

implementation of the Wmo, whereas the Ministry of Health regulates the AWBZ and insurance companies implement the regulations. Moreover, the Wmo allows more latitude in spending of money than the strictly regulated AWBZ. Most options for integration are found in areas that all fall within the responsibility of the municipality.

The municipality of Leeuwarden has for instance attempted to combine the fields of Wmo and Wwb. This is also a good example of cooperation between different departments (Social Affairs and Wmo) within the municipality. Within the scope of this plan, clients from Wwb (Work and Income), unemployed people on state benefits, are to fill vacancies at homecare organisations providing Wmo services. This link between the provision of household assistance and Work and Income clients is one of the requirements in the Leeuwarden tendering specifications (bestek). Leeuwarden has therefore opted for a reasonable price for household assistance (HH). If the municipality sets the price too low, they will disadvantage themselves by creating less homecare jobs for unemployed people. According to a representative of Frieslab, which supports and analyses experiments in Friesland seeking connections between different laws and policy areas (Leeuwarden participates in Frieslab), current findings show that problems do not so much originate from explicit gaps between different pieces of legislation, but rather from parties failing to use the full width of the law.

“People are repeating each other like parrots on a large scale: this is not possible and that cannot be done. However, when you press the question of where such things are written down in the law, it appears that this is nowhere to be found. It is just gossip and illusions that such things are illegal. (...) Thus, when you are talking about dissolving holes (ontschotten), then it is not the law that should be changed, but organisations that must know better what can be done and what cannot. They should not be so ready to accuse central government.” (Frieslab Manager)

Some organisations are very risk averse when it comes to the possibility of acting unlawfully. “They say we gallantly do our own thing and that the rest we say is unlawful. And sometimes that is subconscious: they have heard it from someone else and when you hear that from someone you like or respect, then you believe it” (Ibid.).

#### *Possibilities vs. barriers*

The Ministry of Health also states that the current regulations and institutional frameworks (Wmo, Wwb, Wsw and WIJ) do not create barriers for new forms of integrated policies. In a letter to parliament, the secretaries of state responsible wrote that there are far more possibilities in practice than municipalities realise (Bussemaker and Klijnsma 2009).<sup>7</sup> According to them, this is partly a problem of perception. The secretaries of state provide some examples of municipalities that already use these possibilities:

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<sup>7</sup> Idem speech Bussemaker September 2009.

- Inflow of jobseekers as household assistance staff (see also the aforementioned example of Leeuwarden)<sup>8</sup>;
- Young unemployed people taking part in a work placement scheme in care or welfare work;
- Unemployed people with a large distance to the labour market can do volunteer work as part of process of labour re-integration;
- Integrated services. Multidisciplinary teams (participation coaches) could visit citizens who do not or hardly participate in society at all

The secretaries of state finish their letter with the message that local authorities should take their political responsibility: “[Local authorities] should take up their direction role. This requires vision and ambition. And nerve: the will to exploit opportunities of the different laws” (Bussemaker and Klijnsma 2009: 9). The VWS representative admits that some problems exist with regard to the separation of financial structures. It is not allowed to spend AWBZ money on Wmo activities, even in cases where this would reduce costs for the total healthcare system. Furthermore, if adequately working municipalities save costs for the AWBZ, these savings are not returned to the municipalities. The Ministry of Health is currently studying how things could be changed and improved, but the respondent expects that every cut will have its own peripheral problems, like shifting problems and deteriorating certain effects. “Every cut creates its own border problems; that is part of the game.” (VWS representative 2009) According to this respondent, leakages are allowed. He states that the separation between AWBZ and Wmo is mostly a theoretical problem: “I have no signals that this plays a large role in practice.” He admits that municipalities do not receive direct rewards for savings in the AWBZ. However, he argues, that should not be the way to look at this, as these savings would come back to them one way or another. The VWS’s message is that municipalities have sufficient freedom and reasons to develop integrated policies and seek partners outside the Wmo. The SCP evaluation nevertheless showed that of all the people who need provisions or support from multiple domains the large majority consist of people who need the Wmo and the AWBZ to fulfil their health demands. Therefore, in addition to the fact that it may be a theoretical problem, the demarcation of the Wmo in relation to the AWBZ does consequently actually affect real citizens. The actual influence of this discussion about the demarcation between the Wmo and the AWBZ surfaces when a citizen applies for both forms of support and consequently needs separate indications. A citizen who needs support from multiple laws also requires multiple indications, while only a single indication setting should suffice (Interview Herder 2009). A single indication setting procedure saves time, money, is more customer-friendly and offers the opportunity to deliver the most adequate package of care to the applicant by using multiple sources. Especially complex cases should benefit from this approach. Although this could potentially save money, it is very hard to achieve in the Dutch setting, according to the Leeuwarden representative. Respondents involved in the project ‘Omkeer 2.0’ in this municipality suggest that many indications are unnecessary. Apart from implementing one single indication setting procedure, another

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<sup>8</sup> Consultancy Significant mention some practical problems around the deployment of Wwb people in healthcare: complicated legally, insufficient hours, certainty of service, quality of service and negative income consequences in case of failure (Hellendoorn 2009).

proposed alternative is to keep in regular contact with clients to evaluate if the provided care is still adequate. A typical example for the Dutch setting will now be presented, showing not only what it means if an applicant faces the strict demarcation between the Wmo and the AWBZ, it will also show how the entire system itself does not benefit (financially) from the current situation. The example was brought up during one of the interviews in the municipality of Leeuwarden.

#### Example 5.1

The wife of an 80-year-old retired plasterer can no longer manage the household due to physical limitations. In addition, she also needs help with personal care, like taking showers. With regard to the latter, the plasterer says: "I don't want a stranger to touch my wife; I can help her with taking a shower myself". However, the plasterer has never done any household chores, since he always considered these a woman's job, so he prefers to get a few hours of household assistance (within the Wmo) from the municipality. However, the rules of the Wmo prescribe that if there is still one adult left in the household who is physically able to perform household activities, no household assistance is provided. As an alternative, an AWBZ indication is also initiated for the wife; the result is that she is entitled to receive help with taking showers. A care worker is available to assist her with taking showers three up to four times a week. The conclusion of this case is that, at the end of the day, the plasterer and his wife do not see their demands for help answered in the preferred way. In addition, the kind of help provided is more expensive than the desired alternative. Separate regulations and the strict demarcation between the AWBZ and the Wmo cause the fact that the far more adequate (to both the system and the people involved) form of care (a couple of hours of household assistance) is eventually not delivered (Interview Herder 2009).

Based on the description and examples mentioned, it is now clear that the fierce (often political) debate about the precise demarcation of the Wmo, especially in relation to the AWBZ, may constitute an important reason for the need of a continuous development of the institutional context. As is repeatedly stated in official reports of the Social and Economic Council of the Netherlands (SER) changing the Wmo or other related policies like the AWBZ or de ZvW can only be implemented with a simultaneous reconsideration of the entire financial and institutional arrangement (SER 2008). Consequently, changes to the institutional embedding will probably be implemented more often in the (near) future. Nevertheless, VWS respondents expect that a certain demarcation and consequently separation of financial structures will continue to be required. In the past, there were ideas within the Ministry of Health to shift increasingly more Wmo tasks to the AWBZ. Nowadays, they acknowledge that the Wmo has a different philosophy (compensation) than the AWBZ (provision law). In order to protect the basic Wmo philosophy, the government should not transfer all care provisions to the Wmo. This implies that the demarcation of the Wmo will always be a subject of debate, which is also expressed by the manager Wmo at the Ministry of Health:

"I don't think it is a good idea to expand the Wmo by shifting tasks from the AWBZ to the Wmo, since we must protect its identity. An ever-increasing Wmo will eventually show the same flaws and drawbacks as we have seen within the AWBZ. In order to keep the compensation principle at the core of the law, we need to respect some of the demarcations; although any discussion about its exact location is a good thing."  
(Wmo manager, Ministry of Health)

### *5.6. Concluding remarks about the organisation theme*

The analysis shows that both actors and institutional factors play a role. On the one hand, central government cannot ignore the enabling and constraining elements of the institutional framework. The way in which the Wmo and the AWBZ are embedded in different institutional settings could block integration between these areas. Alternatively, the framework of repeated tendering and competition could hinder collaboration between providers or long-term investments in public-private partnerships. Furthermore, the mission and main businesses of providers are shaped within different institutional backgrounds. This all implies that interests do not always run parallel: organisations have different goals or are not prepared to share or yield tasks to other parties. The current structures still have their impact on the behaviour of municipalities. Compartmentalised ideas and the need for structure have not disappeared. New relations and goals are still translated into existing institutional connections. These phenomena serve like an 'institutional trap'. On the other hand, municipalities or local actors have more latitude and opportunities than in the past to act in the field of social support. There will always be demarcations that might hinder integration of policies or path dependencies that might hamper the development of new ways to act. The large variation in policies found in relation to this study (see also SCP 2010) illustrate that not everybody is locked up in the institutional trap. In some cases, it became apparent that either the alderman or civil servants develop new initiatives along with stakeholders. Moreover, the increased extent of variation in the case studies shows that the latitude of municipalities is larger than in the past. However, it is crucial to be aware that institutional reform such as the Wmo, including cultural change, requires a long period of time. Both this issue and the problems of policy reform will once again be discussed in the 'Paradigm shift' chapter. The dissatisfaction with the current limited freedom leads to some efforts to influence national policy makers to make adjustments to existing policy. Like with every policy, people will always discuss ways in which national regulations can be improved. This is acknowledged by the ministry, which currently analyses if the Wmo regulations require some adjustments. Topics that are under investigation and thus subject of discussion include the demarcation between Wmo and AWBZ, the objective model serving to divide the means from the national fund and the possibility for local governments to benefit (financially) from their efforts (the latter two topics will be discussed in the eighth chapter). A more complicated discussion is posed by the debate about the policy freedom of municipalities. The empirical findings show that this is not only a principal debate about the role of the central state and the policy freedom of local authorities, but at the same time a pragmatic discussion about the interpretation of the national framework. Formal rules and the idea actors have about these rules are both institutional barriers. Moreover, uncertainty about the institutional setting could hinder municipalities to take up their new responsibilities, even in cases when municipalities have sufficient latitude formally.

## 6. Policy Participation

Participation is an explicit requirement of the Social Support Act (Wmo). However, what does it lead to? As has previously been discussed, the Wmo replaces parts of the Exceptional Medical Expenses Act (AWBZ). In contrast to the AWBZ, the Wmo does not so much arrange healthcare, as it arranges participation (Nicis 2010). Within the AWBZ, individual provision is arranged in regulatory rights: who receives what kind of care. In the Wmo, individual provision of care is not specified. Instead, municipalities are forced to provide compensation to their inhabitants. The Wmo obliges municipalities to enable all their inhabitants to participate in society. This means that all inhabitants have to be able to participate in society in the broadest sense of the word. It is not stated what compensation they have to receive: this is up to municipalities themselves to decide (see introduction and chapter on paradigm shift for a more elaborate discussion). Participation can be categorised in two ways. One way to go about this is the active participation of all citizens in society. This can be as broad as meeting neighbours, giving informal care to family members or participate in a sports association. The other form is policy participation, which could mean that citizens are given the opportunity to provide policy input; to have the right to vote or veto on a policy proposal and/or to participate in the implementation or evaluation of policy. While this chapter focuses on policy participation, participation in civil society will be discussed in the paradigm shift chapter.

Article 11 of the Wmo states that municipalities have to involve citizens and stakeholder organisations in the formulation of municipal Wmo policy. Article 12 of the Wmo obliges municipalities to ask patient organisations for advice, and to report on the way in which this advice is included in the Wmo policy (Staatsblad 2006a). The Wmo consequently does not arrange how and to what extent citizens should participate: it only arranges *that* they can participate. How participation is organised, and what influence participants have at which moment in the policy process, is for the municipalities themselves to decide. To what extent citizens can participate and how policy participation happens in practice is the question will be discussed in this chapter. First of all, the general trends of participation will be discussed, based on the recent SCP rapport. Subsequent to the general trends, various empirical examples will be discussed, based on the case studies at hand. From the cases, it will become clear that the requirement of participation can lead to very different forms and outcomes of policy participation. In close relation to the topic of policy participation, the topic of accountability is relevant as well. Citizens are involved in policy formulation and occasionally implementation, but do they have the means to hold the municipality accountable for the quality of care? The purpose of the Wmo is to decentralise the use of control and accountability (Bestuursakkoord 2007). The only accountability obligation municipalities have towards the central government is the publication of the results on customer satisfaction of people that make use of the Wmo (Article 9, Wmo). The last section of this chapter will examine accountability in great detail. The result is of the decentralisation of accountability will hopefully become apparent. The chapter ends with a concluding paragraph.

### *6.1. Some general trends in participation*

In this paragraph the general trends of participation in Wmo policy are discussed, in order to present a general picture. The subsequent paragraphs will be strongly focused on the separate cases, in order to examine the different outcomes to which the requirement of

participation can lead. Form, vision and outcome of participation are subsequently discussed. Based on the SCP rapport (2010), it will hopefully become evident how participation is organised, who participates (including stakeholders like provider organisations) and how stakeholders judge the influence they have. In the following overview of the current situation, it is important to keep in mind that the SCP (ibid) has come to the conclusion that most participation activities municipalities organise already existed prior to the introduction of the Wmo.

- Organisation: To conform to article 11 of the Wmo, most municipalities have installed a platform in which stakeholders have met to discuss and advise on Wmo policy (SCP 2010: 104). On average, a municipality has 4 platforms involved in (a part of) Wmo policy. Of those platforms, 92% is involved in both policy formulation and implementation (ibid). Municipalities without a platform have other forms of participation. Examples of those other forms of participation are at hand in the municipalities analysed in the present research report.
- Who participates: The number of stakeholders participating in the platform differs. A small group of municipalities have platforms in which only few parties participate, providing advice on only a few topics. In addition, there is also a small group of municipalities with many participants advising them on a very broad range of topics. Most municipalities are in between those 2 extremes. In 88% of the municipalities, welfare organisations are members of one or more platforms. In 80% of the municipalities, one or more platforms include a care provider member (ibid). Welfare organisations and care organisations are best represented in membership of platforms. The SCP also looked at the representation of interests. The interests of the 'youth', women (associations), people with psychiatric illnesses, victims of domestic violence, addicts, homeless and migrants are not represented to a sufficient extent (ibid).
- Topic for participation: The topics that are part of discussion in the platforms can be very narrow in some platforms, while other platforms advise on the full breadth of the Wmo. 'Youth' is a part of the Wmo that is discussed in the platforms to a relatively lesser extent. One of the reasons for this is that many municipalities have a separate youth policy that also organises matters formally part of Wmo policy. Leaving out 'youth', 46% of the platforms discuss the full breadth of the Wmo in their municipality (ibid. 105). What this shows is that not all topics falling under jurisdiction of the Wmo, can be separated from the existing organisation of municipal policy. 'Youth' for example, is already embedded in municipal policy. The introduction of the Wmo, does not automatically lead municipalities to separate youth policy from the existing programmes and put it in a Wmo programme. As a result, participation in Wmo policy often does not cover 'youth' because it is not a consequence of Wmo, but already embedded in municipal policy. In 96% of the municipalities, client organisations can advise on housing, (in 92%) welfare, and (in 90%) on social support. Home care organisations and informal care organisations are also involved in these platforms. In an evaluation, client organisations are least satisfied with policy participation. They rate their involvement 5.4 out of 10. Care organisations and civil servants grade the possibility for policy formulation higher, at 5.8 and 6.2 out of 10 respectively (ibid. 108).



- Participation in policy implementation is a bit lower than policy formulation. However, in 75% of the municipalities, stakeholders such as client organisations can participate in implementation. Client organisations again provide the lowest mark: 5 out of 10. Care organisations rate participation in implementation little higher but still insufficient: 5.4 out of 10. Civil servants also give a narrow score of 5.5 (out of 10). The first step to involve citizens in policy formulation is to analyse the wants and needs of the population. Citizens' needs were analysed in 90% of the Dutch municipalities. Large, urbanized municipalities more often use different instruments to measure needs of their citizens than is the case in small, rural municipalities. The instrument used most frequently is the Wmo council (SCP august 2008). In their study, the SCP asked civil servants during which phase stakeholders were involved. In 92% of the municipalities, stakeholders were involved in policy formulation. In 67% of the municipalities, the Wmo council was also involved in accounting for-and evaluation of the Wmo. In 65% of the municipalities, the Wmo council has been involved in the implementation of the Wmo. The size of the municipality does not really affect the phase in which stakeholders are involved in policy. Apart from the Wmo council, citizen reports are the most frequently used instrument to achieve horizontal accountability (ibid.).

## *6.2 Organisation of participation.*

In this part of the chapter on policy participation, different forms of organising citizen participation will be described.

### 6.2.1. The Wmo council, formalised participation

Hulst tried to use the introduction of the Wmo to be one of the front-runners in participation. Since 2005, the city has become Wmo ambassador, initiating a pilot project in behalf of the Ministries of Health and the Association of Dutch Municipalities (VNG) ([www.invoeringwmo.nl](http://www.invoeringwmo.nl)). This pilot focused on achieving inclusive policies and social cohesion in neighbourhoods. It looked specifically at 'dream trajectories', in which citizens initiated plans for the development of their city and neighbourhood towards the year 2016 (see also chapter on paradigm shift). The dream trajectories are an example of the fact that the difference between participation in civil society and in participating in policy is sometimes hard to make. Examples with regard to which the difference between social participation and policy participation is clear could include: providing informal care (social participation) versus advising on Wmo policy (policy participation). However, arrangements occasionally fall into both categories, such as the dream trajectories. The trajectories were initiated because Hulst wanted to be a front-runner municipality, with policies that encourage social participation. At the same time, the dream trajectories had the aim of providing input for projects, and can therefore also be regarded as a form of policy participation.

Hulst has institutionalised the client-and citizen participation in a Wmo council. The council has both formal advisory duties and tasks. Since 2006, this has been embedded in the local Wmo rulings of the city of Hulst. This ruling describes the way in which the advisory council has to work. The advisory council has the right to advise the local government on the Wmo in general, but it does not advise in individual cases. The council can also take the initiative to give advice, so-called unsolicited advice. This instrument has not been used very frequently.

Members of the Wmo council in Hulst were selected on basis of their expertise and experience and not on the basis of representation. The council counts 7 members, but not all

were present at all meetings. They conducted monthly meetings, with an agenda mostly steered by local government and civil servants. Periodically, the alderman for Wmo affairs conducted a dialogue with the chairman of the Wmo council (twice a year). The input for meetings was informed by policy that was phrased by civil servants. Consequently, although the council had a lot of freedom to discuss matters that it deemed important, the setting of the agenda was really done by the municipality. Put in another way, the functioning of the council was not proactive, but more reactive to input given by the municipality. Eventually, the Wmo council stopped functioning because several reasons:

- Membership was loose, its members changed on a frequent basis, and there was not much cohesion within the council. This was occasionally the result of job pressure, and occasionally because of disappointment about the possibilities to exercise genuine influence on local policies, and it appeared to be difficult to find people willing to fill these positions.
- The members had the impression that they could only say yes or no to a policy document. There was not much time to read the documents, let alone modify policy formulation.
- Contact between the Wmo councils and other advisory councils was limited. This led to unclear relationships and the same work being done twice. Overlap in activities caused a lot of stress and insecurity.
- There was limited coordination and communication between local government, the alderman and the Wmo council. In addition, the local community council had doubts about installing the Wmo Advisory council. Hulst nevertheless wanted to start implementing the Wmo swiftly, wanting to be a front-runner. Consequently, they also started with the Wmo Advisory council. Yet, in a rather ineffective way, in which the council itself did not have real influence (apart from reading a lot of documents).

The Wmo council failed due to unclear relationships between local government, representatives within the council and timing issues (agenda setting). At present, Hulst has installed a new Wmo council. The members of this new council are members of already existing client council for e.g. elderly and mentally and physically disabled groups. This should improve cooperation within the council and between the council and local government. It also diminishes the amount of advisory councils, creating more clear-cut procedures for client groups to exercise influence on Wmo policies.

#### 6.2.2. Multiple forms, flexible arrangements and informal participation

Leeuwarden has two platforms that provide general advice to the municipality on policy problems and ideas: one platform for policy areas 3-6 (client advice, informal care and provisions) and another one for policy areas 7-9 (mental illness groups, homeless people and women's shelters). The case of Leeuwarden is slightly special, with their special council for policy areas 7-9, because mental illness groups, homeless people and women are underrepresented in platforms in general (SCP 2010). Leeuwarden has opted for a specific platform for these last vulnerable groups, to make it easier for them to participate. A civil servant describes that involving these groups was an interesting challenge for the municipality:

“One of the exciting groups consist of people who receive psychological health care, who are a little bit ‘mad’. What are their problems? Those are very nice discussions.”  
(civil servant, Leeuwarden)

It might be easy to imagine that input by those suffering psychological problems is a challenge to translate to policy. Even in the case of “normal” people, civil servants find it a challenge to translate their comments and concerns into useful input for policy. In Rotterdam, a city that claims to be very enthusiastic about participation, civil servants also indicated that it incorporating stakeholder input into policy posed a real challenge.

Some municipalities, including Hulst, have a single platform for Wmo participation. However, the municipality of Leeuwarden has explicitly opted for differentiation. “We have said: we don’t want one type of citizen participation, but different types” (civil servant, Leeuwarden). With regard to each policy area within the Wmo, the municipality of Leeuwarden looks for the most appropriate form of policy participation. This has resulted in a situation in which, in addition to the two Wmo platforms, a youth advice council is in place. Furthermore, evening meetings are organised for the public, as well as theme discussions for specific problems and Internet panels for each quarter. Leeuwarden has organised a participation structure for neighbourhoods with these quarter panels and sometimes neighbourhood associations. In the Bilgaard district, the neighbourhood association will for instance organise a panel including a member of the association, an elderly person and a shop owner. The association or the panel receives a budget for organising their own activities, such as panels, a website and theme discussions. The Leeuwarden philosophy is that no form of participation fits all.

“We organise evening meetings for the public to comment. However, this does not work every time. (...) We had evenings meetings to discuss the Wmo with three, four hundred people at city hall to talk about the Wmo in various different ways. (...) This works sometimes. We also have new forms; we can ring a TV cooperation or such like. However, each time, and the city council forgets that sometimes, we take a new decision about what is the best form of citizen participation for each theme. And then that is taken.” (civil servant, Leeuwarden)

The respondents in Leeuwarden value the different forms of participation positively. The municipality receives a lot of input from citizens, even though the alderman seldom talks with the Wmo platforms directly. The platforms’ good relationship with the Wmo staff gives them the opportunity to develop new ideas, like the APK model (see theme paradigm shift). Leeuwarden wants to prevent institutionalisation of citizen participation:

“Yes, because in that case you get advice councils that playfully pretend they are actually the city council and then they do it in almost the same way [as the city council does].” (civil servant, Leeuwarden)

What Leeuwarden wants to prevent is to establish a new council that is the same as the city council. In the view of Leeuwarden, starting a second council of representative democracy that basically does the same as the municipal council has little added value.

The city of Rotterdam also has different forms of participation. At city level, the so-called Platform Agenda 22 (Stichting Platform Agenda 22; <http://www.agenda22-rotterdam.nl>) can

be identified. Instead of a council, Rotterdam has chosen to form a platform that serves more like a think tank. This platform advises the aldermen on policy issues related to the elderly and the disabled. Various organisations representing either elderly or disabled people participate in this platform.

With regard to all other issues of care and social services, the city employs a flexible formation of the platform. The platform was installed in 2007 and has around 50 to 60 regular participants of professional organisations, voluntary organisations and grassroot organisations. Based on the topic of discussion, a selection of participants is invited to give their opinion on early drafts and think along in policy formulation. Usually the platform meets about 3 to 4 times a year. The input from the platform meetings is used in the Wmo policy programme (Meerjarenplan 2010-2014). Apart from these meetings, the platform also organises conferences. Wmo users, care organisations, civil servants and Platform Agenda 22 partake in the conferences to get viable user input for policy. One of the pieces of advice produced in a conference concerns custom transport for people with disabilities. The main complaint of the users was the fact they had to wait for a considerable period of time before their transport arrived, especially prior to their return journey. Naturally, for instance taking into account the element of traffic jams, this can never be completely prevented. However, the conference led to the advice for transport service to use "call-back service". This means that the transport service calls the client to tell at what time the transport service will approximately arrive. It does not shorten waiting time, but can prevent a lot of irritation (Platform Agenda 22, 17-02-2007). In summary: structural participation focused on representation of clients is being exercised by Platform Agenda 22, as well as flexible participation on all other issues, with a focus on expertise and involvement (interview Wmo coordinator Rotterdam).

In the northern district of Rotterdam (deelgemeenten Noord) participation works on two levels: at project level and in a more structural way, within the Wmo network. In 'Noord', it became apparent that the Wmo is translated within a network of the most important care providers, welfare organisations, client organisations, a city coordinator (civil servant), but also volunteers and representatives of for example churches (IJzerman 2009). Depending on local key individuals, such as the alderman for this particular district, participation is really seen as involving stakeholders in the creation of services, or as increasing legitimacy for policies that have already been created. In the Rotterdam Noord case it became evident that participation can really lead to new approaches to find and help clients, as well as new initiatives to invest in the social infrastructure of neighbourhoods. The WAPS, a neighbourhood social action plan, is an example of this. In these plans, the municipality, districts care providers and other stakeholders worked together to establish the 'Vraagwijzer' (Wmo counter). The Vraagwijzer is a tool that helps clients to find care providers and to file the applications for household support and home care. A Vraagwijzer is located in each Rotterdam neighbourhood. All Vraagwijzers have the same outlook and way of working, but are operated by different organisations. In some cases, the municipality of Rotterdam operates the Vraagwijzer and, in other cases, care providers or welfare organisations are responsible for the operation (interview civil servant Rotterdam).

Another example is the website [www.inz.nl](http://www.inz.nl). This website is an inventory of voluntary organisations and their projects, municipal voluntary policy and other information. It was initiated by the voluntary organisations of Rotterdam. In addition, a third example constitutes

the Vital Coalition (Quick Scan Burgerparticipatie 2008). This project support civil initiatives, bringing different groups of people together. Apart from social activities, the project also encompasses a website (<http://www.vitaalpendrecht.nl/index.html>) that contains news about the neighbourhood. Rotterdam claims that policy participation has a long tradition and that arrangements for participation are not limited to the Wmo. With regard to the municipality, participation is predominantly used at an early stage of the process of policy formulation, serving to prevent faulty policies and to ensure policy acceptance. In Rotterdam, participation is organised with an advisory purpose. In addition to a platform, ad-hoc possibilities for participation are being organised (interview with a Rotterdam civil servant).

### 6.2.3. Innovations, approachability and personal involvement?

The requirement of participation did not only lead to the introduction of platforms, innovation of participation arrangements can also be found. Leeuwarden and Doetinchem as well as Rotterdam developed forms of participation that are more easily accessible than the platforms. As discussed in the last paragraph, neighbourhood associations in Leeuwarden get a budget from the municipality to organise panels. This is rather different from, and more flexible than the formalised meetings of the fixed Wmo councils in Dronten and Hulst. Apart from Leeuwarden, Doetinchem and Rotterdam are also among the municipalities that have accessible, non-formal forms of participation. The 'Wmo-store' in Doetinchem can be considered as an instrument for informal participation.

“The 'store' concept works better than a counter serving to receive input from individual citizens; the store invites citizens without explicitly expressing it in that way.” (interview Doetinchem Wmo quality manager)

Apart from serving as a Wmo counter, the store also functions as an instrument for acquiring more detailed information about the desires, wishes and demands of citizens. The store generates input for policy. The concept of the Wmo store is not only suitable for delivering services, but also for obtaining worthwhile information from citizens about the demands and the level of satisfaction with the current set of provisions available. The implementation of the store concept allows the relationship between citizens, civil servants and politicians to be changed and become more intense. This is likely to increase the acceptance of new policy from the city council, while it will also improve the policy participation of citizens by creating an easily accessible option for it. This was 'much more difficult' before the Wmo was introduced according to the client manager of the Wmo-store (interview client manager)<sup>9</sup>.

Another instrument for participation is the concept of organising consulting hours. Consulting hours give citizens the opportunity to meet the alderman face to face, in order to ask or tell them about any issues related to the Wmo. Of course, this instrument is all but new. Interestingly enough, Doetinchem is currently considering whether this old concept of organising consulting hours should be extended to client managers as well. After all, this would further increase the easiness of access to city officials. The consulting hours are an informal way to express complains or compliments to the municipality:

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<sup>9</sup> Citizens do not come into direct contact with politicians in the store. However, the store generates a substantial amount of information that allows the alderman to create a policy that will have a broad base of acceptance.

“These instruments are appreciated by the municipality as well as its citizens. Local politicians want to be in close contact with the citizens of their municipality and citizens like to have the opportunity to influence the process of policy making apart from using that possibility.” (Wmo quality manager, Doetinchem)

In Doetinchem, policy participation is consequently very direct. Wmo users are able to engage the people responsible for the services they use in direct conversation. At the same time, this very direct form of participation is limited to the provision of input. At the consultation hour, Wmo users have no formal position. They do not partake in formal decision-making or formal advice. However, the consultations can give viable input that may lead to the improvement of services, which will benefit Wmo users.

### *6.3. Who can participate and with what?*

In some cases, the institution of the Wmo council is part of a broader attempt of municipalities to let citizen participate in policy. In the Rotterdam case, it became apparent that the Wmo policy is connected with the construction of a future social strategy. The local government wanted to phrase a social strategy for the next political period, based on creating opportunities for people, using talents, and creating social cohesion and safety. The social strategy was phrased after the consultation of several experts and stakeholders, round tables conversations with citizens, companies and grassroots/welfare organisations (Wmo Deputy Coordinator, Rotterdam). Mentioning this strategy in a research concerning the Wmo is important, because the city of Rotterdam is attempting to connect sectors, societal fields and funding. The needs of citizens crosses the borders of care, education, security and welfare; this new strategy connects instead of dividing them. A few examples: intensifying the relationship between education, labour and healthcare, by educating unemployed people to work in healthcare services, helping volunteers in caring for their families or neighbours, creating mobility pools, connecting housing and care services and stimulating technological innovations enabling people to live at home or in independence for longer. The health of the people has become a priority for the City of Rotterdam, and they will therefore invest in people and create opportunities for peoples to take the chances they get (interview with a Rotterdam civil servant). In Rotterdam, the limits of participation (participants and themes) are not determined by the boundaries of the Wmo policy. Instead, the Wmo is integrated or connected to the municipality’s broader attempt at social activation and political participation of citizens.

In Doetinchem boundaries also seem to disappear. While the boundaries of the Wmo policy remain intact, this is not the case regarding the boundaries of what the Wmo council is able to do. In Doetinchem, the Wmo council’s advice is not limited to the field of the Wmo. Doetinchem has a variant of a Wmo council in the form of temporary social advisory body, consisting of representatives of all kinds of citizen organisations. The council delivers useful input for all kind of policy domains including Wmo policy, but can also take the form of a refinement or even rectification of policy plans. The advisory body is deliberately not restricted to Wmo-policy, since input is considered useful regarding various policy domains. It is even more important, however, to maintain the shared belief that giving the council a broad set of tasks makes it a more authoritative body. This results in a more formal position, with regard to which new policy is only implemented after the approval of this council:

“The current social council gets to see all documents and policy plans from the city council in order to comment on them. Informing and incorporating the social council is therefore part of the normal process of developing a new Wmo policy in Doetinchem.” (Wmo quality manager, Doetinchem)

The experiences with this rather formal role of the social council are generally positive, since both the city council and the Wmo council consider participation and involvement important and useful, as it is their shared ambition to improve the provision of delivering healthcare services to citizens.

“The social council recognises that policy plans concerning the Wmo are valuable since it is in our shared interest that services are up to a level that is acceptable to both the city council and the social council; therefore, support, advice and insights from the city council are more than welcome in developing new policy, while at the same time the social council appreciates the opportunity to express its beliefs to those responsible for developing new Wmo policy.” (alderman, Doetinchem)

This illustrates that communication with the council is explicitly not only meant as an excuse to improve the acceptance for policy of the Doetinchem city council. The interviewees agree upon the useful contribution of the council on the content of new Wmo policy. The city council in Doetinchem has a strong relationship with the Wmo council, which, in turn, has an informative, but also controlling role over policy decisions regarding the Wmo.

With regard to the attempts of Rotterdam and Doetinchem to come to a more integral approach, it should not be suggested that this is the effect of the introduction of the Wmo. With regard to both municipalities, however, the Wmo seems to fit with their attempts to connect different policy fields. In Doetinchem, the scope of the Wmo council was broadened. However, not all municipalities want to extend the scope of the Wmo council. The municipality of Dronten is very hesitant in broadening the possibilities of citizen participation. Dronten has some difficulties in deciding how far participation should go, and what its goal is. In an interview, a civil servant argues the following:

“Because of the ambivalent attitude between the municipality and citizens, participation is a difficult thing. It sounds so attractive, involving citizens in policy formulation and decision-making. But to what extent? To what degree are citizens allowed to limit the space for decisions of the representative democracy? On what subjects should citizens be allowed to speak?” (civil servant, Dronten)

These are the questions arising in Dronten, to which the answers yet remain unclear. One of the reasons Dronten is wary of extending the possibilities for participation is the fear of generating excessive attention for individual cases. The municipality fears that individuals might use the council or other forms of citizen participation to complain about their provision. It looks as if the representation issue hinders the municipality to develop and use more approachable forms of citizen participation. In a broader context, this discussion is also held at a national level in the Netherlands. The question is: does direct democracy interfere with representative democracy? Alternatively, should a more direct democracy be practiced, because representative democracy shows a deficit? The idea that informed the latter question is that the government is run by a certain elite, who are not responsive to the

wishes of voters. Voters should therefore be enabled to express their views and participation in political decision-making through referenda, or other arrangements for policy participation like for example a Wmo council.

