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| ANED Country report on Social Protection and Article 28 | |
| **Netherlands** |  |
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The [Academic Network of European Disability experts](http://disability-europe.net/) (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 support the development of the European Disability Strategy 2010-2020 and practical implementation of the United Nations Convention on the Rights of Disabled People in the EU.

This country report has been prepared as input for the synthesis report on Social Protection and Article 28 UNCRPD.

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# PART A: FACTUAL DATA

# Standard of living

Poverty has increased in the Netherlands in the period between 2008 and 2013.

The National Government commissions research on the standard of living or poverty from the National Institute for Social Research SCP. The most recent report[[1]](#footnote-1) finds that poverty increases and social inclusion decreases in the Netherlands. The number of people living in households with a lower disposable income than the norm[[2]](#footnote-2) needed to meet basic needs (such as housing, clothing and food) grew between 2008 and 2013 from just over 600 000 to more than 850 000.

If that calculation is increased to allow for (minimal) expenditure on leisure and social participation, the increase is more pronounced: the number of people with a household income below this ‘modest but adequate’ threshold increased from around 870 000 in 2008 to 1 255 000 in 2013.

The data used by the National Institute for Social Research SCP for this research are not aggregated or disaggregated by disability or chronic illness so it is not possible to see whether people with disabilities might be over- or underrepresented in the group that is considered poor. Indications from other research though indicates that people with disabilities are disproportionately affected.

Research institute Nivel publishes regularly data on net disposable income of people with (physical) disabilities participating in a panel. According to their 2013 report[[3]](#footnote-3) the average disposable income of people with disabilities in the Netherlands was 1 427 euro per month. This compares to an average disposable income of 1 950 euro for the general population.[[4]](#footnote-4)

People with disabilities are reported in this Nivel study to have (approximately) at least 1 000 euro each year additional costs related to their illness or disability. People with self-reported severe disabilities state that their additional disability related costs amount to 150 euro per month. Around 25 % of all interviewed people say that they have to use their savings or lend money to pay for additional costs. One in 5 interviewees reports that they participate less in society due to money problems. The Nivel researchers call this group the socially deprived. The panel which is used for this research comprises a majority (57 %) of people who are retired and who are reported to have a physical disability only. People with intellectual disabilities, psychosocial problems and people living in institutions are not interviewed.

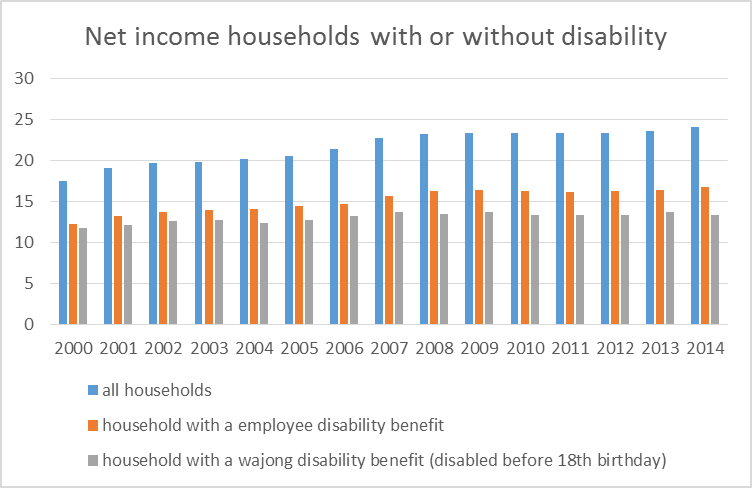
A study[[5]](#footnote-5) from 2007 by the National Institute for Social Research SCP states that disability benefits are the main source of income for approximately 40 % of people with moderate or severe (physical) disabilities, while income from employment is the main source for 25 %. It is not exactly known what the benefit dependency is for people with intellectual disabilities and psychosocial disabilities but research[[6]](#footnote-6) suggests the dependency on benefits is higher within these groups.

