



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

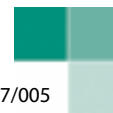
**Country:** The Netherlands  
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### **Background:**

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.

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.



## Summary on social inclusion The Netherlands

The Dutch government does not have a specific policy plan on people with disabilities. There is no monitoring system, training or instruction to policymakers on how to develop inclusive policy or to mark progress in ensuring that needs of persons with disabilities are met. A former department on disability policy of the ministry of Health, Welfare and Sports has closed down. There is no data available, or plans to make them available, on people with mental disabilities or learning difficulties.

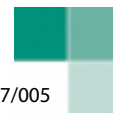
A recent survey, based on interviews of a panel of people with physical disabilities only, shows that participation in public transport has diminished. Only a quarter of people with physical disabilities used public transport in 2007 (whereas in 2005 a third used public transport). Of people with disabilities using public or special transport only a third were satisfied with the service provided. (Nivel, Core Data on Place in Society, September 2009). The same survey shows that the employment rate of people with disabilities slightly improved (to 37%) compared with 2005. Up to a third of people with disabilities received adaptations for their work. The survey shows also that one out of five people with disabilities worked as a volunteer in society whereas 44% of people in general do so. In 2007 the average income of people with disabilities was 1276 euro per month. This represented a net increase of 1% compared to 2006. In 2009 the average income in general in the Netherlands is 1950 euro per month. This year people with disabilities are automatically receiving extra financial support by government of around 350 euro a year to help with additional costs. This extra support replaces other fiscal support, which was not widely used by people with disabilities. The Nivel study shows that two thirds of people with a disability are satisfied and happy in life whereas 90% of people without disabilities feel satisfied and happy.

The government does not specifically promote inclusion in education. Parents and pupils can choose between mainstream or special schools. A plan to ensure that each student with disabilities gets support to find the right school and to ensure support for teachers has been withdrawn.

Independent living has been covered by the Social Support Act since 2006. This Act asks municipal governments to ensure that citizens have proper support to be able to live independently “as far as possible” and to compensate for hindrances, such that people with disabilities can lead a life similar to non disabled people. A recent evaluation (SCP, June 2009) of the Social Support Act, (based on a panel of people with physical disabilities) shows that the majority is satisfied with the support they get. Half of them say they would not be able to live independently without the support they receive.

Family members supporting people with intensive need of support are less satisfied. These voluntary carers said that they needed more support to be able to continue their care. National government has agreed with municipal governments that they will provide more support for these voluntary carers of people with disabilities.

For people needing long term care there is since 1967 the General Exceptional Medical Expenses Act (AWBZ). In 2009 the right to support with leisure activities in this Act was withdrawn. The government announced in its national budget for 2010 to diminish the costs of the Personal Care Budget (based on the AWBZ) by reducing the growth of the number of people using such a budget.



## **Summary of changes since 2008**

### **Housing and homelessness:**

There are no plans to diminish institutional housing for people with disabilities.

Government policy aims to ensure that people with disabilities are able to remain in independent living situations for as long as possible. They have priority, along with other groups, in allocation of community housing.

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.

### **New strategies and actions for the inclusion of disabled people:**

In 2009 the Equal Treatment Act for persons with disabilities and chronic illness (WGBH-CZ) was expanded to the area of housing and primary and secondary education (previously the act was restricted to labour market and vocational training). In 2010 the Equal Treatment Act will be expanded to public transport. People with disabilities thus gain opportunities to challenge discrimination. The Dutch government has not yet ratified the UN Convention on the Rights of Persons with Disabilities but aims to do so before 2011. There are plans to initiate and finance a Human Rights Institute where the rights of people with disabilities (among other groups) will be monitored.

### **New changes in incomes, benefits and pensions:**

As from 2009 people with disabilities receive automatically extra financial support by government of around 350 euro a year to help with additional costs. This extra support replaces other fiscal support, which was not widely used by people with disabilities.

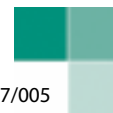
In 2010, young people with disabilities will get an individual participation plan, stating available assistance to find a job or vocational training. There is no automatic right to a benefit but any wage will be supplemented to a level higher than the minimum benefit would be. The more wage the jobseekers succeeds in getting, the higher the total income will be. When reaching the age of 27 a new judgment will be made to see if they would need permanent additional disability benefit. This new regime will apply to all people with disabilities reaching the age of 18 and applying for disability benefit. Each year 15.000 people apply for this benefit in the Netherlands. Two thirds of them is estimated to get an individual participation plan. The other third is considered too severely disabled to work and will receive a Wajong-benefit (75% percent of minimum wage).