The issue of representation is also a concern in Dordrecht. The Wmo covers a broad range of topics. It is difficult to form a council that includes representatives of all groups affected by the Wmo. For example, this becomes evident in Dordrecht, where the voice of young people is seen as one of the key concerns. Most members of the Wmo council are over 40 years of age, which means that it is difficult for the council to represent young people. Secondly, the Wmo council is rather policy oriented and a partner to the alderman, and less a real spokesman for all groups they represent. In other words, they become part of the policy process, at great distance from the groups they represent. They are even far removed from the city council itself. In Dordrecht, the Wmo council is more or less an instrument serving to gather legitimacy for policy created by the alderman. Local government even asked the Wmo council to phrase a plan for civil society policies and voluntary work. The council organised meetings on this issue and created a policy plan for local government. It is possible to state that this plan became more or less part of local government. Trade unions (like the FNV) also wanted to have a seat in the Wmo council, but the local government was opposed to this:

“I already saw it coming, because the union really acts as a lobby organisation. Something we have also seen with regard to organisations for elderly people. Very much oriented at individual cases and private interests of the groups they represent.”  
(civil servant, Dordrecht).

Local government wanted to use the Wmo Council for obtaining advice and input regarding policies, not for the policies to be criticised. They consequently blocked FNV membership. The attitude displayed by Dordrecht seems to be a bit similar to Leeuwarden. Both cities do not want an institution based on representative democracy apart from the city council. In Leeuwarden, the solution is found in multiple and flexible forms of participation. Dordrecht reacted by blocking membership of certain (union) stakeholders of the Wmo council.

#### *6.4. Accountability*

Participation is not only about developing policy. Another aim of the Wmo is that municipalities are being held accountable for their achievements. The Wmo aims to decentralise the use of control and accountability (Bestuursakkoord 2007). This implies a shift from vertical control and accountability to horizontal accountability within the democratic process of the municipality. There are two reasons why municipalities should become more transparent and accountable to citizens, which can be explained with the aid of Hirschman's framework of correction and improvement mechanisms (Hirschman 1970). The first, most mentioned reason is citizen participation ('voice' mechanism), which denotes that citizens hold the local government accountable for Wmo performance. The second reason refers to the market idea ('exit' mechanism) that consumers or clients select their own household service provider. In that case, clients require (more) information about the performance of providers in order to make an informed decision. In the same way, the municipality can also use this information in their tender process. However, for these two mechanisms to function, citizens need information about for example the quality of care and prices. Only then are people able to pressurise the government to improve performance (voice), or search for better providers (exit).



The central idea of performance measurement is that the municipality defines the desired results and that these results become measurable with the aid of performance indicators (De Bruijn 2001; Van Oijen-Lenten 2009). De Bruijn distinguishes four types of performance indicators: input (resources, people, money), throughput (the way of delivery), output (the services produced) and outcome (the effects of service delivery) indicators. Performance indicators give more insight and information regarding the direction of the municipality and the achieved results.

#### 6.4.1. What can be observed in practice?

In general, performance measurement has not yet been an important issue within municipalities, even though initiatives to improve this are in fact in place. The VNG (Association of Dutch Municipalities), for instance, has launched a benchmark initiative, which measures results of the municipality in different domains and activities. These certified benchmarks measure and compare the performance of municipalities, creating a learning environment for improvement. According to the VNG, the benchmark data are also used to make the achievements of the municipality transparent and comparable for citizens ([www.waarstaatjegemeente.nl](http://www.waarstaatjegemeente.nl)). At this moment, only a minority of the municipalities participates in the VNG's benchmark initiative (of the six case studies, only Doetinchem participates). Moreover, issues around the intake and delivery of household services are not part of this benchmark. The performance of Wmo services is measured by means of a few very basic input and output indicators (frequency of use of Wmo services and the amount of provisions available). Comparison between municipalities on the basis of these (production) indicators is very difficult, since municipalities differ in terms of population characteristics. In addition, some municipalities fulfil a regional function. Dronten and Doetinchem have participated in another benchmark with 47 middle-sized municipalities (Van Bommel a.o. 2008). Citizens in both municipalities value the service of the municipalities a little above an average of 7.0. In this benchmark, no separation is made between Wmo and other services (such as passport applications). It is therefore not possible to come to clear conclusions about the quality of Wmo services. Moreover, most questions focus on input and process indicators, such as opening times, parking facilities at the town hall, the expertise of civil servants, external care of civil servants, price of services and quality of the council website.

#### 6.4.2. No active use of performance indicators by municipalities

In the case study of Dronten, this report has specifically focused on the role of performance measurement. The municipality has the intention to improve transparency of their policy with the aid of performance indicators; however, these indicators are not consistently applied in their policy development (Van Oijen-Lenten 2009). The fragmentary use of performance indicators is partly caused by some uncertainty and vagueness regarding the implementation of the Wmo policy. To local government, it is not evident which performances must be measured. According to the Dronten alderman, the fact that the use of indicators depends on the knowledge of civil servants is yet another reason. Civil servants acknowledge the lack of capacity and knowledge regarding the use of performance measurement. The municipality has therefore not developed a structural policy about the use of performance indicators, even though civil servants admit that performance indicators could help to make the Wmo policy clearer both to internal departments and external parties, including citizens. The municipality of Dronten mostly focuses on input indicators when tackling performance measurement, like resources and the number of people needed for the implementation of Wmo policies.

Dronten for instance uses input indicators (production figures) for the control of provider invoices and the statutory regulation of horizontal accountability.

Providers are evaluated annually with the aid of (the obligatory, yearly) client satisfaction research. The questions in the survey are predominantly input-oriented, for instance concerning staff planning and the replacement in case the caregiver is absent. Providers have to communicate the results to the municipality. The municipality of Dronten claims that the results are used to monitor the quality of provider. However, these outcomes don't have a clear role within the policy of the municipality (interview with a civil servant, Dronten).

Generally speaking, performance indicators did not play a serious role in the tender system and/or selection of providers in Dronten and Leeuwarden. There are other reasons to select providers, like maintaining the existing providers for the sake of clients (Dronten) or the idea that clients rather than municipalities should be selecting providers (Leeuwarden). Most municipalities reject any hardly providers in the tendering process. For instance, in Leeuwarden, all providers met the requirements set, while in Dronten all existing providers were selected, consequently contracting all relevant providers. The municipality does not divide the market, but providers themselves must capture market share. This differs from some other municipalities that assign providers to particular postcode areas. Other possible functions, such as informing clients, are not actively used. This raises questions about the usefulness of this kind of performance research, if the municipality fails to act on consequences in their Wmo policy (Van Oijen-Lenten 2009).

#### 6.4.3. Information and citizen choice and participation

The idea is that clients must choose their own provider. In order to help clients to find the right provider, the municipality of Leeuwarden has posted a list of providers on their website. The provider with the highest market share of the previous year occupies the top of the list is, descending to the provider with the lowest market share. This classification has not been given much thought. For example, the municipality has not considered putting the provider with the highest quality on top of the list. As can be expected, most people tend to choose the provider at the top of the list. Differences between providers in terms of satisfaction and other quality information are not actively communicated to citizens-clients who need to select a provider. Municipalities fail to expect or realise that citizens would in fact like to receive some information from their municipality about potential providers. In addition, the municipality of Leeuwarden expects people to make use of external information delivery organisations like MEE, or search the Internet for quality surveys, like the one provided by [kiesbeter.nl](http://kiesbeter.nl). People are also encouraged to call a social worker for advice. A Dronten civil servant estimates that 90 percent of the citizens has no interest in performance indicators. Citizens of Dronten and Leeuwarden are unable to find these data on the website of their municipality, even though municipalities do have some quality information (e.g. client satisfaction research household assistance) at their disposal.

In the same way, citizen participation requires adequate information exchange. The members of the OBD in Dronten (Overlegorgaan Belangenbehartiging Dronten, which functions as a citizen council) explained that they receive policy documents in time. However, they then have to work extremely hard to acquire more information from the municipality. Since no clear guidelines are in place, the individual civil servant fulfils an important role in the information exchange and the possibilities available for OBD involvement in the policy

process. Since participation in this field is a new phenomenon for the municipality, civil servants have to get used to this idea (interview chair of the OBD). It is not clear to the members of the OBD whether they have the task to assess and examine the municipality in terms of the results they have produced. According to its chairman, the OBD has two tasks,; giving advice about the Wmo policy and controlling the implementation of policy. On this moment, the OBD receives only rough feedback, sometimes by the supporters of their members. No official route for feedback of hard results in the form of performance indicators is in place (Van Oijen-Lenten 2009: 55).

Civil servants struggle with different information streams regarding the wishes and experiences of citizens (citizen research, individual complaints, individual citizens who contact the alderman and the Wmo councils). Apart from the fact that this could lead to ambiguity, it raises the question of the degree of representation of citizen delegates. It is not clear, for instance, if citizens and their representatives delivering direct input to the municipality represent general interests or that they merely pursue their own. A civil servant explains how difficult it is to assess the value of the input of citizens, in case clients:

“There are groups who always knock on the door and consult the alderman about personal problems. These are mostly the same people and this undermines the value of objectively communicating knowledge. It is important that the municipality of Dronten is well acquainted with these roles of participants in citizen participation. Otherwise, citizen participation will become a disguised complaints service for individual interests.” (civil servant, Dronten)

The respondent explains that representatives from client organisations involved in the policy process have two functions, namely as representatives of their supporters and as individual clients. In addition to that the civil servant wonders to what extent citizens should be allowed to participate in policy. “Are they allowed to limit the right the local parliament’s right to make decisions? About what issues may citizens speak up?” Civil servants find it difficult to judge the relevance of the input they receive from citizens; they are not sure about the representative quality of the information. Interestingly, respondents in Leeuwarden are far more positive about using mixed methods to gather information or input from citizens. Whereas fragmentary of information and the variety of participation forms constitute a serious problem in Dronten, respondents in Leeuwarden value this surprisingly positively. Different forms, like two different platforms, neighbourhood panels and complaints services, increase the chance that citizens can inform the municipality about their wishes and experiences.

#### *6.5. Concluding remarks about policy participation; different visions on participation*

This chapter has demonstrated a variety of instruments for policy participation. Hulst, Dordrecht and Dronten have a limited number of participants that make up the Wmo council. The participants come from client organisations and other neo-corporatist forms of participation. The participants are in a way policy experts already. The participants are consequently selected to fit the instrument. Leeuwarden, Rotterdam and Doetinchem on the other hand adjust the nature of the “council” to the theme upon which it has to advise. Alternatively, they use more ad-hoc or local participation arrangements to include the citizens that are subject of the policy in question. The instrument is, so to speak, adjusted to the target group. The requirement in the Wmo that prescribes municipalities to arrange

participation and mention on the influence of stakeholders in policy consequently leads to different outcomes. Perhaps the most pressing question resulting from this chapter is: what is the most successful option? Different forms of participation are implemented, but what form leads to successful policy participation?

It is important to note that success of policy participation is difficult to define. The SCP (2010) showed that civil servants and care organisations are more satisfied with policy participation than client organisations. This can however hardly be a surprise. Because it is in the interests of the client organisation to ask for better healthcare services, they are not easily satisfied. Municipalities naturally have to take different interests into account. Municipal decisions may thus not have the consent of patient organisations. That does not mean that municipalities failed to respond to the wishes of the patient organisation. Municipalities do not only take their decisions with patient organisations in mind, but in the light of limited budgets and competing interests. Because of this, it is difficult to judge how successful policy participation is, or whether flexible forms of participation are more successful than the more formalised Wmo council. Still, some significant differences are in place. Each form of participation has its own shortcomings and dilemmas. Leaving aside the Wmo council, the city council is the way in which society participates in policy: through representative democracy. In addition to the city council, most municipalities have some form of direct participation by means of client councils. The client council advises the municipality on issues concerning healthcare arrangements for those disabled or chronically ill.

It is time to return to the Wmo council. Since the Wmo demands policy participation, most municipalities installed a Wmo platform. In some cases, the old client councils were reformed into a Wmo council. As this chapter has attempted to demonstrate, the Wmo council is a rather formalised form because of its procedures and fixed membership. The advantages of institutionalisation could be:

- 1) Official procedures ensure civil participation in policy.
- 2) High level of professionalism of the council members.

Because of the fixed membership, the council knows how to read and understand policy proposals. The members are socialised into the world of policy and politics. One disadvantage, however, could be that the council members lose their original, unmediated patient voice. In other words, the real voice of the Wmo users can easily get lost when participation becomes formal and professional (Bovenkamp, Grit & Bal. 2008). Representation constitutes a further issue with a formalised participation platform such as the Wmo council. Because of formalisation, the right to participate is protected. However, this raises the question whether all relevant societal groups have a representative in the council. The struggle of the union to get a member in the Wmo council in Dordrecht illustrates this most adequately. It seems as if the Wmo council acts very much like the city council does (with the exception of democratic elections). In this light, it is understandable that the civil servant from Leeuwarden told us that they do not want yet another city council. Although this does not say much about its effectiveness, the issues and concerns arising with a formalised participation platform, such as the Wmo council, do become very visible indeed. The cases of Dordrecht, Dronten and Hulst are most effective examples of this phenomenon.

Leeuwarden, Rotterdam and to some extent Doetinchem, opted for a more flexible and ad-hoc form of participation. It is difficult to assess to what extent this is caused by the introduction of the Wmo. It is a fact that Rotterdam claims to have a tradition of policy participation originating from before the introduction of the Wmo in 2007. With the implementation of the Wmo, existing participation projects were included in the new policy (Quick Scan Burgerparticipatie 2008). In contrast to more formalised Wmo councils, the flexible platforms of Leeuwarden and Rotterdam do not concern themselves with policy participation of all groups on all Wmo issues. Depending on the topic, a select group of participants is invited to contribute to the policy. Those gatherings focus on user information and “local knowledge”. The aim of the municipality is to have more well-considered policy and less resistance to new plans; the latter being a result of the former. It is important to note that a select group of participants can be as broad as a neighbourhood, or anyone who feels connected to the issue at hand. When phrasing their social strategy, Rotterdam placed an advertisement in the newspaper and sent out emails to stakeholders, in a quest for response on their policy proposal (Wmo deputy coordinator). A select group of participants does not necessarily refer to a small number of participants. It just means that rather than representation, they are concerned about obtaining useful input for policy formulation.

Returning to the question of effectiveness, it is possible to say that, in theory, both a Wmo council and flexible and ad hoc platforms could be effective means for policy participation. They both depend on accountability mechanisms to function. Furthermore, as described in the accountability paragraph, accountability mechanisms are not yet used to their fullest potential. What can be concluded with regard to participation is that different forms seem to generate different dynamics and information. The ability to gather user information and local knowledge, along with examples of participation outcomes in Leeuwarden, Rotterdam and Doetinchem, make a strong case in favour of flexible forms of participation.



## 7. Tendering

The introduction of the tendering instrument with regard to domestic assistance was among the most important reforms made. In tendering the services, local governments should be able to meet the goals set by the Wmo. But is this happening? Does tendering support the paradigm shift the Wmo tries to achieve? This chapter will demonstrate policies and practices in different case studies.

### *7.1. Tendering the Wmo: why (not)?*

Within the Dutch Act on Societal Support, competition was introduced through tendering. The Dutch Act on Societal Support is subordinate to European laws and is consequently obliged to comply with European standards stating that the purchasing of services within the Dutch Act on Societal Support (Wmo) should be tendered out (Essers et al. 2008; Research voor Beleid 2007). Tendering was introduced as a way to improve efficiency in the public sector (Sørensen & Bay 2002). European and national legislation seemed to imply that it is obligatory to tender. Most local governments followed and started tendering. With about 400 municipalities in the Netherlands, this provides considerable variety in terms of the way in which the Dutch Act on Societal Support is being executed. The dynamics of this process will be established in this chapter. Nevertheless, a heated debate is currently being conducted, questioning whether tendering is really obligatory. The former secretary of state, Jet Bussemaker, therefore asked the European Commission to provide a clear-cut answer to this question. After a substantial period of time, the European Commission has finally confirmed the obligation to tender under certain circumstances. However, several legal experts question this statement, arguing that this conclusion cannot be drawn from the European Treaty where care services are concerned. In the meantime, Member of Parliament for the Socialist Party Agnes Kant has composed a legislation proposal serving to make tendering voluntary to local government. The House of Representatives has approved this legislation in May 2010, which means Dutch Parliament is inclined to disagree with the European Commission. Despite the fact that the Senate still has got to decide upon the issue, a substantial amount of diffusion and discussion is clearly being undertaken about the necessity of tendering, but also about the existing doubts whether tendering will in fact result in the best care for the best price.

### *7.2. Pros and cons of tendering in local care and social services*

In addition to competition in the healthcare system as a whole, the local government should also participate in competition. Mackintosh (2000) cites Wistow (a.o.), Lewis and Glennerster stating that competition is increasingly present and upcoming in social care markets (Mackintosh 2000). Across Europe, the USA and New Zealand, governments have supported competition within local government. In many countries, a consensus had been built regarding the laziness of the bureaucratic way of local government organisations supplying services (Boyne 1998). Tendering in healthcare fits within the trend of introducing market forces into the care sector and is used as a method of purchase. By offering tenders to the market, competition between suppliers, service providers and assignees is promoted (Essers, Hermans and Sluijs 2008).

#### 7.2.1. Reasons for tendering

Competitive tendering should promote provider-efficiency through competition, improve the position and participation of patients and remove present negative effects (Hughes et al.

1997:264). Competitive tendering can also enable choice between different providers (Bailey 1999). Le Grand (2003) argues that civil servants are not perfect 'knights' who act altruistic but behave more like 'knaves' who are characterised by selfish behaviour. Within governments, it has generally been deemed that tendering in local government will reduce expenditures and raise efficiency. Ironically, like in Adam Smith's theory of the invisible hand, civil servants should be supported through some kind of market incentives (competition), to behave more knightly than knavish (Boyne 1998). Tendering allows the comparison of different suppliers in order to compare prices. Those who, like Niskanen, advocate tendering argue that bureaucratic behaviour will dissolve as a result of competitive tendering. In addition, they argue that more insight is given into standards and costs of services, leading to an improvement of choice, realized through competitive tendering. Antagonists of competitive tendering are afraid that local facilities will be closed and that possible redundancies will follow. Niskanen's argument about the dissolving of bureaucratic behaviour is contradicted by Boyne, who argues that reform from hierarchic steering to market steering (tendering with contracts) is submissive to important 'contracting costs' including transaction costs, trust costs and rent-seeking costs.

#### 7.2.2. Advantages and disadvantages of tendering

Tendering has been introduced because of expected efficiency gains for communities and public organisations. By introducing competition into the service provision of public services, lower prices can possibly be attained. Whether competitive tendering in health care offers gains in efficiency is still unclear. In the United Kingdom, the system of Compulsory Competitive Tendering was however replaced by another system (Best Value), because the results for employees, employers and local people were all but satisfactory (Boyne 1998; Boyne et. al. 1999). Results about cost-savings are not clear about the effect of tendering. While Vickers and Yarrow (1989), Winston (1993) and Domberger & Jensen estimate a 10% to 30% cut in costs, Boyne (1998) nevertheless establishes smaller gains in terms of cost-reduction (Sorensen & Bay 2002). Another advantage is the accompanied transparency of the tendering process, which is almost unavoidable in a society that is increasingly focused on legitimacy. Transparency gives suppliers who are unsatisfied with the tendering process with the opportunity to file damage claims and to let a court enforce a correct invitation to tender (Kool, I.D. 2007). Another argument in favour of tendering constitutes the influence the municipality exercises to phrase and realize goals within its community (Kuypers, van der Velden & Prinsen van Wijnen, 2006). Although tendering can offer benefits in the provision of public services, tendering is not a panacea. The process of tendering is a very time-consuming process, which is subject to extremely strict procedures. Even before municipality's tender services, it demands adequate preparation and forms a substantial administrative burden. The introduction of tendering brings tensions to the existing relationships and current suppliers in the field. Whereas those parties were secured of service delivery in the past, in the new system they have to compete for service provision (Kool, I.D. 2007). This also can have some negative effects on clients, as a result of a potential restriction of choice (Kuypers, Van der Velden and Prinsen van Wijnen 2006).

#### 7.3. Local support for tendering

The topic of tendering was also discussed in an interview with someone from the Association of Dutch Municipalities (in Dutch: the 'VNG') in order to get a better grip on the general trends in relation to the tendering processes among Dutch municipalities. The VNG explicitly mentions that the obligation to organise a tendering process for household assistance came



a bit as a surprise to communities, although the process of political decision-making did take a long time and all aspects of the Wmo were broadly discussed within the political arena and the VNG community.

“Municipalities have, very rightfully, focused on the new tasks associated with the introduction of the Wmo. A very good example of this is the obligation to organise a tendering process, which came as a sort of surprise; and organising a tendering process is not a simple task for communities.” (VNG representative)

This explains that meeting these new obligations was not easy. Moreover, tendering for household assistance is by definition far more complex than for example office supplies. According to the VNG, it is no surprise that the introduction of tendering processes in the Wmo caused so much commotion throughout society, within which all relevant actors have taken an active role in the discussion. According to the VNG, the biggest challenge for communities in organising a proper tendering procedure is to make it legally justifiable, maintaining strong focus on quality.

“Tendering is such a complex job. It is by definition, from a legal and technical perspective, really complex. At the same time, every community wants to make a good arrangement based on quality. The main question is then how to incorporate quality into the procedure in such a way that the community controls the overall quality, while maintaining enough attention for the tariffs and prices, since the budget is always limited.” (VNG representative)

The complexity makes it very important to see the organisation of a tendering procedure as a continuous learning process to improve the results over time. It is nevertheless difficult to realise this, seeing as faults or mistakes by those responsible are not accepted by rejected tenders. According to the VNG, the rapid introduction of the new obligations has taken away the possibility for municipalities to learn which new capabilities are required for a proper execution of these new tasks. Implicitly, the VNG, as a lobby organisation for municipalities, argues that at the moment of introduction most municipalities were not capable of taking this new responsibility. In the view of the VNG, central government had the opportunity to anticipate this problem but failed to fulfil this responsibility. Consequently, this is generally interpreted as municipalities dealing with this new responsibility in a proper way. However, it is argued that it took a long time and caused a substantial amount of societal disturbance and debate, which had been unnecessary if proper action had been taken earlier. According to the VNG, this slow response was partly caused by the department and secretary of state, who emphasise that all a substantial period of time was available for local governments to have prepared for the changes and become acquainted with the new policies.

Furthermore, the VNG explicitly mentions that it is difficult to meet the requirements of the tendering procedure while created long-term relations with local partners at the same time. Moreover, the introduction of tendering is a new phenomenon that could introduce competition between providers of health and social service. The VNG indicates that it is up to the community to find a solution to these problems and that the key to a solution to this particular one lies with the formulation of the tendering assignment.

“If you want to maintain your relations with local partners/suppliers, for example because they have already built the networks and experience within your community, then you should find ways to incorporate those characteristics in the way you phrase the assignment without making legal mistakes that could lead to being prosecuted in some way.” (VNG representative)

In a way, this illustrates how municipalities deal with the obligation to organise a tendering process. Tendering is intended to allow for equal competition among suppliers in delivering their products and services in a particular community. In order to achieve this, the formulation of the assignment and the procedure should guarantee that the ‘best’ offer is selected. However, the VNG indicates a way around this intention, by incorporating characteristics of certain suppliers in the formulation of the assignment beforehand. Since the responsibility for composing the assignment lies with the municipality, they have the possibility to act accordingly. Consequently, while municipalities do have this option at their disposal, it still raises the question if the obligation to organise a tendering process achieves the goal it for which it was intended, i.e. to encourage equal competition between suppliers.

#### *7.4. Forms of tendering in practice*

This paragraph will show the variety of procedures used in organising the tender.

##### 7.4.1 What is the tender about?

The most important part of the tender concerns domestic aid (home care and household services for the elderly and mentally or physically disabled). Two categories are to be distinguished:

- 1) HH1: Domestic activities: shopping, preparing a cold lunch, preparing a hot meal, light domestic aid, heavy domestic aid, doing the laundry, keeping the cleaning supplies in order.
- 2) HH2: Domestic activities as in HH1, with supplement organisation household and help with a disordered household, including helping others in the house with self-care and or helping others with preparing meals and the daily organisation of household.

In addition, all kinds of criteria can be phrased in the tender, for instance concerning services that promote the welfare and participation of citizens. To stimulate a stronger focus on quality and the broader criteria, the Ministry of Health has developed the concept of socially considered tendering (Significant 2009).

##### 7.4.2. Forms of tendering

Apart from these forms of tendering, a great variety of other models of tendering exists. The report of Significant (2009) presented the following overview:

#### **Variants in implementation**

1. Type and nature of staff
2. Adoption of staff
3. Employee group around customers
4. Parcels
5. Length of contracts

6. Chain tenders
7. Bonus/ penalties
8. Customers with alfahelp/ PB aids
9. Pace list tariffs

#### **Variants in appropriateness claims**

10. Accurate employer

#### **Variants in awarding criteria**

11. Minimum tariff
12. Awarding on margins
13. Social criteria

#### **Variants in awarding methods**

14. Contract all proposers
15. Zeeuws model of tendering
16. Sale by auction
17. Relative appraisals
18. Correct score scale

#### 7.4.3. Different tendering procedures

Due to these specifications of the Ministry of Health (Significant 2009), it can be concluded that a total number of five tender procedures for placing public contracts within the European tendering guideline is in place:

- 1) A public procedure: In the event of a public procedure each interested entrepreneur is able register. The selection of candidates and the allotment take place at the same time.
- 2) A non-public procedure: Selection and allotment are two different parts within a non-public procedure. Each interested entrepreneur can register, but their suitability will be assessed by the constituent.
- 3) Allowance procedure through negotiations with disclosure
- 4) Allowance procedure through negotiations without disclosure.  
As part of the allowance procedure, entrepreneurs discuss consult the actor putting out the service to tender about what the exact assignment/contract entails.
- 5) The competitive dialogue: When situations are very complex, a competitive dialogue offers an interesting outcome (Europa Decentraal 2009; Van den Berg and Van den Burg 2006).

In sum, the most important forms of tendering are as follows:

- Normal tendering with competition on price and quality:

Normal tendering with competition on price and quality was applied in 52% of the municipalities. The main consideration for this model of tendering was the relative inexperience with the price-quality ratio of household assistance (Research voor Beleid 2007). This model is most representative of competition.

- Setting a maximum price:

One variant of normal tendering with competition on price and quality went as follows: a maximum price was set within the procurement guidelines. In 30% of cases, the municipalities preferred this method of tendering mainly because of its tight budget, and openness both to the municipality and the tenders, as well as being certain that the price would not exceed a certain maximum (ibid). This model is based on competition on a local level but safeguards negative effects by setting a maximum price.

- The 'Zeeuws' Model with competition on quality and a fixed price:

The 'Zeeuws' model of tendering seems to offer advantages over other models of tendering in healthcare services. By setting the price, the municipality and the healthcare provider know what the municipality is willing to pay. This model of tendering is chosen by municipalities to guarantee and preserve the existing relationships with current providers of healthcare and encourage cooperation. Because a large number of providers have been contracted, the freedom of choice of clients is seemingly more substantial. In a way, this model constitutes a reduction of forces of competition and perhaps solves the tension between competition and cooperation.

- Care sale by auction: first phase selection on quality, subsequently competition on price:

Care sale by auction is a variant with regard to which the municipality publishes the tender assignments on an auction website. All contracted suppliers are obliged to place a bid on all the tender assignments. The supplier with the lowest bid is granted the assignment (Research voor Beleid 2007). This model also is based on competition.

- Relative judgements:

With relative judgements, the score of a tender is evaluated on the basis of the score of another tender. The best offer gets the maximum amount of points and other scores are derived from this version (ibid).

Edith Scholten-Aalbers from the Ministry of Health, Welfare and Sport claims that the Zeeuws model is the most effective model of all the other models: "Because it's a non-selective model, everyone can stay with their current provider." Even Bussemaker, the former secretary of state, deems this model an inspiring example for other communities (Zorg & Welzijn 2009). To local governments, the Zeeuws model is also a way of maintaining strong relationships with traditional providers of services, whilst keeping the possibility of switching to others intact. Although this model is lauded, problems and dissatisfaction have in fact arisen. Suppliers of domestic aid claim that the hourly tariff was so low that they are considering not signing up for contracts. Furthermore, research carried out by Price Waterhouse Coopers shows that the tariff for domestic aid within the Wmo is occasionally even lower than the production costs (Zorg & Welzijn 2009). If suppliers do not sign up for contracts, continuity of care, which seems to be guaranteed with the Zeeuws model of tendering, is threatened.

Opponents of tendering are anxious of quality and client satisfaction becoming subordinate to costs and prices, as a result of which clients' choice will be limited because of monopoly positions of suppliers (Proposal LOT 2009; Hagelstein 2007). Another fear is a possible mass discharge of non-granted parties in tendering. These fears are much highly similar to the concerns around market principles in healthcare in general. With the introduction of

tendering in the Wmo, a field of tension arises between competition and cooperation. On the one hand, communities and healthcare providers are asked to engage in cooperation and arrange care chains around clients. However, at the same time, the introduction of tendering offers competition for the granting of assignments and places different suppliers against one another, complicating cooperation further (Kostwinder 2007).

All these forms of tendering include market forces to some extent. The 'Zeeuws' model is most rigorous in terms of excluding market forces. Market forces are present in this model but are limited to clients who are in a position to choose other providers. However, no serious competition between suppliers in the purchasing market exists. In 2007, about 52% of municipalities used a regular form of tendering, with competition on price and quality. The 'Zeeuws' model of tendering was applied in 18% of the municipalities. According to recent estimates, about 45% of municipalities is now using the Zeeuws model of tendering. Other models like the 'care sale by auction' and 'maximum price setting' were used in almost 30% of the municipalities (Research voor Beleid 2007). Subsequently, this chapter will focus on a few cases that show experiences with tendering within the Wmo in practice.

## *7.5. Tendering in the case studies*

### *7.5.1 Introduction to the cases*

This paragraph will demonstrate how the tender works out in practice. The selected examples provide most insight into how things work, what goes well what does not and what lessons can be learned. The Rotterdam and Zwijndrecht cases studies will consequently be examined in greater detail. The Rotterdam case shows how the tendering process leads to new arguments for balancing price and quality and involving civil society more broadly. The Zwijndrecht case shows how the Zeeuws model was chosen from the beginning in order to guarantee continuity of care. Both cases present arguments in favour of (not) choosing the traditional or Zeeuws way of tendering. The Doetinchem and Leeuwarden case studies show different aspects more clearly: the regional cooperation between local communities, and the cooperation between different policy areas connecting services in order to meet clients' needs.

### *7.5.2 From open competition to cooperation within the Zeeuws model*

#### *Link between the Wmo policy and the tender*

In order to understand the Rotterdam tender practice, it is important to link the use of this instrument to the aims and goals the city has with the Wmo. To participate and remain active ('Meedoen en erbij blijven') are the key phrases of Rotterdam's social policy.

"All inhabitants of Rotterdam must feel invited to participate, they themselves must feel at home in their city, their municipality and especially in their own district. But to participate is not a one-day activity: it is especially important to remain active."  
(Meerjarenplan Wmo 2008-2010: 5)

This is translated into several goals that should be realized by the year 2015:

- Self-management and careful networks are at the basis of the whole process.
- Institutions and services should aim much more at the wishes and needs of citizens.

- Connecting the social with the physical and strengthening consistency between welfare, living and care.
- Development of care chains for interfere care is necessary.

Home assistance services are regulated locally by the 'Verordening Voorzieningen Maatschappelijke Ondersteuning Rotterdam (Vmor)' (Local Act provisions social support Rotterdam) and the 'Regeling Voorzieningen Maatschappelijke Ondersteuning Rotterdam (Rmor)' (Regulation provisions social support Rotterdam). These household services are described as:

“Supporting or taking over activities in the field of looking after the household of an individual or of the domestic circle to which a person belongs, including the identification of changes to the customer’s medical condition, changes in their care need and bottlenecks in the field of care attribution.”

#### *First round of tendering in Rotterdam*

An important aspect of household services is the freedom of choice of supplier, which should be achieved by tendering the services (Description Household Services 2006). At the end of 2006, Rotterdam put its household services out to tender, as one of the first largest cities in the Netherlands. Within the first specifications, the point of departure was states as follows: both large and small suppliers should be given the opportunity to supply household services within Rotterdam and to provide as much freedom of choice as possible to citizens. The first allocation resulted in two suppliers of household services: Humanitas/de Stromen & Laurens/Evean. The nomination was based on the economically most advantageous registration. Apart from price, the main points of appraisal were the quality of care and social surplus value for the city (Beleidsplan Wmo Rotterdam 2006-2010). Humanitas appeared to be about 49% cheaper than Thuiszorg Rotterdam (the supplier with the largest market share in 2007). The city calculated that this would result in a cost reduction of €18 million. Nevertheless, it was emphasised that the freedom of choice of citizens should not be limited to only two suppliers. In a letter, Jantine Kriens, Alderman of Public Health, Welfare and Social Relief, announced a third party: MTZ Zorggroep (Careyn). The addition of this third party was necessary because of European tendering rules. Despite this, the tender caused a lot of commotion. Before the tender of 2007, the organisation Thuiszorg Rotterdam delivered almost 80% of all home care services in the city of Rotterdam. Thuiszorg Rotterdam appeared to be 5<sup>th</sup> in line among other competitors. This meant a loss of more than one third of all services delivered by Thuiszorg Rotterdam, including 1,5 million hours of care and 2000 jobs. The Wmo does not include the obligation of the selected companies to take over these jobs, so a lot of insecurity did arise on the side of home care staff. It is evident that the first tender in Rotterdam was dominated by a focus on price and a minimal variety of providers. European regulations on tendering were followed, at the expense of the sensitivity for local circumstances, personnel, and client-professional relationships. It appeared that clients did not want the option of selecting a new provider at all, and that price was not the best criterion for the municipality to select providers.

#### *Crisis due to unexpected outcomes of the first tender*

The unexpected outcome of the first tender led to a crisis. Thuiszorg Rotterdam lost one third of its services, but the newly selected organisations were not able to take over so much services at once. While Thuiszorg Rotterdam was the biggest supplier of household services,

nobody envisioned this substantial loss. It resulted in a lot of insecurity and confusion among clients:

“The clients were really nervous about what was going to happen. They were going to lose their acquaintance. Annie was there for almost ten years. Why should she go, because of the money?” (CEO, Thuiszorg Rotterdam)

Within local politics, much attention was given to the loss of Thuiszorg Rotterdam (Notulen Raadsvergadering Rotterdam, 23 nov 2006). The reason why Thuiszorg Rotterdam was not granted the tender, according to the municipality Rotterdam, was the high tariff Thuiszorg Rotterdam had applied. Thuiszorg Rotterdam argued that the main problem was that other parties had offered an unrealistically low tariff.

