Task 2017-18 Disability assessment – country report

Country: Netherlands

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# Part 1 – Main forms of disability assessment

The following forms of disability assessment are currently in use in The Netherlands for a variety of purposes.

Example 1: Assessment for register of labour disabled (register arbeidsgehandicapten)

Example 2: Assessment for disability benefits and disability provisions in work and education

Example 3: Assessment for long term care/residential care

Example 4: Assessment for social support

Example 5: Assessment for admission to special education

Example 6: Assessment for doubled child benefit

Example 7 Assessment for lower tax on a car

Example 8: Assessment for disability parking card

**Example 1: Assessment for register of labour disabled (register arbeidsgehandicapten)**

Policy function: Recognition of official disability status (e.g. a general register).

Benefit: Beneficial treatment (e.g. eligibility to apply for quota jobs).

Specificity: This disability assessment is designed for another purpose (but it gives automatic eligibility to this benefit).

Responsible: The autonomous administrative authority UWV.

How to apply: <https://www.uwv.nl/particulieren/arbeidsbeperkt/beoordeling-arbeidsvermogen/mijn-aanvraag/detail/wat-is-een-indicatie-banenafspraak/wat-is-het-doelgroepregister/wie-worden-opgenomen-in-het-doelgroepregister>.

Type of assessment: Assessment of economic loss (e.g. loss of income related to disability).

Qualifying criteria: To qualify for the register assessments for other benefits are being used. Qualified are people who are being assessed for work related disability benefits, such as WIA (disability benefits for employees) and the Wajong disability benefit (for people who are disabled before 18th birthday of during studies). This assessment is an assessment of loss of income or loss of earning capacity. Qualified are also designated groups who can enter without further assessment: people who have been educated in special education, people who have at one time in their life being assessed as eligible for supported employment, people who use any adaptation or workplace disability provision and are considered not able to earn minimum wage, people who were once eligible for specially reserved jobs for long term unemployed (these specific reserved jobs do no longer exist), and people who are unemployed and are considered (by the municipality who pays their unemployed benefit) unable to earn minimum wage.

Method: Paper-based exercise.

Assessor: Bureaucrat / civil servant.

Supporting evidence:

Decision maker: the autonomous administrative authority UWV.

Further details of the assessment: <https://www.uwv.nl/particulieren/arbeidsbeperkt/beoordeling-arbeidsvermogen/mijn-aanvraag/detail/wat-is-een-indicatie-banenafspraak/wat-is-het-doelgroepregister/kan-ik-mezelf-aanmelden-voor-het-doelgroepregister>.

Notification of outcome: A letter explaining the outcome.

No appeal possible.

**Example 2: Assessment for disability benefits and disability provisions in work and education**

Policy function: Access to a disability pension (invalidity).

Benefit: Benefits in cash (e.g. pension).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: The autonomous administrative authority UWV.

How to apply: <https://www.uwv.nl/particulieren/formulieren/aanvragen-wia-uitkering.aspx>.

Type of assessment: Assessment of economic loss (e.g. loss of income related to disability).

Qualifying criteria: The Work and Income According to Labour Capacity Act (Wet Werk en Inkomen naar Arbeidsvermogen, WIA) covers all risks of inability to work for employees who are unable to work on or after 1 January 2004. The occupational disability level is set at 35%. This means that an employee who is assessed as having the functional ability to perform jobs with which he/she can potentially earn 65% of his last wage or more will not qualify for the benefit.

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor, Other rehabilitation specialist.

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague). Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from health care system (e-health).

Decision maker: the medical doctor of the administrative authority UWV.

Further details of the assessment: <http://wetten.overheid.nl/BWBR0011478/2017-07-01>.

Notification of outcome: A letter explaining the outcome.

Appeal possible

<https://www.uwv.nl/particulieren/formulieren/bezwaar-maken-tegen-een-beslissing.aspx>.

**Example 3: Assessment for long term care/residential care**

Policy function: Other.

access to long term care or residential care and access to additional disabled child benefit.

Benefit: Benefits in kind (e.g. services). Other.