The Dutch Central Bureau for statistics has data on the average and relative income position of households in which one or more members receive a disability benefit.[[7]](#footnote-7) Data shows that households without a disability amongst its members have a better income position and better income development then households with a member with a disability benefit. The gap between the income development between households without and households with a disability benefit has widened considerably since 2000. The average disposable income of receivers of the (lowest) disability benefit was 6 7% of that of households without a disability and only 56 % in 2014. Measured in euro the gap was 5 800 euro a year in 2000 and has almost doubled to 10 700 euro a year in 2014.

Table 5: Net income households with or without a disability between 2000- and 2014

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Graphic 1: Net income households with or without a disability between 2000- and 2014

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Graphic 2: Income gap between households without and households with lowest disability benefit

*Source: table 5 and graphics 1 and 2: Central Bureau Statistics: Gemiddeld inkomen; particuliere huishoudens naar diverse kenmerken (Average income private households according to specific characteristics).*

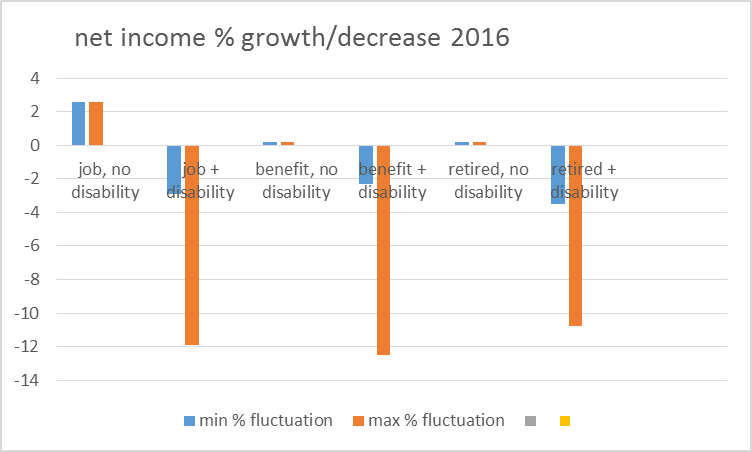
The income gap between persons with or without a disability widens more in 2015 and 2016 as a result of higher obligatory contributions for health care, for social support by municipalities and for long term care, while former tax credits have diminished. The system of obligatory contributions for health insurance, care and social support is income related within a household. The higher the income, the higher contributions are.

The higher obligatory contributions result in a net income decrease for people with disabilities of up to -12 % in 2016. This net income loss has been calculated by Research agency Nibud[[8]](#footnote-8) commissioned by the association of people with a chronic illness or disability IederIn[[9]](#footnote-9) Table 6 shows the calculated disposable income growth or loss as a result of the new budget for 2016.[[10]](#footnote-10) People without a disability and a job will have a net increase of their income of 2.6 % in 2016. The net income loss for people with a disability varies between -2.3 up to -12.5 %. The maximum income loss in 2016 is for households with an income above minimum level. This could be a household in which the receiver of a disability benefit has also paid work or in which another member of the household has a job.

**Table 6: income fluctuation as a result of Government Budget 2016**

*Source Iederin/Nibud*

**Graphic 3: Net income growth/decrease 2016**



*Source: IederIn/Nibud*

EU SILC data provides indicators of the key risks for people with disabilities. In addition to household risks of low work intensity, there are risks of low income (after social transfers), and material deprivation. These three measures are combined in the overall estimate of risk. The risks for older people do not include work intensity (Eurostat refers to the age group 0-59 for this measure). The survey does not distinguish ‘activity limitation’ (the proxy for impairment/disability) for children under the age of 16. Relevant data provided by the national expert is added where available.

Table 7: People living in household poverty and exclusion by disability and risk (aged 16-59)

*Source: EUSILC UDB 2013 – version 2 of August 2015*

Table 8: People living in household poverty and exclusion by disability and gender (aged 16+)

*Source: EUSILC UDB 2013 – version 2 of August 2015*

Table 9: Overall risk of household poverty or exclusion by disability and age (aged 16+)

*Source: EUSILC UDB 2013 – version 2 of August 2015*

Table 10: Trends in household risk of poverty and exclusion by disability and age (EU-SILC 2013)

*Source: EUSILC UDB 2013 – version 2 of August 2015 (and previous UDB)*

# Overview of disability protection systems

## Services, devices and assistance

### Devices (including assistive technologies)

Devices such as wheelchairs and lifts can be provided based on four Acts: the Social Support Act, The Health Care insurance Act, Act on Reintegration of Labour-disabled 2005 and the Long Term Care Act. The specific (and complex) regulations on when a device is to be provided, by whom and based on which Act is explained in the Acts itself and in guides such as the WLZ kompas[[11]](#footnote-11) by Zorginstituut (the Institute for Care).