“My personal opinion is that many parties were frightened to miss out in the first round. Therefore, they have offered very sharply, in response to those invitations to tender. That has of course caused a lot of disorder and fear in the market.” (civil servant for Social Affairs, Rotterdam)

Even national politics interfered with the local situation in Rotterdam, showing grave concerns about clients losing their carers. National politics and administration now realized that the provision of care services is more than just an economic good:

“Thuiszorg Rotterdam, a very big provider within Rotterdam employing thousands of people, fell outside the granted parties. When such a large party is not one of the granted parties, municipalities have a big problem. In Rotterdam, they said if this tender could please be different the next time.. And if you, as the Ministry of Health, Welfare and Sport, have any good ideas, please give us a hand.” (civil servant, Ministry of Health).

In fact, the Rotterdam tender case was important to make clear – also nationally – that tendering home or household care is about the social infrastructure of a community, which requires criteria that also focus on social relationships and civil society as a whole.

#### *Towards the Zeeuws Model in order to create trust and continuity*

After a period during which municipality and suppliers engaged in accusing one another back and forth, all the parties therefore came together to solve the problems of unrest between citizens, employers and employees within the municipality of Rotterdam. During this time of crisis, the local alderman decided to intervene, focusing on the social infrastructure of the city. She facilitated a dialogue between all parties involved, in order to sign an agreement (covenant), stating that a new tender would be organised in 2009. Until then, the old situation should be sustained, in order to prevent job losses and elderly people not receiving any care. Those customers not wanting to make their own choice were assigned to the first allotted party: Humanitas/de Stromen. To guarantee calm and continuity, the old clients that received household services with their old care provider Thuiszorg Rotterdam could stay with their current provider by using a personal budget (Wmo beleidsplan Rotterdam 2006-2010). Thuiszorg Rotterdam maintained its strong position in home care services, but all new clients would be sent to the new providers selected in the 2007 tender. In order to prevent a new crisis, the city and its societal partners decided to tender according to the Zeeuws model in

2009. This meant that no competition on price was organised, but on quality. Everyone securing a certain quality level could be contracted for the same hourly wage of 22 euros. After 2 years, an indexation will take place. Within this new tendering procedure, Thuiszorg Rotterdam remained its first position as biggest provider, while customer could now in fact choose between different providers

In November 2008, the second round of tendering was introduced. A total number of eleven organisations participated in the tendering process. Two participants were not granted a contract in the first place, because they the tendering deadline had passed. Tendering in this second round was based on the Zeeuws model of tendering. This resulted in a total of nine suppliers who were granted a contract: Thuiszorg Rotterdam B.V., De Stromen Opmaat Groep, Combination Humanitas, Combination Agathos/Zorggroep Rijnmond, Thuiszorg Service Nederland, Thuiszorg INIS B.V., Maatschappelijk Ondersteunings Bureau, Stichting Zorgbedrijf The Hague, Careyn B.V. This hierarchy was based on the number of points that organisations had obtained (Gemeente Rotterdam 2009). Although a lot of respondents make clear that the Zeeuws model resulted in 'quietness and continuity', there were also number of negative reactions. Because the Zeeuws model of tendering resulted in many suppliers, the total volume that every individual supplier provides could not be very high.

"Rotterdam has nine parties offering and that is of course mental. But they all think that there is something to gain here. It does not solve the problem, it can be organised much more economically, and this doesn't work!" (CG council representative, Rotterdam)

Nevertheless, it has created also a window of opportunity for other providers than Thuiszorg Rotterdam, which is no longer 'controls' the city when it comes to home and household care. As a result, clients who can and want to choose have more to choose from.

In this second round of tendering, the city of Rotterdam also broadened the goals of its Wmo tender. Not only home care services were selected, links between cleaning, prevention, day activities, integration and job transition were also established. The city for example focuses on job rotation and mobility pools. Organisations that offer education and reintegration services for jobless employees wanting to work in healthcare have a better chance of being selected in the tender. The same goes for those organisations that participate in projects in areas to integrate people from abroad or that stimulate welfare services in streets and neighbourhoods. Highly qualified personnel are more capable of detecting social problems, advising clients in what they need, connecting them to volunteers helping in care services as well. A lot of responsibility is delegated to the borough. For example, it became apparent that in Rotterdam Noord new projects for welfare and safety were developed with the aid of care organisations. In addition, Thuiszorg Rotterdam also initiates courses for volunteers, and creates teams in neighbourhoods that also invest in relationships and enter into discussions with general practitioners and the 'vraagwijzer' project.

The *conclusion* in the case of Rotterdam is that the relationships between the city, the borough and the societal organisations have come under pressure in Rotterdam, due to a very specific, narrow-minded way of tendering. Due to job losses and dissatisfied clients, the second round of tendering was much more focused on links with other societal issues and the use of existing networks of care and social service. This also showed that local politics



did react and look for new solutions (there is a certain level of openness to change procedures if necessary). In the end, it has become evident that the Wmo is in fact being translated within the already existing infrastructure for care services, but with a more coordinating role of the municipality (the alderman post has been most decisive) and coordinating mechanisms at borough level (such as coordinating civil servants, structural dialogue, project investments). Approaching the needs of clients more integrally appears to remain difficult, although serious attempts can be seen at neighbourhood level, attempting to link policy fields and services in order to do so. The choice for the Zeeuws model was merely determined by the urge to create calm and continuity, than to balance price and quality. Nevertheless, the Wmo policies of Rotterdam also stimulate area-oriented activities, with regard to which this integral approach is able to develop. Whether this is part of the paradigm shift that the Wmo presupposes overtime nonetheless remains unclear.

### 7.5.3 Remaining the status quo by using the Zeeuws model

Within Zwijndrecht the organisation of the Wmo is placed within the cooperation of the 'Drechtsteden', consisting of the municipalities of Alblasterdam, Hendrik Ido Ambacht, Papendrecht, Sliedrecht and Zwijndrecht, with a total number of roughly 262.000 inhabitants. The Drechtsteden cooperates intensively regarding several policy areas. This cooperation accompanies the joint execution of what municipalities individually decide. The responsibility with regard to the execution of domestic aid within Zwijndrecht lies with the Drechtsteden. Reasons for this combined execution lie with the wish of municipalities to execute the Wmo uniformly, in order to gain scale advantages and make sure risks are evenly spread. The tender of domestic aid of Zwijndrecht will also fall under the responsibility of Drechtsteden, because the municipality expects that combined tendering will achieve scale advantages, uniformity and a more substantial purchase power. The responsibility of execution within the Drechtsteden is the Inter-municipal Social Service (ISD).

#### *Link between the Wmo policy and the tender*

The municipality has a total number of 187.205 indicated hours for HHV<sup>10</sup>, with 96.018 HV1 and 91.187. The ISD has determined the prices for HH1 and HH2 in advance, at €19.50 and €23.50 respectively. Within the specifications, the Zeeuws model of tendering is not mentioned. The providers are granted a contract when they comply with all the requirements mentioned in the following specifications:

- Proper business; no prosecution or final sentence, no bankruptcy or liquidation, a civil procedure, no severe faults in the execution of profession, paying of taxes, false statements etc.
- Average solvability of 10% during the last three years, a quick ratio of at least 1 during the last three years and insurance against profession and business risks.
- A similar assignment within the last three years, with a minimum amount of 3000 hours a year.
- No use of alfahelps. It is not allowed to provide care in aid with the use of alfahelps.
- Taking over employees who have been made redundant.
- The provider should take measurements to secure the quality of services: A copy of a quality certificate should be included (for example ISO or HKZ). If absent give a

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<sup>10</sup> Within domestic aid there can be two categories distinguished: HH1 and HH2 (see before).

description of the quality requirements). Employees that execute HH2 should have at least had the certificate Thuiszorg A or equal.

- The assignees have to comply with the Wet Klachtrecht Cliënten Zorgsector and the Kwaliteitswet Zorginstellingen (Regulations concerning quality and complaints).
- Being prepared to participate in local networks and in initiatives aimed at care chains.
- Acceptance of a social return on investment: that means that 5% of the tender should be spent on: work placements, salary for the use of unemployed and salary for W.S.W. recipients.

Within the Wmo Drechtsteden policy document, the cooperating municipalities stipulated the fact that purchase of domestic care should be bought against a sharp price. Freedom of choice is particularly important to Drechtsteden. Because Drechtsteden has groups with their own specific identity (persons with a Christian and Islamic background) they deemed it important to satisfy the needs of these different groups. Allotment should be assigned to several proposers in order to realize this. Initially, different parties indicated their preference regarding tendering with the so-called voucher model. The argument in favour of this model of tendering lies with the wish to realize steering on demand. At an early stage, Drechtsteden indicated that this method of tendering is not preferred, because of the risk of fraud and the administrative burden that is potentially associated with this model. Drechtsteden preferred a model that offers the clients freedom of choice (Concept beleidskader Wmo Drechtsteden 2006).

#### *The choice for the Zeeuws model of tendering*

Zwijndrecht has opted for the Zeeuws model of tendering, using freedom of choice for their clients and the urge to balance price and quality as key arguments. This resulted in 20 to 25 contracts within each municipality. The contracts were valid for 2 years. In total, four suppliers from outside were contracted, while all other organisations were regional or local providers. An important consideration when picking the Zeeuws model of tendering is the experience of other municipalities, as one of the respondents indicates:

“We see that if you only select on price, or make price very important, that care providers go bankrupt and can’t go on because they offer prices that are too low. And then you really have a problem.” (civil servant, Drechtsteden)

According to Zwijndrecht, the choice for the Zeeuws model of tendering will guarantee the freedom of choice for clients, because contracts with many providers result in more freedom of choice than just a few suppliers.

“The Zeeuws model leads to the granting of a lot of parties. With a tender that results in only two or three parties, the freedom of choice is much more limited.” (CEO, Swynhove Group Provider)

In June 2009, the first contracts with providers expired. A new round of tendering was introduced. No big changes with regard to the Zeeuws model were made. Within Zwijndrecht, not many problems existed with regard to tendering. It resulted in the following providers: Agathos Thuiszorg, Thuiszorg Service Nederland, Bonniers Zorg, Curadomi, Van den Dool Zorg & Begeleiding, Internos, Opmaat, PrivaZorg, Rivas zorggroep, RST Zorgverleners, Syndion, Swinhove Groep, Tzorg, Sticing ZorgBedrijf Zuid-Holland.

### *Cooperation and remaining the status quo*

Within Zwijndrecht, the Zeeuws model of tendering was chosen from the beginning, whereas Rotterdam's second round of tendering resulted in this model. What becomes clear from the interviews is that the level of cooperation is in Zwijndrecht very intense, which becomes an important reason to pick the Zeeuws model of tendering. Almost all Zwijndrecht respondents point out the Vivera policy, a cooperation policy within Zwijndrecht. The Zeeuws model creates the opportunity to remain and even strengthen this.

"Another reason we had (for choosing the Zeeuws model) was that organisations would become each others competitors. Whereas, in the Drechtsteden, we were busy cooperating with each other extensively. In Zwijndrecht, we have Vivera, the Living-service alliance, which organises services." (CEO, Swynhove Group Zwijndrecht)

"And we would have considered it awful that our Vivera Policy may collapse. When actively building networks with other providers, the fact that the Wmo is introduced and parcels out everything else, due to which you lose your local ties, is highly distressing. Good collaborative initiatives of in the field of loneliness broke down because of market forces. Suddenly, colleagues became competitors." (civil servant, Zwijndrecht).

The extensively praised Vivera policy is not completely open to everyone. It guides policy within Zwijndrecht, but not everyone participates because not every provider is included within this cooperation policy. Those parties that are included actually decide what happens within Zwijndrecht.

"There are a couple of new organisations who do not take part in the Vivera policy. This keeps other organisations out." (Wmo council representative, Zwijndrecht)

The Zeeuws model of tendering gives the possibility to continue with the cooperation that has been realized in the past. The vision within Zwijndrecht seems that competition is difficult to unite with cooperation.

"If you compete with each other because of the tender on costs, then you come into a negative relationship with each other, in balance of competition, which was not what we wanted. In addition, it would also limit the willingness to cooperate." (CEO, Swynhove Group Zwijndrecht)

One of the respondents indicates that the Zeeuws model of tendering is slightly similar to the previous situation.

"The Zeeuws model of tendering is formally a tender procedure but is in reality the way healthcare has always worked. There has always been competition, but a healthy competition on quality and not on price." (CEO, Swynhove Group Zwijndrecht)

In conclusion; the Zeeuws model of tendering makes it possible to maintain the status quo in power positions between local government and traditional providers. Within Zwijndrecht everyone agrees that this model was chosen mainly to keep the current situation in tact.

“The most important criterion for us to choose the Zeeuws model of tendering is that you are reasonable able to steer in such a way that you keep your local parties. To us, it was very important that the price wasn't the highest criterion and we could sustain our local ties. (..) The municipality chose this model to guarantee calm and continuity.” (civil servant, Zwijndrecht).

This means the status quo is leading, but it does not mean excluding new providers from entering the existing infrastructure. It did also not imply that new services could not be linked or developed. Nevertheless, the continuation of what already existed constitutes the main drive.

#### 7.5.4 The role of regional cooperation and citizen participation in tendering

Doetinchem has followed the European guidelines for organising a tendering process to select providers for domestic assistance.

##### *Regional cooperation in the countryside*

A tendering process was organised along with 7 other municipalities in the 'Achterhoek' region. A total of 14 tenders have applied for the new contract with these municipalities, and 8 of them were selected. According to a government official, almost the same number of suppliers is allowed to deliver other forms of home care (interview with Wmo quality manager). None of the rejected tenders have started juridical procedures in response to the outcome, so the outcome is definitive and the eight selected tenders are consequently contracted from January 1<sup>st</sup> 2010.

##### *Involvement of stakeholders in the tendering process*

The assessments of tenders were based on certain specifications in the assignment created after intensive consultations with the Wmo-council in every municipality. Examples of the boundary conditions in the assignment include the permitted maximum salary of the managers of the tendering organisations, the special attention assigned to the degree of putting the patient at the centre of focus and the degree of cooperation with other health and welfare organisations. Quality of delivered services was awarded the highest importance, since, according to the official information on this topic (source: website municipality, e.g. [www.doetinchem.nl](http://www.doetinchem.nl)), the process was designed according to the 'quality outweighs economic interest' principle. Although these specifications regarding the content and quality of the offer were important, economic and financial characteristics (such as tariffs) still determined the outcome.

##### *Advantages and disadvantages of the obligation to tender*

The alderman responsible for the Wmo in Doetinchem explicitly mentions that he sees the obligation to organise a tendering process as something negative hampering the community in their effort to deliver a high level of service to its citizens.

“What is important is that the central government should respect the consequence of decentralisation and really hand over some responsibilities to the municipalities. Within such a system, there is no room for an obligatory tendering procedure. Forcing municipalities to organise a tendering process, according to European regulations, severely disturbs cooperation between several actors within a community. The

tendering procedure disturbs efforts to build long-term relations with suppliers in particular.” (alderman, Doetinchem)

In addition, the alderman notes yet another disadvantage of the mandatory tendering procedure. It is his understanding that new rounds of tendering often lead to an increase of the tariffs.

“When suppliers ask higher tariffs we, as local government, are restricted in taking measures. We can stand our ground by stating that the suppliers made a lower offer in an earlier tendering procedure, but we have no power to change it. The alternative is a long-term legal procedure, which has the disadvantage of extra costs, but, more importantly, will disturb the well-built relations within our community. So, we as a community are forced to pay for the higher tariffs, while it is not by definition the case that our income will increase.” (alderman, Doetinchem)

In conclusion; it becomes evident that regional culture and cooperation is very much steering Wmo practice and tendering procedure in Doetinchem. Local stakeholders are involved in phrasing quality criteria and designing the tendering process. Adequate cooperation with professional organisations increases the satisfaction with the tendering process and results.

#### 7.5.5 Linking policy area and services within the Zeeuws model

The municipality of Leeuwarden has adopted the so-called ‘Zeeuws’ model. This means that competition for the household help contracts is focused on quality rather than on price. The municipality of Leeuwarden set the price at a level that was not considered too low, but not too high either. Many providers have signed up, 11 of which have been given a contract (interview with civil servant). This includes 9 of the 15 providers from last year. The 5 providers that were dropped either had little market share in Leeuwarden or ended up merging with another provider. All providers that participated in the tender process were selected. The municipality set the requirements, leaving providers to demonstrate if and how they could meet them. Since all providers met the requirements, all providers have been contracted. The municipality does not divide the market, but providers themselves must capture market share. This differs from some other municipalities that assign providers to particular postcode areas. The idea is that clients must choose their own provider.

#### *Linking care to other social policies*

According one of its civil servants, Leeuwarden has offered a price that satisfied many providers. The price was well researched in advance. The municipality does not discern between HH1 and HH2. HH1 is normally the cheapest at approximately €20, while HH2 costs around €25, so the municipality has set the price in between. It furthermore tries to combine clients from the Work and Income department (Werk en Inkomen in Dutch), meaning people receiving state benefit, with vacancies at homecare organisations. As a result, in case the municipality sets the price too low, they experience disadvantage themselves in the form of less jobs at homecare organisations. This Work and Income link is one of the requirements of the tendering specifications (bestek).

In conclusion; in the case of Leeuwarden, the use of the Zeeuws Model leads to creative partnerships between local government and providers. The negotiations regarding price and

quality also lead to discussions about linking policy areas, taking the needs of clients into account rather than solely considering the provisions available.

#### *7.6. Concluding remarks about tendering in the Wmo*

In conclusion, it has become apparent that the paradigm shift of the Wmo has not (yet) been realised by introducing the tendering instrument. It can be concluded that the tender was introduced to stimulate variety and an integrated approach of the clients' needs, but it does not work out that way. A dominant procedural focus is in place, with central government trying to interfere in the choices local governments make concerning the tender, for example regarding the obligation to tender, and new regulations for the use of alphahelps and regarding staff of organisations that lost the tender. This once more encourages uniformity rather than variety. How can this be explained?

##### *Political debate and quarrelling about the necessity to tender*

First of all, the necessity of tendering the Wmo is frequently debated in the Netherlands. Some experts say that, due to European regulations, it is absolutely necessary, while others deny this. The Dutch government asked the European Commission to be clearer about this. In response, the EC confirmed the necessity to tender home care and household services in line with European regulations. However, European regulations were not that clear about this obligation, with some legal experts arguing there was some latitude to circumvent the rules (e.g. Robbe 2009a; Robbe 2009b). Nevertheless, the Dutch House of Representatives accepted three bills in May 2010 (just prior to the parliamentary elections), stating that local governments can make the choice not to tender. As one can assume, this debate causes a lot of stress at a local level. Due to opposite decisions of the European Commission and the Dutch Parliament, this debate will continue, causing considerable confusion in local tendering processes. The fact that this instrument would lead to cost effectiveness and low prices dominating, at the expense of quality, working conditions and societal relations, constitutes the main argument not to tender. It was because of this that the Dutch government had already introduced the concept of 'social tendering', in order to prioritise quality when phrasing the tendering criteria. The main argument in favour of tendering concerns the creation of a level playing field, leading to increased client choice as well as quality. So far, the jury is still out. In order to prevent sanctions from the European court, a reactive attitude in using the tender for reaching the new integrated approach towards the clients' needs has become evident locally.

##### *The Zeeuws model tends to focus on the status quo*

Secondly, the conclusion can be drawn that local governments – due to limited budgets and confusion about the tender – focus on costs and prices. This led to contracting providers offering low prices first. This caused a lot of distrust and anger with clients and professionals who almost lost their jobs or services. In addition to the normal tender with competition on price and quality, an increasing number of local governments therefore adopted the 'Zeeuws' Model with competition on quality and a fixed price. In 2007, about 52% of municipalities practiced regular tendering, including competition on price and quality. The 'Zeeuws' model of tendering was applied in 18% of the municipalities. Other models like the 'care sale by auction' but also 'maximum price setting' were used in almost 30% of the municipalities (Research voor Beleid 2007). Over the past years, more local governments used the Zeeuws model. This was not due to political choices or visions about integrated care, but merely due

to societal and political distrust and confusion. Maintaining the status quo with the traditional providers appears to be the result of tendering within the Zeeuws model. The Zeeuws Model did not yet really lead to contracting providers that were not already involved in the delivery of home care and household services. Moreover, it can be concluded that even within the Wmo office, local governments try to steer client choice by listing all providers in such way that the client will choose the provider of the bulk contract, most frequently one of the traditional partners in the field. These mechanisms do not support the intended aim of more market competition.

*Dominance of procedural rationality in tendering processes*

Thirdly, the conclusion that can be drawn regarding the *use* of the tender instrument is that in most cases the tender procedures are being guided (dominated) by the financial and 'facility' department of local governments. This means that they make sure the correct tendering procedures are being followed. The care department is being involved in setting the criteria for quality, but when it comes to carrying out the tender they are not in a leading position. This is due to the municipalities being anxious to carry out the European rules on tendering and level playing fields in a right way. After all, infringement of these rules could lead to sanctions and legal procedures against the municipality. This implies that the financial and procedural perspective is leading, rather than the integrated care perspective, indeed failing to support the intended paradigm shift.





## **8. Financial aspects of the Wmo**

This chapter deals with the relevant financial aspects of the introduction of the Wmo. An overview will be presented of the large-scale and radical change in financial structure accompanying the introduction of the Wmo. For the sake of clarity, this chapter is divided into three sections; the first section discusses the development and implementation of the new national financial arrangement, the second section deals with the financial effects of the implementation of the Wmo on a local level and the third and final section deals with the 'personal contribution' and the 'personal budget'. This chapter on financial aspects of the Wmo ends with a general conclusion on this theme in which the main observations and conclusions will be presented in a comprehensive way.

### *Section 1: Funding on a national level*

#### *8.1. Changing the financial arrangement for the Wmo*

Since the Wmo is a form of decentralisation, its introduction changed the way civilians receive domestic support and other health-related services from their municipality. Implementing this new act required a structural revision of financial arrangements, in order to enable and facilitate local governments to carry out the new responsibilities that came with this process, by providing them with sufficient financial means. The shift of tasks alone increased the need for a new national financial arrangement. New financial means to execute the new tasks were added to the fund that subsidises municipalities; the municipality fund (Os 2006a). Forming the main source of income for municipalities in the Netherlands, municipalities are free to determine how they spend the means from this fund. (Only) two limitations are in place. First of all, with regard to three of the policy areas specifically labelled payments exist that can only be used for activities belonging to those specifically targeted areas (e.g. community shelters and care directed at (drug) addicts). Secondly, the Wmo prescribes that local governments have the responsibility to provide social support to their citizens when they need so to participate in society according to a new so-called 'compensation principle'. The specifications of this principle are explained elsewhere in this report (see chapter nine on the applying of the compensation principle); for now, it is important to realise that this principle implies an obligation to act. Municipalities have the obligation to compensate civilians but the freedom to determine how they will compensate those who need it (SGB0 2005).

The most significant change within the way social support is funded concerns the provision of household assistance. Before the introduction of the Wmo, household assistance was provided and paid for by public means, in accordance with the 'AWBZ'. Consequently, the introduction of the Wmo, and thus the simultaneous shift of household assistance, implied that the financial system on a national level had to change according to that shift of tasks. Formerly nationally divided financial means therefore had to be divided among all local governments in the Netherlands. Under the old AWBZ system, domestic assistance was funded on the basis of the actual production in 32 defined 'care regions'. Prior to the introduction of the Wmo, every region consisting of multiple municipalities consequently received the amount of financial means equal to the expenses of the previous year. The division of public means was thus based on historical expenses. In other words, the AWBZ was funded retrospectively. Under the old system, expenses regarding social support on a

local level determined the division of financial means on a national level, delayed by one year.

At the time the new social support act was prepared, this funding system was no longer considered sufficient or even legitimate, because of several reasons. Most importantly, historically developed differences in expenses and criteria for providing support had a direct effect on the amount of financial means each community was receiving. This retrospective model seemed to have two undesirable consequences for the financial situation of local governments. It was assumed (also by Cebeon, which developed the new model that will be described later on) that historical differences had led to an undesirable division of means. These historically developed differences and the increase of policy freedom of the last decades contributed to emergence of these large differences. Consequently, some communities could receive more financial means annually than seems to have been legitimate when looking at measures of the composition of the population, which in turn would determine the probable demand for domestic support and care services. These communities were therefore accustomed to a high level of services, receiving more financial means than necessary to deliver the minimum amount of services within the minimum demands of quality. In other words, since the expenses of local governments in year  $x$  determined the height of the budget in year  $x+1$ , these communities affected the amount of financial means by becoming accustomed high expenditures. At national government level, this situation was considered undesirable, since in that line of reasoning does simply not allow that situation to be sustained. In addition, this system also led to a situation in which other municipalities received less financial means than needed based upon the same measurements of anticipated demand. This precise situation constitutes the second undesirable effect; in the old situation, some communities received insufficient financial means to be able to comply with the level of demand for Wmo services. These communities had to face a structural budget deficit, with their demand exceeding their budget. Both these consequences, i.e. communities receiving either excessive or insufficient financial means, are extremely undesirable, to central government and eventually to municipalities as well.

The assumptions about the incorrectness of the model is however still subject to debate, since others argue that the differences between municipalities are not solely based on unjustifiable differences, but also on legitimate differences in the composition of the population. The latest adjustments to the model (which will be discussed later on) seem to support this idea. The two undesirable consequences described do however illustrate the severe doubts that arose with the old system of dividing public means for social support and domestic assistance. Because of the assumed inequality, it is considered far more legitimate to divide the scarce financial means in a more objective way. The desire to develop a new system for dividing public means has led to the creation of a new objective 'verdeelmodel' (division model), prior to the actual introduction of the Wmo itself (Os 2006a, Os 2006b). The Dutch Ministry of Health, Welfare and Sport therefore assigned a private consultancy firm to design and develop this new objective model. The ambition to divide public means according to a newly developed objective model is supported by the Association of Dutch Municipalities (VNG), which does however stress the need for a continuous effort to improve such a model when implemented. Although the VNG is reserved about expressing their official point of view regarding the model, an interview illustrates that the VNG sees it as its role to plea for an objective model and to support local authorities to operate according to the new model. Analysing this development, it has become evident that almost all relevant actors supported

the idea of developing a new objective model. Indeed, this research has not come across any actors that do not support the basic idea. As the following sections will show, the discussion about the model concerned the actual construction of the model rather than the legitimacy of the desire to develop an objective model. In other words, it seems that widespread consensus exists about the desire to replace the old model with a new objective one; the debate is directed at how this works out in practice, by requesting openness and clarity about the basic assumptions included in the model.

### *8.2. The new objective 'verdeelmodel'*

Before the Wmo, communities were already receiving financial means from the municipality fund. Most of the national municipality fund consists of means that were directed to municipalities according to the 'Welzijnswet' (about 3 billion euros) and the old 'Wvg' (about 1 billion euros). With the introduction of the Wmo, new financial means were added to this fund, in order to allow local governments to execute their new tasks. The introduction of the Wmo was therefore associated with an additional payment for domestic assistance in the form of a so-called integration payment of 1.4 billion euros. This payment is special since it is adjusted every year, based on a specific advice from the SCP about the macro budget. This means it does not increase annually, according to a standard growth rate that does apply to other parts of the municipality fund. The advice regarding the size of the macro-budget is presented and developed by the SCP, which, as an objective third party, needs to ensure that means available for municipalities are sufficient to perform the Wmo tasks. The SCP creates its advice based upon several factors such as national price indexes, wage and income developments, figures on the composition of the Dutch population and indexations of realisations of previous years. Population characteristics are used to estimate the probable growth of volume for household assistance, which can be calculated with the use of figures on client characteristics (age, chronic health, the number of single person households and level of education) and an observable and increasing trend towards outpatient / ambulatory care (SCP 2009). The fact that the budget is partly determined based upon an indexation of the real expenses in earlier years brings about an at least remarkable possibility to recalculate new budgets for years to come. To be more specific, if all municipalities operate well financially and save on expenses in year  $x$ , possibly due to a very efficient tendering procedure, the conclusion drawn on a national level could be that these savings could be made by all municipalities. In the end, this could result in a decrease of the budget in year  $x+1$ , which seems legitimate in response to the savings achieved in year  $x$ , causing municipalities not to profit from their efforts. On the contrary, municipalities may be threatened with a budget decrease, caused, in the end, by a good performance in the past. By estimating the macro budget based on SCP advice, central government has a more direct control over the total Wmo expenses. This makes budget control easier in comparison to the old situation, in which real expenses could only be calculated afterwards. Partly because of this possibility, some institutional arrangements are in place to ensure that only legitimate decisions are being made. First of all, the fact that the SCP operates as an external and critical third party, independent from central government, needs to guarantee objectivity. In addition, the fact that the advice is developed on a yearly base enables the incorporation to establish some specific developments in a particular year, when required. An example of the latter is the second round of tendering be organised in 2010. This is likely to cause higher prices, which seems to call for an adjustment to the budget (SCP 2010). The most recent report on the size of the macro budget also explains that, although the macro budget can slightly decrease in the short term, it explicitly mentions that these effects will probably be

temporarily. The SCP questions the durability of the cost-saving effects of the implementation of the Wmo that seems to emerge in the short term. It is likely that developments like the unpredictability of the number of pb users, the possibility of a redistribution of two forms of domestic assistance (HH1 & HH2) and a future increase in the prices for domestic assistance will cause this effect to be temporary (SCP 2010). The important and active role of the SCP in determining the size of the macro-budget represents the institutional arrangement and procedures that are created to determine the height of the macro budget objectively, somewhat outside the direct influence of political debate and political choices at national government level.

After determining the size of the macro budget, the division of the means for domestic assistance within the Wmo is based upon a newly developed objective model. The model is developed specifically for the means available for domestic assistance and therefore differs from the traditional distribution code that applies to the rest of the municipality fund. This way of dividing funds ended a situation in which historical figures determined the amount of means a community receives; the division is now based on objective measures of the composition of the population of each respective community. The composition of the population is considered a good predictor for the real expected demand for care and other Wmo services and thus offers a correct predictor for the budget required. Population characteristics, like for example the amount of elderly people in the community, will influence and determine the demand for care in the future, since elderly people generally have a higher need for care and domestic assistance. The actual division of means thus depends entirely on the phrasing and precise definition of these predictors. The importance of these predictors explains why the development of the model was characterised by an ongoing search for the right indicators as predictors for the future demand of care and domestic assistance. The biggest challenge in developing the new model, although referred to by some as a downright struggle, therefore constituted identifying these indicators.

This search for proper predictors has resulted in a list of criteria that can be subdivided into categories of factors linked to the size and composition of the community and several factors that are believed to have a direct predictive value for the health demand in that community. The latter factors include those relating to age, composition of households, labour, income and geography. In summary, the new objective model divides public means available for the Wmo according to the following indicators (Knaack 2008):

- There is a small fixed amount of money for every community
- Age-based composition of the population of a community
- Number of single-person households across several age groups
- Number of households on a low income (determined maximum) multiplied by the number of households including citizens over 65 years of age
- Number of inhabitants receiving social security payments ('bijstand' (the dole) is excluded)
- Number of beds (people) according to the 'Besluit Bijdrage AWBZ Gemeenten (Bbag)'
- The number of minorities in the community
- A measurement/predictor of the 'regional clients potential'
- A measurement of the density of addresses within the community (negatively related)

The new objective model divides approximately €1.5 billion every year across all 413 municipalities in the Netherlands (Knaack 2008). Since these means are divided objectively, the budget is strictly limited; it should be sufficient to provide care according to the anticipated demand. Expenses that exceed the budget will not be compensated, which means that the budget is fixed even when the exact demand is determined at a different level, i.e. at the municipalities' Wmo offices. This makes the new objective model quite a typical risk-adjustment system. The division of means is determined ex ante (i.e. for the year to come) and there is no ex-post recalculation at all. Models that divide public means are often a combination of ex-ante and ex-post risk adjustments. Within the Wmo, however, no direct ex-post risk adjustment exists. If individual municipalities either exceed or manage to stay within their budgets, there will be no legitimate ground for compensation and/or other claims. The responsibility whether or not to exceed the budget therefore lies with the municipality.

### *8.3. Implementation of the new objective model*

Implementing a radical new way of funding, as has previously been described, is not easily achieved, as a result of which its implementation has been given special attention during an introduction phase. This phase consisted of three special arrangements that needed to increase the acceptance of the model while simplifying its introduction. The arrangements included a temporary transition arrangement and two additional payments. The three special arrangements that were created to facilitate a smooth introduction of the model will now be explained in brief.

First of all, the temporary transition arrangement needs to be discussed. Although the new Social Support Act was enforced in January 2007, the new objective model was not implemented until a year later. Regarding the year 2007, public means were still divided based upon the old historically based model. Since the new model denoted quite a fundamental change in the way social support and domestic assistance are funded, a temporary transition arrangement was made to enable local authorities to get used to the new situation. The temporary arrangement lasted for three years and consisted of an extra payment, equal to the difference between the old and the new situation. This amount (the difference between old and new situation) has been reduced to the new level over three years. This means that, during the first year of this arrangement, a community would have received the new amount plus two-third of the difference with the old situation, while a year later, only the new amount plus one third of the difference would be provided. This arrangement was implemented to ensure that local authorities would have sufficient time to adjust their policy to the new budgets within a period of three years. In order to keep the changes in financial situation for any particular community within manageable limits, the introduction of the new model came with a restrictive condition; the changes regarding any particular community were not allowed to exceed a boundary of €15 per inhabitant (Os 2006a). Since variations within this range were accepted, the introduction of the Wmo still denoted a significant reduction of income for many municipalities. Although it is not easy to take the budget decrease any further, the VNG deems that the vast majority of municipalities succeeded in doing so. Indeed, the remainder of this chapter will demonstrate that there is in fact more than meets the eye.

Independent of this temporary arrangement, the communities received two additional payments to compensate for the organisational costs of implementing the Wmo and the

costs for an obligatory analysis of the level of satisfaction of clients. As is the case with all new policy, local costs are made, regarding both personnel and facilities, in order to execute it efficiently. These compensation costs at time of implementation consisted of 75 million euros, which was paid in bulk in 2006. Recently, the SCP evaluation (SCP 2010) has included some figures about the adequateness of this additional payment. About half of the municipalities (51%) indicated that the means of the temporary arrangement were sufficient. Not surprisingly, the other half (49%) claimed the exact opposite; those municipalities had to compensate for the emerging deficit by addressing other means. Finally, the Wmo subscribes that local governments are obliged to conduct an annual analysis of the level of satisfaction of their clients, as a result of which an additional yearly supplementary payment is provided to compensate for these particular costs.