An individual receives the right to be provided with a care package for residential care. The care packages may differ in number of hours and in types of care. There are specific care packages for people with intellectual disability, for people who are blind, for people who are deaf, for people who suffer from dementia etcetera. The packages may differ in the number of hours of care that are to be provided. (The care packages always take the form of a description of residential care. The individual may decide whether he/she will actually opt for residential living. The individual may choose a care provider which is then obliged to provide care according to the description of the care package. The individual may also opt for a direct payment (a percentage of the budget a care provider would get) with which he/she can hire individual assistants and/or nurses. All care packages are based on the assumption that residential living is group living and members of a group will share available carers in a group home.

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Centrum Indicatiestelling zorg (Centre for care assessment).

How to apply: <https://ciz.nl/aanvraag-doen/ik-wil-een-aanvraag-doen>.

Type of assessment: Assessment of need (e.g. for help / support).

Qualifying criteria: Eligibility is assessed in a two-step process. First the kind of disability is assessed. Children must have an intellectual disability to be eligible (to be assessed via an IQ test). Adults must have a "somatic illness, psychogeriatric disease or an intellectual, physical or sensory disability." The second step in the eligibility process is: one must be in need of "constant supervision in order to prevent escalation or serious harm for the applicant; in need of 24 hour care in close proximity because the applicant cannot call for help in relevant moments; the applicant has such physical problems that he/she would be in serious harm unless there would be constant assistance, nursing care or constant need of an assistant taking over of self-care, taking over of tasks and taking over of direction in life".

Method: Combination of documentary evidence and personal interaction.

Assessor: Psychologist, Social worker, Bureaucrat / civil servant.

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague). Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from health care system (e-health)

Decision maker: the person or team who carries out the assessment. It would usually be an individual who should have an education at the level of applied science college or university and it is usually a social worker or a psychologist. Assessors should follow policy rules (in Dutch Beleidsregels) that are re-established each year.

Further details of the assessment: <https://www.ciz.nl/images/pdf/beleidsregels/Beleidsregels_indicatiestelling_Wlz_2018.pdf>.

Notification of outcome: A letter explaining the outcome.

Appeal possible.

Example 4: Assessment for social support

Policy function: Assessment for multiple purposes (access to various disability benefits).

Benefit: Benefits in cash (e.g. pension). Benefits in kind (e.g. services).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: municipalities.

How to apply: <https://www.regelhulp.nl/bladeren/_/artikel/wmo/>.

Type of assessment: Assessment of need (e.g. for help / support).

Qualifying criteria: There is no definition of disability other than 'impairment' or 'impairment in self-reliance or to participate'. The assessment starts of as an assessment of need. If the applicant asks for specific support such as adapted transport, then an additional specific assessment will take place which could be a medical assessment (paper based usually) and a test of functional capabilities might be added. For instance if a person asks to be provided with an adapted bicycle, the applicant might be required to hand in medical files to provide the formal diagnosis and make clear what the impairments are and the applicant might be required to show he/she is capable of riding the adapted bicycle.

Method: Face to face meeting.

Assessor: Social worker, Bureaucrat / civil servant.

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague). Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from health care system (e-health).

Decision maker: the social worker on behalf of the municipality.

Further details of the assessment: <http://www.vgn.nl/artikel/14560>.

Notification of outcome: A letter explaining the outcome.

Appeal possible: appeal at the administrative court.

Example 5: Assessment for admission to special education

Policy function: Other.

The purpose is to allow admission to a special education school. The admission cannot lead to additional support in school for children with special educational needs. The formal assessment must lead to admission to a special school, called in Dutch "toelaatbaarheidsverklaring'. If additional support at a mainstream school is required the school either provides itself for the additional support or follows a different, less formal, admission procedure at the regional organisation of schoolboards.

Benefit: Benefits in kind (e.g. services).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: The regional organizations of schoolboards, in Dutch “Samenwerkings-verbanden” with the acronym SWV.

How to apply: <https://www.passendonderwijs.nl/in-en-om-de-school/toelaatbaarheidsverklaringen/>.

Type of assessment: Assessment of need (e.g. for help / support).

Qualifying criteria: There is no definition of disability being used. The general term that is being used in the ACc on Primary education (Wet Primair Onderwijs, article 40a,1a) is a "student who requires additional support'. The regional organisations of schoolboards are free to decide on the assessment criteria. The regional schoolboards are required to have the assessment being made by two professionals, of which one is either an orthopedagogue or a psychologist and the second professional is either a medical general doctor, a children psychologist, a pedagogue, a psychiatrist or a social worker. (article 34.8. Deskundigen samenwerkingsverband from the act: Besluit bekostiging WPO 2016).