Social Support Act (Wet maatschappelijke ondersteuning) 2015[[12]](#footnote-12) and Youth Care act.[[13]](#footnote-13)

The Social Support Act lays responsibility at municipalities for providing and financing social support such as providing care, assistance and devices for people with disabilities older than 18 years of age. Children will be served by the Youth Care Act, which grants roughly the same rights as the Social Support Act for adults.

The purpose is to provide support in order to help citizens with a disability to participate more in society and to help live in their own homes “as long as possible”. A limitation is that provisions will only be granted with the purpose of participating in local leisure activities, not for work, education or for purposes outside the borders of the municipality. Transport for sport games outside one's municipality will not be financed, for instance.

Provisions may include adaptations to the house, such as elevator lift, an adapted kitchen, alert devices, or means for local transport, such as wheelchairs, adapted bikes etc.

It is up to Town Councils to decide what support municipalities will offer. As a general rule the provision is income - and means - tested. Town councils are free to decide on eligibility criteria and the choice of devices to be provided. Town councils are free to decide on the contributions provided the contribution is never higher than the actual cost of a device.

People who apply for social support devices and who already pay the obligatory contribution for long term care based on the Long term Care Act 2014, are legally exempt from paying contribution under the Social Support Act.

Healthcare Insurance Act 2005 (Zorgverzekeringswet)[[14]](#footnote-14)

Devices that are described as medical devices will be provided by health care insurance companies, based on the Health Care insurance Act. The provision of devices is part of the obligatory basic insurance package for whom every inhabitant is obligatory insured.

The obligatory minimum contribution for applying for any device or medical care based on the basic health care package is 385 euro a year (in 2016). On top of that obligatory contribution an extra contribution may be asked for, for certain types of devices.

National Government decides on a list of types of devices that are part of the basic insurance package. Insurance companies have some discretionary freedom to decide on eligibility. Usually an assessment of need is made by a doctor and a specialized therapist such as an occupational therapist. Devices include medical equipment for diabetes patients, communication aids, glasses, wheelchairs, daisy readers, special beds, alert devices etc. The obligatory minimum contribution for applying for any device or medical care based on the basic health care package is 385 euro a year.

Work and Income According to Labour Capacity Act 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA).[[15]](#footnote-15)

Assistive devices or other support needed for work or education in regular schools can be obtained through the Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA). Provisions for work or education can range from adapted cars, adapted individual transport (compensation for costs of an adapted car or compensations of costs of a taxi) to location bound provisions such as adapted workplaces, ramps etc., to person bound devices such as electronic equipment or adaptations to laptops etc. Contributions vary according to the type of device. A rule is that ‘usual costs’ of a provision should be paid for by the person with a disability. For instance; 14 cents per kilometer is in any case to be paid for in the case of the use of adapted transport as this is the average cost of a kilometer of travel by public transport.

Provision of adapted transport is also income tested. Above a yearly income of 37 167,72 euro (level in 2016) there is no right to (compensation of costs) to adapted transport.

Eligibility criteria are described in the Act on Reintegration itself. A list of possible devices and contributions is published by the administrative authority UWV.[[16]](#footnote-16)

Provisions based on this Act are restricted to employees only. People with disabilities who own their own company cannot apply for provisions based on this Act. People working in sheltered employment are also exempted from applying.

Long Term Care Act 2016 (Wet Langdurige Zorg WLZ)[[17]](#footnote-17)

Care homes and residential institutions are responsible for providing necessary medical and assistive devices that are needed by inhabitants of the institution or care home. Care providers have some discretionary freedom to decide on eligibility. The rule is that proper care should be provided. Care based on the Long Term Care Act is somewhat restricted: to care at the location or care during day activities and transport to day care centres.