#### *8.4. Criticism on the objective model and adjustments made*

As with almost every radically new policy or policy instrument, a fierce (political) debate was held regarding its results. The debate about the objective model focused on the degree of objectivity of the followed procedures, as well as on the accuracy of the selected indicators. This paragraph will describe this discussion and its results in more detail.

Since the new model stands for a radical change in financial infrastructure and is associated with large amounts of public resources – and consequently various conflicting interests -, it does not come as a surprise that the political debate mostly consisted of criticism. Indeed, the fact that most of the critical remarks came from those who do not profit from the introduction of the new model financially is hardly surprising either. The vast majority of the criticism came from communities that were far worse off in the new situation (so-called ‘nadeelgemeenten<sup>11</sup>’) because the new model induced a significant cut in the resources they received from central government. Although a very small part of these municipalities was able to build some reserves in the old situation (because they received more financial means on historical grounds than necessary for the provision of their Wmo services), to many others the new model stands for a large budget decrease. These municipalities have had to find new resources to pay for their Wmo services, especially when they were not willing to cut Wmo expenses substantially. Many of the ‘nadeelgemeenten’ therefore had to tap into their liquidity reserves to compensate for the emerging deficit. Even though this may be sufficient in the short term, it is evident that this is no structural solution to the emerging problem of a budget deficit (interview alderman, Doetinchem). In despite of this unfavourable situation regarding these municipalities, the exact opposite did also occur: some communities received more money after the introduction of the objective model. Not surprisingly, since these communities are favoured by the new model, they do not get intensively involved in discussions about changing the objective model (VNG interview). Although the temporary

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<sup>11</sup> Being a ‘nadeelgemeente’ (a municipality that receives far less financial means after the introduction of the objective model) does not tell anything about the current financial situation on a local level. If the size of the budget is decreased it could well be that it is still sufficient to provide for Wmo expenses. On the contrary, not every community with a budget deficit can ascribe this to being a ‘nadeelgemeente’, since higher local prices and thus higher expenditures can also be the cause. This is partly influenced by a positive redistribution effect of the model, i.e. richer communities use more privately funded help and have a lower level of applicants for Wmo services.

transition arrangement has come to an end regarding the year 2010, criticism and debate had already begun at that point. The debate focused on the basic assumptions of the model and the followed procedures, which are independent of the local financial situation of a municipality and thus also independent of the temporary transition arrangements.

Overall, the large and structural changes in the distribution of public means across individual municipalities could lead to budget decreases of more than 30 percent. This clearly exceeds the boundaries agreed upon prior to introduction. Some communities that found themselves in such a position took the initiative to analyse the (development of) the new objective model in more detail. So far, these multiple efforts resulted in four different reports (e.g. APE 2008) that all produced similar conclusions about the shortcomings of the new model. The criticism on the new model has focused on two specific aspects: the lack of transparency and the precise selection of indicators.

#### 1) Transparency (or the lack thereof)

The objective model is considered insufficiently transparent in the sense that the process of constructing the model is not fully recorded, let alone in line with a well-known and repeatable scientific procedure (Knaack 2008). This criticism reflects the procedures followed and is thereby independent of a judgement of the quality of the new model. It is evident that a non-transparent method will be subject of criticism, articulated by those who do not profit from it in particular. Especially those municipalities wished they had had the opportunity to subject the followed procedures to a critical analysis. Without presenting a final judgement about the model, it is evident that more openness about the methods, weights and criteria will increase the acceptance of the model (interview with alderman, Doetinchem).

#### 2) The selection of indicators

Secondly and possibly more importantly, the selection of indicators has been criticised. Four research reports concluded that the model could be improved by introducing two new indicators:

“Several communities came together to instruct BMC (a commercial consultancy firm) to analyse the model. Just as was the case with the research carried out by APE and SCP, they concluded that the model could be improved by adding two new indicators. So, a total number of four official research reports have come to the same conclusion and I do not have any clue when the decision is made to make adjustments to the model.” (alderman, Doetinchem)<sup>12</sup>

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<sup>12</sup> It needs to be addressed here that the critical position of the municipality of Doetinchem towards the model was not initiated by the single fact that the model caused a decrease in their budget. In the Doetinchem, case the difference between the old and new model could not be explained by means of practical experience in the municipality. Since there was no clear explanation of the decrease, the question about the openness of the followed procedures and the model itself arose. This is the case with regard to more municipalities; the fact that it is not clear why the model meant a budget decrease for them, rather than the single fact that the budget is decreased is considered direct cause of getting involved in the discussion.

The first indicator that should be added according to these studies reflects a combination of two existing ones. The model encompasses an indicator for the number of households including people aged over 65 and a different and independent indicator for the number of households with an income that falls below the average. Combining these two indicators would make a more accurate indicator and consequently predictor for the expected change of demand for Wmo services in the (near) future. Therefore, the suggestion is made to incorporate a measure for the number of households over 65 *with* a below-average income. Adding this measure means that differences in social economic status of the population are incorporated in the model, which seems legitimate since it is believed that it will affect the need for support intensively. The importance of combining these two indicators is illustrated by the Doetinchem case, as the following quote illustrates:

“Doetinchem is a community with relatively high number of households with an income below average that include people over 65. This region is therefore partly characterised by relatively poor elderly inhabitants, but still it not considered a ‘nadeelgemeente’ by the new model. Currently, a relatively rich community, like the famous region ‘t Gooi, gets more financial resources because of the single fact that more elderly people live in the area, without taking their financial situation into consideration. This is not in line with the anticipated outcomes of an objective model for dividing public means over the community.” (alderman, Doetinchem)

The second suggestion for adding an indicator is based upon the observation that the current model does not account for observable health differences between municipalities. It seems incorrect to assume that every community has the same percentage of ill or unhealthy inhabitants. Independent of other indicators, health-related problems are not equally distributed across all communities (SCP 2010). Including the number of chronically ill patients within a certain community as a measure for health status could compensate this current flaw of the model. Once again, the ‘nadeelgemeenten’ are those that score high on this newly desired indicator.

The first version of the new objective model appears to overestimate the influence of the amount of elderly, while also underestimating the influence of a poor health status and of low income in combination with age. The model is believed to benefit, in the sense that it will become more legitimately objective, from the inclusion of these two new indicators.

Even though four different and independent reports come to a similar conclusion, it has long remained unclear if and when these changes to the model were to be implemented. In order to boost faith in and acceptance of the new objective model it was important that these adjustments were made soon. A partial explanation for why this process could take such a long time centres on the fact that responsibilities for the model’s effectiveness and the Wmo are spread. Two formal authorities exist (the Interior Ministry regarding the national municipality fund and the Ministry of Health, Welfare and Sport regarding the specific Wmo budget), as a result of which initiatives and approval by both is needed before any changes can be made. In the interview with a Ministry of Health, Welfare and Sport representative, it was acknowledged that the model was open to improvement, although the ministry only partly agrees with the conclusions drawn in the often-cited and well-known research reports (e.g. Ape 2008). In the government’s opinion, supported by a critical analysis carried out by the SCP, the model has generally been considered suitable and profound. They argue that



the model is well developed and that criticism could be used to indicate some possibilities for minor improvements only:

“The four research reports confirm our opinion that the model is sufficient and that only slight adjustments are necessary; this makes the vast majority of the criticism illegitimate. So refinement yes, but no structural revision.” (interview, Ministry of Health)

This difference in opinion about the model is a clear example of conflicts of interest that often do arise with this type of radical policy changes. Different actors have different intentions and consequently also different time horizons. Local authorities would rather see the model changed tomorrow, since they have to face short-term deficits in their budget (estimations), while central government benefits the most from, if any, profound instead of premature changes to the model. Due to political procedures and timelines, it is generally expected that adjustments will not have had a practical effect before the year 2011, or even 2012.

Even the research period of this study saw some developments that are worth mentioning. Some refinements have been made to the model, in the sense that two predictors were added, as suggested in several research reports. Measures regarding the health status of a population (for example, data concerning chronic use of medicines within a municipality) and of the socio-economic status are now incorporated in the model. The new adjusted model will be coming into effect on the 1<sup>st</sup> of January 2011 (VWS 2010). The criticism about the lack of transparency still exists; consequently, although the outcome of the more refined model could be beneficial to some municipalities, the non-transparency still stands. It therefore remains at least partly unclear if and how the way social support is funded in the Netherlands fits with the basic ideas of the Wmo at time of its introduction. The alderman of Doetinchem explains it as follows:

“I’m quite satisfied with the refinement, not because of the outcome but because I believe the model is now more legitimate than before. But it remains at least strange that we have no insight into how that result emerged from the model. The importance of the model requires openness about the details, so this is probably not the end of the discussion...[.]...and the story will continue.”

These recent adjustments and the ongoing debate about the openness of the followed procedures illustrate that it is likely to be an ongoing process. The model will probably be subject to changes in the future as well. Some of the already implemented adjustments or, as VWS puts it, refinements are based on new insights that arose after the introduction of the model. Further experience with working according to the model will probably lead to new insights and changes in the future. Apart from major changes to the composition of the model, already two slight adjustments, i.e. adding means to the municipality fund, were made. Changes in regulation about the use of lowly educated personnel as well as new rounds of tendering are both likely to increase future prices for provisions, with regard to domestic assistance in particular. It is expected that the need for more highly educated personnel and the new (second) round of tendering will increase the prices, so an addition of means (somewhere around €130 million) has already been achieved (VWS 2010).

The last important aspect that needs to be addressed is the influence of the budget and support provided by the AWBZ diminishing. Over the last couple of years, indication setting for the AWBZ has become more stringent, which could mean that the number of applicants at the Wmo offices will increase. Of course, municipalities request financial compensation for this increase in demand. This is however not easy to arrange, since the Wmo and the AWBZ are based upon totally different assumptions (rights vs. compensation). The ministry's response to these measures therefore emphasises the need for and possibilities of a paradigm shift, in which municipalities can arrange effective support much more easily than the care offices in the AWBZ structure have been able to do in the past. In order to compensate for these effects to some degree, the ministry has put aside €150 million euros, which is being spent over the different related domains, only in close cooperation with the ministries of other policy domains. This amount is therefore a general reservation, since it is not possible to calculate the effects with precision. This reservation has led to an additional adding of funds to the municipality fund, by a single payment of €127 million. The need for any further investments will probably occur again when related policy areas are once more subject to change. This example about the decrease of the AWBZ shows the importance of funding, but also the ongoing debate about the implementation of the financial model.

The conclusion of section 1 about funding the Wmo on a national level is that, independent of the exact model and current regulations, certain developments that require continuous adjustment will continue to take place in the future. However, the basic idea of replacing the old system by a new objective model is considered adequate. The remainder of this chapter consequently focuses on the effects on a local level, by discussing municipalities' financial management.

*Section 2: Funding on a local level*

*8.5. The effects of the introduction of the objective model*

The decentralisation of tasks within the Wmo implies that local governments need to decide how they organise and fund the Wmo with the use of the income from the national municipality fund. Although the introduction of the Wmo was not intended as a direct cut in expenses, many local governments expected that were to make these cuts. To some, this provided the motivation and stimulus to subject their policy to a critical analysis, in order to organise domestic care and social support more efficiently. The policy freedom that is inherent to the decentralisation thus makes the funding of care subject to debate on the level of an individual municipality. This section discusses financial arrangements and consequences of the introduction of the new social support act on that level. As matter of illustration, table 4 below gives an overview of all financial streams as they exist for a municipality in the Wmo.

Income	Expenditures
Income form the national fund	Providing Wmo services
Some communities receive some specifically targeted funds for improving social cohesion, integration, safety and to combat addiction	Costs for implementation: <ul style="list-style-type: none"> <li>○ FTEs</li> <li>○ Overhead costs</li> <li>○ Housing and other facility management costs</li> <li>○ Client satisfaction analysis</li> </ul>

Personal contribution to delivered services	
Compensation for costs of implementation: analysing the Wmo requests / organising the tendering process / providing personal budgets (PGB) / collection of personal contribution / client satisfaction analysis and other administrative costs	
Temporary payments from the transition arrangement (up to the year 2011)	

**Table 4: Overview Wmo income and expenses within municipalities (Os 2006b)**

Even though this overview seems to be quite comprehensible, the analysis suggested that it also brings new uncertainties to the surface to municipalities. Although it was not the intention of the ministry to use the new model as a way to cut the Wmo budget, its presence makes it a lot easier if the political decision is made to do so. This is explained by the fact that to central government an open-ended arrangement has been replaced by an ex-ante risk adjustment system. The predictability of the expenses on a national level is therefore high, since the determination of a fixed budget means it does no longer have to deal with an open-ended arrangement. The model shifts the open-endedness to the local level, which brings about new uncertainties for municipalities. Not only the outcome, i.e. an increase or decrease of the budget, affects municipalities, the enactment of the model itself may influence the general financial situation of municipalities severely in the following way. Municipalities now get a limited budget, but can get no reassurance beforehand that it will be sufficient for a proper execution of their new tasks. The shift of tasks is thus accompanied by a change in financial infrastructure, which confronts the municipality with the unpredictability that was first observed on a national level only. In Leeuwarden, the alderman explicitly recognizes the aspects of unpredictability, phrasing it as follows:

“To us; although our biggest problems with the objective model concern the distribution of financial means for societal care for vulnerable groups (in Dutch: ‘maatschappelijke opvang’ as is described in ‘prestatievelden 7 t/m 9), the general trend is obvious. A vast majority of clients receive means from the AWBZ, for things like preventative care, day care, home support, labour training and other more psychosocial services that enables us to prevent people from deteriorating. Especially that, under the AWBZ, has also changed with the introduction of the new objective model. We are confronted with a more than steep decline in income for that kind of activities while we believe it forms the core of our societal support activities. To us, this means we have to bring €300.000 to the table every year, or else we are confronted with a structural deficit of approximately €6 million and we do not even know beforehand if that deficit could grow even more. It is hard to create a financial planning if you only have some rough estimations of future demand.” (alderman, Leeuwarden)

Consequently, the introduction of the model did not solve the unpredictability of Wmo expenses: it only shifted to the level of individual municipalities. Since this forms the basic assumption for this section, the remainder of this section will further illustrate what this means for local financial management regarding the case studies. This will contribute to the

understanding of the financial effects of implementing the objective model. Before those details are elucidated, some general funding trends will be listed. The Wmo evaluation conducted by the SCP (2010) provides some interesting facts and figures about the consequences of the introduction of the Wmo on the financial situation of municipalities. These trends show that it is hard to determine whether the means from the municipality fund are sufficient to Wmo tasks..

- In the year 2007, municipalities spent a total of €124 million less than they received for providing household assistance; this amounted to €210 million in 2008. This is partly explained by the fact that municipalities provide a relatively large amount of the cheaper type of domestic assistance (HH1 instead of HH2). Another explanation is that most of the disadvantaged municipalities have critically analysed their current working methods and realised savings were possible. Collectively, this has led to relatively low expenditures compared to the integration payment received within the municipality fund. In the year 2008, municipalities had a household assistance surplus of about €4 per citizen.
- This €4 is explained in another report evaluating the municipality fund every year (the so-called POR 2010 (Cebeon 2010)). Its explanation lies in the difference in financial situation between the field of domestic assistance and the Wmo in general. Municipalities have, on average, a deficit of €2 on welfare and individual provisions, but have a surplus of almost €6 on domestic assistance. Overall, this means that municipalities have a surplus of €4 per citizen.
- At the same time, 45% of the municipalities indicate they had higher expenditures on domestic assistance than they received from the municipality fund, while 42% indicated that their expenditures were exactly equal to the amount of means received. An explanation for this difference between income and expenditures on household assistance could, according to the SCP, be found in a change of the mix of services provided (relative amounts of HH1 and HH2) and a lower average price overall.
- There is strong link between over and under expenditure and whether or not municipalities are considered 'nadeelgemeenten'. When they do, they generally suffer considerably higher expenditures on household assistance compared to municipalities that received more after the introduction of the new objective model. Nevertheless, about 25% of the 'nadeelgemeenten' still spend less than received, while over 30% of 'voordeelgemeenten' spend more than received. This would indicate that whether or not a municipality is branded a 'nadeelgemeente' does not constitute the explanatory factor when analysing the final outcome of the financial situation on a local level.
- In addition, about half of the municipalities (45%) indicated they spend more on the Wmo than the budget they receive from the municipality fund, so also regarding the Wmo in general (i.e. not only with regard to domestic assistance) expenditures are higher than the direct income for these tasks in half of all the cases. Moreover, about 42% implements the Wmo based on the budget they receive, as a result of which the expenditures cannot exceed income. These municipalities use the budget as restrictive guidance; in that line of reasoning, no extra budget is available and consequently no room to operate more freely.

- The municipalities were also asked to provide reasons why expenditures were higher or lower than the designated budget. Municipalities that exceed the budget ascribe that to high costs for implementation or to effects of the model itself. Only occasionally a reference is made to the political choice to increase the range of services as being the cause of an over or under expenditure of the budget. Furthermore, most of the municipalities that end up with a surplus ascribe it to an effective tendering process within their particular municipality rather than a political decision.

As has been mentioned before, the case studies offered a far more detailed insight into financial consequences of the Wmo on a local level. In the remainder of this chapter these will be discussed, along the lines of observed difficulties and some other general observations regarding the case studies.

### *8.6. Difficulties in managing the Wmo*

The Wmo is implemented on the basis of the idea that municipalities are better equipped to implement proper Wmo policy than central government. This evidently also affects financial management within municipalities. The case studies show that managing the Wmo financially on a local level is best described as a major challenge, instead of a simple shift in tasks. More than half of the municipalities (55%) indicates that municipalities have been facing higher financial risks since the implementation of the Wmo. Five aspects making this task a challenge are subsequently described, based upon the interviews and document analysis of the case studies.

#### *1) Dealing with being a 'nadeelgemeente'*

The city of Doetinchem case study showed a way in which a municipality is able to deal with the negative financial effects of the implementation of the model. When the first calculations were made, it seemed that Doetinchem would be a 'nadeelgemeente'. This not only encouraged the alderman to take an active role in the discussion about further development of the objective model but also led to a critical revision of current local policy.

Doetinchem is a clear example of a community that profits from the incorporation of the new indicators in the model, since, as has previously been discussed, it achieves a high score on both new indicators. However, even after the refinement – denoting an increase of €4 per citizen compared to the first version of the objective model –, the situation remains problematic. Doetinchem still receives far less money than before the introduction of the objective model and is certainly not the only municipality that faces such a situation. In Doetinchem, the implementation of the new objective model has resulted in a structural deficit of €1.7 million from 2010 onwards. The transition phase, in which municipalities were partly compensated for the changes, reaches its end in 2010. Consequently, during the three-year transition period, the annual deficit in financial means for Doetinchem has increased from €0.3 to €1.0 to €1.7 million (based upon the budget estimations of municipality of Doetinchem). Doetinchem has chosen to compensate for this structural decline in income by structurally addressing other means, using liquidity reserves to compensate for the difference during the first few years. This seems to be in line with other municipalities as well, since many take the explicit political decision not to cut the level of Wmo immediately. A cut in services as a way to compensate the new structural deficit in budget is not considered a legitimate initial measure. Instead, Doetinchem responded to the

new situation by emphasising the importance to work more efficiently and to reconsider all Wmo services already available in Doetinchem, guaranteeing funding by using general means and liquidity reserves to compensate. However, addressing these kinds of sources cannot be part of a structural solution since: “using liquidity reserves only corrects the symptoms and not the underlying cause, which is an incompetent objective model” (policy advisor, Doetinchem). Apart from taking part in a continuously active lobby on a national level to make adjustments to the model, new structural solutions have to be found if the situation remains as it is now. In the end, this could lead to radical decisions that may not constitute the preferred solution. However, the need for such measures becomes more eminent when the financial situation does not change. Examples could include changes to local policy, like increasing the range and height of the personal contribution. In other words, the structural deficit may eventually lead to new political decisions to change the Wmo policy in the municipality. Research carried out by a large Dutch trade union, the FNV (2010), shows that Doetinchem does not stand alone regarding their structural deficits in their Wmo budget. Almost half of the municipalities in the Netherlands have to pay for Wmo activities by means of other sources than the municipality fund. According to the FNV, the main cause for this is a new shift of tasks from the AWBZ to the Wmo without receiving financial compensation (FNV 2010). Overall, (political) decisions need to be taken on a local level, while the city council needs to get accustomed to these new tasks and sometimes even radical changes need to be considered.

## *2) Dealing with a strictly limited influence on income*

Although the Wmo is inherently associated to an increased policy freedom for municipalities they still have a very limited influence on their financial situation. Municipalities are very limited in the possibilities to affect their income. Over 50% of the municipalities see the room to operate as being strictly limited. Of course, local governments are free to set the size of the required personal contribution within certain limit. However, in the current situation, most of the communities have already set the sum on the maximum level. The latitude of communities is therefore highly limited as the following quote from an interview with the alderman of Leeuwarden also illustrates:

“The possibilities to affect income are limited and too insecure. The budget from the national fund is limited but it is questionable if that is suitable for the future situation as well. It is highly uncertain whether the model or the size of the budget changes, as the demand for care increases as a consequence of an ageing population. Do we receive extra means if we are confronted with that increase in demand? As a community, we are very limited in our possibilities to ensure that we have sufficient means to comply with the level of demand since we are obliged to compensate citizens. The only possibility for us is to impose radical cuts regarding other expenses, in other policy fields. Central government has many more opportunities to increase its income, compared to us.” (alderman, Leeuwarden)

In general this interview expresses that, although municipalities have a high degree of policy freedom, they do not have control to affect the Wmo budget available. Determining the size of the macro budget is still among the tasks of central government. This refers to an observation made earlier; it seems that the unpredictability of an open-ended arrangement is now felt at the level of the municipalities instead on a national, making the Wmo increasingly difficult to manage for local authorities.

### *3) Dealing with the considerable unpredictability of the financial situation*

Another effect of the implementation of the objective model is the high unpredictability of the overall financial situation and the size of municipalities' budgets. This aspect of financial management came up during the Leeuwarden case study in particular. As the elaborate quote from the interview with the alderman of Leeuwarden below shows, it is the open-ended regulation that makes it extremely hard to predict the size of Wmo services expenses:

“The financial predictability is another big problem within our municipality. Four times a year we make an intermediary evaluation of the Wmo that includes a financial budget estimation and each year the expectations have differed; at a certain point in time, we were confronted with a financial gap of €400.000, then it became (only) €200.00 and later on it was €400.000 again, but finally we managed to get to 0! If you think that that is a good thing you are only partly right; the uncertainty due to the unpredictability of expenses is killing, especially in a relation between an alderman and the city council. The fact that funding is open-ended means you have to anticipate on a shortage once in a while, but you can't stop providing required provisions when you are out of budget. I can only wish we find ways to improve this predictability. Especially in the next few years, which will probably be characterised by new and strict cuts in the overall budget; it is nice to know what they are up to, so we can anticipate on it.” (alderman, Leeuwarden)

The above quote illustrates again the effect of an open-ended arrangement on the level of a municipality, in this case Leeuwarden. The decentralisation of tasks in the Wmo therefore means that municipalities are faced with issues that were of no concern in the old situation. Indeed, it is only understandable that municipalities need to become accustomed to those tasks. The following example further illustrates the complexity of this unpredictability; it is almost impossible to estimate the proportion of household assistance in kind with respect to the number of pbs. Local providers often even fail to provide an accurate prediction. Even when the proportion of household assistance was expected to be high, it was even higher in practice. The municipality of Hulst also acknowledges this problem. There, the Wmo council requested an overview of the financial situation, but the city council was not able to present this overview. An aspect that further complicates the predictability is the fact that changes in related policy areas will affect the Wmo as well. The AWBZ constitutes a frequently quoted example, since it is phased out continuously (see earlier discussion about compensation payments in the model). This means that if the availability of AWBZ services will be reduced for certain targeted populations, the inhabitants affected will apply for assistance under the Wmo at the communities' office, which in turn leads to an increase in demand for Wmo services (HHM 2009). Overall, it could be said that the complex, multiple income sources and expenses caused a situation in which it was hard or even impossible to give an overall overview of the financial situation of the municipality at any given time. Local authorities need to accept this and find ways to deal with it in their policy formulation and implementation procedures.

### *4) Dealing with a lack of rewards for a proper policy*

It is sometimes frustrating for local officials that their municipalities are not rewarded (financially) for developing and implementing proper Wmo policy. Although the discussion is presented elsewhere in this report, the conclusion should subsequently be drawn that the

current system does not have real incentives to be active in developing proper Wmo policy as a municipality. A proper functioning of Wmo policy could denote that savings can be made on AWBZ expenses. However, implementing proper Wmo policy is currently not to the advantage of municipalities, at least not directly or financially. It could be the case that a certain municipality has developed a Wmo policy that works very well, consequently preventing an increase in demand for more expensive ABWZ or ZvW expenses. These savings for the entire national budget spent on care does not positively influence the financial situation of the individual municipality. Therefore, it should not be surprising that certainly not all local municipalities have a really enthusiastic and proactive attitude towards their new tasks within the Wmo. Although the implementation of such rewards will probably bring about new problems - for example measuring the quality of Wmo policy and ascribing the effects to the actions of the municipality – in the current situation it can even be the other way around. Municipalities could be indirectly punished financially, for executing a proper cost containment policy, since the SCP is also determining the macro budget for the year to come by examining the realised expenses of previous years of all municipalities together. Even though individual municipalities do not face the direct consequences if they either exceed or stay within their budgets, the collective results of a great number of municipalities could eventually cause the same effects.

#### *5) Dealing with the need for investments*

Another aspect that came up when examining the case studies (for example in Doetinchem) is that during the first few years of the Wmo. new investments probably need to be made in order to improve the set of Wmo services in a municipality, according to the following logic: if a municipality succeeds in successfully implementing policy participation within the community, this is likely to lead to a new input for the services required or desired by citizens. Citizens groups and members of any form of Wmo council could make suggestions for new kinds of provisions, based upon signals they have from the community. Doetinchem has also tried to incorporate insights and input from the citizens themselves, whenever these come up during the new intake procedures. An intake could also lead to the identification of gaps in the set of provision the municipality has to offer. If it eventually is decided to organise, create and provide these new forms of support (e.g. new type of service or social activity) it will probably bring about new costs for its development and implementation, even though social benefits will probably outweigh them in the long run. Organising new forms of support does not only (temporarily) increase the costs; at the same time it will improve the quality of the Wmo services in the community, which should be the goal of every local form of Wmo policy. Consequently, local governments have to find a way to fund these required investments, especially in the first few years of organising the Wmo. This will probably not be an easy thing to do, since no extra financial means were added to national fund to enable this (VWS 2010).

This report has now examined the national arrangement and the effects of the introduction of model on a local level. However, the new social support act also has financial consequences for the applicants of services themselves, by means of the personal contribution and personal budget, which will both be described in the third and final section of this chapter.



### Section 3: The personal contribution & the personal budget

#### 8.7. The personal contribution

The Wmo contains an obligation for every civilian who receives social support and/or domestic assistance to pay a certain amount of money; this is referred to as the personal contribution. The Wmo legislation acts as a framework for local policy and also contains the fixed limits regarding the size of this contribution. Municipalities do have the right to ask for a personal contribution for almost all provided provisions, as long as the amount falls within the national limits described in a specific memorandum regarding Wmo legislation. Four groups are defined, with regard to each of which a specific nominal amount of personal contribution is set, aside from an income limit. If the income of an applicant exceeds this income limit, the municipality is free to ask for an additional part of the personal contribution. This additional part of personal contribution is set at a maximum of 15% of the difference between the real income and the income limit. The nationally determined limits are annually adjusted in price indexes for consumers. Table 5 provides an overview of the national limits in the year of 2010. In order to calculate the personal contribution, the following formula should be used for incomes that exceed the limit regarding every period of four weeks:

$\{(fixed\ amount \times 13) + (0.15 \times [real\ income - income\ limit])\} / 13 = \text{maximum personal contribution for a period of 4 weeks.}$

Group	Fixed amount (four week period)	Income limit	%
Unmarried, under 65	€ 17.60	€ 22.222	15
Unmarried, over 65	€ 17.60	€ 15.256	15
Married, one under 65	€ 25.20	€ 27.222	15
Married, both over 65	€ 25.20	€ 21.058	15

**Table 5: National limits for personal contribution for four different groups (from CAK 2010)**

For example, a single 60-year old with an annual income of €30.000 has to pay a maximum personal contribution of approximately €107 for every four weeks period. Apart from these limits, more specific legal restrictions and conditions are in place. Importantly, all limits in the table can be set at a lower level than the norm, but only for all groups simultaneously. Another one gives an independent organisation, the CAK-BZ, the responsibility for collecting the funds and arranging the administration (CAK 2010).

The policy freedom within the Wmo also implies that municipalities can specify the details of this regulation themselves, as long as it falls within the earlier described limits. The personal contribution could thus be used as a policy instrument to steer and affect the effectiveness and efficiency of expenditures within the Wmo. For example, this offers the opportunity to compensate for low incomes, while it simultaneously enables them to effectively execute the Wmo. In despite of this freedom, it seems that in practice, only some municipalities dare to deviate from these standards (SCP 2010). Many municipalities ensure that the size of the personal contribution is dependent on the income of the applicant; higher incomes need to

pay more. Other factors that may affect the size of the contribution concerns the number of people in the household, the age of the applicant, the combined household income and the degree to which societal support is used. But again, municipalities can develop their own variations in this policy domain as long as the results are within nationally defined boundaries. The Wmo evaluation carried out by the SCP (2010) illustrates some national trends regarding the way in which municipalities deal with the policy freedom regarding personal contribution. It seems that almost every municipality requests a personal contribution for domestic assistance, while with regard to other services the differences between municipalities are much more considerable. Some other trends include:

- Generally, municipalities ask a personal contribution that covers half of the individual provisions. Approximately one third (33%) of municipalities demands a personal contribution for individual provisions. Almost a quarter (24%) of the municipalities only started to ask for a personal contribution for individual provisions when the Wmo was introduced. Overall, these policy choices led to a situation in which almost 57% of applicants had to pay a personal contribution; this percentage was higher with regard to those applying for domestic assistance.
- Only a minority of the municipalities (16%) has chosen to set the level of the personal contribution lower than the maximum size permitted. Most of these municipalities decided to increase the personal contribution to the maximum only when the income is over 120% of the social minimum. Almost 12% of the municipalities relieve people from the obligation to pay a personal contribution if they depend on social benefits (in Dutch: 'bijstand'). Nevertheless, almost 13% of the applicants who were forced to pay a personal contribution indicated it was set at such a high level that it caused them severe financial distress.
- Over 80% of the applicants who had to pay a personal contribution indicated they were not informed properly beforehand. For example, almost 40% of the domestic assistance applicants indicated that they were unaware of the size of the personal contribution for a long period of time. This seems to indicate that communication about the policy directed at citizens is open to improvement.
- Of the so-called 'overgangscienten' (those who were already receiving domestic assistance according to the AWBZ before the introduction of the Wmo), approximately 24% states that the personal contribution has increased after the introduction of the Wmo, while only 12% claims that it has decreased; this offers an indication of the extent to which municipalities see new opportunities in the increased policy freedom in relation to the Wmo.

The Wmo offers the opportunity to collect a personal contribution but it does not contain an obligation to do so. In practice, only a slight percentage deviates from the national limits. By setting these restrictions to the size of the personal contribution, central government tries to protect the accessibility and affordability of care and welfare services; this is necessary, since it is assumed that higher personal contributions will lead to higher avoidance of care and/or assistance by citizens. A higher level of contribution will probably discourage inhabitants to apply for domestic assistance or other Wmo services. By setting higher prices, the revenues for the community will probably increase slightly. Simultaneously, however, the

number of assistance will diminish, which cannot possibly be the aim of any Wmo policy directed at stimulating citizens participation within society.

In addition to the absolute size of the personal contribution, local authorities also have the freedom to determine the range of services for which a personal contribution needs to be paid. The relation between a broader range of services for which a personal contribution has to be paid and the total revenue is not straightforward (as was the case with the size of the contribution), since setting a broader range will also lead to an increase in costs for implementing and facilitating the collection of these personal contributions. Both the demoralising effect of the amount on possible applicants and the costs for implementation associated to a broader range of collecting personal budgets cause the relationship between collecting personal contributions and total revenues to be skewed. Both effects could outweigh the increase of revenue of setting a higher personal contribution for the community. To a certain extent, the absolute height and the total range of services for which a personal contribution is required will therefore always be discussed at a national as well as a local level.

#### *8.8. The personal budget*

Another financial aspect of the Wmo is the personal budget (pb), which does not refer to availability of financial means, but to the actual way in which the applicant receives support. The Wmo forces local government to offer each applicant a choice: they may either receive that support in kind (in the form of a care service arranged by the local government) or in the form of a personal budget (VNG and VWS 2010). The law forces municipalities to offer this choice with regard to all individual provisions; exceptions can be made only when justified objections exist. Justifiable objections could include that the applicant is not familiar enough with the Dutch language, has severe long-term debts or is mentally or emotionally incapable of taking up this responsibility. The local official's task is to discuss the opportunity with the applicant, the decision needs to be taken in consultation if the pb turns out to be the preferable option. It is therefore highly unlikely that assistance applicants who are unable to deal with responsibilities of having a pb will receive one. Before more details about the personal contribution will be discussed, this paragraph will provide an overview of some important findings arising from the Wmo evaluation conducted by the SCP (2010).

- Of all the applicants within the Wmo, about 13% opts for a personal budget. It seems that up to this point in time (February 2010), the amount of hours of domestic assistance paid by means of personal budgets has increased.
- About half of the municipalities state they increased the efforts to provide information about the personal budget to new applicants since the introduction of the Wmo. Currently, not every applicant is aware of the choice for a personal budget as an alternative to receiving care or provision in kind; only two-third (67%) explicitly remembers they were offered this choice. Even when the choice is offered, 30% still claims that the municipality does not provide sufficient or in fact any information required to make a profound choice in an easy and understandable way.
- The size of the personal contribution differs across municipalities, even though the law forces municipalities to offer a personal budget that is at least comparable to care in kind. Approximately one third (30%) of the municipalities has a personal budget that amounts

to 80% of the tariff of care in kind; one third (30%) has set the percentage somewhere between 80 and 100 percent; 23% knows no difference, while in only 3% of the municipalities the personal budget exceeds the value care in kind (for 4% it is unknown).

- Almost all municipalities (97%) ask the applicant to justify the expenditures of the personal budget. In most cases, they request an overview of hours and expenditures, even though occasionally, an overview of expenditures alone is sufficient. About 85% percent have made specific agreements with applicants to support them in their tasks of providing a proper administration if they have opted for a pb.