### **New changes in long-term care and support:**

Financial arrangements for institutional care are individualised. Institutions now receive a more personalized budget for each person in their care. Institutions are required to negotiate with each client on the level of care and support they can provide. Institutions can thus be held accountable by each client for the level of care they receive.

### **Implications of the economic crisis:**

Growing costs for long term care have resulted in cost cuts, especially on care based on the General medical expenses Act (AWBZ). Indications for long term care are stricter for people with less severe disabilities. Support with leisure activities is no longer available for people with less severe disabilities and support on a –one-to-one basis is maximized, thus resulting in less support for people with severe disabilities.



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

### **1.1 Published plans for social inclusion and protection**

The Cabinet has announced a general inclusion program, 'Iedereen doet mee' (Everyone is Included), and committed finance of €165 million in 2008 rising to €205 million annually starting in 2011. In addition, the Cabinet intends to give tax reductions amounting to €3.9 billion in the period 2008-2012. Employment participation is the main 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.

Disabled people are included in this policy in so far that government intends to enhance opportunity for young people with disabilities to find work. At the same time the government accepts that not all people with disabilities are able to work.

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 past creation of special facilities 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.' This led to the abolition of the special department of disability policy in the department of Health, Welfare and Sport. Disability policy would henceforth be part of general policy.

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.

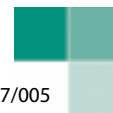
Disabled people as a group have disappeared from policy-making, as reflected in the National Strategy on Social Protection and Inclusion in the Netherlands 2006-2008, which makes almost no mention of disability as a point of concern. With regard to the Common European Objectives d, e and f, the Dutch government emphasizes objects d and e. This means that the mainstreaming of policy to include disabled persons (although mainstreaming is mentioned in CEO f) is not addressed. Only with respect to health is some attention paid to disability and long term illness, in terms of it being 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'.

To date, Dutch society remains largely segregated when it comes to disability. In 2009 many separate facilities for people with severe physical, mental and cognitive disabilities 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 government does not specifically promote inclusion in education. Parents and pupils can choose between mainstream or special schools. At the same time, schools can refuse to accept children with disabilities in regular classes if they feel that accommodation is not possible. The result is that enrolments and waiting lists for special schools are growing, as are requests for support in regular classes. Governments have announced new plans to maximize costs on support for children with disabilities both in regular and special schools.

### **1.2 Major actions and the effects on disabled people.**

The Netherlands has enacted an Equal Treatment Act for persons with disabilities and chronic illness (WGBH-CZ) which has been in force since 2003.



The scope of coverage of the WGBH-CZ was expanded in 2009 from employment and vocational training to the areas of housing, primary and secondary education. The extension of this measure to public transport and the provision of goods and services is pending.

The Social Support Act (Wet Maatschappelijke Ondersteuning, WMO) took effect in 2006, replacing a number of earlier laws on special assistance for disabled persons and on transportation. The primary stated aim of the WMO is to increase participation. The law asks municipal governments to ensure that citizens with less severe disabilities have proper support to be able to live independently “as far as possible” and to compensate for hindrances, such that people with disabilities can lead a life similar to non-disabled people.

An evaluation of this Act (SCP, June 2009), based on a panel of people with only physical disabilities, shows that the majority is satisfied with the support they get. Half of them say they would not be able to live independently without the support they receive. Family members supporting people with intensive need of support are less satisfied. These voluntary carers said they needed more support to be able to continue providing care. The national government has agreed with municipal governments that they will provide more support for these voluntary carers of people with disabilities.

The government has 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 the costs of providing unemployment benefit to young disabled applicants, the government is committing resources to improving their employment prospects. As of 2010 young people with disabilities will not automatically receive a benefit as before, but will get benefit on top of any earned wage.

For people needing long term care, there has been since 1967 the General Exceptional Medical Expenses Act (AWBZ). Government has however announced cuts to AWBZ allowances. An example from 2009 involves a cut in the right to support with leisure activities. Personal Care Budgets based on AWBZ are widely used to fund care in small housing initiatives of people with disabilities living independently and to fund care in mainstream schools or at work. The government has announced in its national budget for 2010 reductions to the Personal Care Budget (based on the AWBZ) by restricting the number of recipients.

### **1.3 Research about disabled people’s equality and social inclusion**

A recent survey by Nivel, based on interviews of a panel of people with physical disabilities only, gives some findings about how people evaluate their participation in Dutch society (Nivel; Core Data on Place in Society, September 2009). The survey shows that use of public transport has diminished. Only a quarter of people with physical disabilities used public transport in 2007 (compared with a third in 2005). Of people with disabilities using public or special transport, only a third were satisfied with the service provided. The survey shows that the employment rate of people with disabilities improved slightly (to 37%) compared with 2005. Up to a third of people with disabilities received adaptations for their work. The survey also shows that one out of five people with disabilities worked as a volunteer in society compared with 44% of the general population. The Nivel study shows that two thirds of people with a disability are satisfied and happy in life in comparison with 90% of people without disabilities.

