



# Netherlands Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

Part of a series of Country Fact Sheets available on the EASPD website

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Providing social support and care for people with disabilities is based on three main laws, outlining responsibility and financing for either:

- public care insurers - responsible for contracting and financing residential care),
- commercial care insurers - responsible for organising and financing support for youth and adults with physical disabilities and somatic illnesses; and
- municipalities (responsible for social care and support for children and adults who are not eligible for residential care.

All care is to be contracted by either public or commercial care insurers or municipalities. Care providers can be large and working at national level, but can also be very small and working at local level only. Contracting is done at regional or local level.

Conditions and eligibility for long-term residential care are set nationally, based on regulation by the Ministry of Health Welfare and Sports. Residential care can be provided in residential institutions, in small group homes but also, upon request, in the form of a direct payment or in the form of a care package in one's own home. Commercial care insurers and municipalities have large discretionary freedom to decide on eligibility and on the kind of support they will offer.



## SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

There are four main subsectors for organizing and financing social care and support services for people with disabilities. Public Care offices are responsible for contracting and financing long-term care support for children with intellectual disabilities and for adults with all kinds of disabilities who are in need for constant supervision and support in order to prevent harm (this usually entails institutional care but long-term care may also be organised in one's own home by care providers or organised based on a direct payment.) Members of the three main umbrella organizations for care providers mentioned above may provide and can be contracted for long term (institutional) care for clients with all kinds of disabilities. Provision of Long Term Care is based on the Long Term Care Act<sup>1</sup>.

Municipalities are to organise, tender and finance social care and support for youth with all kinds of disabilities and for adults with disabilities who need care and support but who are considered not eligible for residential care. All kinds of care providers (usually non-profit private organizations) can be contracted. This type of support is based on the Youth Act<sup>2</sup> and on Social Support Act<sup>3</sup>. Aim of these two acts is to enable citizens with disabilities to participate in society.

Commercial care insurers are to organise, make contracts for and finance long-term care for youth and adults with physical disabilities and somatic illnesses based on compulsory basic health care insurance (regulated by the Health Insurance Act<sup>4</sup>). Commercial care insurers contract local or regional organizations (usually private non-profit organizations) for district nursing to assess eligibility and to provide long-term care for youth and adults with physical and somatic illnesses. This type of care may also be provided in the form of direct payments.

Medically orientated care (including provision of communication aids, transport devices such as wheelchairs, bandages etcetera) is also financed based on compulsory basic health care insurance. Commercial care insurers contract specialised suppliers to provide this type of care and support.

Provision of special education for children with physical disabilities, psychosocial disabilities, intellectual disabilities and learning disabilities, is financed by national Government and delegated to regional organisations of schools (in dutch Samenwerkingsverbanden) governed by all schools (mainstream and special) within a designated regional area<sup>5</sup>. These regional organisations of schools have large discretionary freedom in setting up eligibility criteria for special education and on deciding which form provision of special education takes. It can be in special schools or in the form of support within mainstream schools. Special education for children with sensorial disabilities is organised and financed on national level within two subsectors: one for children who are blind and one for children who are deaf, hard of hearing or who have severe speech impairments. In both subsectors several providers of special schools exist.

Provisions and certain type of support (e.g. sign language interpreter) for employees and students of higher education is financed and provided for by the UWV (Employee Insurance Agency), an autonomous administrative authority based on the Act on Reintegration of Labour-disabled 2005<sup>6</sup>.

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<sup>1</sup>Wet Langdurige Zorg 2014 (Act Long term Care) <https://wetten.overheid.nl/BWBR0035917/2018-08-01>

<sup>2</sup>Jeugdwet 2014 <https://wetten.overheid.nl/BWBR0034925/2018-08-01>

<sup>3</sup>Wet Maatschappelijke Ondersteuning <https://wetten.overheid.nl/BWBR0035362/2018-08-01>

<sup>4</sup>Zorgverzekeringswet 2005 <https://wetten.overheid.nl/BWBR0018450/2018-08-01>

<sup>5</sup>This system has been introduced in 2014, based on a series of legislation proposals known under the name of Appropriate education. A Government website with explanation of features of the system: <https://www.rijksoverheid.nl/onderwerpen/passend-onderwijs>

<sup>6</sup>Wet Werk en Inkomen naar arbeidsvermogen 2005 <https://wetten.overheid.nl/BWBR0019057/2018-01-01>

## Early Childhood Intervention

Two parties are responsible for providing early childhood interventions: municipalities and health care insurers. Municipalities are since 2015 responsible for providing early childhood intervention based on the Youth Care Act. Municipalities have large discretionary freedom to organise and finance early childhood interventions. Health care insurers finance (more medically oriented) interventions that are named as part of basic health care insurance provisions, based on the Health Insurance Act.