If the applicant chooses to receive a personal budget, the applicant gains control over a certain amount of financial means (which depends on the specific personal indication), which he or she can use to buy the health or support services of all available providers independently. Municipalities have a certain degree of freedom to determine the attractiveness of the personal budget to applicants, by varying the size of the budget, developing guidelines for administration and by developing demands for the accountability of the expenditures. Consequently, municipalities have to offer the choice but, by developing specific local policy, they do determine the attractiveness of the personal budget to individual applicants. This opens up the possibility to steer the choice (although limited to some extent) of applicants, which can differ across municipalities and varies because of local officials' preferences. When the applicant chooses to receive the support in kind, the local government has the responsibility to ensure that care is provided. In this case, the applicants still get to decide: they can choose the care provider from a list of all providers that have a contract with the municipality. This means that it is also possible for an applicant to receive care services from multiple providers, each delivering a certain care service from a set of diverse tasks. Although the applicant may choose between care in kind and the pb whenever receiving support from the Wmo, that decision may never be considered definitive. In other words, everyone has the right to change the form at any given time, by means of a request in writing. Even though the choice is often presented as a opting for one option or the other, a combination of both is also among to the possibilities for an individual Wmo applicant, whenever the entire package consists of multiple provisions. Combing the two forms to form a single service or provisions is however not possible (VNG, VWS 2010).

A large majority of applicants (approximately 87%) does not opt for a personal budget. This can partly be explained by the new responsibilities that come with receiving a personal budget and which not all applicants are willing or are able to take. Receiving a personal budget comes with responsibility to take care of a proper administration, which legitimises the expenditures afterwards. In addition to this explanation for the low percentage, a majority of local governments also considers the provision of personal budgets as unfavourable, since its provision will add to the local government's responsibilities as well. They need to take up the responsibility to organise and inform the applicant, to support the applicant in their administrative tasks and to evaluate the provision of personal budgets on a regular basis. All these factors cause the personal budget to be the unfavourable option in many cases, to both the applicant and the local authority. According to one of the interviewees, the possibilities of the personal budget must not be exaggerated. To many applicants, it is not even a realistic or desirable option:

“Yes, the personal budget is an achievement and respects the right of the individual, but for many of the applicants it is totally irrelevant. They are either not capable or not willing to take up the responsibilities and we do not need to bother them with this issue. To be clear, I am not trying to say that the entire concept of a personal budget should be discarded, but it should also not be overestimated.” (alderman, Doetinchem)

The unawareness of possible pb users regarding the consequences of their decision could sometimes be explained by insufficiency of the information that is presented to potential pb users. It occasionally becomes evident that municipalities have and use several methods to steer the behaviour of potential pb users, deliberately or not. Although not many municipalities actively promote the pb as an option available to applicants, on a general level, the number of pb users has increased. Although the exact explanation for this effect is unknown, it could be argued that people have become increasingly aware of the opportunity. Adversely, it might be the case that applicants have opted for a pb since it offers them the opportunity to use the same care giver they have previously employed, independent of the contracts with care providers the municipality has created based on the outcomes of the tender procedures. However, the number of pb users a national level is increasing: at the end of 2009, over 115 thousand citizens received a pb; a duplication referred to the year 2003 (SCP 2010). Based upon this trend, it can be expected that €2 billion euros will be spend on personal budgets in the year 2010 (data provided by the Ministry of Health, Welfare and Sport concerning both Wmo and AWBZ).

Apart from the continuous debate about these issues, questions are raised about the increasing role of intermediary actors. These privately owned firms that are often relatively small currently receive a high percentage of applicants' pb . This is possible since pb users are not always aware of the fact that using a pb comes with the responsibility to create and maintain a proper administration. These intermediary actors perform these tasks on behalf of the users: they will however receive a fee in exchange for this service. This effect is considered unfavourable since it causes public means to be directed to the private sector in an undesirable way, or at least not in line with the reasons behind providing a pb in the first place. Extreme examples of this are often subjected to intense media coverage. Every now and then the discussion about intermediary actors also questions whether the provision of pbs is favourable to the overall Wmo budget. Someone uses their pb to hire an organisation or an individual that delivers care to them. All responsibilities for keeping an administration are with the holder of the pb, so the care organisation that delivers the care is only paid for the services provided and no overhead costs need to be compensated. Hence, a pb seems to lower the overall costs but it still remains the question whether this will lead to an decrease of the overall budget, since the infrastructure to provide personal budgets and to support pb holders also needs to be funded. This effect makes it hard to determine the exact influence of a possible increase in personal budgets.

Leeuwarden provides is an effective illustration of a case where a low percentage of citizens chooses to receive a pb, affecting the municipality in general as well. Leeuwarden delivers 80% of household assistance in kind and about 12% in the form of an old style pb. The municipality has 2 personal budgets: one pb for home services and one old-style pb, amounting to €15 and €18 respectively. The municipality's aim was to make the decision as easy as possible for clients. As a result, a distinction between these personal budgets was

made: after the first round of tendering, almost everyone still chose to receive care in kind. At that time, this care was still performed with so-called alpha helps, but thanks to legislative changes, this is no longer possible. This caused that most clients opted for care in kind afterwards. When clients contract an alpha help they become employers, including the consequences for their tax return (in Dutch: 'belastingaangifte').<sup>13</sup> Since a vast majority of clients did not want this administrative burden, they chose to receive care in kind. This has major financial implications for the municipality, because clients now receive the same care, but at what is likely to be a much higher price to the municipality.

The SCP evaluation (2010) concludes that applicants can generally choose from a range of suppliers of services, while all municipalities at least passively offer the choice for a pb to applicants. The individual Wmo applicant thus has a certain degree of choice, but there is still much to gain if municipalities become more proactive in informing citizens of the possibility of a pb. Currently, a great number of municipalities have no official policy to inform or support civilians in opting for a pb.

#### *8.9. Concluding remarks about financial aspects of the Wmo*

While the general conclusions section of this research report will supply answers to the research questions, this section – without going into too much detail – contains the most important conclusions on this specific theme of funding the Wmo. It will show that also with regard to this theme, it is evident that the shift of tasks has indeed taken place. Municipalities are aware of their new tasks and acknowledge that the shift of tasks and the paradigm shift both come with new financial problems and questions that need to be addressed at municipality level. The financial consequences of implementing the Wmo for municipalities are therefore considerable. As a result, municipalities probably need some more years, not only to adjust their policy to the new available budget but also find new working methods in managing the Wmo financially.

Financially, the decentralisation of tasks and the paradigm shift has major consequences, causing multiple reactions at the municipality level. While a successful shift of tasks can be observed, a successful paradigm shift can not (yet) be seen, since municipalities have taken up the new tasks but struggle in implementing the paradigm shift.

Municipalities do accept the new tasks they have in managing the Wmo also financially; they do however make only limited use of local policy freedom. With regard to the discussion about the sufficiency of the means it is remarkable that, regardless of the increased policy freedom, the deficits and surpluses are seldom ascribed to a more generous or limited policy regarding provisions. It seems that municipalities do sometimes have more freedom to operate than they might be aware of, also financially. Current interpretations of regulations, for example considering budgets as labelled, restricts them in making their own choices. At

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<sup>13</sup> Because of the change in legislation concerning alfa helps, the municipality of Leeuwarden had send letters to all clients, informing them of the amendment. The Municipality experienced that it was very had to explain the amendment and its consequences. Bruinsma (2010) argues that most people were unaware they were the employer of the alfa help and that the letter has made them aware of this particular fact. Most of the clients must have thought they did not want to be an employer and for that reason have chosen to receive the household help in who delivers the quality required and when for instance your household help falls ill, you are responsible for finding a replacement.

the same time, some mechanisms on a national level also restrict their freedom to operate. Spreading best practices, developing standardised regulations and building benchmarks seems to be in conflict with the desire to develop the best policy on a local level. Overall, the following can be concluded: not much has changed at this moment and everything seems to be based on old routines, old working methods and mechanisms. The shift of tasks according to the Wmo is reflected by a persisting emphasis on financial frames, since the Wmo inherently induces high financial risks and means for executing policy will always be scarce. Even the municipalities that profit from the new model seem to be very restrictive in making new policy choices. Some municipalities do organise pilot projects and experiment with constructions in which budgets are spread more freely. Other efforts are however limited. In addition, it is also not clear how these successful pilots contribute to structural improvements within the system. Overall, it seems that the Wmo leads to cautious and conservative financial policy on a local level. Moreover, the paradigm shift in thinking about the Wmo has not yet affected municipalities' financial management.

This has led to the main conclusion about the funding theme with respect to the paradigm shift; it seems that the influence of the policy freedom is (still) limited, as a result of the important role of the financial situation and the variety in which municipalities deal with the new financial arrangements. This variety in the way they respond to the new financial arrangements and the view of local authorities on their supposed spending latitude affects how they execute, evaluate and criticise the Wmo. It seems that financial aspects are considered essential to organising the Wmo at a local level, since independent of what is desired, it all needs to be paid for. So even if an increased ambition and proactive attitude towards the Wmo is in fact present in some municipalities, this has not directly led to an increase of the budget over which an individual municipality has little or strictly limited control. The increased policy freedom can only have an effect financially if sufficient financial means are available to compensate for local choices. Apart from the actual size of the available budget, the local response to the available budget seems equally important for that purpose. If the budget is treated as 'labelled funding', the possibilities of spending the budget freely based on own local insights are restricted even further. At the same time, it seems that it is difficult for municipalities to subdivide financial means for household assistance and other Wmo-services. This could indicate that Wmo policy is becoming more integral over time, but that it could also lead to a reserved attitude towards the financial situation and choices made.

Although the general idea of changing the financial infrastructure of the Wmo by developing an objective model may be clear and widely accepted, this chapter has hopefully delivered insight into the dynamics of financial decisions on a national level and their effects on a local level. Funding will be inherently associated with a continuous struggle between interests of different actors, since municipalities always want to develop and implement good policy with the greatest possible amounts of resources, while central government would like to make cuts in expenses where possible.





## **9. The paradigm shift; applying the compensation principle**

This chapter on the paradigm shift will introduce the Wmo's core concept: the compensation principle. It will consequently explain what it means if provisions are provided according to the compensation principle in more detail, partly based on some pilot projects within the scope of the different case studies. Practical aspects of applying the compensation principle will be subsequently described, by introducing five difficulties that municipalities may come across and some new questions that arise when the compensation principle is implemented. After a more detailed description of the changes to the indication setting process, this section's conclusions will be presented.

### *9.1. Introducing the compensation principle*

The introduction of the Wmo is not only intended as a shift of tasks; it serves to induce a paradigm shift in thinking about and dealing with societal support in municipalities. The paradigm shift encompasses a radically different approach towards providing societal and health-related support to citizens.

The Wmo prescribes that local governments have to support inhabitants to a level that enables them to participate in society. Participation is defined as the ability to run a household, to be mobile and to engage in social contacts. This focus on the appropriate level of participation differs radically from the old perspective, prior to the introduction of the Wmo. The old system was based on rights of citizens and procedures focused on the appropriateness of their claims. The paradigm shift in the Wmo is embodied in the new 'compensation' principle, forcing municipalities to compensate citizens for physical or other limitations that prevent them from fully participating in society (SGB0 2006b). Consequently, Wmo policy can no longer be created based on thinking in terms of claims, but rather in terms of compensation for citizens, only when and where it is required (SGB0 2006a). Municipalities are free to determine the range and nature of provisions in order to fulfil this task. As a result, although municipalities do no longer need to provide individual provisions, they do have the obligation to compensate civilians in order to allow them to participate in society to their personal potential. More than in the old situation, supporting volunteers and informal caregivers is of central importance within the compensation principle (SGB0 2006b). This shift of focus, from claims to compensation, emphasises different aspects than before in finding solutions for citizens that are in need of societal support. The role of the civil society, the possibilities of applicants instead of their limitations and a need for creativity to distribute (individual) provisions to citizens all become far more important than before. The first Wmo act, sent to parliament to get approved, focused strongly on the personal responsibility of applicants to find solutions before consulting the municipalities' office. Several discussions in parliament have led to phrasing the restrictions to the level of self-help that can be expected from citizens. This has resulted in the relatively unclear and merely generally phrased compensation principle that is open to multiple interpretations, the consequences of which will be explained further on. For illustration purposes, four simple and practical examples of the compensation principle being applied are presented in figure 4. It is not the intention to focus on case studies already, but these practical examples illustrate what it means to compensate citizens without using abstract policy terms to describe it. Example one and two illustrate the fact that the compensation principle enables municipalities to see beyond the initial claim in order to find more appropriate solutions.

Example three and four are illustrations of new combinations, created by a focus on the remaining possibilities instead of the limitations of citizens applying for societal support.

<p style="text-align: center;"><u>Example 9.1 (From Rotterdam)</u></p> <p>An old lady asks for an individual mode of transportation, e.g. a scooter, in order to make here more mobile around the house. This seems legitimate, an appropriate next question would however be: Where will you go if you have the scooter? It seemed she had very limited number of social contacts, so the real need of this lady was better served by providing a general provision. A public transportation service was arranged, taking the lady to social activities in a community centre twice a week. This form of transportation offered a solution for the underlying problem instead of the original claim and was much cheaper.</p>	<p style="text-align: center;"><u>Example 9.2 (from Doetinchem)</u></p> <p>A disabled woman asks for a 2<sup>nd</sup> stairlift in her house because the washing machine is on the second floor, so in the current situation she was unable to do her own laundry. Local officials started the procedure to determine if she complies with regulations regarding stair lifts. It means a shift in thinking to realize that it would be a much easier and cheaper option to move the washing machine one floor down. The municipality eventually arranged a handyman to do so. Now no expensive individual provision was needed, which probably would have been provided in the old situation.</p>
<p style="text-align: center;"><u>Example 9.3 (from Leeuwarden)</u></p> <p>A man consults the Wmo office because he is bored to death and has no social contacts or satisfying day activities. It seems he is nevertheless very experienced with maintaining a financial administration. Instead of searching for community services, this municipality acted as a broker: now this man is helping other elderly people with their financial affairs. With this solution, both applicants are helped without the use (individual) provisions. Another similar example of this kind is that of people of foreign origin who have learned the Dutch language and now actively stimulate and help others within their personal environment and community to do so.</p>	<p style="text-align: center;"><u>Example 9.4 (From Doetinchem)</u></p> <p>An old man complains that it takes him too long to go shopping for groceries and he thinks the shop is too far away. Local officials immediately try to search for solutions in terms of carrier services, without realizing that the daily walk for groceries is a form of participation for the old man as well. Why would it be a problem to spend several hours in that way? So, eventually, after a meeting at the Wmo office, the man accepts the situation, walks with others to the store and combines his walk with several others from his neighborhood. The municipality arranges a small pushcart to take care of the heavy groceries.</p>

**Figure 4: four examples of the practical consequences of applying the compensation principle**

These examples show that the paradigm shift is clearly a development that affects all aspects of the Wmo on a local level; it induces change within municipalities for citizens and civil servants alike. It requires not only that the applicant is informed about other possibilities of which he or she possibly was not even aware before (like in examples 9.1. and 9.2), but also that local officials need to change their way of thinking about what the real problems look like and what possible solutions are available (like in example 9.3 & 9.4). It is exactly this far-reaching need for a change of paradigm that makes it such a complex and potentially long-term process. This chapter will not only explain the exact nature of this paradigm shift, it will also describe the consequences its practical application. Firstly, however, some general national trends will be presented. These trends (based upon SCP 2010) illustrate how municipalities use and implement the new principle.

- When the Wmo was introduced almost half of the municipalities choose to improve and change their policy while about one fifth did not change anything in their policy. In 2008, the percentage of municipalities that had developed new policy was risen to almost 80.
- Citizens in municipalities that apply demand articulation (asking for the real needs beyond the initial claim) are generally more capable of participation in society. The attention given to the entire situation of the applicants' life is positively related to the opportunities the applicant has to participate. The SCP (2010) clearly expresses that it is too early to determine if these effects also lead to other judgments by applicants; it will probably take some more years before the effect of (new) local policy is clear within the experiences of citizens with regard to the consequences of applying the new principle.
- Over 70% of municipalities notes that every application is analysed integrally, while a higher percentage (80%) of municipalities state that the first step in determining the appropriate provision for an applicant is always to analyse what the applicant can still do for him or herself. The municipalities differ in terms of the number of provisions for which demand articulation is applied, as well as in the number of aspects discussed making the analysis integral. Nevertheless, 11% continues to consider only three aspects, while 24% takes over 10 aspects of the applicant's life into account. These data are not in line with the opinions of citizen participation groups, which often state that relatively often (45%), the approach of the municipality focuses too much on the supply instead of the demand of provisions.

### *9.2. Providing societal support according to the compensation principle*

Providing support to citizens according to the new compensation principle influences what really happens when an applicant comes into contact with the municipality to receive social or health-related support. Compensating citizens in order to let them participate in society requires the application of a sort of step-by-step-plan indicating the different types of solutions that need to be considered. It is always important to get down to discussing the real need in order to find a proper solution. This could mean that the original claim or application does not reflect the real needs of the applicant (VNG 2008). Applying the compensation principle requires a real conversation, in order to determine the need in consultation with the applicant and the local official. Instead of dealing with claims, this conversation therefore denotes a severe change in the roles of both the applicant and the civil servant. The remainder of this section will explain this in far more detail, by describing general issues and specific case study examples of working with the compensation principle in practice.

The first step in the search for a proper solution during the conversation should constitute an investigation into the extent to which the applicant can compensate for its own limitations by addressing the frequently remaining possibilities of which the applicant is probably not aware. The personal network and informal contacts of the applicant can potentially also be part of this first search for a solution (VNG 2008). This proper analysis, i.e. asking for the problems and needs behind the initial question and making an estimation of remaining possibilities, can offer new valuable insights which can in turn prevent a situation in which a solution is too hastily sought. The indication setting process consequently needs to lead to an objective analysis of the size and degree of the problem, without the old tendency of directly coupling a solution to a provision. Part of the solution with regard to certain limitations could thus consist of a search for day activities that simultaneously help others. This

emphasises the remaining possibilities of the applicant (for him or herself and for others) instead of its limitations. Regarding remaining possibilities as (part of) the solution for certain limitations, especially those of others, is only implemented in a very few cases, even though the situation certainly looks promising. If people consult the authorities with an initial demand, it should be part of the conversation to look for activities that they are still able to perform. These should not be considered as a form of service in return, but as an activity in itself. It would be even better if that same activity assists another with a certain need. This focus on remaining possibilities illustrates that the introduction of the Wmo according to the compensation principle has far-reaching consequences for the way support is provided to citizens. As with all changes, however, opinions can differ:

“The idea of self-help and emphasising the possibilities instead of the limitations is not really that new, apart from the fact that it is hard to execute and we have a severe lack of data regarding practical experiences. It is not new, since setting the indication for something like household assistance already consisted of a determination of the remaining capabilities in order to set a proper indication.” (Wmo programme manager, Rotterdam)

This quote shows that there has always been a focus on remaining possibilities, but the attention given to opportunities to help others is new with regard to the Wmo. Nevertheless, there will always be some simple cases in which an individual provision will be the easy solution. Although an individual provision will sometimes answer the initial question, it will often fail to form the appropriate answer to the underlying problem. It is tempting to regard the increasing emphasis on the personal responsibility of citizens as a negative approach, by being a way to cut social expenses. It could however also be seen the other way around; analysing the remaining possibilities of the applicant instead of a focusing on its limitations can be part of the solution, as the earlier examples have already illustrated. Participation in society can thus in some cases be reached without making an appeal to any provisions funded by the municipality. An important precondition for reaching this kind of solution is a real conversation, based on trust. This meeting should be held with a public servant of the municipality, giving sufficient attention to the background of the applicant and his problems. During this process, the applicant’s direct environment also plays an important role. It needs to be determined whether any relatives, friends, acquaintances and other contacts in the direct environment can help; they therefore need to be asked for their possible contributions in finding solutions to the problems at hand. This last point illustrates an important aspect of the paradigm shift: in order to compensate, municipalities study the private situation of the applicant in order to find solutions in the direct and personal environment. Evidently, there will always be cases in which this fails to deliver satisfactory solutions. As the Wmo programme manager in Rotterdam explains:

“...[.]...people that come to the Wmo office often have a very limited action radius, are limited in their abilities. This makes it really questionable if self-help and addressing the personal social environment is a realistic option.” (Wmo programme manager, Rotterdam)

In such cases, the applicant probably requires support in the form of (individual) provisions, even though it remains important to search for more general available provisions first. The final solution could then exist of individual provisions. However, the paradigm shift and the

compensation principle does reflect on the distribution of these individual provisions as well; a more creative approach towards individual provisions is needed. For example, some individual provisions could perhaps be shared or only need to be made available on a temporary basis.

In the end it is the expectation that this new approach to providing provisions to applicants will lead to more effective and more efficient solutions that are valuable to all actors involved (SGB0 2006). Applying the compensation principle consequently changes the role of individual provisions in the Wmo; the following quote provides a short summary of these changes:

“...[.]...If you really try to get rid of the lists with individual provisions and only use those when they form the only remaining solution, then you are trying to come to new kinds of solutions wherein participation is of central importance. That will change something; at least you cannot avoid change, for example by improving the offer of generally available provisions.” (VNG representative)

In sum, applying the compensation principle means that increased attention will be paid to collective and general available provisions for the still remaining possibilities of the applicant to fulfil his own health needs and finally for the availability of possibilities in the personal environment of the applicant. Overall, this illustrates that applying the compensation principle has far-reaching consequences for the (tasks of) the municipalities. Subsequent to this theoretical description, the next section will focus on real practices within municipalities where pilots were developed to experiment with the new principle.

### *9.3. Pilot projects with the compensation principle*

This paragraph will illustrate and describe the implementation of the compensation principle within the scope of a number of pilot projects – both on a national level and on the level of the case studies – in order to further explain the theoretical notion of a paradigm shift.

#### *9.3.1. Pilot project ‘De Kanteling’*

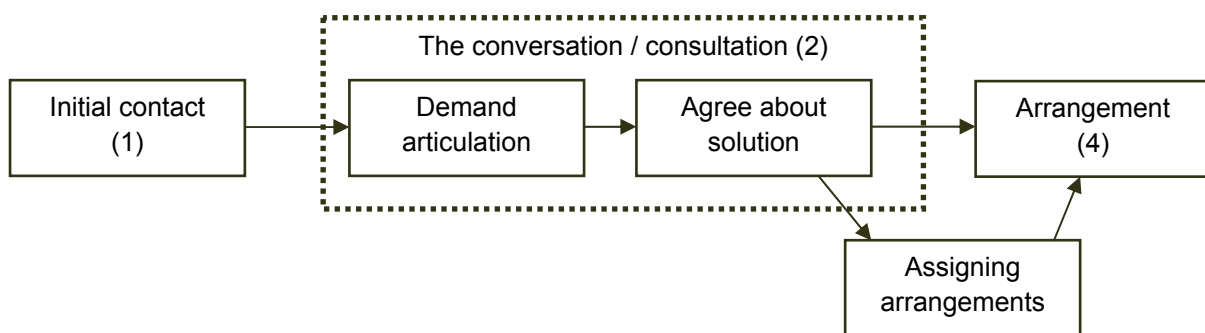
The ‘De Kanteling’ project is a project of the Association of Dutch Municipalities (VNG) intended to help municipalities to implement the compensation principle by developing publications, tools, instruments and manuals for municipalities to use (VNG 2008; VNG 2009b). The name ‘De Kanteling’ (meaning something along the lines of turnaround/change) refers to the switch municipalities are forced to make by implementing the entirely new approach embodied by the compensation principle. This project aims at developing practical guidance for municipalities wanting to implement the new approach but requiring some assistance in working out the details for the organisation. A VNG representative explains:

“...[.]...a bottom-up approach formed the basic assumption for this project, since any other approach would probably not work. Organising a team of bureaucrats who develop these tools is an ineffective method, since people from within the field do know much better what works and what does not.” (VNG representative)

The practical consequence of this basic assumption is that all tools and instruments were developed within the municipalities that participated within this project, amounting to 12 during the first stage (Deloitte 2008). The role of the VNG was to provide active support with

programme management tasks to the municipalities and to act as a facilitator to select, spread and make the best projects publically available to others. Based on the first results of the project, the VNG developed a type of conceptual model that can act as a supporting framework for other municipalities, because it gives a clear overview of different stages of the entire process of providing provisions to citizens. It is created from the “citizens’ viewpoint”. A graphic representation of the model is presented here, including a short description of two different stages (VNG 2009b). In general, it is very important to distinguish between analysing the problem during the initial contact and finding the individual solutions in a later stage, as the following quote demonstrates:

“The real pitfall in finding individual arrangements is that the conversation turns to solutions too soon, while the compensation principle actually first requires a systematic analysis of the problem.” (VNG representative)



**Figure 5: ‘The Kanteling’ conceptual model**

Description of the different stages (see numbers between brackets in the graphic):

1. This phase deals with arranging the basics of the Wmo, i.e. providing access and guaranteeing initial contact. Aspects that need to be addressed include: determining where citizens can direct their questions, distinguishing which specific citizens (groups) need to be encouraged to make contact with the municipality and determining who is going to participate in the intake meeting.
2. The second phase is concerned with the exact organisation of the intake procedure. It needs to be determined how the first contact needs to work out in practice, which tools (e.g. questionnaires) can be used, how flexible the structure of the procedure should be, what kind of qualities and characteristics the employees of the municipalities need and which topics need to be included in the procedure.
3. Phase three consists of actually arranging the solution. It is important to conclude this phase with some sort of formal decision about the actual arrangement.
4. Finally, this phase consist of actually providing the provisions; this could mean that the municipality is required to invest in the development of new general provisions, arranging individual provisions either in kind or in the form of a personal budget and, if necessary, support the applicant during this process.

Apart from this VNG programme on a national level, some of the case study communities have some experience in working with the new compensation principle in pilots; three of them will be described in the next three subparagraphs. Leeuwarden is experimenting with ‘an APK model’, ‘the Omtinker’ and the ‘research-free approach’, while Doetinchem developed the ‘broad intake’ and Hulst implemented the so-called ‘Dream Projects’.

9.3.2. The Leeuwarden case study; APK model, indication-free procedures and 'Omtinkers'

Leeuwarden has developed three important projects that are in line with the ideas behind the paradigm shift: the 'APK model', the indication-free procedure and the 'Omtinker'. These three projects will be discussed in this section, since they all illustrate the possibilities the Wmo has to offer to organise societal support in a different way than before.

The first project concerns the implementation of the so-called 'APK model' that changes the indication setting procedure. Within this model, care providers take responsibility for setting the indication for certain applicants. Especially when applicants need a second indication, after the original one was determined by the municipality at an earlier stage, the applicant often knows from whom he or she wants to receive care. In such cases, the indication is often just a confirmation or only a slight adjustment of the one previously made. By allowing the care providers to take up this responsibility, it is believed that the main aim of this project, i.e. reducing bureaucracy, will be easily achieved. Since the old standardised procedures of the CIZ no longer need to be funded, this procedure is cheaper and easier to implement. The central idea of the APK model is thus that the municipality qualifies providers to provide the indication themselves. This model is based on trust and does not have underlying protocols of how the indication setting must be performed (Bruinsma interview, 2010). This means that the exact details of the procedure are not predetermined, so it is up to the care provider how the indication setting is effectuated (Herder interview, 2009). Some special arrangements need to ensure the quality of the process. Since providers perform the indication setting and the Wmo office only takes over this indication, monitoring is based on taking targeted samples. This monitoring is risk driven; CIZ risk profiles determine which indications are checked. For instance, a single 80-year-old male with an indication for three hours of household assistance probably poses just a low risk for fraud (Interview Herder 2009). Although the possibility exists that some will take advantage of this regulation, the city of Leeuwarden considers this a limited threat, because the kind of issues in the Wmo relate directly to people's dignity, self-respect and the personal ability to care for him or herself. In such cases, fraud is not often committed. The APK model is consequently a clear example of a project that enables municipalities to implement the paradigm shift efficiently, by making new arrangements with other relevant actors dealing with the Wmo policy fields.

Simultaneous with the introduction of the APK model, another change in the indication setting procedure was implemented. Leeuwarden is experimenting with immediately assigning certain provisions, without organising an extensive indication setting procedure at all. The absence of an indication setting procedure justifies the name chosen for this project: 'the indication-free procedure'. In practice, this means that any application results in provisions if some simple questions are answered, based upon a very limited number of criteria. This indication-free procedure is applied to certain specific provisions only, i.e. collective transportation (e.g. for people in wheelchairs) and household assistance with a limit of 4 hours a week. If the applicant is aged over 80 years; if he or she lives in a single-person household and if he or she is not suffering from a progressive chronic illness, the provisions are provided without the need to go through an individual indication setting procedure first. Consequently, a relatively healthy 80-year-old male who lives alone can receive 4 hours of household assistance without an official indication, since he complies with the three criteria and since it is very plausible that an average man of that age required household assistance due to certain age-related limitations (Bruinsma interview, 2010). With regard to other provisions, like basic physical home adjustments, e.g. elevated toilet bowls,

fixed shower seats, wall brackets in toilet and/or shower and removal of doorsteps, a similar procedure applies. Only for those provisions, some additional criteria were developed; the client must already be known to the municipality and the individual is not to have any plans to move home for at least another year. These two specific indication-free procedures are simplifications of old regulations and thereby illustrate another local initiative implemented to deal with municipalities' new responsibilities that came with the Wmo.

The third important project is called 'Omtinkers' and is another nice example of a local innovation developed since the Wmo has been offering the possibility to do develop these, as the Wmo also forces municipalities to improve the efficiency of their organisation. 'Omtinkers' are central persons in the community to whom clients, the social network of clients, informal care providers and volunteers can go when they face problems they are unable manage on their own. An Omtinker works for the client; they help clients to clarify their questions, to better phrase their needs and to find their way through the health care system better. In order to intensify the contact between a client and an Omtinker, they pay a great number of house visits, since those help them to gain an optimal overview of any individual situation. Omtinkers need to be flexible and need to have a proactive approach to act in the best interest of the individual client, by giving advice and by providing individual support for clients in the field of living, welfare and social care. This integral and flexible approach typifies the innovative character of the work of the 'Omtinker' and distinguishes it from the more traditional case managers, who are more focused on the integration of care provided by different care providers. Omtinker acts like a 'care broker', who tries to act with the best interest of the client in mind. In an ideal situation, the 'Omtinker' works independent of any organisation, so that he or she has no conflicting interests. They help the indication setting process by performing the preparatory work and sending the indication to the CIZ digitally, after which the formal application will be processed. Whatever the real task is, it is important to follow the pace of the client during this process, in order to get the best fit between the needs of the client and the potential offers of the municipality. In order to ensure that arrangements remain tailor-made, the Omtinker does not only act once, he or she keeps an eye on the situation and makes sure the provided care remains accurate throughout the years. The first results of the Omtinker project are quite positive; Omtinkers really help to activate clients' social networks and they help to find – sometimes self-evident - solutions to complex problems. This results in a lower need and demand for social support, thereby saving on the number of indications and lowering the workload of doctors, by taking care of the preparatory work they are normally expected to undertake. In spite of these promising results, some critical remarks have also been made. It may be that Omtinkers actually increase the number of demand, as a result of the closer interaction with applicants. However, if this leads to an improvement of the quality of social care, which is a good thing, this must not be seen as a problem. The Wmo council states that, occasionally, the project is actually a 'camouflaged cut', lacking a clear legitimacy or proof of contributing to the welfare of the client. Up to this point, Omtinker services are free of charge to clients, so the entire Omtinker project is dependent on subsidies to fund labour costs and organisation. This increases the urge to search for more structural financial arrangements. The main problem, which has also been observed when examining other projects, is that a proper execution of the Omtinker project could lead to cost savings on both the Wmo and the AWBZ, but that these savings are not available to fund the Omtinkers' project, since the beneficial effects of the project are often not believed or ignored (interview with Transitieteam Omkeer 2.0 2010



& Omtinker interview 2010). Unfortunately, current regulations on the AWBZ and the Wmo offer no direct possibility to fund the project structurally.

The three projects in Leeuwarden illustrate that innovations do emerge as a direct consequence of the implementation of the Wmo. It nevertheless remains unclear what the overall results will be and whether it will lead to an increase of appliances and/or an increase of costs.

### 9.3.3. The Doetinchem case study; the 'broad intake'

This case illustrates the implementation of the compensation principle by focusing on the need to develop a new local vision if the intended paradigm shift is translated into practice within a municipality.

Doetinchem acknowledges the ambition of implementing the paradigm shift, as is reflected in the implementation of a specific pilot called 'the broad intake'. Delivering 'services adjusted to the individual situation of every individual's health or welfare appeal (tailor made) instead of delivering generalised solutions only forms the basic idea behind this pilot (Doetinchem 2009d). This project was first implemented at the so-called 'Wmo store', i.e. the office where initial contact between the municipality and applicants is made. The project reflects a new approach to determining the right indication and consequently to delivering Wmo services to its citizens. The process from the first contact until the actual delivery of services is based on a conversation during the intake wherein many aspects of a person's life are discussed. This is quite the opposite of pre-phrased procedures that took place in the pre-Wmo era (Doetinchem 2008). The broad conversation during the intake takes the background of the applicant as starting point for finding the best possible solution. The contribution of several different experts in the broad intake ensures that the best solution for a specific need can be found in an integral way. The search for a proper solution to the individual problem therefore becomes a joint effort of all participants, which emphasises the analysis of the problem instead of the actual application (Doetinchem 2009d). The experimental character of the pilot increases the need for intensive monitoring in order to determine effectiveness of this new approach. In order to be able to learn gradually and to get a grip on the implementation, the new approach has been applied to a limited set of Wmo requests. Up to this point, it seems that the new approach is widely appreciated, both by the applicants and by the civil servants involved. A local vision document on the Wmo forms the basis for this pilot, based on different principles that come down to the following:

- *The* citizen does not exist and the *average* citizen does not exist either; so general solutions can never cover all individual health needs.
- It would be desirable if general provisions can be adjusted to particular situations in different districts.
- Self-help is important and support should preferably come from the direct environment of the applicant.
- When limitations exceed the capacity of the individual to deal with his or her environment, support from the municipality is legitimate. However, in the most favourable situation, every district has developed into a social unit that solves most participation problems without particular intervention of the municipality.
- If intervention of the municipality is required, it is preferred that every applicant is able to gain access to the Wmo office from their own district if required.

- Finally, if general provisions are not sufficient, individual tailor-made provisions are needed in order to let citizens participate.