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor, Therapist (physical, occupational, etc.). Other rehabilitation specialist, Psychologist, Social worker.

Supporting evidence: Evidence from a non-medical professional who knows the applicant.

Decision maker: a committee of SWV, the regional organisation of school boards

Further details of the assessment: <http://wetten.overheid.nl/BWBR0003862/2016-08-01#HoofdstukIIIb>.

Notification of outcome: A letter explaining the outcome.

Appeal possible.

The appeal should be directed to the Landelijke Bezwaaradviescommissie Toelaatbaarheidsverklaring (LBT) translates as National Committee admission declaration. The appeal leads to a non-binding advice. There is also to possibility to appeal before either the civil court or administrative court.

Example 6: Assessment for doubled child benefit

Policy function: Help with additional costs of living associated with disability.

Benefit: Benefits in cash (e.g. pension).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: The autonomous administrative authority SVB.

How to apply: <https://www.svb.nl/int/en/kinderbijslag/tweemaal_kinderbijslag/tweemaal_kinderbijslag_intensieve_zorg/index.jsp>.

Type of assessment: Procedural approach.

Qualifying criteria: Being eligible for long term care (based on the act for Long Term Care WLZ) qualifies to receive double the amount of regular child benefit. If the child has not applied for Long Term Care, a specific functional needs assessment procedure will start. For children between 3-5 years old there should be dysfunction on 5 out of ten 'functions' such as ability to eat/drink, mobility, communication, behaviour, hygiene, toileting, being able to stay alone, medical care etcetera. For children between 6-9 years old, there should be at least impairments on 4 out of ten functions. For children between 10-17 years, there should be dysfunction on 3 functions.

Method: Combination of documentary evidence and personal interaction.

Assessor: Social worker, Bureaucrat / civil servant.

Supporting evidence: Self-assessment (statement or structured questionnaire completed by the individual). Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague). Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from health care system (e-health).

Decision maker: the autonomous administrative authority CIZ.

Further details of the assessment: <https://ciz.nl/client/dubbele-kinderbijslag-buk>.

Notification of outcome: A letter explaining the outcome.

Appeal possible: <https://ciz.nl/client/klachten-en-bezwaar/een-bezwaar-indienen>.

Example 7: Assessment for lower tax on a car

Policy function: Other.

Lower tax on car.

Benefit: Discounts or concessions (e.g. tax allowances).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: Tax authority.

How to apply: <https://download.belastingdienst.nl/belastingdienst/docs/mededeling_motorrijtuigenbelasting_mb1101z5fd.pdf>.

Type of assessment: Procedural approach.

Qualifying criteria: The criterion is: dependency on a non-foldable wheelchair. If the wheelchair is being provided by the municipality or care insurance company then proof of the decision to provide such suffices. If no such provision is being provided then a medical doctor should provide a written statement that the applicant is dependent on a non-foldable wheelchair.

Method: Paper-based exercise.

Assessor: Bureaucrat / civil servant.

Supporting evidence:

Decision maker: The Tax authority.

Further details of the assessment: <https://www.belastingdienst.nl/wps/wcm/connect/bldcontentnl/belastingdienst/prive/auto_en_vervoer/belastingen_op_auto_en_motor/bpm/teruggaaf_van_bpm/gehandicaptenregeling>.

Notification of outcome: A letter explaining the outcome.

Appeal possible: <https://www.belastingdienst.nl/wps/wcm/connect/bldcontentnl/belastingdienst/prive/auto_en_vervoer/belastingen_op_auto_en_motor/motorrijtuigenbelasting/hoeveel_motorrijtuigenbelasting_betaal_ik/bezwaar>.

Example 8: Assessment for disability parking card

Policy function: Other.

The assessment for a disability parking card enabling the cardholder to park on designated parking places.

Benefit: Other, the European disability parking card.

Specificity: The disability assessment is designed for this specific purpose.

Responsible: municipalities.

How to apply: <https://www.rijksoverheid.nl/onderwerpen/verkeersregels/vraag-en-antwoord/hoe-vraag-ik-een-gehandicaptenparkeerkaart-aan>.

Type of assessment: Functional capacity (test of ability to carry out specified tasks or activity).