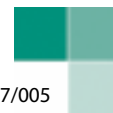
A survey: ‘Inclusie, Zeggenschap en Support’, by Martin Schuurman and Anna van der Zwan of Stichting Perspectief, 2009, focuses on people with cognitive disabilities. This survey shows that in the past decade more people with disabilities have moved to smaller housing initiatives in local communities. According to this survey, people appreciate their improved living conditions, comfort and control over their environment. The authors feel however, that much remains to be done in relation to comes to participation in work, schools or local neighborhoods.



An older survey 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 that gives details of 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, which analysed the situation of people living in poverty in the Netherlands, and included a section on social exclusion. The key findings of these 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 of the differences in social inclusion experienced by disabled and non-disabled persons. It was found that this decreased between 1995 and 2002, after having first established that persons with disabilities participate less often in cultural and recreational activities than non-disabled persons. Disabled people are more frequently single, in part due to never having married and in part due to a greater frequency of divorce. Participation in organized cultural and creative activities increases with a smaller degree of disability. The observation that participation statistics did not change between 1995 and 2002 is significant. Half of the disabled persons consulted claim to be hindered in their social contacts. Younger people feel especially 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 noted. For people with severe disabilities, transportation is the second most difficult obstacle to social inclusion, after their poor 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 being among the poorest of households. However, 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. The situation of disabled people should be included in ongoing research on poverty and social exclusion. This aspect of possible exclusion and discrimination is not included in mainstream studies, and the situation is monitored only sporadically, in relation to benefits and beds in targeted studies.



## **PART TWO: INCOMES, PENSIONS AND BENEFITS**

### **2.1 Research publications (key points)**

In 2007 the average income of people with disabilities was 1276 euro per month, according to the Nivel study 'Core Data on Place in Society'. This represented a net increase of 1% compared to 2006. In 2009 the average income in general in the Netherlands was 1950 euro per month.

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 category.

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).

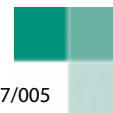
With respect to persons with intellectual disabilities, the EUMAP report 'Access of Persons with Intellectual Disabilities to Education and Employment' shows that the vast majority of members of this group live at or under the poverty line. It is not clear that lessons for good policy and practice can 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 benefit levels are simply higher (75% 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 comprised of two parts, the IVA for persons with total disability and WGA for persons with partial or temporary disability), and the Wajong (Wet Arbeidsongeschiktheid Jonggehandicapten) for persons with early 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 most recently earned wage, with a maximum of €27,000 per year (before tax) for a maximum term of three years. After this initial period the benefit is lowered, with levels depending on age. The minimum is around 1283 euro net per month for couples and €963 net a month for people living alone. Regarding eligibility for WIA, the cause of the disability, whether due to 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 have to take out private insurance.

- Students and all children who are disabled or chronically ill before the age of seventeen are eligible for Wajong benefits and this benefit is 75% of the minimum wage. The minimum net income are the same as the amounts indicated above. In 2009 an total of 820,000 people received full or partial disability benefits. Of these 820,000, 178,000 received Wajong benefits.
- People living in institutions under the age of 65, also usually receive Wajong-benefits. Their benefits are used to pay for their care, and include a small amount of pocket money<sup>1</sup>.

<sup>1</sup> More information can be found at [www.uvw.nl](http://www.uvw.nl) or [www.minszw.nl](http://www.minszw.nl)



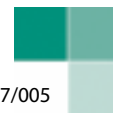
As of 2009, people with disabilities automatically receive extra financial support from the government of around €350 a year, to help with additional costs. This extra support replaces other fiscal support, which was not widely used by people with disabilities.

### **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% of the most recently earned income to 75%. This raise was allocated on condition that the number of new claimants would decrease. If people with disability benefits find work, their benefit will be reduced by the amount they earn.

The government will, as of 2010, encourage young people with Wajong-benefits to take on paid work by allowing them to keep part of their earnings, up to a level of 120% of the minimum wage. Most people with disabilities 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 of this is that if people receiving 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' is a major factor in causing poverty, and that households that are dependent on disability benefits often live at or below the poverty line. In light of the increasing age of the population, the pension age will be raised to 67, according to recent governments' announcements.