People living in institutions or care homes may apply for devices that would enable them to participate in social activities outside the institution and local transport for leisure activities with municipalities based on Social Support Act. People living in institutions may also apply for devices that are usually provided based on Health Insurance Act.

People who are entitled to residential care but who choose to live in their private home may apply for devices and house adaptations (a lift for instance) to be provided based on the Social Support Act. In such cases the municipality has the freedom to determine that the applicant may be served more economically by living in a residential institute and may refuse to pay for devices.

### Personal assistance

Specific forms of personal assistance can be provided based on the Social Support Act, Youth Care Act, The Health Care insurance Act, Act on Reintegration of Labour-disabled 2005 and the Long Term Care Act. The specific (and complex) regulations on when personal assistance is to be provided, by whom and based on which Act is explained in the Acts themselves and in guides such as[[18]](#footnote-18) a guide published by the Association of municipalities in cooperation with the ministry of health.

Social Support Act (Wet maatschappelijke ondersteuning) 2015[[19]](#footnote-19) and Youth

Care Act[[20]](#footnote-20).

The purpose of the Social Support Act is to provide support in order to help citizens with a disability older than 18 to participate more in society. Children will be served by the Youth Care Act which grants roughly the same rights as the Social Support Act for adults.

Assistance could take the form of personal aid to clean the house, to accompany persons with disabilities who need supervision in order to keep them safe or who need help performing daily activities which can be characterized as personal care. This would be care such as getting help coming out of bed, getting dressed, washed, help with preparing food etc.

Assistance in providing medical care at home is not provided based on the Social Support Act but on the Health Insurance Act. Medical care is all care for which qualified nurses should be engaged.

Assistance based on Social Support Act and the Youth Care Act will usually be not for very many hours. If adults or children with disabilities need support and supervision for most of the day and night (24 hour) they would be eligible for Long Term Care. If children are in need of intensive medical support and supervision they can also be referred to the Health Care Insurance Act, but only if they do not have an intellectual disability.

Support based on the Social Support Act may be provided as a personal budget (direct payment). It is up to Town Councils to decide how much personal assistance municipalities will offer. As a general rule the provision is income and means tested and contributions are asked for. Town councils are free to decide on eligibility criteria and what income levels are to be used for means testing and on contributions. Town councils are free to decide on the contributions provided the contribution is never higher than the actual cost of assistance. Contributions for assistance may range from 12 euro to over 835 euro a month[[21]](#footnote-21). People who apply for social support devices and who already pay the obligatory contribution for long term care based on the Long term Care Act 2014, are legally exempt from paying the contribution for the Social Support Act.

Healthcare Insurance Act 2005 (Zorgverzekeringswet)

Assistance in providing medical care at home will be provided based on the Health Insurance Act. Medical care at home is part of the basic health care package for which basic terms and conditions are set by national Government.

Medical care is all care for which qualified nurses should be engaged (so not personal care). The obligatory minimum contribution for applying for medical care at home based on the basic health care package is 385 euro a year in 2016.[[22]](#footnote-22) Eligibility criteria are set by national Government. Nurses have discretionary freedom to decide on eligibility for this medical care at home and how much care should be provided. Health care insurance companies may impose a maximum budget per region in order to control expenses.

Sign language interpreting for activities outside initial education or work, is considered a medical provision to be provided based on the Health Care insurance Act. Deaf persons can ask for 30 hours maximum each year for sign language interpreting; deafblind person are entitled to 168 hours per year. The contribution is the obligatory minimum contribution for applying for medical care based on the basic health care package of 385 euro a year (2016).

Act on Reintegration of Labour-disabled 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA).

Support needed for work or education in regular schools can be obtained through the Work and Income According to Labour Capacity Act 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA). Support can take the form of a sign language interpreter. The maximum of sign language interpretation is set at 15% of worktime. This provision is restricted to employees only. There is no maximum of sign language for students up to 27 years of age in education.

Another form of personal assistance based on this act is job coaching, usually for people with intellectual disabilities or psychosocial problems. Job coaching will be provided for usually three years and the cost per job coach is a maximum in the first year of 75 euro per hour and 6800 euro in total (equalling 90 hours of job coaching in the first year). In the second and third year the maximum is lower, at 1400 euro a year or 18.6 hours a year of job coaching.