In all municipalities a service of basic health checks for newborn children is offered at local or regional consultation bureaus for new born children. These bureaus may refer to more specialised providers of support in case children have a disability. Specialised medical care is available via rehabilitation doctors for children with disabilities or through pediatricians or some specialised outpatient clinics (for instance for children with Down syndrome).

Up until 2015 a national organization existed to coordinate and provide specialised early childhood intervention for children with disabilities. In 2015 all youth care, including specialised youth care for children with disabilities, has been decentralised to municipalities. Three main models are used since 2015 by municipalities<sup>7</sup>. Early childhood interventions can be offered through youth teams working at neighborhood level with general knowledge; through regional youth teams allowing for more specialised knowledge within the teams; or through assessment teams who might refer to specialised care providers at regional level. Care providers can be small or large and are usually non-profit private organisations working with and within hospitals, rehabilitation centers, special schools, organizations to provide care at home, or are independent professionals such as doctors, psychologists, physiotherapists, etcetera.

## Education Support

Children with disabilities are eligible for placement in special preschools, in special schools or daycare centers. If children are placed in daycare centers (or residential institutions) they will not receive education. (Parents of) children with disabilities may opt for placement in mainstream schools. Mainstream schools may refuse admittance if they consider the support a child requires to be too much of a burden for the school (financially or otherwise).

National Government finances education support and transfers regional budgets for this purpose to regional networks of schools<sup>8</sup>. In these regional networks (governed by all schools within the designated region) both mainstream and special schools are obliged to work together. Among them they decide how the budget for educational support is to be allocated to schools or individual pupils with disabilities. The large majority of children with sensorial, physical and intellectual disabilities are educated within special schools<sup>9</sup>. Of all children primary school age, around 4.1% goes to a special school and 0,3% of all children in primary school age receive special educational support within mainstream school<sup>10</sup>.

If a child needs medically oriented care or personal care and supervision during schoolhours, municipalities (sometimes care insurers) are to finance and provide this support within mainstream schools (and sometimes also additional support within special schools). Municipalities have large discretionary freedom to decide if and what kind of support they offer per child in schools. Providers would be non-profit private organizations specialized in offering personal care or personal assistance for youth.

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<sup>7</sup>Information based on information by a spokesperson J. Runia of the former platform Early Intervention now active at the Dutch Center for Youth <https://www.ncj.nl/> and general information by the Platform Early Intervention: <https://integralevroeghulp.pleio.nl/> or <http://www.integralevroeghulp.nl/professionals/integrale-vroeghulp/de-bouwstenen-in-beeld/>

<sup>8</sup>In Dutch Samenwerkingsverbanden

<sup>9</sup>See for more data: platform in1school by Defence for children: <https://www.in1school.nl/kennis/om-wie-gaat-het> or the Central Bureau for Statistics CBS: bron: CBS Statline: Speciaal) basisonderwijs en speciale scholen; leerlingen, schoolregio <http://statline.cbs.nl/Statweb/selektion/?VW=T&DM=SLNL&PA=71478ned&D1=0&D2=a&D3=a&D4=a&D5=0&D6=a&HDR=T,G2,G5,G3,G1&STB=G4>

<sup>10</sup>Report by the Netherlands Court of Audit (Algemene Rekenkamer). Resultaten verantwoordingsonderzoek 2016 bij het Ministerie van Onderwijs, Cultuur en Wetenschap <https://www.rekenkamer.nl/onderwerpen/passend-onderwijs/documenten/rapporten/2017/05/17/resultaten-verantwoordingsonderzoek-2016-bij-het-ministerie-van-onderwijs-cultuur-en-wetenschap>

## Employment Support

The Netherlands have an extensive system of sheltered workplaces. These workplaces are organized and financed by municipalities. National legislation closed down all new influx in sheltered workplaces. Those that worked in sheltered workplaces may continue to do so. For all new applicants though, municipalities are to provide sheltered workplaces within companies in the open labour market.