During this study's research period, this pilot has already delivered some valuable insights. A second interview about this pilot revealed that even with an ambitious and clear policy plan, it seems hard to execute the pilot in practice. "The 'real world' always follows policy" (alderman, Doetinchem), so more time is needed to bring the execution of the pilot in pace with policy development. Consequently, new policy will not offer any solutions for the observed problems. A new manager is hired to boost control and effectively manage the execution of the pilot. Although the execution seems to be more difficult than anticipated, some results were still achieved. The accessibility of the municipality and the Wmo office both increased, while some new contacts with social partner organisations were made and a few new provisions were developed. The fact that the pilot has been continued after the local elections of March 2010 and thus also after the installation of a new city council suggests that the Wmo policy can count on a broad support in Doetinchem.

#### 9.3.4. The Hulst case study; Dream Projects

This case study emphasises the role of social cohesion and the civil society in implementing the compensation principle in practice.

In the year 2005, the city of Hulst was asked to participate in a pilot on policy field 1 about social cohesion and liability. Hulst accepted the invitation and phrased its ambitions as follows: "Citizen responsibility is a priority, but relates to the support people get from their environment (civil society). The self-organising power of communities is being promoted and stimulated and will be supported when people show their motivation to organise this themselves. Special attention is given to detecting the needs of vulnerable people and to give them support and possibilities to participate in society."

These ambitions were translated into the 'Dream Projects' pilot, which has a strong focus on the paradigm shift by no longer emphasising the provision of healthcare services, but the individual needs of the applicant. Accordingly, social cohesion is mainly dependent on the input and participation of citizens themselves. Local government supports its citizens and has a dialogue in order to organise services adequately, but finds itself complementary to citizen initiatives. Social cohesion can be promoted by finding usable solutions for broader defined groups than usual. The pilot resulted in the implementation of different citizens' initiatives that relate to social cohesion and the organisation of the civil society.

#### 9.3.5. Some general remarks about organising pilot-projects

Some interesting general remarks need to be made about the organisation of pilots in general. The Doetinchem alderman referred to a typical Dutch characteristic of organising pilots as a form of escape from the real need to impose radical changes. Although almost always complicated in execution, pilots are a safe way of dealing with drastic change. Defining a project as a pilot offers the possibility to learn without being punished for (minor) errors.

"We, in the Netherlands, are an expert in organising pilots; the real challenging question is not whether we are able to organise them but how we are to take the next step? Eventually, I have severe doubts about our ability to profit from all the insights

that will come from the pilots, how do we spread best practices? This country has an enormous pilot density, but do we have the guts to change the system based on lessons learned?” (alderman, Doetinchem)

As a result, most of the experiences with the compensation principle are still only based on a number of pilot projects. This makes it important to realize that, even within an ambitious municipality such as Doetinchem, all experiences are solely based on pilots and consequently on a limited number of actual appeals. The current status of the paradigm shift is therefore in line with the natural reaction; it exists in pilots, and some want to learn it and embrace the ideas behind it, but actual wide-spread implementation is still lacking.

In addition to this generally important role of pilots, two other characteristics complicate pilots becoming a real, widespread paradigm shift. The first characteristic that adds complexity is the fact that local authorities often want to create their own projects. It is often the case that every local civil servant, or especially every alderman, wants to create a new project that bears his name or signature. Although this is a regular approach, especially from the viewpoint of the policy freedom within the Wmo, it may not be the best way to promote the development of the system and the Wmo as a whole. It also complicates the task of the VNG to spread best practices and lessons learned, as the following quote illustrates:

“...[.]...of course every alderman would like to see his or her signature on a project, and sometimes it can be really funny when you bring them into contact with a comparable project...[.]...that’s why the conceptual model (see the ‘Kanteling’) and the development framework is really helpful: it bring some structure in the wide range of pilots...[.]...in order to increase the acceptance of our tools, personal contacts are really important.” (VNG representative)

The second characteristic that makes it hard to change the system structurally and learn from pilot projects lies with the search for best practices. Defining a best practice seems to be in conflict with the increased policy freedom within the Wmo, but even more serious, it goes against the ideas and basic philosophy of the Wmo. Decentralisation will lead to local differences, which is a good thing, since it is believed that the best practice can only be developed on a local level. Local conditions, situations and characteristics determine what the best practice is for that particular situation. From that line of reasoning, it would be inadequate and even undesirable to think of best practices, since the best practice can and will only be determined on a local level. Consequently, a best practice only exists separately, for any individual situation, i.e. one that fits the local situation best. This means that, by definition, it cannot be translated to other situations. Of course, some will say that different municipalities will face similar problems and that lessons learned need to be spread in order to prevent that the wheel is reinvented over and over again. This effect may also explain why the Ministry of Health is interested in organising and spreading best practices, even when it could be counter-effective with respect to local policy freedom. While pilots run in other municipalities can however serve as inspiring examples and illustrative cases, their influence does not transcend this purpose. A solution may be to speak of a ‘good practice’ instead of a ‘best practice’, but that label change then needs to mean more than a mere language alteration. Altogether, the ambition to spread best practices provides an additional difficulty, being able to stimulate a counteractive movement; one that is conflicts the whole notion of organising pilots. If municipalities all apply best practices, whether or not these are provided

by the VNG, it will undermine the effects of the increased policy freedom that is inherent to the Wmo. The Wmo assumes that best practices can be developed on a local scale, making it illogical to try to search for a general best practice. For now, the conclusion of this paragraph should be that it is important to realize that the very existence of 'best practices' stimulates a debate about the legitimacy of those best practices, but also about the legitimacy of the search for best practices itself. Since different actors think differently about this aspect, it seems that there will be no general solution. However, it is painstakingly evident that it will complicate the implementation of the compensation principle further.

With these general remarks about the organisations of pilots, the compensation principle has now been described in theoretical terms, illustrated further by explaining what it means in practice. The next section has a more analytic instead of descriptive approach, presenting some observed difficulties and generally remarkable aspects concerning the implementation of the compensation principle.

#### *9.4. Difficulties in applying the compensation principle*

This section will analyse the compensation principle in more detail by focusing on its practical effects. First of all, five difficulties faced by municipalities when implementing the new working methods will be described: i.e. the compensation principle is hard to execute; it is open to multiple interpretations; it induces tension between inclusive policy and individual arrangements; it opens up the 'pitfall of arbitrariness' and, finally, it emphasises the need for being approachable. Both these difficulties and the general observations will be based upon the case studies, while some of these were also mentioned in the SCP's evaluation of the Wmo (2010).

##### *1) The compensation principle is hard to execute*

As easy as the paradigm shift and the compensation principle may sound, certain factors that make it difficult to execute in practice. Two factors cause the compensation principle to be particularly complex to implement in the day-to-day practice of municipalities. Arranging demand articulation and the consultation process severely changes the role of both the civil servant and the citizen, since both parties need to change their attitude, expectations and behaviour.

Although the compensation principle has less stringent obligations, it makes the Wmo hard to execute at to municipalities the same time. Prior to the Wmo, the task of local officials was to determine whether an applicant complied with the phrased requirements for a particular individual provision. Simply applying the rules would lead to a decision to provide the provision or not, where working according to the compensation principle requires changes in these working processes. It is totally different to search for a broad and specific solution based on demand articulation compared to a standardised review of a simple application form. The first is far more complex and attention should be given to the way in which municipality employees need to deal with it and work accordingly, as the following quote illustrates:

"Working based on claims bears less risk for employees and citizens, the predictability of the outcome and consequently also the accountability for outcomes is a lot easier and less complex. But I'm convinced this feeling of increased security is

just artificial and that applying the new principle is also promising if proper attention is given to its introduction.” (Wmo programme manager, Doetinchem)

Most of the civil servants who used to work with distributing provisions before the introduction of the Wmo were accustomed to work with specific and often detailed claims. It was their task to determine whether these claims were legitimate on the basis of the latest regulations and guidelines. Working according to the compensation principle brings insecurity and uncertainty to the civil servants involved, since the outcome relies more on their judgment. They need to deal with these new responsibilities, which asks for proper attention to train and support these civil servants in executing their new role properly. Enough attention should be given to the creation of local regulations that can act as guidance documents. As the following quote illustrates, the new and different assumptions and ideas have a severe impact on individual employees:

“The new compensation principle has a lot to offer, but it means that as an employee you have to learn to work accordingly. You have to develop new mental models and working processes for yourself; they need to be adjusted to your personal situation in order to really accept them. It requires a certain investment to make it work for you: you really need that proactive attitude and you need to be willing to change since no one else can do that for you. Maybe the most important change is that you have to cooperate with the client, which means that you need to explain to the applicant that the municipality is not going to solve every individual problem. Cooperation, cooperation, cooperation and still more cooperation is needed, both within the municipality and between us and the clients.” (Wmo quality manager, Doetinchem)

This quote clearly illustrates the ongoing search to work according to the new principle, adding a considerable amount of personal responsibility to the tasks of the individual civil servant. As a municipality, it is important to realize that employees need some special attention if the compensation principle is being implemented. A paradigm shift has no meaning if it exists on (new) piles of paper only. Applying it means that employees have to work accordingly. The change in working processes for employees could even result in the observation that different kinds of employees are needed, which in turn could lead to reorganisations and (voluntarily) resignations.

Apart from the effects on the internal working processes, the compensation principle also requires changes within the behaviour and expectations of applicants. The compensation principle implies that the level of participation is brought to an acceptable level for the applicant. In order to do so, a combination of self-help and provisions from local government need to be identified. This means that the satisfied and participating applicant is now the desired outcome. This is not only more difficult to achieve but also especially hard to measure, in comparison to the determination of the legitimacy of a claim, since that can be determined based upon existing rules and requirements. Those are absent and ineffective when determining the level of satisfaction of any individual applicant. Citizens need to change their expectations as well, so it needs to be explained what the idea behind the Wmo is, and that the old situation in which citizen were entitled to provisions really has changed.

“The communication directed at the citizens has become the core aspect of the work as a local servant within the scope of the Wmo. Although the approach is legitimate

and noble, it is difficult but essential to convince the applicant of that. You need to explain exactly why certain decisions are made and how this will also help the client in the end.” (Wmo quality manager, Doetinchem)

During the interviews, it was asked what the first experiences were with confronting the applicants with this new approach. It appears to be very important to explain the idea behind the compensation principle, because some citizens are likely to think it conflicts with their self-esteem and decision-making authority. The following quote by a client manager explains exactly how this affects her work.

“Yes, of course, enthusiasm but also resistance occurs in such conversations...[...]...I think I need to define this as an ever-existing tension between interests. But that forms the core of my work and although it is not always easy, it is what makes my work exciting and worth the effort. I see it as a personal challenge to be transparent and to convince the applicant that my (cheaper) solution can be better than the initial idea of the applicant, but only when I’m convinced it is. The acceptance depends on how you approach the applicant and explain it. There is not one single or general strategy, I guess.” (client manager)

Crucially, the local official has to explain and sometimes convince the applicant of any particular (tailor-made) solution. The idea that a satisfied client should be the desired outcome could constitute a complicated task, since the individual applicant could see this as a strong encouragement to demand certain provisions for his or her personal situation. This makes the compensation principle difficult to execute, because it increases opportunities for a claiming applicant, while it was intended to achieve quite the opposite. In this line of reasoning, it could be that the Wmo is actually offering the opportunity for a more and stronger claiming citizen. It seems inherent to a proper execution of the Wmo that it stimulates the emergence of a new paradox around individual and collective responsibility. It is the aim of the Wmo to get applicants into a broad indication-setting process, and consequently municipalities need to do more than address the initial problem or question. This could also mean that municipalities may reject certain applications by addressing remaining capabilities or social contacts of the applicant. This strong focus on self-help can however induce resistance, since every citizen legally deserves equal treatment. Another detail of this stronger claiming applicant is that it enables him or her to switch between several different community workers, in order to find the most generous one. In order to prevent applicants being able to switch between community workers and different services, it is important that ICT-systems are integrated. For example, it should not be possible that different integral consultations take place if someone first comes to the Wmo office and subsequently consults the office for help with for example a debt problem. This emphasises the need to organise systems and working procedures in such a way that every client manager is able to see whether more than a single application is made. Only then, a real integral solution can be found. This asks for integration not only of systems within the municipality’s office, but also of strong cooperation between different officials with different backgrounds, which is not easy to organise efficiently.

Although the prior discussion emphasises the role of the individual local official, it is not only the individual employee who determines the success of the conversation and the satisfaction of the applicant. The municipality can take action to stimulate this conversation and increase

the change of success in several ways, for example by improving the physical environment for such a meeting at the Wmo office. Here, it seems that even the architecture and the furnishing of Wmo offices are important:

“It is a huge advantage that the Wmo office does not consist of depressing grey offices, high counters and uncomfortable waiting rooms and seats. The office is open, with comfortable furniture, bright colours and a public coffee machine (providing high-quality coffee), as simple it may sound, it seems to work.” (Wmo client manager, Doetinchem)

This quote illustrates that non-health-related issues can also stimulate the paradigm shift to occur far more easily. An open and easily accessible Wmo store offers many more possibilities to make individual arrangements based on the compensation principle than, for example, an individual provisions department which can only be reached by phone (which is actually the case in some municipalities).

According to the Wmo programme manager in Doetinchem, the radical character of the changes requires a gradual implementation of this new procedure. Not only the impact on employees but especially that on applicants asks for a gradual approach, enabling everyone to become accustomed to the new situation. Possibly even more important, however, is the need to create a process of learning and gradual adjustments to the procedure:

“It would be quite naïve to think that we as a municipality will execute the principle in the proper way, right from the beginning. That’s why we will start with a pilot with a limited number of clients. This enables us to learn from early experiences by evaluating every contact extensively with the project team.”(Wmo programme manager, Doetinchem)

The point made under the first heading is that implementing the compensation principle is very complicated, since in practice it requires a radical shift in working processes, attitudes and behaviour of local officials and applicants alike. Every municipality should give proper attention to these aspects in order to implement the compensation principle properly. Furthermore, to refer to a point made earlier, learning and gradually improving the processes is very important. This may be the explanation of why, up to this point, only a small number of pilots has been developed.

## *2) The compensation principle is open to multiple interpretations*

As has been explained, the compensation principle is not clearly and precisely defined within the Wmo legislation. If a clear definition were presented in the law, it would be likely to decrease the room to operate for municipalities to determine the exact definition and details of implementation for themselves. At the same time, the lack of a clear definition also means that the minimum level of services required could be unclear. Although the SCP evaluation (2010) shows that most municipalities still follow the CIZ guidelines (especially concerning the level of household assistance), every community needs to define what the compensation principle should entail independently, since a general description is absent from the legislation. It is clear that the compensation principle requires applicants to be tested on whether they are able to find a solution to their problems on their own or whether they have already sought help from within their own environment, from their own sources.

Compensation for certain limitations of citizens can be interpreted in at least four different ways, as has already been observed by the SCP when evaluating the Wmo (SCP 2010). Participation could denote policy participation, but it could also refer to three other aspects: it could mean that a citizen should be able to participate up to the level an average citizen is able to achieve; it could mean that a citizen needs to self-organise him or her own help and, lastly, it could mean that a citizen needs to take the responsibility to help others. It is up to the municipalities to determine their own exact definition, consisting of combinations of these three aspects, and consequently need to find their own solutions. But even after a municipality has identified its own local definition, new choices need to be made, as no guidelines are in place regarding what to do when the compensation principle is implemented. What is the best first step to take? Talk to societal organisations, ask other(s) municipalities) for advice or develop the municipality's own vision first? No clear answer can be given, although attempts have been made to support communities. In general it means that developing a local vision on what participation means also denotes that independent of the level of standardisation of procedures, outcomes across municipalities may differ. This could also mean that even when the criteria are applied, outcomes may continue to vary, for example because every municipality determines its own threshold for legitimacy of action. Up to this point, it seems that municipalities struggle with the new responsibilities and freedom to operate. In short, the compensation principle thus comes with a certain amount of freedom to operate, but also new responsibilities, since central government no longer provides direct steering or guidance.

### *3) A certain tension exists between inclusive policy and individual arrangements*

As explained under the first header, the Wmo seems to increase or stimulate the option to act as a claiming citizen, while intentions may initially have been different. Apart from the question what kind of problem triggers someone to contact the municipality, determining what kind of solution needs to be found is a different question altogether. This section deals with the final aspects, illustrating the tension between searching for an individually satisfactory solution and opting for a generally available solution. The Wmo is intended to stimulate 'inclusive' policy, as opposed to specific policy, meaning that policy designs and implementation should be available to anyone, including those citizens with disabilities or other restrictions. In other words, generally available provisions need to be designed in such a way that they are adjusted to possibilities and wants of citizens with a certain health need, without limiting the possibility for others to use them. While everybody should be able to use them, everybody also has the responsibility to organise them. Two examples will illustrate this inclusive policy theme further.

First of all, when someone participates in some kind of social activity at the community centre, it can be legitimate to organise transport for that person within the Wmo, since the activity enables the person to participate. On the other hand, it would not seem unreasonable to search for another solution, excluding the municipality and thus the Wmo. Perhaps it should be encouraged that someone else who participates in the same activity takes care of transport, or that the community centre itself organises collective transport, despite of the particular limitations of some individuals. Secondly, the same is the case when examining the accessibility of public transport. When organising public transport in such a way that everyone is able use it, it prevents the need to arrange the transport for disabled people in another way. Of course it is not easy to organise, but it means the responsibility for finding a



solution, in this case a limited transportation capacity, no longer lies with the municipality alone.

Inclusive policy consequently emphasises and actively encourages (civil) society as part of the solution instead of organising arrangements of different individual provisions. The intention of inclusive policy is to strive for equal treatment, but if the compensation principle is explained as some form of entitlement to individual provisions (until the level of satisfaction is achieved), it could come into conflict with the idea of inclusive policy itself. While the law speaks of reasonable compensation, it leaves room for discussion at the same time. The idea of inclusive policy requires close cooperation between municipalities and those organisations providing social support in the community. Organising this type of close cooperation with (new) partners is an additional difficulty in implementing inclusive policy and is characterised by many occasionally conflicting interests (see organisation chapter for details). Implementing the compensation principle comes with a difficulty, i.e. a tension between individual arrangements and inclusive policy. It is up to local politics to find a way to deal with this tension.

#### *4) The pitfall of arbitrariness*

Guaranteeing that solutions can be found and created for complex individual situations without becoming too arbitrary in assessing different applicants constitutes one of the main challenges for civil servants in municipalities applying the compensation principle. In order to do so, a search for new working methods is initiated, with inherently more freedom than the old official predesigned forms. Although this freedom is important, the new methods need to provide some support and direction in analysing every individual case at the same time. Balancing guidance and freedom in these new working methods is a delicate task; some form of standardisation is needed in order to prevent arbitrariness to become the new standard. At the same time, however, some respondents state that arbitrariness is just a negative term for tailor-made. Still, arbitrariness in providing provisions would conflict with traditional beliefs of an equal treatment for every citizen. The following quote illustrates how this delicate balance works out in practice:

“Delivering tailor-made solutions can be the solution to certain inconsistencies and incomprehensible or complex aspects of our system. But independent of the budget, it is hard to create individual solutions, since we cannot tell beforehand where flexibility ends and arbitrariness begins. The only way to learn how to deal with this delicate balance, or even paradox, is by just working according to it. I mean, the principle is also new legally, so no jurisprudence is available. So there is no current answer yet. It is one of my ambitions to develop this or at least one of the possible answers.”  
(alderman, Doetinchem).

This seems to be in line with the response of a Doetinchem client manager, who indicates that although it may be hard to realize, a pragmatic focus is needed when dealing with the principle in practice. Too much discussion beforehand only limits creativity and will probably also fail to lead to new answers.

“We do not need to make things more complex than is needed! Although the compensation principle sounds difficult, it is easy as long as you have the right

attitude towards it. Too much formal language is not going to work. Deal with applicants as they are: human.” (Wmo client manager)

The ideas about how to deal with this sort of paradox are different across the board. Disagreement exists with respect to the question of accepting that a more individual approach could lead to differences between comparable applicants within the same community, but also between comparable applicants within different communities. Although people were disagreeing about the acceptance of difference between communities, there was a high level of agreement about the fact that the policy freedom in itself induces the emergence of local and regional differences. In addition, the Association of Dutch Municipalities explicitly mentions that working according to the compensation principle will probably lead to differences in treating comparable cases. This association sees it as their ambition not to decrease this difference but to improve the overall quality of local policy, by analysing local initiatives and consequently distributing the best initiatives. The phrase, literally translated as ‘let thousands of flowers bloom, but do not try to invent the wheel over again’ reflects their opinion most adequately (based upon interview with the VNG). Spreading best practices nevertheless bears another risk, as has been explained in more detail in the section on pilot projects. For now it is enough to conclude that the Wmo will inherently lead to local differences, since accepting that particular statement encouraged some local civil servants to mention explicitly that new methods and procedures to work according to the compensation principle are urgently needed. In their opinion, new working methods need to be developed, replacing the old claim forms. At the same time, others state that any attempt to create new standardised methods is a form of bureaucracy that needs to be avoided in order to prevent that no changes are implemented at all. Working according to new standardised methods has, according to them, the same disadvantages as the old processes of analysing claims. Developing new standardised methods could therefore undermine the idea of a broad intake with no pre-phrased direction for finding a solution.

Generally, it seems that this new existing tension between delivering tailor-made solutions and preventing arbitrariness is something that requires attention during the implementation process. It is highly unlikely that a single and structural solution can be found, which is perhaps inherent to the policy freedom within the Wmo and the basic Wmo philosophy. It seems that old processes create legitimacy, but at the same time treat every citizen equally: although that sounds legitimate, it differs from the basic Wmo concern, wanting to deliver tailor-made solutions. Local authorities are challenged to find local solutions to deal with this tension.

##### *5) Accessibility of the municipality’s Wmo offices*

The obligation to compensate all citizens with certain health needs also implies that action needs to be taken in order to get latent needs in the community to the surface. The municipality could become active in approaching citizens with regard to whom it is expected that certain health needs require the attention of local health professionals, rather than wait until citizens find their own way to the municipality’s Wmo office. As a less radical approach, municipalities could enable citizens to find their way on their own. In order to do so, they need to create a sufficient physical and verbal infrastructure. Even though it is debatable what exact division of tasks should exist between the municipality and the applicant, the new principle at least forces the municipality to increase the possibilities for citizens to find their way within the Wmo. The municipality should increase its accessibility. This could be

achieved by increasing the general awareness of the Wmo's possibilities by means of a public advertisement campaign. Alternatively, the municipality could ensure that all kind of associations in the municipality refer citizens to the municipalities' office when faced with limitations in their participation capacity. The municipality of Doetinchem clearly observes that the name and reputation of the Wmo and the awareness of what it has to offer is increasing. Explanations for this are sought in media attention, the physical approachability of the Wmo office (it is located on the town's central market square) and the deliberate actions of some politicians. Consequently, societal organisations are now far more alert when dealing with citizens and much more aware of the increased possibilities of the Wmo. According to the interviewed VNG representative, it is the "obligation of every municipality to ensure that all needs are directed to the right trajectory within the municipality." Several methods or instruments exist to make this easier for the municipalities, like for example the creation of a social map of the community. This interactive map, also available online, contains descriptions of all kind of societal organisations providing provisions and activities that could fall within the scope of the Wmo. The municipality needs to make sure that all those organisations are aware of the social map and they need to maintain valuable relations with representatives of that organisation. Another, however comparable, example of actively stimulating that citizens find their way to the Wmo office when needed is the development of a tool called the 'vraagwijzer' (demand indicator) in the city of Rotterdam. This is a tool that is able to identify the initial question of an applicant and refers it to the appropriate association of particular projects. In other words, it acts as a sort of compass, the development of which is based on the total availability of projects and provision in the community. If needed, the tool will refer to the department where individual provisions are provided. Such a tool, no matter what it is called, must enable the municipality to gain an overview of all available provisions in the community. This is needed in order to refer citizens to the right provisions when needed. It needs to be realized that creating such a tool requires a lot of effort of local officials in which close cooperation with societal organisations is needed.

Up to this point, this section has described five of the effects of implementing the compensation principle, as observed in the case studies and occasionally supported by data from the SCP evaluation (2010). The next section will describe the four main questions that municipalities have to face when applying the compensation principle.

#### *9.5. Implementing the compensation principle; new questions arising*

All four observations made in this paragraph refer to specific questions that came up during the case studies, with municipalities starting to build experience in working according to the compensation principle within the scope of the Wmo.

##### *1) Paradigm shift: increasing number of provisions?*

The first question refers to uncertainty about the increase or decrease of the number of applications when the compensation principle is implemented. It is very plausible that municipalities that determine the indication from a broad perspective by applying demand articulation will provide a larger amount of provisions. New demands and questions that previously remained concealed will arise when the demand articulation is implemented and when the accessibility of the Wmo office is increased. Increased accessibility will probably cause an increase in initial contacts, while it remains uncertain whether that will relate directly to an increase in provided provisions. On the contrary, the compensation principle could just as well lead to a decrease of the number of provisions provided. The stronger

emphasis on self-help and the supporting role of the environment (often referred to as the civil society) could mean that a great number of applicants does not end up with an (individual) provision but with a solution in which the municipality plays a less active role. If this is the case, the municipality might be faced with more applicants, but not automatically with an increase in the number of (individual) provisions. Figures from the CIZ indicate yet another development, namely that part of the applicants disappeared after the introduction of the Wmo. According to the CIZ, it could be the case that some applicants started to realize that their application was not that legitimate after all. This could indicate that, at least on small scale, the paradigm shift among citizens had already some effect. After all, some of the disappeared applicants may have found other solutions to their problems in their direct environment.

In practice, it seems that the case study municipalities have not (yet) observed major changes to the number of applications or provisions provided: not regarding for domestic assistance and not with respect to other provisions. This uncertainty shows that the main effect of applying the compensation principle is to be observed in the direct contact between applicants and the municipality.

## 2) *Paradigm shift: linguistic or really a radical change?*

The second question refers to the actual extent of the paradigm shift triggered by applying the compensation principle. It needs to be determined whether any radical changes in the way individual provisions are provided actually exist or if the changes in paradigm do solely exist on paper. Some signals noted during the case studies seem to indicate that the paradigm shift is more a linguistic change than a radical change of actual practice. Moreover, some municipalities stated explicitly that they were striving for a situation in which they did not need to change the often long-term relations they have built with care providers and home care organisations. Efforts of these municipalities were aimed at preventing turbulence and commotion to occur in the often fragile but valuable relations they had built over the years. These municipalities consider the paradigm shift as a change of rules but not as radical change in organisation. An example of this attitude towards the paradigm shift has been observed with regard to the organisation of the tender in the city of Dronten. The organisation needed to ensure that relations that had often existed for a long time were not changed due to the new procedures. This is in contrast with the intention of the paradigm shift, since a change in relations with providers in the municipality is certainly required to achieve it. Moreover, the Association of Dutch Municipalities explicitly accentuates the need for a paradigm shift in this sense. The following quote illustrates their opinion most adequately, by emphasising the need to change the relations with care providers:

“Even though the municipalities have the freedom to organise the Wmo according to their own insights, we see it as our task to disseminate the message that the paradigm shift really means you have to change the traditional arrangements with welfare organisations and other care providers...[..]...This could imply that a specific social activity that has been executed in a community centre for over 25 years should be replaced or changed. You once more need to reassert if this particular activity is worth the effort and if more valuable alternatives exist. But to be clear, every municipality that wants to implement the compensation principle, as intended, shall need to change the pallet of provisions and consequently particular agreements as well.” (Doetinchem representative)

Another aspect that determines if the paradigm shift really leads to a change in practice is whether it has led to the development of new provisions or new forms of social support. This has already been partly described in the pilots, but the cases show also some examples of really new provisions. For example, a kind of chore-service for small odd jobs in and around the house was developed in Doetinchem.<sup>14</sup> According to the civil servants there, its development was a direct result of input received during the new intake procedure implemented in the pilot with the compensation principle. Developing new forms of social support as a response to signals that arose during the conversations in the Wmo store was one of the intentions of the whole concept. Nevertheless, overall it seems as if the pallet of provisions has not (yet) really changed as a result of the Wmo. Up to this point, only little local innovation has been observed in the kind of provisions delivered according to new Wmo policy.

### 3) *Paradigm shift: new choices to be made?*

The third important question that needs to be addressed when implementing the compensation principle is whether it could or should lead to more or less interference in citizens' private lives. The Wmo tries to limit the number of provided individual provisions by emphasising the role of the direct social environment, the civil society and the self-help ability of every applicant. This emphasis on self-help and community support seems to be intended to minimise the degree of interference of the local authorities in an individual's personal life. For example, the city of Dordrecht accepted this idea and consequently defined 'citizenship' as one of the most important basic assumptions for implementing Wmo policy. Citizenship represents the idea that not the local government but the citizen him or herself is primarily responsible for his or her own well-being. Emphasising 'primarily', the tasks of the municipalities are not neglected; the municipality has to facilitate this by, for example, organising civil society. Facilitating the possibilities for 'citizenship' therefore includes a stimulation of the organisation of the civil society, informal care and voluntary activity and a positive but critical attitude towards policy makers to develop policy that is in line with citizens' demands and needs. This should not go without neglecting the opportunity innovations have to offer (based on Policy plan Dordrecht 2008-2010). The city of Dordrecht seems to realize the paradigm shift by stimulating a movement from a substantial amount of governmental interference to less interference in the personal life of people by increasing the personal responsibility and simultaneously the solidarity within the community. Both are believed to set the local government at a distance. At first glance, this seems plausible. Nevertheless, some specific characteristics that seem to indicate quite the opposite in practice can in fact be observed.

The Wmo stresses the important role of participation, social interaction, civil society, informal care and possibilities instead of limitations, while it simultaneously makes the individual more responsible for its own healthcare situation. The case of Dordrecht is described as just one example. However, it seems to be at least slightly contradictory to emphasise the 'self' and the 'community' at the same time. According to a representative of the VNG, this contradiction only exists in theory and it is perfectly possible to combine both in practice.

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<sup>14</sup> In appendix II, in the snapshots of the municipalities, some more examples can be found of other new kind of provisions that were developed in other cases

“We need to accept that it is no longer the case that citizens claim and municipalities provide...[.].and I also see a change with applicants already. I see it at meetings throughout the country; a new discussion is being held about the legitimacy of applications among citizens as well. The awareness of the paradigm shift is increasing and people know that before they apply for something. And yes, if they come to the municipality they see that organising their health may include making appeals to others.” (VNG representative)

Although the aim is to decrease the interference with someone’s personal life, it seems that applying the compensation principle only increases it. Especially during the more integral intake procedures, a conversation and a broad and deeper analysis of potential latent problems requires a detailed analysis of the life of the applicant. It could be the case that someone with a quite simple wheelchair question finds themselves in a conversation about totally different aspects of his or her life. This will not only stimulate new discussions about privacy issues, it also bears the possibility that the same aspect of personal responsibility is undermined. More than before, the municipality will be aware of the personal situation of the applicant. On the one hand, this helps them to organise support more effectively, but on the other hand it could also interfere with issues like privacy and self-respect. In order to prevent this, some municipalities already conduct a sort of ‘quick scan’ to prevent that simple cases come into the elaborate procedures. However, it is still unclear how exactly this tension between personal responsibility and the level of interference of the municipality will work out. It at least seems to be an interesting development to follow, since all municipalities that apply the compensation principle will face these kinds of difficulties and will therefore all need to find a way to deal with them.

#### *4) Paradigm shift: Paradigm shift in thinking, path dependency in action?*

Criticism on the Wmo often comes from those that experience financial disadvantages due to its introduction. The chapter on financial aspects deals with this topic in more detail. Subsequently, it becomes crucial to question the nature of the initial reaction of municipalities to the Wmo. Their initial response to the intentions of the Wmo and the increased policy freedom municipalities have as a result could range from defensive to proactive. This reaction is nevertheless important to the further implementation of the Wmo, determining whether the compensation principle only exists in words or that it can lead to an actual paradigm shift.

For example, Doetinchem supports the original intentions of the Wmo, recognizing the need for a paradigm shift according to the ‘compensation principle’ and consequently it sees the implementation as a challenge. Policy plans even speak of the paradigm shift as the biggest challenge for the municipality in years to come (Doetinchem 2007). Other municipalities and actors involved also acknowledge their proactive attitude, which helps them to be active in the national debate about the Wmo. Realizing the shift in thinking from claims to compensation requires a change that goes beyond simply applying a different approach towards setting the indication. Those responsible for implementing the Wmo realize that it also affects internal working processes and eventually the attitude and expectations of citizens. According to the interviewees, this asks for adjustments to the official regulations, newly developed practical working methods and new agreements about the required

rationalisation of professionals' actions. The realistic approach towards the radical change and the attitude needed to implement it successfully is reflected in the quote below:

“Maybe the real challenge is to implement the Wmo without an overestimation of problems, without excessively high expectations on the short term and without strict regulations that could prevent learning processes from taking place. This realistic approach is needed for such a radical change as the Wmo,” (Wmo programme manager, Doetinchem)

In short, Doetinchem is an example of a proactive community that is positive about the possibilities the Wmo has to offer, while maintaining a realistic attitude towards expectations and the speed of success of implementation. The responses and attitudes of other municipalities nevertheless remain unclear. Some figures about national trends concerning this topic are presented elsewhere in this report; this paragraph will demonstrate that the Wmo could, up until this point, also be seen as a mere minimal change on a local level.