Qualifying criteria: persons who, due to an impairment are not able to walk more than 100 meters independently; or persons who use a wheelchair; or personnel in residential institutions who are to provide transport to residents of the institution.

Method: Face to face meeting.

Assessor: Medical doctor.

Supporting evidence: A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from health care system (e-health).

Decision maker: the medical doctor.

Further details of the assessment: <http://wetten.overheid.nl/BWBR0012625/2013-01-01>.

Notification of outcome: A letter explaining the outcome.

Appeal possible: An appeal at the administrative court is possible.

# Part 2 – Analysis and evaluation of specific assessments

This part of the report provides more in-depth analyses of three selected case studies of assessment procedure, their suitability and effectiveness.

*Please use the EU MISSOC tables (similar to DOTCOM) providing country specific information on specific types of benefits as a starting point,* [*http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp*](http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp)*.*

The cases are selected to enable systematic comparison between countries and to focus on areas of policy priority and development.

## Case study 1: Assessment for register of labour disabled

*(admission to a general register or status of disabled person(s) or comprehensive assessment for multiple purposes).*

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 1**: Assessment for register of labour disabled (register arbeidsgehandicapten)).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

The purpose of the register ‘Doelgroepregister’ is to identify people qualified for specially reserved jobs on the labour market. Another purpose is to identify people with a disability working on the labour market. In a national agreement between Government, employer’s organisations and trade unions a quota for disabled employees was agreed upon. It does not suffice for employers to claim employees have a disability. Only people who are registered in the register are recognised for these quotas.

The assessment process is a paper-based assessment. The administrative authority UWV decides who can enter the register, based on the dossiers in their administration. To qualify for the register assessments for other benefits are being used. Qualified for the register are also designated groups who can enter without further assessment:

* People that are eligible for the Wajong disability benefit and who are considered to have an earning capacity below minimum wage,
* People who are unemployed and who are assessed as not being able to earn at least minimum wage,
* people who have been educated in special education,
* people who were at one time in their life being assessed as eligible for supported employment,
* people who use any adaptation or workplace disability provision that is formally provided by the administrative authority UWV, and who were disabled before 18th birthday,
* people who were once eligible for especially reserve jobs for long term unemployed (these specific reserved jobs do no longer exist), and
* people who are unemployed and are considered (by the municipality who pays their unemployed benefit) unable to earn the minimum wage.

People who have a disability benefit and are considered unable to earn 20% of the minimum wage are considered fully disabled and cannot enter the register.

People who are included in the register receive a letter stating so. People with a disability can ask to be entered in the register but will have to submit to an assessment of loss of earning capacity. That assessment would either be the assessment that is being used to qualify for the disability benefit WIA or Wajong or another certified assessment that is being used by municipalities. These assessments are carried out for the purposes of entering the register of disabled people and not used for assessing entitlements to social security payments. There is no appeal possible on the decision to enter or leave the register.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

General information about the register, detailed description of people who qualify, procedures for employers to check whether jobseekers qualify etcetera, can be found on a website on which UWV, municipalities and the organization of supported employment work together:

<https://www.samenvoordeklant.nl/werkgeversdienstverlening/toolbox/doelgroepregister-banenafspraak>.

More details on groups who qualify and how to assess can be found at: <https://www.samenvoordeklant.nl/sites/default/files/bestandsbijlage/overzicht_vereenvoudigingen_participatiewet_en_wet_banenafspraak_december_2016_def.pdf#overlay-context>=.

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times, and the assessment outcomes.*

The last report on the register dates from September 2017. At that time 206 750 people were registered. This was a decline of 40 989 people compared with the start of the register in December 2012. The decline is caused by reassessment of all persons receiving the disability benefit Wajong. Once they are considered to have no earning capacity beyond 20% of minimum wage they are being considered fully incapacitated to work and they are no longer eligible for in the register. The outcome of this reassessment process leads to the automatic removal from the register. The reassessment process takes several years, so the register started with a high number of people with Wajong disability benefits, but since then the number in the register has declined due to the removal from the register of people being considered fully incapacitated.

Being in the register means for employees they can apply for one of the reserved jobs with an employer who is trying to meet the quota. This enhances their chance for paid work. People with a disability who have an earning capacity above minimum wage can enter the register, but they cannot apply for one of the reserved jobs. However, if quotas are being imposed on employers, the people who are in the register but without the right to apply for a reserved job, will be counted in for meeting the quota. This enhances their chance of finding paid work.