A wide range of support (wage subsidies, job coaching, training, adaptations in the workplace) is available for the employment of people with disabilities. Support is either provided by municipalities or by UWV (Employee Insurance Agency), an autonomous administrative authority. Both municipalities and UWV would contract private providers to arrange for and to organize the support in workplaces. The contracted providers can be both commercial and non-profit providers. The UWV stimulates jobseekers and employers to come up with and apply for specific support measures (such as job coaching) and publishes a list of eligible providers which would then be paid by the UWV<sup>11</sup>.

The UWV is to provide support if employees or jobseekers are entitled to a disability benefit<sup>12</sup>. The UWV also provides support (adaptations, special transport, communications support (e.g. sign language interpretations) to students in higher vocational colleges and universities. Municipalities are to provide support (wage subsidies, provisions, adaptations) for all other people with disabilities seeking paid work.

The range of available support is extensive but budgets are limited, both for municipalities and UWV. Municipalities have large discretionary freedom to decide on what kind of support will be offered to whom. The UWV has a range of described provisions and conditions of employment support and some discretionary freedom but will limit these provisions to employees and jobseekers entitled to disability benefits and students in tertiary higher education.

## Day Care

Day care centers exist for children and for adults. Day care centres for children are either financed by municipalities (who are to provide support based on the Youth Care Act to children with disabilities) or financed by care insurers based on the Long-Term Care Act. Decisions on eligibility for financing a placement in a daycare center is done for each child or adult individually. Daycare centers are contracted both by municipalities and care insurers. Information on waiting lists for all long-term care, including for day care, is provided via the ministry of Health on a website<sup>13</sup>. The accepted waiting time is 6 weeks for long term care, including day care. The waiting time for a decision on eligibility may take 8 weeks, sometimes 14 weeks.

Both children in preschool age as in school age can be admitted. For children who are in compulsory school age, parents are to ask formally exemption from the legal duty to go to school. Such exemption will be granted if the child requires a level of support that is considered to much of a burden by a special school. In 2017 this exemption has been granted to 5722 children with disabilities<sup>14</sup>.

Any adult with a disability can be offered day care activities in daycare centers, if the adult is considered fully incapacitated to have paid work or is above retirement age. Centres usually specialise in offering day care activities for elderly people and for people with intellectual disabilities. Centres for people above retirement age offer usually leisure activities (and personal care and supervision). Daycare centres for people with intellectual disabilities may offer activities that resemble paid work, either in workshop settings or in cooperation with mainstream companies (such as offering a placement as a waiter in a restaurant).

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<sup>11</sup>The list of UWV of contracted organizations who may provide job coaching: <https://www.uwv.nl/particulieren/formulieren/bekijken-lijst-erkende-jobcoachleveranciers.aspx>

<sup>12</sup>Either the Wajong benefit for people who are disabled before their 18th birthday) or the WIA benefit for employees who become disabled.

<sup>13</sup>Websites on waiting lists on national scale and per care provider providing long term care: <https://www.istandaarden.nl/wachtlijsten>

<sup>14</sup>Letter to Parliament by the minister for Education: Kamerbrief over cijfers schoolverzuim en vrijstellingen funderend onderwijs, February 2018. <https://www.rijksoverheid.nl/documenten/kamerstukken/2018/02/19/kamerbrief-over-cijfers-schoolverzuim-en-vrijstellingen-funderend-onderwijs>

## Living Support

Municipalities are to provide social support for all people with disabilities who are not eligible for residential care. Services offered may range from keeping a house clean to personal care and support in organising one's life. The base for the services is the Social Support Act. The aim of this kind of social support is to enable people to participate in society.

In 2015 eligibility criteria for residential care were tightened. People with mild intellectual disabilities are no longer entitled to residential care and should apply for social support by municipalities. Since this shift, municipalities may offer more daycare activities and provide forms of group living or personal support in private homes. Municipalities will contract care providers (private and for the most part non-profit providers).

People eligible for residential care will receive living support in residential care facilities. They may opt for direct payment and may choose to organise and finance their own care and support (mostly in the form of personal assistance) as they see fit. Direct payment is usually used by people who want to keep on living in their own home. There are no waiting lists for direct payments.

## Long-Term Institutional Care and Respite Care

Institutional care is provided based on the Long-Term Care Act. Institutional care is offered by private care providers. Care insurers contract care providers (private non-profit providers) yearly in bulk on the regional level. The macro budget, tariffs per placement and conditions are set nationally.