## PART THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

The SCP Report on Disability 2007 is an important source of information on long term care received and the independent living situation of persons with physical disabilities in the Netherlands. Figures for care provision are categorized according to degree of disability, gender and age group (but not ethnicity or national origin). The vast majority of persons with physical disabilities live 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). 6.5% of the elderly in the Netherlands live in nursing homes. Some 40,000 persons of the 115,000 persons estimated to have an intellectual disability live in residential institutions according to SCP and the RIVM, (Rijksinstituut voor Volksgezondheid en Milieu: National Institute for Public Health and the Environment).

In 2006 the SCP published research into the experiences of persons with an intellectual disability living independently, 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 was 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 club memberships. 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 under 54 and a third is over 75. The survey found that the younger group had a lower income than the older group (who had pensions) and less formal support was available to them as well. 70% of the younger group would have liked to participate more in social activities. They reported a lack of adapted transport or provision to pay for adaptations to transport. Of the whole group, 25% claimed their houses were not sufficiently adapted to their needs. Disabled people with low incomes and low education lacked sufficient support (due to an inability to pay for it) or lacked knowledge about support provisions.

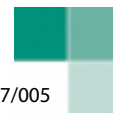
Government policy aims to ensure that people with disabilities are able to remain in independent living situations for as long as possible. The government aims to provide support services tailored to individual needs, and recognises that some 395,000 ground floor dwellings or homes without stairs will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

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 assessed for functional limitation. Personal assistance is also possible, as is a Personal Care Budget (called PGB, or Persoonsgebonden budget) and these are financed via the AWBZ, Algemene wet bijzondere ziektekosten (Extraordinary Expenses Law). The latter gives persons with a medical diagnosis the freedom to organise and purchase their support as they see fit.



Research by 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 (by Per Saldo: [www.persaldo.nl](http://www.persaldo.nl) and ITS: [www.its-nijmegen.nl](http://www.its-nijmegen.nl)) also indicates that budget holders use less money for care compared with people in residential care, and enjoy a better quality of care. On a macro level, however, the budget system leads to higher costs because it is popular with people who refuse residential care or who are denied care by residential institutions. The government has announced that it will reduce the costs of the budget system by reducing growth in the number of people receiving such budgets.



## **PART FOUR: SUMMARY INFORMATION**

### **4.1 Conclusions and recommendations**

Past policies have not been very effective in ensuring the social inclusion of persons with disabilities in the Netherlands. Inclusion is not the aim of most legislation. The Personal Care Budget is a successful initiative for giving individuals freedom to choose how to organise 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. First evaluations indicate that people appreciate the support to live independently but find that it is not sufficient. Use of public transport decreased. There is no significant change towards inclusion in the educational system.

Income and benefits policies are effective in ensuring a minimum income just above the poverty level. The expansion of the Equal Treatment Act (WGBH/CZ) beyond employment to public transport and education could improve participation.

#### **Recommendations for positive change in the social inclusion / social protection of disabled people.**

- 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.

#### **Housing and homelessness**

There are no plans to diminish institutional housing for people with disabilities.

Government policy aims to ensure that people with disabilities are able to remain in independent living situations for as long as possible. They have priority, along with other groups, in allocation of community housing. 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.

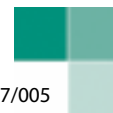
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People with disabilities thus gain opportunities to challenge discrimination. The Dutch government has not yet ratified the UN Convention on the Rights of Persons with Disabilities but aims to do so before 2011. There are plans to initiate and finance a Human Rights Institute where the rights of people with disabilities (among other groups) will be monitored.

#### **New changes in incomes, benefits and pensions**

From 2009 people with disabilities receive automatically extra government financial support of around 350 euro a year to help with additional costs. This extra support replaces other fiscal support, which was not widely used by people with disabilities.



In 2010, young people with disabilities will get an individual participation plan, stating available assistance to find a job or vocational training. There is no automatic right to a benefit but any wage will be supplemented to a level higher than the minimum benefit would be. The higher the wage the jobseeker succeeds in getting, the higher their total income will be. On reaching the age of 27 a new assessment will be made to see if they need permanent additional disability benefit. This new regime will apply to all people with disabilities reaching the age of 18 and applying for disability benefit. Each year 15.000 people apply for this benefit in the Netherlands. It is estimated that two thirds of them get an individual participation plan. The other third is considered too severely disabled to work and will receive a Wajong-benefit (75% percent of minimum wage).

### **New changes in long-term care and support**

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### **Implications of the economic crisis**

Growing costs for long term care have resulted in cost cutting, especially care based on General medical expenses Act (AWBZ). Criteria for receiving long term care are stricter for people with less severe disabilities. Support with leisure activities is no longer available for people with less severe disabilities and support on a –one-to-one basis is maximized, thus resulting in less support for people with severe disabilities.

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