Self-employed people or owners of companies are not entitled to provisions based on the WIA, neither are people working in sheltered employment.

**Long Term Care Act 2016 (Wet Langdurige Zorg WLZ)**

The Long Term Care Act provides personal, medical care, treatment, supervision and assistance with daily activities. The act defines eligibility criteria. The main rule is that only people who are in need of constant supervision and constant assistance or assistance at unpredictable moments are eligible. There is one exception: children in need of intensive care without intellectual disabilities cannot apply for this Act. They are referred to the Health Care Insurance Act.

There are different packages of care described for people with chronic illnesses, physical disabilities, intellectual disabilities, persons who have speech language disabilities and children with multiple complex disabilities. These packages, differentiated by severity of disability, amount to specific financial budgets (the level of which is based on the historic average costs of residential institutions). These budgets are used as the basis of pay for care providers. People can apply for a personal budget (which would be around 75% of the budget that care providers would receive for the same person).

People who opt for personal budgets (a form of direct payment) can use the budget to pay for personal assistants. There are specific restrictions. The budget is not paid to people with disabilities but put on a virtual account with a central administrative authority[[23]](#footnote-23) who pays salaries to assistants after bills have been sent in by the person receiving care and assistance.

The budget may only be used for care as it is described in the Long Term Care act and not for support that is usually provided based on the Social Support Act. An interpretation is that support aimed at participating in society may solely be paid based on the Social Support Act. This has led to conflicts over paying assistants who assisted people in participating in society for instance doing sports activities or going to a pub. Another field in which interpretation of this rule is difficult is education. Assistance provided based on the Long Term Care Act may be used in school in the classroom. A restriction is that an assistant is only allowed to provide personal care and is not allowed to do work that a teacher or teacher assistant would do. Budget holders are required to describe exactly the kind of support that assistants deliver and payment is refused for all activities that are considered to be outside the strict range that is permitted.

People who are entitled to residential care but who choose to live in their private home and who do not want to manage a direct payment, can opt for a care package at home, delivered by a care provider. This will take the form of a personal assistant coming to their home to provide personal care.

Contributions for using care and support based on the Long Term Care Act are means and income tested and range from a fixed minimum of 23 euro a month up to a maximum of 702 euro a month for people living in their own home. The maximum contribution for people living in residential institutions or care homes is 2301.40 euro a month. The maximum will be lowered if people have no savings and have exceptional expenses. In such cases the minimum will be lowered to allow for at least a legally defined (part of the Participation Act) minimal level of income of 308 euro per month for people living alone or 470 euro for couples. This amount is seen as the minimum income required to pay for expenses such as clothing, washing of clothes, extra food and drinks besides meals, furniture, hairdresser, transport outside the residential home, assistance during personal visits and trips to family and friends, etc. All these expenses are not included in the residential care package.

### Other forms of service/Assistance

People who are blind can opt for a guide dog. People with physical disabilities can apply for a helping dog. People with other disabilities such as autism can apply for a dog which would help them with therapy. All these types of helping dogs are paid for out of the basic health care package, based on the Health Care Insurance Act.

## Income protection

There are four types of benefits for disabled people in the Netherlands:

* Sickness Benefit Act 1913 (Ziektewet, ZW)[[24]](#footnote-24) for employees only;
* the Work and Income According to Labour Capacity Act 2005 (Wet Werk en Inkomen naar Arbeidsvermogen, WIA) for employees only;
* the Disablement Assistance Act for Disabled Young Persons 1997 (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong);[[25]](#footnote-25)
* the Participation Act 2003 (Participatiewet).[[26]](#footnote-26)

**Sickness Benefit Act 1913 (Ziektewet, ZW)**

Employers are obliged (based on the Civil Code) to continue paying 70% of wages during the first two years of incapacity of an employee to work due to illness or acquired disability. The Sickness Benefit Act (Ziektewet, ZW) guarantees a benefit of 70% of their wages for employees who do not or no longer have an employer (for instance after a temporary job contract ends). Only employees under the retirement age (65 years and three months in 2015) are eligible.