Within some municipalities, a large discrepancy still exists, between policy plans, ambitions and visions on the one hand and a sense of reality and changes in working processes on the other. This confirms the observation that the paradigm shift has just started to show some results. A clear example of this difference in interpretation of policy and practice is the organised support for informal care givers. The SCP (2010) concludes that municipalities have elaborate plans for supporting and assisting informal care givers, while at the same time, almost 75% of them state that local governments are still neglecting their needs. This difference in interpretation is just one illustration of the difference between theory and practice. The Rotterdam case could be considered as another illustration of this effect, since plans are in place but no real changes have yet been made in practice. The paradigm shift is present in policy documents, vision documents and political debates, where support is uttered for the promotion of client centeredness, citizen empowerment and creating a balance between price and quality by contracting market services. These plans speak of a new paradigm of health care organisation, steering whilst increasingly focusing on the client. Nevertheless, all kinds of movements become apparent in practice, making this shift rather complicated. Local governments appear to be very much dependent on the existing infrastructure of care and welfare services, making it difficult to search for and provide individualised solutions. Sometimes, the real cause for a considerably negative reaction towards the Wmo is not that the ideas and ambitions are not supported. On the contrary, it could be quite the opposite, as demonstrated by the following quote of the Rotterdam deputy Wmo programme manager:

“The Wmo has existed for a few years now, but the idea behind it was not entirely new from the start. The Wmo is not the only incentive for the desire to change something in providing provisions within the Wmo, we already started some developments which now bear the label of the Wmo since it is there.” (deputy Wmo programme manager, Rotterdam)

Rotterdam is one of the municipalities that emphasises the great work that has already been done within their community. It does not matter whether or not it is labelled ‘Wmo’. Other existing local initiatives could therefore be considered as independent from the Wmo, since they bear another name even though they are built upon the same principles. Moreover, they

sometimes see the Wmo as a way to cut national expenses on healthcare, preventing them from executing policy properly. The Rotterdam deputy Wmo programme manager mentions this explicitly:

“The Wmo has not (yet) led to real structural changes here in Rotterdam, I personally believe that the paradigm shift is a bit exaggerated...[.]....I think the real intention of the Wmo is to cut expenses and it is hard to pinpoint the direct cause for certain policy developments. I think a lot of what we do would also have been possible without the Wmo. For example, in Rotterdam we work with a so-called social strategy with four different domains: developing talent, participation, making new social contacts and interactions and self-help.” (deputy Wmo programme manager, Rotterdam)

To the outside observer, Rotterdam’s the social strategy seems to be the same as intended by the different ‘policy fields’ in the Wmo. At least domain two, three and four show a large degree of overlap. To sum up: apart from criticism, resistance and occasional enthusiastic reactions, this overlap can make it hard and complex to observe the status of a paradigm shift. It seems that the intended paradigm shift at least instigates a local response, which in turn has an effect on the details of the implementation of the Wmo.

#### *9.6. Setting the indication within the scope of the Wmo*

The effects of applying the compensation principle on providing provisions has now been explained by illustrating its effects on a local level. The most important aspect that changes when the compensation principle is applied concerns the procedures used to determine the proper indication. This section is therefore entirely dedicated to a detailed explanation of the indication setting process to show how (it needs) to change.

As explained earlier in this chapter, providing Wmo provisions according to the compensation principle implies a radical change in processes used for indication setting. As has been described in policy field 3, it is among the municipality’s tasks to inform citizens and provide them with advice about the possibilities for receiving Wmo support. The obligation to inform citizens concerns both general provisions (e.g. meal services and general day-to-day activities), individual provisions (e.g. domestic assistance and wheelchairs) but even adjacent fields like specialist care, cures and even housing as well. In order to facilitate this, the municipality should organise its Wmo services integrally, by applying demand articulation in the intake. A broad intake must ensure that all health needs are addressed at once, during the same contact moment in the same Wmo office. Organising the indication-setting procedure is considerably easier within one office window. This one counter should be able to make the initial contact with all kinds of citizens with varying health requests and should refer them to the right department afterwards. The municipality has to support the citizen in making the decision and in actually solving the problem. Ideally, there would be one office for citizens to consult, where everyone could be helped, independent of their specific health needs. Every applicant needs to be supported during the entire process, from setting the indication to finding a solution. Every municipality consequently needs to develop its own indication-setting policy, since Wmo policy freedom encourages the creation of local policy concerning this topic. The result will determine whether municipalities are either restrictive or frank in providing provisions, the extent to which provisions are provided coherently and integrally and, finally, what the administrative burden applicants will have to suffer.



Subsequently, some general trends will be discussed, about the ways in which municipalities deal with this new task of organising the indication-setting procedure. Thereafter, some more detailed insights will be presented about the role of the CIZ, an independent organisation responsible for organising the indication-setting procedures at municipalities for home and AWBZ care prior to the introduction of the Wmo. The introduction of the Wmo consequently denoted quite a radical change in the tasks and of the CIZ.

#### 9.6.1. General trends concerning the indication-setting procedure

Currently, 9 out of 10 municipalities check if there is also a need for other provisions with every application for domestic assistance.<sup>15</sup> On average, municipalities check for 3.6 forms of support; but differences between municipalities are large. Some stick to the initial demand, while others include every possible aspect of life. During such a broad intake procedure all relevant aspects of an individual's life need to be addressed, in order to come to an individual but integral solution. Topics discussed during the first contact include self-maintenance and the household (92%), physical possibilities (85%), accommodation (81%), financial situation (48%) and day-to-day activities (42%).

A number of observations and trends about the indication-setting procedure from the SCP evaluation report (2010) will now be listed:

- *The Wmo counters:* Municipalities were obliged to create some form of counter serving as contact point between the citizen with a health need and the municipality. Almost all municipalities (97%) have a physical counter and in about 7% of the municipalities this counter is located at multiple locations in different neighbourhoods. Almost all of the official Wmo counters can be reached by phone and three quarter (72%) is accessible online. In many cases, websites are designed to provide information, but half of them also enables people to file applications online.
- *The scope of the counters:* The scope of the services provided within the one counter varies from exclusively direct Wmo provisions (like household assistance) to adjacent fields and even non-municipal provisions. On average, municipalities provide information about 20 different fields of support.
- *The range of service provided within the counters:* The range (or dept) of the counters refers to the kind of services provided. This could range from only providing information to providing full support to the applicant, from the process of supplying information up to the intake, the indication setting and finally up to the moment the individual arrangement is actually provided. Organising accessibility is thus more than providing the right information to those who need it. The municipality needs to refer citizens with certain specific health needs to the right official or organisation.
- *Organisation of the counters:* Most of the Wmo counters are located at an independent department of the municipality, maintaining close contact with the clients and others dealing with more complicated questions. In over half (57%) of the municipalities, representatives of social- and welfare organisations were active within the Wmo office:

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<sup>15</sup> The data are taken from the Wmo evaluation report (SCP 2010)

either to provide advice or to play an active role in the initial intake. At 50% of the offices, the Ministry of Social Affairs is represented, while at one third (34%) of the offices a representative of a professional organisation (either for disabled people, volunteers or informal care givers) is active.

#### 9.6.2. Changes to the indication setting procedure and the role of the CIZ therein

As has already been described, municipalities do have official responsibility for the indication setting process for all Wmo services. Nevertheless, the Care Assessment Centre (in Dutch: CIZ) is an important player in the field of indication-setting procedures. Prior to the introduction of the Wmo, the CIZ was responsible for all indications for care delivered within the AWBZ. With the introduction of the Wmo, household assistance was transferred to the Wmo, as a result of which the municipalities are now responsible for determining the indication for household assistance. According to the (new) responsibility to organise the indication-setting procedure, municipalities actually have two choices to act. They can either perform the indication-setting procedure themselves or they have the option to contract an external organisation for that task, of which the CIZ is now just one example. For that reason, the CIZ has decided that the internal department that deals with the Wmo will become a financially and organisationally independent organisation from the year 2011 onwards. This new organisation will act as a private organisation that needs to compete on the market for assignments of the municipalities. It is consequently losing its monopolist position it had in when the AWBZ was in place. Every time when new tasks will be added to the responsibility of the municipalities, the municipality will need to decide who is going to perform those new tasks. If a municipality decides to hire an external organisation for the tasks of setting the indications, they have to organise a tender. The variety in these tenders could however be very substantial, since choices need to be made about which (sub-) parts of policy fields to include in the tender and which to exclude. In addition, they need to decide about the precise formulation of the criteria within the tender. When the municipality opts for performing the tasks themselves, they will face other problems. According to the CIZ, municipalities are often unable to do so since they probably suffer a lack of expertise. Consequently, employees need to be trained and actions need to be taken to ensure that employees are capable to perform these new tasks. As an additional choice, the municipality needs to determine how they will use the outcomes and the advice of the CIZ. Since the CIZ can only deliver advice, the municipality needs to decide if it wants to analyse this advice critically or just chooses to act accordingly.

Given this complexity and the possible variety across municipalities, the CIZ itself is also in the middle of a transition process, as part of which it needs to change its routines and working methods continuously, in accordance with the latest developments. Although less CIZ employees work at the Wmo offices over time (SCP 2010), the internal changes are an autonomous development initiated prior to the introduction of the Wmo. The Wmo may not be pinpointed as the immediate cause for internal changes, although it will certainly increase the need to do so more rapidly. Furthermore, within the AWBZ indication-setting process, the CIZ was continuously seeking ways to improve working processes and to be more effective in executing their tasks. Examples of this include tools that allow the individual citizen to apply for an indication directly and a process in which providers get more responsibility for re-indications (this is comparable to the Leeuwarden APK model). All of these developments make it hard to predict the future role of the CIZ within the Wmo. It could be that the CIZ will increasingly evolve into an inspectorate for the indication-setting process. Alternatively, it

could be the case that the CIZ becomes unnecessary due to the fact that municipalities are increasingly performing these tasks themselves. In the light of that uncertainty, it is interesting to note that the CIZ currently has no official position legitimated by law.

After a description of the compensation principle, its practical effects and some observations about its implementation, this section has emphasised the changes in the indication-setting procedures within (or as a consequence) of the Wmo. This chapter will end with a general conclusion on the paradigm shift theme.

#### *9.7. Concluding remarks about paradigm shift within the scope of the Wmo*

This chapter explained that there is more to the Wmo than a simple decentralisation with a shift of tasks. The Wmo was intended to induce a paradigm shift in thinking and executing the provision of societal support and household assistance on the level of municipalities. It was illustrated what difficulties and new responsibilities the compensation principle brings for municipalities when it is implemented. These difficulties and new questions may form an explanation for why the paradigm shift is not yet widely accepted and acted upon. To finalise this chapter, a conclusion on the paradigm shift will be presented.

Implementing the compensation principle within the municipality is not an easy thing to do, since it requires radical changes to working methods and agreements with local officials, care providers and eventually citizens as well. All these three different kind of actors need to accept that things have changed and that they need to change their behaviour. Not only the internal organisation of the municipalities has to change in terms of working methods of the indication-setting procedure and employee training, new relations with probably new partners also have to be built, new (general) provisions need to be created and, finally, the municipality needs to adapt its communication strategies. Implementing this is probably complicated further by the fact that the compensation principle itself does not come with clear guidance and regulation and it is not defined by law. This is open to multiple interpretations. In addition, applying the principle also introduces some new problems; a tension emerging between inclusive policy and individual arrangements, a pitfall of arbitrariness and, lastly, adding new management tasks to the municipalities' responsibilities. Although this research has showed that an immense variety in how municipalities deal with this intended paradigm shift currently exists, it is not surprising that such radical changes will take time to have an effect.

Up to this point, various pilot projects aimed at experimenting with the Wmo have been developed, the execution and spreading of which seems far more complex than their policy development. The paradigm shift often only appears to entail a linguistic alteration. Only occasionally, it is characterised by real innovative provisions, widespread reorganisations and new relations within and outside of the municipality. This means that a majority of the municipalities currently fails to use the right they have to develop their own local policy based on local definitions of self-help, compensation and societal participation and priorities. Questions about the scope of the responsibility of municipalities and the measurement of the effects of the paradigm shift are still left unanswered. For example; does the responsibility of municipalities to arrange the compensation of citizens also means that they have to seek out those needs actively? May they wait until someone comes to the Wmo office? How can the outcome and the actual effects of implementing local Wmo policy be measured? Which indicators can help to measure the real outcome? Since the effects and experiences are

limited at the moment, it remains unclear if and how results from those pilots will be used and, in turn, if and when the paradigm shift (i.e. applying the compensation principle) will have been implemented to an acceptable level.

As consideration to finalise this conclusion, it can be said that the paradigm shift is intended to have a strong reflection on municipalities and on the way they deal with applicants for social support. After all, it requires a radical change in thinking about provisions and support in general. Although the starting point is the same for every community, the Wmo policy freedom forces every community to develop its own policy based on local priorities and choices. The introduction of the compensation principle in a decentralised policy landscape brings two new questions to the surface, both of which illustrate the delicate balance between finding individual solutions and the pitfall of arbitrariness. Do we, on a national level, want to accept differences between municipalities? Do we, on a local level, want to accept different solutions for similar individuals? Up to this point, it seems that much of the discussion and the efforts invested in the Wmo are directed at the discussion about the legitimacy of these emerging differences, instead of focusing on the question of how an optimal Wmo policy formation can be effectuated on local level, within the decentralised policy landscape of the Wmo.

## 10. Conclusions

This section will present the conclusions of this study, based on six in-depth case studies and extensive desk research, including interviews with key experts on the broader trends in Dutch Wmo practices. It does not pretend go as far as to draw conclusions with regard to all local governments. Yet, due to the evaluation of the broader trends, more general conclusions could indeed be drawn.

### *10.1. Main conclusion: successful decentralisation, but no paradigm shift*

Our research question was as follows: How is the Wmo being implemented locally and to what extent does this contribute to the intended goals and ambitions?

First of all, it has to be noted that the decentralisation of tasks from central government to local government has been rather successful. All local governments have started activities concerning the regulation and organisation of the Wmo. Although the financial constraints limited their possibilities, local governments are all actively involved in elderly and home care. The decentralisation of tasks and responsibilities might have been successful in a formal sense, but the paradigm shift that is presupposed by the Wmo has not been achieved at all. Part of that paradigm shift entails that from a focus on care and entitlement to care, a shift is effectuated towards creating possibilities to participate in society. At the same time, however, citizens have to be compensated for their limitations to participate. This encourages a broader perspective on participation. Healthcare services have to be linked to other social services, mobility and housing policies, welfare and safety policies. It became evident that the old perspective on 'entitlement to care' still dominates this new perspective on 'compensation and participation'. The paradigm shift requires more than a mere shift of tasks and responsibilities. A cultural shift is also needed. This concerns a shift towards thinking and acting in terms of needs and participation instead of care and provision. This paradigm shift is only taking place very gradually. Some positive signs of this paradigm shift have become apparent in pilot projects and experiments, but these have to be embedded in broader social and care policies in order to be sustainable overtime. The risk that budget cuts will lead to a direct ending of pilots and experiments is indeed substantial.

Within the scope of this research, evidence has been found to support this main conclusion in relation to the different case studies. With regard to each case study, the way in which Wmo services were regulated, organised and funded was examined. It was also studied how clients and their organisations were involved in phrasing local policies as well as in implementing services. This research therefore draws conclusions on each of those themes as well.

### *10.2. Conclusions about the organisation of Wmo services*

Concerning the organisation of elderly and home care services, this report concludes that a lot remains as it was before the Wmo. First of all, the organisational barriers between AWBZ care and Wmo care limit the possibilities to create crossovers meeting the client's needs. Local governments and providers experience regulations and accountability procedures from separate funding and organisational systems for (long-term) elderly and home care. It remains difficult to exchange means and create inter-organisational structures. Subsequently, cooperation between providers is also problematic, due to the introduction of market incentives and the need for competition in a level playing field. Providers do not

automatically share product information, and the supervisor (NMa) does not allow monopolistic cooperation structures to exist.

In addition, municipalities focus mostly maintaining the status quo, ensuring continuity of care services, preventing job losses in home and elderly care organisations and establishing relationships of trust between professionals and clients. The accountability procedures of central and local governments themselves frequently limit the creativeness to build upon new alliances and make new product combinations.

At the same time, the tenders open up the market to new competitors. Change happens, but bottom up, coming from the organisations and their clients themselves rather than the government. Firstly, new organisations enter the arena and affect organisational arrangements. For example, housing corporations are getting involved in home and elderly care more and more. New (commercial) providers enter the market too. However, the traditional providers remain dominant. Secondly, new products are being created, also by the traditional provider organisations. For example, combinations of housing, welfare and care, or combinations of labour, care and social service are created. Thirdly, the introduction of new coordination forms has become apparent, for example carried out by governmental project coordinators (Rotterdam case) and 'Omtinkers' (Leeuwarden case). In person, these coordinators have to link city policies with services and organisational arrangements in boroughs and other local areas, or who can link formal and informal services. Overall, path dependency is seen in organisational arrangements that originate from historically developed patterns and are consequently not created as a result of the new Wmo legislation. Nevertheless, new care providers do enter the market and networks of services are being linked in order to meet the clients' needs and increase his or her possibilities to participate in society. Changes do take place but not overnight. New responsibilities are being translated in existing organisational arrangements.

What opportunities for change exist apart from opening up the market with tenders? Sometimes, a system offers opportunities in the shape of experiments, pilot projects or extra subsidies. Most of the time, substantive change started with personal ambitions, vision and a proactive attitude of the local alderman. Although the Wmo philosophy prescribes that local governments have policy freedom, various soft forms of central steering were encountered in this study, including model contracts, best practices, and benchmarks. They do affect the way in which this policy freedom is being used, because it encourages a uniform way of organising home and elderly care services. Differences do appear to exist across municipalities. In some cases, instruments such as model contracts and benchmarks are welcomed. Some municipalities would prefer to receive additional central steering, while others enjoy policy freedom and would even like to have more. Aldermen seem to be influential for municipalities with regard to the use of policy freedom. In the cases of Doetinchem, Leeuwarden and Rotterdam, it has become evident that aldermen were important stimulators for the municipal organisation to use the policy freedom in creative ways. This gives the impression that the personal attitude and willingness of the alderman is crucial to realizing new organisational forms of service delivery.

### *10.3. Conclusions about participation in Wmo policy and services*

The paradigm shift that this report has studied primarily concerns the shift from care to participation. Consequently, participation is crucial to the evaluation of the Wmo. Nevertheless, the law itself is not very clear about participation and how it should be reached

and evaluated at all. From the empirical data, two types of participation can be distinguished in practice: the policy participation and societal participation. The effects of the Wmo on its original aim – societal participation of all citizens – has not been examined within the scope of this study. While this did not constitute the focus of this research, too short a period of time has passed since the introduction of the Wmo to be able to phrase strong conclusions on that particular topic. These conclusions describe and explain how policy participation takes place.

This report has observed variety in policy participation. On the one hand, the institutionalised Wmo councils and Wmo platforms can be seen. They focus on representativeness and are institutionalised by procedures. On the other hand, the issue-oriented platforms that are more flexible, focusing on single issues and user information, become apparent. Leeuwarden, Rotterdam and Doetinchem have flexible arrangements and embrace the idea of participation, while Hulst and Dronten do so to a lesser extent. The latter municipalities have decided to install a Wmo council. Stakeholders participate in Wmo policies and practice in different roles at the same time. Sometimes, citizens are clients, but sometimes they represent groups of citizens in Wmo councils or are used as experts in policy processes. The same goes for providers who have to compete more and more and are simultaneously expected to link their services and cooperate. Local government is funding services, but at the same time facilitating and regulating the market. This report has observed local governments pro-actively participating in pilots and experiments, but has also noted new questions and insecurities in finances and tendering procedures. These tend to lead to new conservatism and centralisation by central government, which is still very much present in accounting procedures and new regulations. In the end, decisions about service delivery are taken at the Wmo office, between the civil servant and the client. This is still strongly regulated by old regulations about indications and entitlement to care, as well as by new regulations on quality and service (e.g. with VNG models and new regulations coming from central government). It is important to study the way in which the roles of the important stakeholders develop, especially within the Wmo office, because its practice is crucial to achieving the supposed paradigm shift successfully. Therefore, the final chapter will provide a reflection on the decentralisation process. The multiple and flexible arrangements for participation seemed more successful than the more clear-cut, formal Wmo councils. A difference is made, again, by vision. Policy freedom of municipalities leads to different forms of organising policy participation by means of vision. It becomes evident that the more formalised councils are predominantly concerned with representation. They become a sort of 'municipal council'. The less formalised, the more flexible platforms become less concerned with representation, and more concerned with obtaining useful policy input. In other words, this study has observed loosely coupled networks, focused on policy issues and iron triangles, focused on positions in the policy process.

The Wmo requires that municipalities arrange participation and report on how the advice of stakeholders is incorporated into municipal Wmo policy. The way in which this should be done and to whom it should be reported is rather unclear from a legal point of view. The political wish to account for participation is understandable, but it creates diffusion. When participation is accounted for by the simple fact that a Wmo council exists, this does not say anything about its effectiveness. Even within municipalities, the influence of stakeholders can differ per project, district or issue. Interestingly enough, the local political process is not mentioned in the first place when it comes to participation and accountability. Nevertheless,

the logic of decentralisation implies that local political arenas are the location at which political choices are to be accounted for. Remarkably enough, local political councils experience very limited possibilities to influence policies. The financial constraints appear to be the main cause of rather limited political debate about the organisation and quality of care. Financial issues seem to dominate. This does not seem to encourage officials to take responsibility for improving the quality of care. On the contrary, they encourage a form of complaining towards central government about budgets.

Overall, the conclusion entails that participation in Wmo policies and services is organised in a range of ways, but that these do not yet support the paradigm shift. This can be explained threefold. The first explanation comes from the legal obligation to account for participation. Crucially, how and to whom this should happen is unclear legally. Secondly, the vision of aldermen and local politicians on how to cooperate with organisations and individual citizens affects the decision in favour of institutionalised councils or flexible platforms. Not all aldermen are enthusiastic about new ways of participation. Thirdly, the existing traditional cooperation structures between local government and the civil society appear to be very influential with regard to the participation of organisations and individual citizens (path dependency).

#### *10.4 Conclusions about the tender*

Special attention has been given to the tendering process in this report. The introduction of the tender in home and elderly care has affected the organisation and finances considerably. While the tender is being effectuated in very different ways (see chapter on tendering), the so-called Zeeuws Model is of great importance to this conclusive chapter. The introduction of the tender itself does not create a paradigm shift. The Zeeuws model is meant to focus on quality of care, to create new alliances between providers and to offer client-oriented services. Nevertheless, the case studies demonstrate that municipalities often opt for models that are far less proactive, often in favour of the 'Zeeuws model'. In many cases, it was 'the best way to go' in order to maintain the status quo of traditional providers. This way, no real disturbance was caused in the field since continuity of care is secured to both clients and employees. This line of reasoning has not much to do with striving for an optimal price-quality-balance but with the aim of maintaining the status quo and preventing negative media attention. Which main explanations can be identified for the fact that the tender instrument fails to bring about the paradigm shift automatically?

First of all, the necessity of tendering the Wmo has been widely discussed in the Netherlands. Due to opposite decisions and opinions put forward by the European Commission and the Dutch Parliament, this debate and confusion continue to take place. The main argument not to tender is that this instrument would lead to a dominance of cost effectiveness and low prices, at the expense of quality and working conditions. As a result of this particular argument, the Dutch government had already introduced the concept of 'social tendering', in order to put quality in the lead when phrasing the tendering criteria. The main argument in favour of tendering is the creation of a level playing field, leading to more client choice and quality. While it is still extremely difficult to pass judgment, it has become apparent that at least some municipalities have made the decision not to opt for a 'real' tender procedure.



Secondly, the tender procedures are being guided (dominated) by the financial and 'facility' departments of local governments. This means that they make sure the right tendering procedures are followed, but without any knowledge about the elderly or home care services. Crucially, the officials are anxious to carry out the European rules on tendering and level playing fields in a right way. After all, this could lead to sanctions and legal procedures against the municipality. The care department is being involved in setting the quality criteria. However, when it comes to carrying out the tender, they are not in a leading position. As a result, it is not the care perspective that is leading, but the financial and procedural perspective.

Thirdly, the internal organisation does not match with the integral approach of clients' needs promoted in Wmo legislation. Offering the client an integral service is more than triage carried out by civil servants guiding the client to the right provider. In practice, the pillars (different systems) and separate procedures for different services continue to exist and are even being strengthened by tendering procedures. This is an insight that has so far not frequently been recognised in practice. This report concludes that in most communities, the tender did not really lead to contracts with providers that were not already involved in the delivery of home care and household services. In communities where the tender did lead to an entirely new contract – such as Rotterdam – the traditional providers reclaimed their old position after political reparation of the tendering process (due to a substantial amount of turmoil amongst clients losing their traditional nurse or housekeeper). Consequently, the tendering process reconfirms traditional relationships. This study would even go as far as to claim that after the tender, in the event of new providers entering the arena and obtaining a contract, local government tries to steer client choice by listing all providers in such way that the client – at the Wmo office – will choose the provider of the bulk contract. This even appears to be the main goal of some local governments.

Fourthly, the role of institutions and attitudes is crucial to the way tendering is practiced. From taking a distant seat, letting the market do its job in the tendering process, the city of Rotterdam moved to a more interventionist role of facilitating, stimulating and negotiating within the field of healthcare organisations and services. In the case of Dordrecht, the regional cooperation directs what happens in individual cities, which also causes tensions between regional arrangement and local politicians. Doetinchem takes a proactive role and wants to be leading in implementing the Wmo. A lot of this is due to an enthusiast alderman promoting the WMO, requesting additional responsibilities for local care and social service. Leeuwarden and Dronten want to continue working with existing providers of household assistance. In Hulst, it becomes apparent that the implementation of the Wmo, but also the conflicts, can be strongly linked to an existing – historical – network of providers and other stakeholders.

All of this does not mean that nothing changes at all. New organisational structures are certainly being developed at the same time, due to the tendering process. Mostly they arise when linked to other dominant problem issues at stake. For example, this research has shown that Rotterdam boasts projects where Wmo ambitions are realized by combining the project with integration issues and youth policy. This was also addressed in the tender, mostly due to the efforts of key persons such as the alderman. Neighbourhood associations that had not been involved in healthcare previously, became involved when the Wmo was introduced. The same goes for churches and case for drug addicts and homeless people.

Consequently, existing organisational structures can be combined with new ambitions and new stakeholders. Nevertheless, overall, the tender did not really lead to new public-private partnerships or new organisational arrangements. It reproduced more or less the already existing organisation of care and social services, with a focus on cost effectiveness, continuity of provision and some possibilities for innovations.

#### *10.5. Conclusions about funding*

Local policy freedom is strongly linked to the way the Wmo is being funded. The paradigm shift is therefore very dependent on financial (im)possibilities. The financial margins are rather small, although, formally, local governments are free to look for alternative means to compensate their choices. All the ambitions of linking care to welfare, housing, mobility and other areas require doing something more or in another way. New forms of service delivery, such as the 'Omtinkers' in Leeuwarden also require investments and organising capacity. While, in the long run, this can be more cost efficient, this is an incremental process and its financial advantages can only be seen in the long run. Moreover, initiatives that could lead to savings in the AWBZ are not transferred to the municipalities. That is the reason that, first and foremost, all communities are focused on realizing what has already been done, rather than on what could be done. No evidence could be found that due to the limited finances, *less care of a lesser quality* was delivered with regard to elderly and home care compared to the situation prior to the Wmo. It is true that some clients received fewer hours of household help than before, but this was due to the new protocol of 'usual care', which led to some re-indications. In sum, it can be concluded that the introduction of the Wmo did lead to a focus on realizing the 'status quo' in delivering home and elderly care, mostly due to the limited available means. Innovative and more cost-efficient ways of organising and funding the Wmo are being experimented, but they also require financial and organisational investments within the limited budgets. How can it be explained that due to limited funding, local governments experience problems with realizing the Wmo goals?

First of all, the way the financial means are allocated has been widely discussed. The objectivity of the criteria for allocation has been on the agenda ever since this discussion started. Some communities experienced advantages after the new model was introduced, while others experienced disadvantages, seeing their budget cut despite an increasing demand. The current model is less focused on historical data on the use of care services (ex post), and merely looks at population data and calculated guesses regarding future needs (ex ante). This means that a number of municipalities receive less money from the government to provide (home and elderly) care services. The consequence of the 'quest for objectivity' in the allocation of budgets is that the model becomes highly institutionalised in terms of criteria, the formulation of what 'needs' are and the ways in which local governments are being held accountable for using the money and reporting on that the issue. This process of institutionalisation is led by negotiations between the Ministry of Health and the Association of Dutch Municipalities (VNG), with regard to all local communities. In all, the objective allocation model ensures that local governments are confronted with an open-ended demand, but also with a fixed budget that is often treated as ear-marked in the way it has to be used. Consequently, the budget is set nationally, but the demand is very local. Municipalities have little influence on budget setting by central government, complicating financial management considerably.

Secondly, the basic philosophy is that a local government is free to spend the budget after it has been allocated. In theory, the fact that those governments focus on prevention and civil society infrastructures could be more cost efficient in the long run than their counterpart municipalities. Nevertheless, when these savings are unclear or could even lead to budget cuts, no real incentive exists for local government to stimulate this and be innovative. Although limited budgets do lead to some creativity, experiments in service delivery and more cost-efficient ways of organising, limited positive financial incentives arising from the new financial arrangement could clearly be observed.

Thirdly, the home and elderly care workforce suffers the most important consequences of the tender and limited funding. More 'alphahulpen' are contracted on the basis of working conditions less favourable than before (in terms of salary, working hours and division of labour). In most municipalities, tenders for home care and elderly care have mostly focused on sharp price negotiations. The providers of home and elderly care are being approached as if they were cleaners rather than care professionals.

Fourthly, what really makes a difference in the way the financial margins are created and used is – again – the attitude and vision of local aldermen and policy makers. Personal ambitions, visions and the capability to communicate with public and private stakeholders (nationally and regionally/locally) really make a difference. This became particularly evident when studying the way in which Rotterdam combines the Wmo with areas of social support, labour and education. However, the Omtinker Project in Leeuwarden and the orientation of neighbourhoods in Doetinchem can also be mentioned in this context. Those cases in which the alderman demonstrated a proactive attitude, more creativity in terms of product combinations and care delivery was realized than in those cases in which the alderman focused on the things they were unable to do due to their limited means. Overall, attitude alone does not fund services either, but it is a decisive variable in carrying out the Wmo philosophy. The way in which the financial issue is managed does show the (lack of) acceptance of the paradigm shift.

Fifthly, the personal budgets, contributions and co-payments also affect the financial policies of local government. These are a way to address the responsibilities (financially and socially) of citizens and clients themselves. Within the scope of this research, it has become evident that personal budgets are not being promoted by local governments at all. Nevertheless, an increasing number of applicants is choosing to receive such a budget. The possibility for using a personal budget becomes more widely known, due to the attention given by both media and patient and elderly organisations. Clients choose a personal budget because they want to maintain their current caregiver or household service, especially when the local government has contracted another provider. However, clients opting for a personal budget often have more clear-cut ideas about their preferred provider. Local governments collectively fear that this use of personal budgets conflicts with the bulk contracts they negotiate with providers for delivering services. Their aim is to let as much clients as possible benefit from those bulk contracts, rather than from their own choices within personal budgets. They do so by for example listing the available providers in such a way that the client is led to the provider favoured by the municipality after all.

Sixthly, the communication of local government with citizens with regard to co-payments is not optimal. When it comes to co-payments, the SCP is rather clear: most local governments

do follow the regulations concerning co-payments, while only a small part does so insufficiently. The most striking difference does not concern the amount of co-payments but for what citizens are actually paying. This is not clearly communicated to citizens at all.

Overall, it can be observed that one of the main issues in funding the Wmo is finding a balance between centrally organised budget allocation and local needs and choices in payments. All the activities undertaken in terms of finances lead again to recentralisation, such as the urge for objectivity in the allocation model and the role of the VNG in relationship to the ministry. With regard to this particular issue, the paradigm shift is not yet realized.

#### *10.6. Conclusions on the paradigm shift and the compensation principle*

The biggest change introduced by the Wmo concerns the shift from the regulatory 'entitlement' of citizens to certain care services to the obligation for local governments to compensate clients for their limitations to participate in society. As a result, regulatory rights to certain provisions can no longer be claimed. This paradigm shift addresses the focus from individual to collective services, and the shift from central government responsibilities to the responsibilities of local governments, citizens themselves and their social context. Overall, it can be concluded that the tasks and responsibilities are taken seriously at a local level and that the decentralisation has been rather successful. Nevertheless, due to limited means, traditional perceptions and interpretations concerning entitlement to care, the focus on maintaining power positions and the status quo, the paradigm shift has not yet taken place. However, it is important to note that the SCP evaluation (2010) also stated that it was actually too early to say anything about the effects of the Wmo on the societal participation of disabled citizens. In some proactive local communities, some pilots on new ways of indicating what clients need and new ways to connect different services can be seen, but they are only implemented with a very limited number of clients. This could illustrate that the paradigm shift is now taking place, but caution should be taken to draw such conclusions at this very moment in time. Moreover, research of Nivel (2010) concludes that the introduction of the Wmo has not yet led to an increase in participation of people with physical or mental handicaps yet. Nivel looked at participation in civil society by disabled people, based on six indicators: living environment, mobility, employment, leisure and social contacts. A comparison between 2006 (before the Wmo) and 2008 (after the introduction of the Wmo) did not show an overall increase in participation. More specifically, the numbers show different trends, both positive and negative. One positive trend concerns the participation of people with severe physical disabilities. They participated more in 2008 than in 2006. Their employment rate increased from 9% in 2006 till 13% in 2008. The same group also sees an increase in leisure activity such as visiting an amusement park or doing cultural activities from 13% in 2006 till 22% in 2008. Negative trends include a decrease in voluntary work by people with physical disabilities. Moreover, people with a mental handicap did participate less in 2008 than in 2006. The percentage of people leaving their house on a daily basis for work, visiting friends or family or doing sports decreased from 85% in 2006 to 76% in 2008. These figures mostly concern elderly people with mental disabilities. Concluding, Nivel stated that no clear general trend is visible. It might well be that it takes longer for the Wmo to show clear general trends for participation of disabled citizens. This research shows the insight mechanisms of how the Wmo works, which is important in order to understand these figures and trends. Due to this in-depth study, insights and explanations regarding the way in which the paradigm shift is not (yet) taking place have been provided, more than other evaluations (such as the SCP) have been able to do so far.

First of all, it can be concluded that traditional entitlement to care services has given clients more guidance in what to expect from providers and governments, while it has given providers the assurance of finances and continuity. In other words, the traditional systems of organising, funding and implementing elderly and home care services have given clients and providers security and guidance. Within the Wmo office, the civil servant should detect clients' real needs, what kind of services could be arranged and combined and what the client can contribute him or herself. However, who decides on what clients get and when is continually being discussed. This discussion is heading towards new standardising guidelines and regulations. Local governments can even be seen asking for more centralisation in this respect, for example by models supplied by the VNG. Apparently, all stakeholders involved request structure and guidance to be able to fulfil their roles and responsibilities.

Secondly, the most complex provisions are still being undertaken by the indication organisation (AWBZ indications), while local governments can also ask this office to deal with other provisions. Nevertheless, a lot of 'this is what we are used to doing' is still steering the process in a rather 'safe' way. It means that the traditional values of objectivity, security and accessibility prevail. Consequently, emphasis is placed on provision that meets clients' former entitlement to care. In other words, a formal change in principles of provision does not create a paradigm shift in practice. New procedures are even translated into old habits, as was seen in the practice of tendering. After all, this does mainly lead to the selection of traditional providers.

