



## Report on the social inclusion and social protection of disabled people in European countries

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### Background:

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the *Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people*.

The purpose of the report ([Terms of Reference](#)) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.



## **PART ONE: SOCIAL INCLUSION PLANS (GENERAL)**

### **1.1 Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?**

The recent Report on Persons with Disabilities 2007 (Rapportage Gehandicapten 2007) of the Netherlands Institute for Social Research (SCP) summarizes 12 years of evolving national policy intended to foster participation of disabled persons in all sectors of society, preferably in mainstream services, starting in the mid-nineties (De Perken te buiten TK 1994/1995). In 2003 the government published an Action Plan for Equal Treatment in Practice (Actieplan gelijke behandeling in de praktijk, TK 2003/2004) which criticized the creation of special facilities in the past as an ineffective way to foster inclusion. Instead, an inclusive policy was announced, in which 'in all phases of policy-making, account should be taken of possible differences between people with disabilities and non-disabled persons.' The intent was to address inclusion in all fields of policy-making. In 2004 the Taskforce Handicap and Society was instituted and given the mandate 'to effect a change in societal mentality so that disabled persons can receive equal treatment and to stimulate active involvement on the part of the social partners with respect to promoting an accessible society for disabled persons.' Many separate facilities continue to function alongside regular facilities, including an extensive system of special educational schools, intra-mural residential institutions, and a system of sheltered employment and day-care facilities for disabled adults.

The national policy plans do not include monitoring systems, training or instructions to policy-makers on how to make inclusive policy, or benchmarks on how to mark progress in ensuring that the needs of persons with disabilities are included in policy. Disabled people have disappeared from policy-making, as reflected in the National Strategy on Social Protection and Inclusion in the Netherlands 2006-2008, which makes almost no mention of disability as a point of concern. With regard to the Common European Objectives d,e and f, the Dutch government chooses to emphasize objects d and e. This means that the mainstreaming of policy to include disabled persons (mainstreaming is mentioned in CEO f) is not addressed. Only with respect to health is some attention paid to disability and long term illness as an 'obstacle to finding work' (p. 12 and Chapter 4), and then primarily in the form of a 'marketing plan' which was drawn up in 2006 'to publicize inclusive policy'.

### **1.2 In reality, what major actions has your country taken and what are the positive or negative effects on disabled people? (policy or practical examples)**

The Netherlands has enacted an Equal Treatment Act for persons with disabilities and chronic illness (WGBH-CZ) which has been in force since 2003. Parliamentary motions have been made to expand the scope of coverage of the WGBH-CZ from employment and vocational training to the areas of housing, primary and secondary education and the provision of goods and services. The government has not yet taken action to expand the law's coverage. The Equal Treatment Commission has received a steadily increasing number of complaints on the ground of disability, reflecting a growing awareness of the possibility of fighting employment discrimination. In 2006 a new Law on Social Support (Wet Maatschappelijke Ondersteuning, WMO) took effect, replacing a number of earlier laws on special assistance for disabled persons and on transportation. The stated primary aim of the WMO is to increase participation, but participation is not defined. The SCP Report 2007 notes that participation is difficult to define and operationalize. The focus of the chapter of the SCP Report devoted to participation is on leisure activity only, although other chapters also deal with transportation. The government has also paid increasing attention to the employment prospects of young disabled persons. While this concern seems to be fuelled by the growing number of applicants and costs of providing unemployment benefits to young disabled applicants, the government is committing resources to improving their employment prospects, although a hiring quota for employers remains out of the question.



See recent Report of a General Discussion on Participation of Youth with a Disability (TK 2007-2008, 31 224, nr. 29). To date, Dutch society remains largely segregated when it comes to disability. Schools can refuse to accept children with disabilities in regular classes if they feel that accommodation is not possible (their decision is only 'marginally' reviewed in court) so that enrolments and waiting lists for special education schools are growing, employers are not required to hire a minimum of disabled persons, and institutional housing continues to be promoted.

The Equal Treatment Act, WGBH-CZ, enables individuals to fight employment discrimination. A criminal statute has also been adopted to criminalize discriminatory behaviour toward persons with disabilities, including verbal insults. The current cabinet has announced a general inclusion program, 'Iedereen doet mee' (Everyone is Included), and committed financing of 165 million euros in 2008 rising to 205 million euros annually starting in 2011. In addition, the Cabinet intends to give tax-reductions amounting to 3.9 billion euros in the period 2008-2012. Employment participation is the spear point of this investment in social cohesion.