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The assessment process is paper based, very clear and quick and without much cost. Only designated groups qualify. It relies fully on assessment for other (disability) benefits and disability provisions.

Being on the register means that an individual can apply for one of the reserved jobs with an employer who is trying to meet the quota. This enhances their chance for paid work. People with a disability (acquired before 18th birthday) who have an earning capacity above minimum wage can enter the register, but they cannot apply for one of the reserved jobs. However, if quotas are being imposed on employers, the people who are in the register but without the right to apply for a reserved job will be counted in for meeting the quota. This enhances their chance of finding paid work.

People who are considered fully incapacitated to work cannot enter the register. This diminishes their chances of finding paid work. Employers are keener on hiring people from the register in order to meet quota.

The register was specifically meant to support people with a partial disability with a low earning capacity, usually those that used to be eligible for supported employment. Since entry in supported employed is closed off since 2014, the register helps this vulnerable group of workers. The fact that fully disabled people and people who have a higher earning capacity are not allowed to take up a reserved job is therefore appropriate.

Disabled people’s organisations are not involved in developing and evaluating the assessment method. There has been no check on compatibility of the CRPD by the Government nor the authority UWV. DPOs have criticized some of the effects of the registry, but not the assessment method nor assessment procedure.

The latest evaluation of the register and employment of people on the register: <https://www.uwv.nl/overuwv/Images/20180130%20UWV-trendrapportage-q3-17.pdf>.

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The register seems in a very cost-efficient way to serve its purpose: to provide extra chances to obtain paid work for people who are not able to find work without support. The register does not aim to provide general provisions or benefits or other general advantages to people with a disability. Thus it avoids a debate on definition of disability. The criteria to qualify are linked to loss of earning capacity, as evidenced by eligibility for another benefit, and the support it offers is a better chance of finding paid work.

## Case study 2: Assessment for disability benefits/provisions in work and education

*(eligibility for invalidity pension, as defined by MISSOC).*

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 2**: Assessment for disability benefits and disability provisions in work and education).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

The assessment procedure for both the disability pension WIA (only for employees, i.e. only for people who were employed at the time they acquired a disability/illness) and for Wajong (for people who were disabled before their 18th birthday or before they finished their tertiary education), are based on an assessment of economic loss, meaning a reduced capacity to earn an income. The assessment procedure starts with an application by the person with a disability. In the case of the WIA, an individual is obliged to apply for an assessment shortly before 24 months of sick leave comes to an end. They initiate the application process by sending in information online for the WIA assessment / benefit (<https://www.uwv.nl/particulieren/formulieren/aanvragen-wia-uitkering.aspx>) or download an application form for the Wajong assessment / benefit: (<https://www.uwv.nl/particulieren/formulieren/aanvragen-beoordeling-arbeidsvermogen.aspx>). Applicants are required to send in information such as if they worked before and for which employer during the last 5 years before they became ill/disabled, on their education, contact details of their medical practitioners, information about the education they received, contact details of their schools (in case of applicants for Wajong benefit) and information about long term care or social support they receive and the number of their bank account. The application will be reviewed by an insurance doctor working for the administrative authority of the UWV and by a work expert employed by UWV.

The doctor is to assess the illness and/or disability and the extent to which the illness or disability will affect the functioning of the applicant in general and functioning in work. The doctor can interview and examine the person or rely only on medical files submitted by the applicant. The work expert assesses whether the applicant is able, given the medical limits in functioning, to perform jobs which are theoretically available in the labour market given the applicant’s educational level and the functional limitations.

The work experts use a register of all available jobs in the labour market combined with a detailed description of what employees usually have to do in these jobs (functional capabilities) and the wages one can earn in these jobs. The register is regularly updated. The work expert then decides if an applicant can theoretically perform such a job (fulltime or part-time). The work expert will thus assess what the theoretical earning capacity is. The work expert then compares the theoretical earning capacity with the last earned wage (for WIA) or the minimum wage (for applicant for the Wajong benefit). If the gap between earning capacity and last earned wage is wide enough the benefit will be granted.