Thirdly, interpretations and perceptions of key stakeholders concerning the compensation principle and the participation goals of the Wmo are still very much focused on the situation prior to the Wmo. This is partly caused by the uncertainty of policy actors and stakeholders about the new tasks, the meaning of the compensation principle and the policy freedom of the municipality. However, changes will be needed in the behaviour of civil servants and clients themselves, including the way in which they interact with one another. It depends on their interpretation of self-reliance, social participation and social responsibility whether or not the Wmo goals will really be achieved, and whether or not a paradigm shift will eventually take place. So far, it has been concluded that a lot of traditional interpretations are being continued, and that traditional structures are being reproduced.

Fourthly, it can be concluded that national and local politicians, policy makers and others do not all realize the meaning of decentralisation. The Wmo does and should lead to differences in service delivery between different local communities. This appears to be difficult to accept. This client-oriented approach can easily lead to some arbitrariness, but also to more choice and an integral approach of the clients' needs. At this moment in time, the debate is often concentrated on the legitimacy of these differences, instead of the way that policy freedom is being used and created by local governments. The Wmo philosophy prescribes that the debate should sooner concern the latter.

Fifthly, as was clearly outlined in paragraph 11.5, the limited financial means appear to be stimulating a rather conservative attitude amongst aldermen and local policy makers, who focus on the status quo of the situation prior to the Wmo. Doing something new or differently creates insecurity about budgets and power positions. While more proactive examples have

indeed also been observed, the financial means are very crucial in realizing the paradigm shift.

#### *10.7 Final remarks*

The glass is either half full or half empty: whichever you prefer. Things have indeed changed, with occasionally a lot of turmoil at the surface (mostly due to tendering outcomes), but the paradigm shift has not yet been realized. Gradual changes have been made over time. Relationships between state, societal organisations, citizens/clients and other organisations on the market are dynamic and gradually changing. It varies from a more market-oriented implementation of the Wmo to more intensified cooperation, but more state control can also be observed. It is still difficult to trace a general pattern, all steering mechanisms being present at the same time. Stakeholders participate in Wmo policies and take on different roles at the same time. Sometimes citizens are clients, but sometimes they represent groups of citizens in Wmo councils or are used as experts in policy processes. The same goes for providers that have to compete more and more and simultaneously have to link their services and cooperate. Local government is funding services, but at the same time facilitating and regulating the market. Local governments can be seen proactively participating in pilots and experiments, but new questions and insecurities in funding and tendering procedures are also surfacing. These tend to lead to new conservatism and centralisation by central government, which is still very much present in accounting procedures and new regulations. In the end, decisions about service delivery are taken in the Wmo office, between the civil servant and the client. This is still strongly regulated by old regulations about indications and entitlement to care, as well as new regulations on quality and service (e.g. with VNG models and new regulations from central government). It is important to study the way in which the roles of the important stakeholders develop, especially within the Wmo office, because its practice is crucial to realizing the supposed paradigm shift successfully. Therefore, the last chapter will provide a reflection on the decentralisation process.

## 11. Reflection: In between decentralisation and recentralisation

With reference to the conceptual framework of the research, this section will reflect on the decentralisation movement in general. Within the scope of this conceptual framework, it can be concluded that decentralisation means more than just the transfer of tasks and responsibilities from central to local authorities. The paradigm shift also implies a cultural change in attitude towards individual responsibilities, client-orientatedness and public values. Why was this paradigm shift not achieved by means of decentralisation? The conclusions will be reflected upon in three ways. First of all, this section reflects on inter-governmental dynamics, by addressing the recentralisation trend in response to decentralisation. Subsequently, the marketisation and governmentalisation of civil society encountered in this research will be reflected upon. Lastly, this chapter will reflect on the normative choices concerning the quality, accessibility and efficiency of care services. What norms are being used and who sets the norm in the first place? In other words, this section will reflect on the sense and essence of the Wmo decentralisation process.

### *11.1. Reactive and risk-adverse behaviour leads to recentralisation*

Chapter 10 has concluded that the decentralisation of tasks and responsibilities from central government to local governments, markets and individuals has at the same time been accompanied by new processes of centralisation. At least some aspects seem to suggest a process of so-called recentralisation. This is taking place in several ways. First of all, new regulations with regard to the tender system have been and are being implemented overtime,<sup>16</sup> while new obligations to offer basic support functions have been set for providers and local governments. National politics tries to intervene in local practices, despite the philosophy of legislative decentralisation. One of the main causes is linked to the financial system. The means are limited, state funds still constituting the main revenue source for municipalities. These funds are accompanied by a lot of rulings and procedures – even though they are softer and more lenient than tough rules – on how to spend them, and on how to secure quality and prevent job losses due to tender outcomes. Secondly, it appears to be difficult to accept differences in service delivery and financial arrangements in different communities. Political responsibilities for good quality, equal access to services and cost efficiency lead to more general rules and top-down regulations; this is at least experienced as such. Lastly, recentralisation is stimulated by the local communities themselves as well. Due to limited budgets, most municipalities focus on doing ‘well enough’ instead of taking a more active approach. In order to support municipalities in acting according to the new responsibilities, the VNG has been developing model regulations and policy plans for their members. Although their intentions may be good this seems to be a form of centralisation too. Of course, it is not that strange that a paradigm shift does not take place overnight. New ways of working have to be internalised. Yet, some of the local communities found and used policy freedom in more creative ways than others. The proactive and positive attitude of aldermen even argues in favour of more policy freedom. This is where the variety of approaches start, intended by the Wmo but once more detested by recentralisation (especially concerning financial means).

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<sup>16</sup> Zie TK 2007-2008, 29538, nr 70; TK 2008-2009, 31795, nr 3.

### *11.2. Marketisation and governmentalisation overrule the civil society perspective*

Traditionally, care and social services are organised, funded and implemented in a mixed way. Public-private cooperation was and is used to share means, information and support between state, market and society. This is not always in terms of cooperation in traditional corporatist structures. The tender focuses more on competition than cooperation, but also leads to continuity in public-private alliances between state, market and society. In the coming years, this could lead to new creative alliances, for instance combining individual services arrangements and collective services. This could embed individual choice on one side, and collective arrangements phrased by citizen participation (Wmo platforms) on the other. Nevertheless, the opposite is true in situations where citizen participation through Wmo platforms is not really aimed at citizens' influence, but serves as a legitimisation of phrased policies and cutbacks that are already in place.

Decentralisation does bring about changes in the way in which government, market and society relate to one another. Local government is supposed to manage relationships with a varied set of public, private and hybrid stakeholders. While most healthcare organisations local governments have to deal with are privately owned, they are working to achieve public goals. Dutch local governments deal with all kinds of more or less hybrid organisations between state and market. This encompasses voluntary organisations delivering home meals to elderly ('tafeltje dekje'), corporations and foundations delivering home care and nursery care without a profit perspective, and – increasingly – commercial organisations doing the same. Within these mixed networks, two central trends are occurring: marketisation and governmentalisation. Providers have to cooperate with each other in order to deliver a chain of services to citizens, but in doing so they are regulated more and more by local government and governmental supervisory bodies. At the same time, they increasingly compete for contracts (due to the tendering amongs other things). This stimulates the market mechanism in elderly and home care services. The most exiting reflection here is that, while decentralisation is aimed at less government interference from the central level and additional focus on civil society and individual responsibilities of citizens and their families and friends, marketisation and governmentalisation appear to dominate the role of the civil society after all.

### *11.3. Good care is defined centrally but paid for locally*

The aforementioned reflections show that good care is defined partly by a centralising government and partly by negotiations on the market concerning the tender of home and elderly care. Paradoxically, the tender instrument tries to stimulate quality of care for a reasonable price, creating confusion about quality of care instead. This is due to the fact that the finances of local communities are very much steered from 'above'. This limits possibilities to innovate. At the same time, transparency of products, measurability and price are given a substantial amount of attention. These are the criteria set by government regulations, as well as the professional protocols of medical professionals. Yet, the criteria are problematic for some aspects of care, where trust, loyalty and professionalism are crucial. Moreover, criteria for the main goal of the Wmo – participation – are very difficult to define. Different services like working aid, travelling, welfare, care and education need to be linked in order to meet the real needs of clients. However, the somewhat smaller definition of good care in most tender procedures conflicts with the broader Wmo goals. In other words, the norms for good care are still determined by the bureaucratic and professional systems, and not (yet) by the political systems in local communities. The tender instrument therefore fails to support the



Wmo philosophy automatically. The role and attitude of key players and their perspectives and competences to communicate them make the difference. The way the Wmo office works is crucial. Increasingly, the definition of good care will be phrased within the interaction between the civil servant and the clients. The competences and perspectives of these civil servants are affecting the way this works, but so will the way in which aldermen and providers of care approach the services. Some emphasise the restrictions of the available budget, as well as the impossibilities of defining real quality of care. Others see the opportunities to create definitions of good care and by doing so creating new networks and services according to the same definitions. The last group appears to be capable of using or to some extent creating policy freedom in which norms for good care are being set. This approach is called proactive instead of reactive. Crucial stakeholders internalising new approaches to care and participation that they carry them out proactively seems a crucial precondition to a successful paradigm shift.

#### *11.4. The litmus test for a successful process of decentralisation*

Overall, existing social infrastructures and relationships, the attitude of local politicians and regional partnerships appears to be the most important factors in managing central – decentral relationships. They influence the translation of national policies in two predominant ways. Firstly, they influence the way in which the Wmo changes *network relationships* within municipalities with providers, civil society and citizens, between municipalities, and with central government. Secondly, they affect what is considered the definition of good care. In other words, they also change the *norms of good care*, quality and satisfaction of clients. The frontrunners in local government want more freedom and responsibilities to do this, whereas others want more guidance, directions and examples of best practices. Decentralisation thus raises a new dilemma of local freedom versus national regulation. National regulations and guidance hinder innovative, proactive municipalities, but could help less innovative ones. This leads to the following question: what are the crucial conditions for decentralisation to be successful in organising the relationships between all stakeholders effectively, as well as creating acceptable norms for good care in the local setting?

Three important conditions should be mentioned:

1. Municipalities need to be able to carry out the tasks, at least according to the minimal requirements and norms of the central state. The availability of adequate financial means, capable key players such as aldermen, as well as sufficient implementation time are crucial to a successful decentralisation process. This is to be accompanied by a need for extensive training and reconsideration of working methods at the level of municipalities. Central government could facilitate this learning process but should try to do so without interfering with policy freedom.
2. Central government has to accept that municipalities should be more capable of acting according to the new vision on social support reflected in the compensation principle than the central state is able to achieve. This means that they have to accept the variety in services and definitions of good care. The exchange of best practices, or 'good practices', as the promising examples of innovative forms of organisation, policy participation, indication procedures, societal support and service delivery examined in this study are all contributing factors. However, most

municipalities are at the start of such a process or are still waiting to implement such a start at all.

3. A sufficient number of correction mechanisms and learning processes should be in place at a local level. Central government is able to facilitate learning processes by exchanging best practices, the use of innovation budgets and legitimising the crossing-over of financial systems. Developing and implementing an effective societal support programme is a new and time-consuming activity for the municipalities. Things may go wrong. According to this criterion, it can be concluded that most of the municipalities in these case studies have started their learning processes successfully. A point of concern is that citizens and their representatives do not always have a good view on what is happening. More transparency is crucial to an effective voice of citizens and other stakeholders as a repair mechanism to municipalities that fail to perform well. This shows how central government should deal with its system responsibility. Securing the quality of the Wmo should be executed with respect for the local authority and policy freedom. Consequently, supporting municipalities to develop their own correction mechanisms seems more justified than developing new regulations and strict guidelines for quality.

The last two conditions are the most challenging in realizing the new vision on societal support. It requires the nerve and patience of the central state, national politicians and representatives, but at the same time it asks for motivation, a proactive attitude and a willingness to experiment and learn gradually. Most evaluations focus on criteria of output and formal process criteria excessively (e.g. whether or not a Wmo council is in place). This report suggests that more attention is given to the criterion of 'repair mechanisms': are municipalities able to start processes of experience and improvement? Do they carry out critical checks and balances to achieve learning processes? This requires, for instance, active horizontal accountability and the availability of enthusiastic actors who are willing to strengthen societal support at a local level. While accepting that the paradigm shift is hard to implement also shows that it needs time, it has also become evident that it is now rather early to say something definitive about its effect on the degree of participation of citizens.

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## List of acronyms:

- AWBZ: Exceptional Medical Expenses Act
- CIZ: Centre for Needs Assessment
- GGD: municipal health services, concerns preventative healthcare such as vaccinations.
- HH: household assistance
- ICF: International Classification of Functioning, Disability and Health
- pb : personal budget
- PPP: public-private partnership
- RMO: The Dutch Council for Societal Development
- RVZ: The Council for Public Health and Health Care
- SCP: The Netherlands Institute for Social Research
- SER: The Social and Economic Council of the Netherlands
- VNG: Association of Dutch Municipalities
- VWS: Ministry of Health, Welfare and Sport
- Wmo: Social Support Act
- Wpg: law on public health
- Wvg Services for Disabled Act
- ZVW: Health Insurance Act



## **Appendix I: Snapshots of the communities**

This appendix contains an overview of all the case studies conducted in different municipalities throughout the Netherlands. Since the insights from the report are structured thematically in the research report, this appendix can be used to gain a quick overview of the municipalities examined. The data of these snapshots are based on insights gained by means of the interviews and through the close reading of documents of the municipalities and ministries responsible. One remark beforehand; the financial data were occasionally especially difficult to obtain, because of several reasons. One of these, also explained in the chapter on funding, is that it is hard for municipalities to provide a complete overview of the financial situation, due to the scope and allocation of budgets on a local level. As a result, the numbers regarding budgets and finances are based on precise estimations. The different snapshots are presented alphabetically below.


<b>Doetinchem</b>		
<b>Facts &amp; Figures</b>		
Name	Doetinchem	
Central themes in research	'Paradigm change' and 'Finance'	
Other Towns / villages	Dichteren, Gaanderen, IJzevoorde, Langerak, Nieuw-Wehl, Wehl, Wijnbergen	
Region	Medium-sized town in the countryside with a strong regional purpose.	
Number of inhabitants	Over 56.000	
Health-related characteristics of inhabitants  (in comparison with reference communities)	<ul style="list-style-type: none"> <li>• Most important challenge is a strong ageing population, which is typical to rural towns.</li> <li>• In general, the population is characterised by: <ul style="list-style-type: none"> <li>- Being relatively unhealthy</li> <li>- Having more health risks</li> <li>- A high number of chronically-ill patients</li> <li>- A high percentage of poor elderly people</li> <li>- A low percentage of people who are satisfied with their lives</li> </ul> </li> </ul>	
Number of Wmo requests	<ul style="list-style-type: none"> <li>• 650 contacts at Wmo store each month</li> <li>• Number of requests for Wmo provisions (2009): transportation 823 / Home adjustments 704 / Wheelchair 362 / domestic assistance new 702 / domestic assistance renewal 440.</li> </ul>	
<b>Funding the Wmo</b>		
Income from national fund	Approximately 5.3 million euros	
Total Wmo budget	About 15 million euros (Based on estimations of expenses on Wmo-like activities; since direct figures were unavailable/not specified in budget estimations (Doetinchem 2009e))	
Additional financial sources	Yes; general resources and liquidity reserves, because: <ul style="list-style-type: none"> <li>• The introduction of the new objective model caused a budget reduction for Wmo services of 1.7 million euros (25%)</li> <li>• The likely slow speed of adjusting the objective model seems to induce a structural deficit on the city councils budget</li> <li>• Primarily, investments need to be made to improve the set of Wmo services.</li> </ul>	




Personal contribution	<ul style="list-style-type: none"> <li>• At maximum allowed level</li> <li>• No personal contribution obliged for individual provisions such as wheelchairs</li> </ul>
Personal budget	<ul style="list-style-type: none"> <li>• Just over 6% of applicants</li> <li>• No active policy to influence this percentage either positively or negatively</li> </ul>
<b>Organisational choices in the Wmo</b>	
Essence of Wmo policy	'Everybody participates' is the motto and the basic intended effect of the compensation principle (Doetinchem 2009a).
Public-private partnerships	While municipality has some negative experiences in building PPPs, these are still considered a valuable tool, so new (more realistic instead of ambitious) plans are being developed (Doetinchem 2009f).
Tendering process	Organised a tendering process with 8 municipalities in the 'Achterhoek' region.
Political organisation	One alderman (social affairs) is responsible for the Wmo, close and direct involvement of council.
<b>Implementation of the Wmo</b>	
Wmo counter	Wmo store acts as the one counter for citizens with question about social and health-related support.
Setting the indication	Most indications are still determined by an external organisation, the CIZ, based on highly standardised methods. Currently, a pilot is developed to test a new method, which works with a conversation and more integral analysis of every appeal (Doetinchem 2009b).
Cooperation	Important partners in creating / executing Wmo-policy include a welfare organisation ('IJsselkring') and an interest group for (partly) disabled citizens ('MEE' foundation). On a more general level, cooperation is sought with other closely located municipalities (Doetinchem 2009b).
Pilots / experiments	<p>Two pilots and three new Wmo services have been developed:</p> <ul style="list-style-type: none"> <li>• <b>Pilot 1: 'a broad intake' (de brede intake)</b> This project is executed in the Wmo store and reflects a new approach to setting the indication and consequently for delivering Wmo services. Services need to be delivered adjusted to the individual situation of every applicant.</li> <li>• <b>Pilot 2: 'undivided/ desegregated care' (Doetinchem 2010)</b> It is believed that the strict cut between the Wmo and the AWBZ can cause some undesirable effects</li> </ul>

	<p>in particular cases. This pilot attempts to develop a 'regulation-free zone' in which all demarcations between different regulations are considered irrelevant. A limited pre-determined budget is provided, directly coupled with a preset level of required results without a specifying the way in which those results should be achieved.</p> <ul style="list-style-type: none"> <li>• <b>Wmo service 1: 'Home support'</b> New form of domestic assistance, positioned right between the traditional categories of HH2 and the highly specialised care of the AWBZ. 'Home support' is aimed at the demands of a special group of citizens, while it also tries to prevent an increase in appliances for both the Wmo &amp; AWBZ.</li> <li>• <b>Wmo service 2: 'Campower project'</b> Consists of supplying an advanced IT system and application that can be used to delivers care and support in peoples' own homes from a distance. 'Campower' allows patients to contact their caseworker 24 hours a day, by means of a direct video link, making new forms of care delivery easily accessible.</li> <li>• <b>Wmo-service 3: 'GUUS'</b> This is a chore-service that carries out odd jobs in and around the house. This service illustrates the opportunities the Wmo offers, but also shows that the Wmo transcends traditional beliefs about the content of social support.</li> </ul>
Experiences	Up this point Doetinchem has little experience with the pilots and new services, but expectations are high across all relevant actors. Executing the pilots seems harder than expected, so probably more time is needed. The continuation of the pilots reflects the proactive attitude of Doetinchem towards the Wmo.
<b>Policy Participation</b>	
Wmo-council	Doetinchem has a type of Wmo council in the form of temporarily social advisory body, deliberately not restricted to the Wmo. Consists of representatives of all kinds of citizens (organisations). It delivers useful input but can also demand a refinement or even rectification of policy. Hence, new policy is only implemented after it has been approved by the council. Cooperation is considered worth the effort according to all parties involved.
Other (new) instruments	Apart from the Wmo-council, the aforementioned 'Wmo store' also acts partly as an instrument for participation.


	<p>The store concept is used to obtain more detailed information about the desires, wishes and demands of citizens about the execution of current Wmo policy. Hereby the relation between citizens and politicians is changed, since the store is an easy accessible way for policy participation.</p>
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<b>Dordrecht / Zwijndrecht</b>		
<b>Facts &amp; Figures</b>		
Name of the municipality	Zwijndrecht	
Central themes in research	Tendering	
Other Towns / villages	Drechtsteden: Ablasserdam, Hendrik Ido Ambacht, Papendrecht, Sliedrecht and Zwijndrecht	
Region	An average-sized municipality in the southern part of the Netherlands.	
Number of inhabitants	44.401 within Zwijndrecht, 262.00 within Drechtsteden.	
Health-related characteristics of inhabitants	-	
Number of Wmo requests	-	
<b>Funding the Wmo</b>		
Income from national fund	Dordrecht: 12.3 million euros (2009) Zwijndrecht: 4.9 million euros (2009)	
Total Wmo budget	-	
Additional financial sources	-	
Personal contribution	-	
Personal budget	-	
<b>Organisational choices in the Wmo</b>		
Essence of Wmo policy	The essence of the Wmo policy is founded prior to the introduction of the Wmo, with the Vivera policy: pleasant living within the neighbourhood. Relationships for the introduction of the Wmo are based on these former relationships.	
Public-private partnerships	-	
Tendering process	The tendering process was executed through the SDD (sociale dienst Drechtsteden) but each municipality participated in the policy process. Drechtsteden uses the Zeeuws model of tendering with a fixed price and	

	competition on quality. The main reasons for this method of tendering are the existing relationships prior to the Wmo. The municipality wants to preserve these relationships. The Zeeuws model of tendering perhaps stems from a certain level of conservatism within Zwijndrecht, to maintain the status quo.
Political organisation	SDD executes the Wmo, the municipalities are individually responsible but the framework is set up through the SDD.
<b>Implementation of the Wmo</b>	
Wmo counter	Within Zwijndrecht, no real Wmo counter functioning as it should exist. The Wmo council stresses that the Wmo counters within Drechtsteden are not functioning properly. A Wmo counter is in place but it is not visible enough for the clients and does not have sufficient knowledge (Philip Guns, Wmo raad Zwijndrecht).
Setting the indication	Indication is done through the SDD
Cooperation	Cooperation especially within the scope of the Vivera policy
Pilots / experiments	-
Experiences	-
<b>Policy Participation</b>	
Wmo council	Every municipality has a Wmo council, including representatives of organisations (elderly, young, handicapped). On average, two of those councils are included in the cupola of Drechtsteden. The Zwijndrecht Wmo council complains about the large amount of work and pieces with which they struggle. Because the variety of subjects present within the Wmo, too much information is in place to be an expert on a subject and really participate in the conversation. The Wmo council also stresses the fact that the alderman fails to pay much attention, having failed to attend any Wmo council meetings.
Other (new) instruments	-
<b>Remaining issues (optional)</b>	
-	-
-	-


<b>Dronten</b>		
<b>Facts &amp; Figures</b>		
Name of the municipality	Dronten	
Central themes in research	Horizontal accountability and performance indicators	
Other Towns / villages	Dronten, Biddinghuizen and Swifterband	
Region	Flevoland, formed after the 'impoldering' of part of the Zuiderzee after Second World War	
Number of inhabitants	40,000	
Health-related characteristics of inhabitants	Relatively young population	
Number of Wmo requests	-	
<b>Funding the Wmo</b>		
Income from national fund	Approximately 2.6 million euros (2009)	
Total Wmo budget	No separate Wmo budget , combined with Social Affairs. Total costs household assistance: 2.6 million (2008).	
Additional financial sources	Idea is to implement Wmo budgetary neutrally	
Personal contribution	Income-related conform national regulations	
Personal budget	-	
<b>Organisational choices in the Wmo</b>		
Essence of Wmo policy	Integral policy. Motto "Samen voor elkaar"	
Public-private partnerships	n/a	
Tendering process	Kind of Zeeuws model (minimal norms); the two current providers have been selected	
Political organisation	Coalition of CDA, PvdA and CU. Alderman (CDA, Christian Democrats) responsible for social affairs, societal support, welfare (welzijn) and healthcare.	
<b>Implementation of the Wmo</b>		
Wmo counter	One counter in town hall, while the service point for	

	elderly and social care is located elsewhere.
Setting the indication	Indication set by civil servants except for complex problems (external organisation: Scio consult)
Cooperation	Dronten strives for cooperation with providers and societal organisations, under the collective direction ('ketenregie') of the municipality.
Pilots / experiments	None
Experiences	-
<b>Policy Participation</b>	
Wmo council	Overlegorgaan Belangenbehartiging Dronten, functions like a Wmo council. Corporatist model of representation.
Other (new) instruments	-
<b>Remaining issues</b>	
-	-
-	-

<b>Hulst</b>		
<b>Facts &amp; Figures</b>		
Name of the municipality	Hulst	
Central themes in research	Wmo council	
Other Towns / villages	Kloosterzande, Sint Jansteen, Clinge, Vogelwaard, Heikant, Nieuw-Namen, Graauw, Lamswaarde, Hengstdijk, Terhole, Kapellebrug, Ossensisse, Walsoorden, Kuitaart	
Region	Hulst is a small town that covers the east side of Zeeland	
Number of inhabitants	28.000	
Health-related characteristics of inhabitants	The number of inhabitants is growing very slowly. The population is ageing.	
Number of Wmo requests	-	
<b>Funding the Wmo</b>		
Income from national fund	The debate in Hulst between the Wmo council and the city council has been about the budget that the city council spend on Wmo. This could/would not be clarified by the city council. Income from national fund: 3,3 million euros (2009)	
Total Wmo budget		
Additional financial sources		
Personal contribution		
Personal budget		
<b>Organisational choices in the Wmo</b>		
Essence of Wmo policy	Being able to take care of yourself	
Public-private partnerships	-	
Tendering process	-	
Political organisation	One alderman (Wmo) is mainly responsible for Wmo. Another alderman (Finance) is involved in certain subjects.	
<b>Implementation of the Wmo</b>		




Wmo counter	Wmo store acts as the one counter for citizens with question about social and health related support.
Setting the indication	Still most indications are determined by an external organisation, the CIZ, based on highly standardised methods.
Cooperation	
Pilots / experiments	<p>The community of Hulst participated in one pilot.</p> <p><b>Pilot: Dreamcyclus (Droomtraject)</b></p> <p>The pilot was about increasing the self-organising capacity of the community of Hulst through civil society. The community had to think about their ideal town in 2016 and think of concrete actions to make this happen. The pilot was about involving all kinds of people: young, old, enabled, disabled, etc.</p>
Experiences	-
<b>Policy Participation</b>	
Wmo council	Hulst had a Wmo council up until December 2008. The people in the council were selected on their personal capacities, so they were not linked to social organisations. The council wanted to be involved in all the subjects of the Wmo. The council resigned because they felt the city council failed to appreciate the efforts of the Wmo council. They felt the city council considered them another organ the city council had to answer to instead of a helping hand with fresh ideas to make the policy better.
Other (new) instruments	Hulst only has the formal mandatory instruments to make it possible for the community to participate.

<b>Leeuwarden</b>	
<b>Facts &amp; Figures</b>	
Name of the municipality	Leeuwarden
Central themes in research	Public-private partnerships Indication-setting process (APK model) Strengthening social networks (Omkeer 2.0) Relationship between civil society and local government Experiment with coordination financial streams (Dissolving the boundary between Wmo and AWBZ)
Other Towns / villages	Goutum, Hempens, Leeuwarden, Lekkum, Miedum, Snakkerburen, Swichum, Teerns, Wirdum FR, Wytgaard
Region	Leeuwarden is a middle-sized city with industrialised and urban areas, situated in the northern part of the Netherlands (Friesland)
Number of inhabitants	Over 92.000
Health-related characteristics of inhabitants	Unfortunately not available
Number of Wmo requests	Unfortunately not available
<b>Funding the Wmo</b>	
Income from national fund	10.820.209 (2009)
Total Wmo budget	Approximately 47.1 million euros
Additional financial sources	Approximately 12.5 million euros. This consists of specific contributions by central government and parts of the Brede Doel Uitkering (BDU/SIV)
Personal contribution	Approximately 1.2 million euros
Personal budget	About 12% of applicants
<b>Organisational choices in the Wmo</b>	
Essence of Wmo policy	Everyone participates in society due to mutual involvement between citizens and coherent local policy on social support and its adjacent areas
Public-private partnerships	Works hard on establishing public-private partnerships. The municipality involves providers in het policy process and collaborates with private partners on multiple experiments
Tendering process	Its own form of the 'Zeeuws model'

Political organisation	One alderman is responsible for the Wmo
<b>Implementation of the Wmo</b>	
Wmo counter	This is called 'Bureau Wmo'. Bureau Wmo is operated by the CIZ. In addition, client supporters, Omtinkers and Meitinkers help citizens to find their way within the Wmo
Setting the indication	Municipality Leeuwarden uses its so-called 'APK' model. The indication is processed by the CIZ and is randomly checked to detect abuse. Within this model, providers are qualified to perform indications. Aside from providers, Bureau Wm can perform indications.
Cooperation	Welfare organisations, providers of home care, CIZ, MEE, Fries Lab, Wmo platform
Pilots / experiments	<p>Two important projects have been developed:</p> <ul style="list-style-type: none"> <li>• <b>APK model</b> Municipality Leeuwarden is experimenting with a no-indication setting procedure, meaning the indication-setting process is left out with regard to some facilities. The idea is that citizens do not apply for some specific facilities when they have no need for it. Skipping the indication-setting process makes things faster and easier for the client. For instance, an 80-year-old male or female living alone can receive 3 hours of household help without the need of an indication. It suffices to answer some simple questions. Although the APK model has already been implemented, there is still room for adjustment.</li> <li>• <b>Omkeer 2.0</b> This is a real transition project that encompasses multiple sub-projects. Hopefully this project will lead to the development of some good ideas that can be rolled out as bigger experiments. Experiments are performed in different regions; Triwalden (area of 9 small villages) and in the quarter Bilgaard, on which this case study is focused. In Bilgaard a project is developed, as a part of which one care provider delivers night care to all people in the neighbourhood. In addition, another project tries to remove financial barriers between the Wmo and the AWBZ, as a result of which resources from both sources are used for some tailor-made arrangements. Another project is run with Omtinkers, i.e. the personification of a central point. Omtinkers help citizens to find their way within the Wmo.</li> </ul>

Experiences	<ul style="list-style-type: none"> <li>• <b>APK</b> Gemeente Leeuwarden and platform Wmo are enthusiastic about the APK model. It is hard to compare results of the APK model with models used by other municipalities. Improving the project during its execution will remain a shared ambition of the parties involved.</li> <li>• <b>Omkeer 2.0</b> Results from experiment Omkeer 2.0 have recently been published, showing that the transition team of Bilgaard is very enthusiastic about the results, especially about the Omtinker project. Nevertheless, finding structural instead of temporary financial resources to run this project seems to be really problematic. Removing barriers between the Wmo and AWBZ has been difficult. Although the project managers were encouraged by the Ministry of Health to explore legal boundaries, these were reached very quickly. The Ministry of Health was reluctant to make exceptions for this project due to its promising results in the (near) future.</li> </ul>
<b>Policy Participation</b>	
Wmo council	For each 'performance field' (prestatieveld) within the scope of the Wmo, Leeuwarden seeks the most appropriate form of policy participation. In addition, each quarter has a quarter panel, which acts as an advisory body. Finally, a Wmo platform is also in place, advising the municipality in general on policy problems and ideas concerning the Wmo and related policy fields.

<b>Rotterdam</b>	
<b>Facts &amp; Figures</b>	
Name of the municipality	Rotterdam
Central themes in research	'tendering', participation, policy participation
Other Towns / villages	-
Region	Rotterdam is the second largest city in the Netherlands, situated in the southern part of the country.
Number of inhabitants	593.845
Health-related characteristics of inhabitants	-
Number of Wmo requests	-
<b>Funding the Wmo</b>	
Income from national fund	Approximately 67.5 million euros (2009)
Total Wmo budget	The total budget data could not be obtained. However, the total individual provisions for 2009 came to around 33 million.
Additional financial sources	-
Personal contribution	Is depends on family situation and income. The personal contribution can never be higher than the service costs.
Personal budget	Possible but not actively promoted. People who chose for pb do so mostly with regard to the light form of household assistance. Rotterdam claims that not many people choose pb for other services, because the municipality has a large variety of services that can incorporate many wishes.
<b>Organisational choices in the Wmo</b>	
Essence of Wmo policy	With regard to tendering the Wmo, the policy initially prescribed competition on price and quality, now competition only on quality with use of the Zeeuws model of tendering.

	Focus on improving the situation within the city, giving support to those who need it.
Public-private partnerships	In offices that help people find their way to care (Vraagwijzer).
Tendering process	Tendering within Rotterdam was very chaotic. The first round of tendering resulted in three parties, with the largest party in the city not being granted a contract. The provision of services could not be attained because the three contracted parties did not have enough capacity. A lot of disorder took place in the city, with clients as well as employees and organisations. In the end, this resulted in a new round of tendering, this time according to the Zeeuws model of tendering. Almost every actor indicates that the main reason for this model with competition on quality alone is to guarantee for calm and continuity within Rotterdam.
Political organisation	The tender is organised under the direction of SoZaWe Rotterdam. Responsibility lies with the alderman; Jantine Kriens.
<b>Implementation of the Wmo</b>	
Wmo counter	The 'Vraagwijzer' is situated in each borough. Some are operated by the municipality, others by welfare or care organisations.
Setting the indication	The indication is carried out through SoZaWe Rotterdam. For domestic aid, the client comes to the counter and within 24 hours, he or she will start receiving care from one of the allotted parties. After six weeks, the client can choose the provider of his or her preference.
Cooperation	
Pilots / experiments	Many small initiatives for civil society participation, e.g. websites that link volunteers with organisations or people in need of help: <a href="http://www.tantekwebbel.nl">www.tantekwebbel.nl</a> or <a href="http://www.inz.nl">www.inz.nl</a>
Experiences	
<b>Policy Participation</b>	
Wmo council	Rotterdam has no Who council. Within Rotterdam, participation is organised through Platform Agenda 22, a cooperation of diverse organisations within Rotterdam. Platform 22 is a flexible organisation, meaning that only the parties involved in the subject under discussion are able to participate in the policy process.
Other (new) instruments	

<b>Remaining issues (optional)</b>	
-	-
-	-





## **Appendix II: Respondents**

Interviews with over 50 persons contributed to the extensive empirical part of this report. The interviewed persons work with, within and for the different municipalities and for national (governmental) organizations that are related to different aspects of the implementation of the Wmo in the Netherlands. The functions of the persons we spoke to range from aldermen, policy advisors, civil servants, health care workers, volunteers and private firm employees. We would thank all the participants for their openness and contribution to this report.

For privacy reasons the names of the participants are not presented here. For more information about data collection and the interviews please contact the authors of the report.



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