Advocacy groups are included as a matter of course in all discussions concerning the adoption of new legislation. It is not clear how disabled people are specifically involved in co-ordinating integration policies such as *Iederen doet mee*, if they are involved at all.

### **1.3 What is the most recent research about disabled people's equality and social inclusion in your country?**

Particularly significant is the Report of the Netherlands Institute for Social Research (SCP), 'Meedoen met beperkingen, Rapportage gehandicapten 2007', which examines the participation of persons with physical limitations across Dutch society, in the areas of education, employment, social inclusion, housing, and health care and other support. This report does not include the situation of persons with intellectual and psychiatric disabilities, but includes a list and a specific section with references to smaller scale studies of persons from these groups (SCP Report on Disability, Section 1.4, p. 24.). A project of the Open Society Institute, the European Union Monitoring and Advocacy Project (EUMAP) published a report in 2006 on Access to Education and Employment for Intellectually Disabled People which included the Netherlands among the 14 countries surveyed. A doctoral dissertation on the organisation of care facilities to promote social inclusion, *Gehandicaptenzorg, inclusie en organiseren*, by Hans Krober, was published in the summer of 2008. Recently Statistics Netherlands (CBS) published the Poverty Monitor 2007, in which it analysed the situation of people living in poverty in the Netherlands, including a section on social exclusion.

The key findings of the first three publications are that persons with disabilities participate in mainstream society to a much lesser extent than persons without disabilities. The SCP Report of 2007 focused on the question if the differences in social inclusion between disabled and non-disabled persons decreased between 1995 and 2002, having first concluded that persons with disabilities less often participate in cultural and recreational activities than non-disabled persons. It turns out that disabled people are more often single, in part due to never having married and in part due to greater frequency of divorce. Participation in organized cultural and creative activities is greater the smaller the degree of disability. Significant is the observation that participation figures did not change between 1995 and 2002. Half of the disabled persons consulted claim to be hindered in their social contacts. Especially younger people feel lonely and shut out of possible friendship circles. Participation in recreational activities requires a great deal of organization, including arranging transportation, which is often experienced as cumbersome. Disabled persons are particularly dependent on collectively organized transportation, such as regional taxis. Many more people are using such services, but problems with limited flexibility are often cited. For people with severe disabilities, transportation is the second most difficult obstacle to social inclusion, following their weak financial position. The Poverty Monitor 2007 identified poor health as one of the three factors leading to poverty and social exclusion, and households which depend on unemployment benefits as among the poorest of households, the report does not further specify or analyse the role of disability in poverty and social exclusion.



Little evidence about inequalities between different groups of disabled people, such as disabled women, young people, older people, people with different kinds of impairments, migrants or ethnic minorities, has been gathered to date, unfortunately.

The situation of disabled people should be included in ongoing research on poverty and social exclusion. This access of possible exclusion and discrimination is not included in mainstream studies, and is done only sporadically, or in terms of benefits and beds in target studies.



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

The SCP Report on Disability 2007 is a primary resource on poverty, income and benefits for persons with physical disabilities in the Netherlands. The government does not publish information on the specific benefits received by disabled people, either aggregated or disaggregated by age, type of disability or other heading. The National Panel on Chronically Ill and Disabled Persons, conducted by the Netherlands Institute for Health Services Research has also compiled data on many aspects of the lives of 3,500 physically disabled persons in the Netherlands since 2005, including employment and income levels.

Key findings are that disability benefits are the main source of income for approximately 40% of people with moderate or severe (physical) disabilities, while income from employment is the main source for only 25% (SCP Report 2007). The level of benefits provision is minimally 70% of the minimum wage. With respect to persons with intellectual disabilities, the EUMAP report on Access of Persons with Intellectual Disabilities to Education and Employment report that the vast majority of members of this group live at or under the poverty line.

It is not clear that lessons for good policy and practice can be drawn from the Dutch experience, other than the fact that disabled people enjoy a higher income than long-term unemployed people who are not disabled. Their benefits level is simply higher (70% of the minimum salary as opposed to 50% for those who qualify for welfare benefits only).