The occupational disability level is set at 35%. This means that an employee who is assessed as having the functional ability to perform jobs with which he/she can potentially earn 65% of his last wage or more will not qualify for the benefit. The disability level for the Wajong benefit is at 80-100%, meaning that only those who cannot earn at least 20% of minimum wage are entitled to the benefit.

The assessment procedure might be a paper-based assessment, but especially for the WIA benefit, usually a person to person meeting will take place with the insurance physician and/or the work expert.

The outcome of the assessment is given in a letter explaining the decision by the UWV.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The guidance provided for assessors and the methodology to be used is detailed and it is laid down in law in what is called in Dutch “Schattingsbesluit” (to be translated as ‘decree to estimate’. The text of the decree can be found here: <http://wetten.overheid.nl/BWBR0011478/2017-07-01/0/#Hoofdstuk3_Paragraaf1_Artikel7>.

A more informal explanation of how the decree works can be found on a website of the general trade union organisation FNV: <https://werkwacht.nl/artikel/schattingsbesluit/>.

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

In 2015 there were 793 500 persons receiving a disability benefit. They will have undergone the assessment. Re-assessment might take place regularly with an interval of some years. Applicants are required to send in the application at least 11 weeks before the date on which their benefit might start (for instance the date on which their wage or sickness benefit ends or 11 weeks before the 18th birthday). A decision by the UWV can be made within eight weeks. If the decision is complicated for some reason, the decision term might be prolonged. The average waiting time for the more complicated decisions were 16 weeks in 2017 for the WIA benefit and 14 weeks for the Wajong benefit.[[1]](#footnote-2)

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The assessment method is a mixture of medical assessment (diagnosis of disability or illness) and functional assessment (what are limitations in functioning) in relation to work. Having a disability or illness or a functional limitation in itself does not lead to entitlement to a disability benefit. A disability benefit is only awarded if the functional limitations due to a disability or illness leads to a loss of theoretical earning capacity, related to last earned wage. This system is basically a lost earned income insurance. Whether an applicant might be hired for a job after the assessment is irrelevant. The assessment is therefore not dependent on efforts of the applicants on the labour market and applying for a benefit cannot be manipulated by efforts of the applicant or the former employer in actually finding a job or offering a job.

There is some evidence that people who earned high wages before they became ill or disabled, tend to be favoured in this system.[[2]](#footnote-3) The gap between last earned wage and theoretical earning capacity will more easily cross the threshold of 35%. People who work at minimum wage level, can, after they become ill or disabled be assessed as having the functional capacity to work in a wide range of other jobs on minimum wage level. In their case the chance they will be assessed as having loss of earning capacity is greater (because where their wage was lower, it will be more difficult to get above the threshold of a loss of earning capacity of 35%).[[3]](#footnote-4)

The threshold in the assessment of the Wajong disability benefit is 80-100% loss of earning capacity. This means that young people with all kinds of disabilities, such as autism or Down’s syndrome, might be assessed as having the capacity to earn above 20% of minimum wage. In that case, they will not be eligible for any cash disability benefit.

There is no regular evaluation of the Decree for the assessment (Schattingsbesluit). There is regular political evaluation though of the number of people receiving a disability benefit. These evaluations have led to a change of the thresholds, not the system itself with the aim of reducing the number of people eligible.

Disabled people’s organisations are not involved in developing and evaluating the assessment method. There has been no check on compatibility of the CRPD by the Government nor the authority UWV. DPOs have not commented on the assessment method but did criticize the effect of the 80-100% threshold in the Wajong benefit. The high threshold leads to the outcome of young people having a disability but no cash benefit.

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The Decree Schattingsbesluit dates from the year 2000. Before this decree the principle of assessing economic loss was already in use. No involvement is known of disabled peoples’ organisations. There has been no check on compatibility of the CRPD.

## Case study 3: Assessment for long-term care/residential care

*(eligibility for long-term care benefits as defined in MISSOC).*

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 3**: Assessment for long term care/residential care).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

Eligibility is assessed in a two-step process. First the kind of medical condition or impairment is assessed. Children must have an intellectual disability to be eligible (to be assessed via an IQ test). Adults must have a "somatic illness, psychogeriatric disease or an intellectual, physical or sensory disability." Assessing what kind of disability the applicant has will usually be based on medical records provided by the applicant.