Budgets are based on over 35 support profiles that are different for different kind of disabilities (that is: people with physical and somatic illnesses (mostly elderly people), people with mental health problems, people with sensory disabilities, people with intellectual disabilities and people with combinations of disabilities and behavioral disorders).

Waiting time for institutional care and respite care are limited. The accepted waiting time for institutional care is up to 13 weeks. Information on waiting lists for all long-term care on a national scale and per provider, are provided via the ministry of Health on a website<sup>15</sup>. The number of people waiting longer than 13 weeks was in October 2018: 71 waiting for a place in an institution for elderly people, 64 waiting for a place in an institution for people with intellectual disability and 4 waiting for a place in an institution for mental health<sup>16</sup>.

Respite care can be offered to families with children with disabilities or to people who live in their own home and receive support based on the Social Support Act (provided for by municipalities). Respite care is sometimes financed and organised by municipalities, but most respite care is being organised and financed by parents of children with disabilities or elderly adults with disabilities) who receive a direct payment to provide care in their own home<sup>17</sup>. Direct payment recipients can buy respite services wherever they want. This can be at institutional care providers or at smaller initiatives.

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<sup>15</sup> Websites on waiting lists on national scale and per care provider providing long term care: <https://www.istandaarden.nl/wachtlijsten>

<sup>16</sup> <https://www.istandaarden.nl/ibieb/peildatum-01-10-2018-tabellen-toegankelijkheid-wlz>

<sup>17</sup> Organisation of family carers Mezzo on respitcare: <https://www.mezzo.nl/pagina/voor-professionals/kennisbank/mantelzorg-thema-s/vervangende-zorg-of-respijtzorg>

## Leisure and Social-Life Support

Municipalities are to provide social support for all people with disabilities who are not eligible for residential care. Municipalities are to provide (local) transport and support in leisure activities. Services offered can include provision of wheelchairs, special transport, adapted bikes, organising social clubs and participation in daycare centers. People eligible for social support based on the Social Support Act may opt for direct payment, either for adapted equipment or for personal care.

Only support in local leisure activities and local transport is provided. Support is not provided for activities outside the boundaries of municipalities.

People living in institutions for Long-Term Care are also to be provided with some support in leisure activities and social life. Such support is considered to be part of the entitlements of long-term care as stipulated in law. People living in institutions are considered to live in groups and to share their support workers. This forced living in group arrangements severely restricts availability of support during individual leisure activities. There is no entitlement to individual support for leisure activities within institutional care.

## FUTURE TRENDS

In 2015 social support and care for people with disabilities was for a large part decentralised to municipalities. This was a major reform (also financially) and it was accompanied by substantial budget cuts. Municipalities struggle to organise social support and care and struggle with the budget cuts.

The shift to municipalities was supposed to lead to more innovative, cost-efficient and person-centered approaches. Evaluation reports show that austerity aims are met but major innovations are not visible<sup>18</sup>. A problem is that despite the shift to more responsibility to municipalities, still three parties are responsible for providing support and care for people with disabilities and these three may push applicants to each other in order to avoid the financial cost. Municipalities struggle especially with the cost of support for youth. A large minority (88 of the total 350 municipalities) have a deficit on youth care and have applied for extra funding out of a national fund).

The number of places in institutional long-term care facilities have decreased from around 80,000 to 76,500 with an increase of an almost equal amount of people opting for direct payment (increase from around 16,000 to 20,000)<sup>19</sup>.

Eligibility criteria for disability benefit have tightened considerably since 2015. As a result a growing group of young people with disabilities receive no disability benefit but are also not entitled to an unemployment benefit. In these cases they do not show up in administration of municipalities and they do not apply for support because they do not know how to do that. As a result they are not receiving social nor income support. This group is called: 'invisible youth'. The Inspection Social Domain (government agency that inspects municipalities in their efforts to support people with disabilities) estimates the number of young people with a disability not registering to be at around 10,000<sup>20</sup>.