### 2.2 Type and level of benefits (key points and examples)

- The main benefits for disabled people in the Netherlands are WIA (Wet Werk en Inkomen naar arbeidsvermogen, which is comprise of two parts, the IVA for persons with total disability and WGA for persons with partial or temporary disability), en Wajong (Wet Arbeidsongeschiktheid Jonggehandicapten) for persons with young onset disability.. Employees are eligible for WIA. Both types of benefit are insurance benefits (as opposed to the general welfare benefit which is provided solely from public funds and distributed by municipal governments). The WIA disability unemployment benefit is 75 % of the last-earned wage with a maximum of 26.645 euro per year (before tax) for a maximum term of three years. After this initial period the benefit will be lowered depending on age. The minimum will be around 1273,37 euro net per month for couples, 891,36 euro per month for single parents and 636,69 euro net a month for people living alone. For purposes of eligibility for WIA, the cause of the disability, whether due injury at work or an illness, is not important. Most employees have extra private insurance. Owners of companies have no right to this WIA-benefit. They will have to take private insurance.
- Students and all children who are disabled or chronically ill before the age of seventeen are eligible for Wajong benefits. This benefit is 75% of the minimum wage. The minimum net income will be the amounts indicated above. In total 820.000 people receive full or partial disability benefits. Of these 820.000 benefits recipients, 178.000 receive Wajong benefits.
- People living in institutions under the age of 65, usually receive Wajong-benefits. Their benefits will be used to pay for their care, including a small amount of pocket money. More information can be found at [www.uvv.nl](http://www.uvv.nl) or [www.minszw.nl](http://www.minszw.nl)

### 2.3 Policy and practice (summary)

The financial income of disabled people has been an important question in the Netherlands. The level of disability benefits has recently been raised from a maximum of 70 percent of last earned income to 75 %. This raise was given under the condition that the number of newly given benefits would decrease. If people with disability benefits find work, their benefit will be reduced by the amount they earn.



The government is considering stimulating young people with Wajong-benefits to accept paid work by allowing them to keep part of their earnings up to the level of 120% of the minimum wage.

People with disabilities mostly have a net income at or just above the poverty level. They are entitled to financial help to pay rent or healthcare insurance or a tax reduction. These financial provisions are related to their net income. The result is that if people with such benefits find a paid job, their income will stay at this minimum level because their financial aid will be reduced. The national Poverty Monitor 2007 commissioned by the Ministry of Public Health, Welfare and Sport and conducted by Statistics Netherlands (CBS) does not analyse the relationship between disability and poverty, other than to note that 'poor health' (not further specified) is a major factor in causing poverty, and that households that are dependent on disability benefits (not further specified) often live at or below the poverty line. In light of the increasing age of the population, the pension age has been raised in recent years to 65 and debate continues about whether to raise this further.



## SECTION THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

SCP Report on Disability 2007 is an important source of information on the long term care received and independent living situation of persons with physical disabilities in the Netherlands. Figures for a variety of care provisions are categorized by degree of disability, gender and age group (but not ethnicity or national origin). The vast majority of persons with physical disabilities lives independently (1.7 million live independently and 6,700 in semi-mural and intramural institutions for physically disabled persons and 160,000 in retirement and nursing homes).

Government policy aims to ensure that people with disabilities are able to remain in independent living situations for as long as possible. The government aims to provide support services tailored to individual needs, and recognizes that some 395,000 ground floor dwellings will be needed before 2015 to meet the need for homes without stairs.

In 2006 the SCP also published research into the experiences of persons with an intellectual disability, in "Een eigen huis ... Ervaringen van mensen met verstandelijke beperkingen of psychiatrische problemen met zelfstandig wonen en deelname aan de samenleving", edited by R. Kwekkeboom, 2006 (*A Home of One's Own .. Experiences of people with intellectual or psychiatric disabilities with independent living and social participation*). This study is based on qualitative research involving 40 persons with intellectual disabilities who moved from institutional to independent living settings. Key conclusions are that independent living contributes significantly to quality of life, that a personal support person is often the most important person in the life of a person with an intellectual or psychiatric disability, that people with these limitations are not lonelier living independently than in a group setting, but that merely living in an ordinary neighbourhood is not sufficient to improve social inclusion. It was also noted that the employment prospects for most participants in the study were poor, most did not work at all and the few who did worked in sheltered employment. This meant that little money was available for social excursions, vacations or membership in a club. Half of the participants in the study expressed loneliness, with few friends or contacts.