The second step in the assessment process is to establish whether the applicant meets conditions to be eligible: one must be in need of "constant supervision in order to prevent escalation or serious harm for the applicant; in need of 24 hour care in close proximity because the applicant cannot call for help in relevant moments; the applicant has such physical problems that he/she would be in serious harm unless there would be constant assistance, nursing care or constant need of an assistant taking over of self-care, taking over of tasks and taking over of direction in life".[[4]](#footnote-5)

Assessing whether the applicants meets these conditions is up to the administrative authority CIZ. A decision by the CIZ is to be taken within a period of eight weeks.

Applicants are entitled to support in the application process by an independent advisor.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The social worker of the CIZ bases and decides the assessment on a set of policy rules, each year established and published by CIZ. The CIZ makes this set of policy rules based on directions issued by the ministry of Health, Welfare and Sports.

These rules establish what exact steps and in what sequence the assessor must abide by. The rules clarify interpretations of terms such as “serious harm”, “constant supervision” etc. The rules provide what the assessor must take into account to assess the severity of functional imitations in for instance self-care. How the assessor should do this, is not made clear in the policy rules. The rules also clarify in what circumstances an applicant might be referred to care insurance company or the municipality.

If the applicant is assessed as being eligible for long term care, the CIZ also decides on the specific kind of care package one is entitled to. The care packages are described in number of hours for group assistance and individual assistance or treatments the applicant is entitled to and are dependent on the type and severity of the disability. Part of the assessment is also to establish if and to what extent other people in the household are required to provide care. The care packages describe what kind of care the applicant is entitled to, based on what residential care providers usually offer.

The rules are called Beleidsregels (policy rules). The latest version is for 2018 and can be found here: <https://zoek.officielebekendmakingen.nl/stcrt-2017-69975.html>

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

Providing long term care is based on a new Act Long Term Care which replaced the AWBZ (The general medical expenses act). The new act came into force in 2015. In the first year the CIZ assessed 104,777 new applicants. A majority of the new applicants is above 75 years of age.

The replacement of the AWBZ (The general medical expenses act) by the Long Term Care Act is part of a major reform in legislation for care and support to people with disabilities. The reform included a new demarcation of care to be provided by municipalities, public care insurers and commercial care insurers. The outcome of the reform is being evaluated in a long series of studies and is regularly discussed in Parliament. The purpose of the reform was to limit the eligibility for residential care for the elderly and long term care for children with disabilities. These groups are not without care and support but are more dependent on provision of social support by municipalities. Municipalities may also provide residential care. Eligibility and conditions of social support vary widely among municipalities. It is therefore difficult to assess the outcome in terms of number of people.

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

A series of evaluations has been commissioned by national Government to research agencies such as The Netherlands Institute of Social Research. Part of these evaluations are evaluations of the assessment method. A recent study by research agency BMC called “Access to care from the Long-term Care Act”[[5]](#footnote-6) concluded that applicants usually know little of eligibility conditions and the application process. The majority of applicants are informed by and referred to the application process by medical professionals, such as nurses, general practitioners or care providers. Nurses who provide care at home for people with disabilities usually decide at some point that residential care is more suited. In such cases the nurses usually take over the application procedure on behalf of the applicant. Only 22% of applicants for long term care decide on their own to apply for long term care act or are being advised to do so by families or friends. The majority of applicants do not know they have the right to an independent advisor during the application process.

The CIZ states in this evaluation report study by BMC that 96,6% of all new applicants will have a personal contact (either through a house call or an appointment at the CIZ office). Only three out of five applicants who were being interviewed for this study said they have had such personal contact during the application process. The majority of applicants in this study were satisfied with the application process. They appreciated the personal contact and the outcome. They were somewhat dissatisfied with the information they received about the long-term care act and the assessment process.

The assessors of the CIZ were, according to this study, satisfied with the application process and the guidance they received. They stated to have specific problems in assessing the needs of certain groups. These specific groups are: elderly people who have severe somatic diseases but no cognitive deficiencies, children and young adults for whom it is unclear whether their disability is permanent and people with a slight intellectual disability and psychiatric problems. Eligibility for these groups must be denied according to the rules but assessors are unhappy with the denials if the applicants are vulnerable and if it is uncertain whether municipalities will provide alternative social support.

Disabled people’s organisations are not involved in developing and evaluating the assessment method. There has been no check on compatibility of the CRPD by the national Government. Assessors noted (without specific reference to the CRPD though) that specific vulnerable groups are to be denied access to long term care while they do need care and without knowing whether municipalities would provide alternative care.