<sup>18</sup>Veranderde zorg en ondersteuning voor mensen met een beperking. Landelijke evaluatie van de Hervorming Langdurige Zorg, (changing care and support for people with a disability, national evaluation of the reform longterm care June 2018. [https://www.scp.nl/Publicaties/Alle\\_publicaties/Publicaties\\_2018/Veranderde\\_zorg\\_en\\_ondersteuning\\_voor\\_mensen\\_met\\_een\\_beperking](https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2018/Veranderde_zorg_en_ondersteuning_voor_mensen_met_een_beperking)

<sup>19</sup>For the latest available data, see Central Bureau for Statistics CBS: <http://mlzstatline.cbs.nl/Statweb/publication/?DM=SLNL&PA=40055NED&D1=a&D2=0&D3=0&D4=1,3-4&D5=13&D6=0&D7=a&HDR=G5,G1,G2,G3,T,G6&STB=G4&VW=T>

<sup>20</sup>Inspectie SZW: Werk en inkomen als partner in integrale dienstverlening: een moeizame relatie. January 2018. <https://www.inspectieszw.nl/publicaties/rapporten/2018/01/24/werk-en-inkomen-als-partner-in-integrale-dienstverlening-een-moeizame-relatie>

## CONDUCTED INTERVIEWS

J. Runia of the former platform Early Intervention now active at the Dutch Center for Youth <https://www.ncj.nl/>

## DATA SOURCES

- Ministry of Education (2018): Passend Onderwijs. Available at: <https://www.rijksoverheid.nl/onderwerpen/passend-onderwijs>
- Minister of Education (2018): Letter to Parliament Kamerbrief over cijfers schoolverzuim en vrijstellingen funderend onderwijs. Available at: <https://www.rijksoverheid.nl/documenten/kamerstukken/2018/02/19/kamerbrief-over-cijfers-schoolverzuim-en-vrijstellingen-funderend-onderwijs>
- In1school by Defence for children (2018): Available at: <https://www.in1school.nl/kennis/om-wie-gaat-het>
- Central Bureau for Statistics CBS Statline (2018): Speciaal basisonderwijs en speciale scholen; leerlingen, schoolregio. Available at: <http://statline.cbs.nl/Statweb/selection/?VW=T&DM=SLNL&PA=71478ned&D1=0&D2=a&D3=a&D4=a&D5=0&D6=a&HDR=T,G2,G5,G3,G1&STB=G4>
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- Kromhout.M., De Klerk. M. Kornalijnslijper. N. (2018) "Veranderde zorg en ondersteuning voor mensen met een beperking. Landelijke evaluatie van de Hervorming Langdurige Zorg. Evaluation report by the Netherlands institute for social research: Changing care and support for people with a disability, national evaluation of the reform longterm care. Available at: [https://www.scp.nl/Publicaties/Alle\\_publicaties/Publicaties\\_2018/Veranderde\\_zorg\\_en\\_ondersteuning\\_voor\\_mensen\\_met\\_een\\_beperking](https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2018/Veranderde_zorg_en_ondersteuning_voor_mensen_met_een_beperking)
- Central Bureau for Statistics CBS (2018): placements in institutional care institutions and on direct payments. Available at: <http://mlzstatline.cbs.nl/Statweb/publication/?DM=SLNL&PA=40055NED&D1=a&D2=0&D3=0&D4=1,3-4&D5=13&D6=0&D7=a&HDR=G5,G1,G2,G3,T,G6&STB=G4&VW=T>
- Inspectorate Social Security on services by municipalities in the social area: Inspectie SZW (2018): Werk en inkomen als partner in integrale dienstverlening: een moeizame relatie. Available at: <https://www.inspectieszw.nl/publicaties/rapporten/2018/01/24/werk-en-inkomen-als-partner-in-integrale-dienstverlening-een-moeizame-relatie>

### Text of relevant legislation:

- Act on Reintegration of Labour-disabled (2005): Wet Werk en Inkomen naar arbeidsvermogen. Available at: <https://wetten.overheid.nl/BWBR0019057/2018-01-01>
- Long Term Care Act (2014): Wet Langdurige Zorg (Act Long term Care). Available at: <https://wetten.overheid.nl/BWBR0035917/2018-08-01>
- Youth Act. Jeugdwet (2014): Available at: <https://wetten.overheid.nl/BWBR0034925/2018-08-01>
- Social Support Act (2014): Wet Maatschappelijke Ondersteuning. Available at: <https://wetten.overheid.nl/BWBR0035362/2018-08-01>
- Health Insurance Act (2005). Zorgverzekeringswet. Available at: <https://wetten.overheid.nl/BWBR0018450/2018-08-01>



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