### 3.2 Types of care and support (key points and examples)

In the study 'Ondersteuning gewenst' (Support is Desired), the SCP estimates that 1.2 million people with a moderate to severe physical disability live independently. Of this group, one third is younger than 54 and a third is older than 75. The survey found that the younger group has a lower income than the older group (with pension income) and less formal support available to it as well. 70% of the younger group would like to participate more in social activities. They say they lack adapted transportation or provisions to pay for adaptations to transport. Of the whole group, 25% claims their house is not sufficiently adapted to their needs. Especially disabled people with a low income and low education lack sufficient support (due to inability to pay for it) or lack knowledge about support provisions. Support for social participation and integration is available via the recently adopted Wet Maatschappelijke Ondersteuning (WMO – Law on Social Support), which is administered locally by municipalities. In order to qualify for mobility devices such as scooters and rollators, or for adaptations to the home, one must be medically evaluated and qualify for support based on limitation. Personal assistance is also possible, as is the Person-Specific Budget (called PGB, or Persoonsgebonden budget) which are financed via the AWBZ, Algemene wet bijzonder ziektekosten (Extraordinary Expenses Law). The latter gives persons with a medical indication the freedom to organize and purchase their support as they see fit. Research (ITS) demonstrates that the personal budget system has led to new forms of care, for instance a rapid growth of small group homes for persons with intellectual disabilities or more support for children with disabilities at home and at school. The PGB has helped people provide for their own support in whatever environment they choose, improving their social participation and inclusion.



Research ([www.persaldo.nl](http://www.persaldo.nl) and [www.its-nijmegen.nl](http://www.its-nijmegen.nl)) also indicates that budget holders also use less money for care as compared to residential care, and also enjoy a better quality of care. On a macro level, however, the budget system leads to higher expenses because it is popular with people who would refuse residential care or who are denied care by residential institutions. Elderly people with disabilities can opt to live at home with personal support or in a nursing home. 6.5% of the elderly in the Netherlands live in a nursing home. Some 40,000 persons of the 115,000 persons estimated to have an intellectual disability live in residential institutions according to SCP and RIVM.

A major recent change in policy is reflected in WMO, which is aimed at providing more coordinated support to people with disabilities and thereby increasing their participation in society. With this new law, local governments were given 1.3 billion euro of the total national budget of 2.1 billion euros. Local government can freely decide how to improve participation and how and how much it will spend on this. A first evaluation of this law will take place by the end of this year.





## PART FOUR: SUMMARY INFORMATION

### 4.1 Conclusions and recommendations (summary)

Policies of the past have not been very effective in ensuring social inclusion of persons with disabilities in the Netherlands. Inclusion is not the aim of most legislation. The Person-specific budget is a successful initiative in giving individuals freedom to choose how to organize their care, although professional organizations, including institutions, have targeted this as a new and profitable market. It is still too early to tell if the new law on Social Support will reap results in terms of greater participation. An evaluation of the effects of the law later this year should indicate whether this is the case. Income and benefits policies are effective in ensuring a minimum income just above the poverty level. Efforts to expand the Equal Treatment Act (WGBH/CZ) beyond employment to other areas could improve participation, particularly in the area of accessible public transportation, primary and secondary education and the provision of goods and services. In education, for example, the official policy aim is 'appropriate education', but not inclusive education. Please provide one (or more) recommendations for positive change in the social inclusion / social protection of disabled people in your country.

- Inclusion should be the aim of all social policy.
- Ratification of the UN Convention on the Rights of Disabled Persons should be given priority. A thorough evaluation of how existing laws and facilities meet the requirements of the Convention is needed to focus societal attention on areas in which segregation is the norm.

The kind of research that is needed is practical, on how to achieve inclusion in the specific social sectors from which people with disabilities are now largely excluded.

### 4.2 Example of best practice (brief details)

- Stichting Perspectief is a non-profit, non-governmental organisation that monitors quality of life in a wide variety of environments in which people with primarily intellectual disabilities live and work, from institutional to independent living arrangements, to schools and sheltered workplaces. They visit upon invitation of the institution to be evaluated, conducting in-person interviews over the course of three days with a wide variety of persons involved in the life of the person with the disability, including the disabled person, family members, staff and directors of the organization, in order to determine what the quality of life and services are for the person with a disability. The perspective taken is always that of the person with a disability and recommendations are made to improve his or her quality of life. In addition the organization provides training to a wide variety of social institutions on how to make inclusion work, from municipal governments to transportation services.
- Talant, a care provider in Friesland, in the North of the Netherlands, started an employment project for intellectually disabled people in a small supermarket that was about to go out of business. Talant purchased the failing supermarket and restaffed it with people it trained to run the grocery store. The aim was two-fold, to provide meaningful employment but also to facilitate contacts in the community so as to enhance social inclusion. The store is being run successfully and meets the needs of the community for a local grocery store as well. It would seem that with proper guidance and vision this kind of project could be reproduced on a larger scale.



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