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

No good practice could be identified.

# Summary and conclusion

*Taking an overview of national approaches to disability assessment and including any recommendations. Considering the range of examples identified in Part 1, and the analysis of selected cases in Part 2, please reflect on the extent to which these various assessment systems are integrated (or not). For instance, to what extent are similar application processes, similar assessment methodology, or similar administrative processes used to determine eligibility for different benefits? How could the system in your country become more integrated, cost-effective, or result in an easier applicant journey through the processes? Please also indicate any explicit references to the CRPD in the assessment procedure or whether the CRPD has been taken into account in determining the assessment procedure to be used.*

The assessment procedure in the Netherlands is well integrated. The assessments for various disability cash benefits (case study 2) are based on the assessment of loss of earning capacity (which is assessment of medical limitations, functional limitations in labour and an assessment of possible jobs on the labour market). The established loss of earning capacity is being used in an administrative and cost-effective assessment of eligibility for the specific general register of labour disabled (case study 1).

The assessment for long-term care is detailed and regulated. Guidance rules are established each year and published. Applicants lack knowledge about the procedure but are usually happy with the outcomes if they are assessed as being eligible for long- term care based on the Long-Term Care Act. There is a demarcation problem with the assessment for the long-term care. Conditions are strict and the demarcation with other care systems (for instance social support by municipalities or health care by care insurers) is not well known and not inherently supported by assessors. The aim of the assessment procedure is not just to assess the need of care of an applicant; it is also to establish which organization is to pay for the cost of the care to be provided. Assessors for Social Support care provided by the municipality state in an evaluation report by research agency SCP that assessment procedures for Long Term Care act are far too strict and too much aimed at reducing the number of people dependent on that long-term care.[[6]](#footnote-7) According to this study by SCP this leads sometimes to problems in cooperation between care insurers and municipalities in provision of support and care.

Being assessed as eligible for long term care is being used as a important assessment criterion for other types of provisions for people with a disabilities such as the right to double child support for children with disabilities or additional housing benefit for people with a disability. For both assessors and applicants this saves on assessment procedures. The downside of it is of course that eligibility for double child support and additional housing benefit is made dependent on an assessment procedure with a different aim and may cause exclusion of applicants who are in need of the specific provision.

1. Source: answers to questions in Parliament nr. 2017Z10587 <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/kamerstukken/2017/08/22/beantwoording-kamervragen-over-de-derde-monitor-artsencapaciteit-uwv/beantwoording-kamervragen-over-de-derde-monitor-artsencapaciteit-uwv.pdf>. [↑](#footnote-ref-2)
2. See <https://www.sprengersadvocaten.nl/publicaties/wat-iedere-arbeidsrechtjurist-zou-moeten-weten-van-de-wao-en-wia-but-was-afraid-to-ask/>. [↑](#footnote-ref-3)
3. An explanation of the system by a lawyers firm with examples of a high paid employee compared to a low payed employee (with the same sickness and only the higher paid employee is eligible for the benefit) can be found here: <https://www.sprengersadvocaten.nl/publicaties/wat-iedere-arbeidsrechtjurist-zou-moeten-weten-van-de-wao-en-wia-but-was-afraid-to-ask/>. [↑](#footnote-ref-4)
4. Beleidsregels indicatiestelling Wet langdurige zorg (Wlz) 2018 (translates as: Policy rules assessment Long Term Care Act 2018) , page 7: <https://www.ciz.nl/images/pdf/beleidsregels/Beleidsregels_indicatiestelling_Wlz_2018.pdf>. [↑](#footnote-ref-5)
5. BMC rapport Toegang tot zorg vanuit de Wet langdurige zorg. February 2017 <https://www.rijksoverheid.nl/documenten/rapporten/2017/02/24/bmc-rapport-toegang-tot-zorg-vanuit-de-wet-langdurige-zorg>. [↑](#footnote-ref-6)
6. January 2018, SCP De Wmo 2015 in praktijk. De lokale uitvoering van de Wet maatschappelijke ondersteuning. (Social Support Act in practice: local execution of the Social Support Act). Evaluation report. <https://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2018/De_Wmo_2015_in_praktijk>. [↑](#footnote-ref-7)