The maximum daily wage considered for the calculation of 70% is 199.15 euro. If 70% of the daily wage is less than the social minimum, a supplement can be claimed under the Supplementary Benefit Act (Toeslagenwet, TW). This supplement is means tested within the household. Child benefit will be added if applicable as will allowance for rent and health care insurance.

**Work and Income According to Labour Capacity Act (Wet Werk en Inkomen naar Arbeidsvermogen, WIA)**

The Work and Income According to Labour Capacity Act (WIA) covers all risks of inability to work for employees under retirement age (65 years and 3 months in 2016) who are unable to work.

A person is considered completely or partially incapable of working when, as a result of sickness or infirmity, she cannot earn the same as healthy workers with similar training and equivalent skills normally earn. No distinction is made as to the cause of incapacity (invalidity or employment injury).

The occupational disability level (threshold) for the WIA is set at 35 % of earning capacity. This means that employees whose theoretical loss of earning capacity due to disability will be below 35 %, are not eligible for the WIA benefit.

For those employees who are considered partially disabled the emphasis is not on income protection but on the possibilities of rehabilitation; the Return to Work Scheme for the Partially Disabled (Regeling Werkhervatting Gedeeltelijk Arbeidsgehandicapten, WGA). A partially disabled employee will first be entitled to a wage-related benefit if the reference conditions are met. The reference condition means that in the 36 weeks prior to the first day following the end of the 104 weeks waiting period, the individual concerned must have carried out employment for a minimum of 26 weeks. During the waiting period the employer must pay 70 percent of the wage.

If the disabled person does not work the benefit will equal 75 % of their last wage during the first 2 months and 70 % of the last wage after that. If the partially disabled person works: 75 % of the difference between the last wage and the income earned from work is granted on top of the wage during the first 2 months. The maximum daily wage considered for the calculation is 199.15 euro. The maximum benefit would be no more than 27 000 euro per year (before tax).

After the duration of this benefit (length varies between 3 to 38 months, depending on work history), the person can apply for a wage supplement benefit or follow-up benefit until retirement age.

If the person does not work after expiry of the wage-related benefit, or earns less than 50% of the remaining earning capacity, she will receive a benefit based on a percentage of minimum wage. Entry has now stopped and this group will be reassessed sometime in the future, depending on the degree of disability. Child benefit will be added if applicable as will allowance for rent and health care insurance.

The Income Provision Scheme for People Fully Occupationally Disabled (Regeling inkomensvoorziening volledig en duurzaam arbeidsongeschikten, IVA) provides for income in the case of full and permanent occupational disability, with no prospect or only a small chance of recovery. The IVA benefit will be 75 % of the last wage until retirement age. The maximum daily wage considered for the calculation is 199.15 euro. The benefit is not income- or means tested. Child benefit will be added if applicable as will allowance for rent and health care insurance.

Before 2004 employees would be entitled to a wage related benefit based on the Disablement Insurance Act (Wet op de arbeidsongeschiktheidsverzekering, WAO). The threshold in the WAO was 15 % of earning capacity. The WAO-scheme continues for persons who received the benefit under the WAO conditions.

**The Disablement Assistance Act for Disabled Young Persons (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong)**

The Disablement Assistance Act for Disabled Young Persons (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong) makes provision for a minimum benefit for people who become permanently disabled at a young age (before their 17th birthday) or during their studies (school or university). The threshold is 100 %, meaning that only persons who are assessed to be fully incapacitated for all work are eligible.

The benefit equals 75 % of net minimum wage. Child benefit will be added if applicable and allowance for rent and health care insurance.

Between 2010 and 2014 people could also be eligible for Wajong if they were studying or considered partially able to work. The benefit for this group equals 75 % of minimum wage. For those that work the benefit will supplement the income up to 100 % of minimum wage. Entry to the scheme has now stopped and its members will be reassessed sometime in the future.

Most people who live in residential care homes under retirement age are receivers of the Wajong benefit. They pay means and income tested obligatory contributions for the care in the institution that leaves them with a legally defined (part of the Participation Act) minimal level of income of 308 euro per month for people living alone or 470 euro for couples. This minimal level of income (pocket money as it is named) does not apply if a person has savings above 20 785 euro or assets of that value. In that case they pay higher contributions until their savings or assets drop under that level.

**The Participation Act 2003 (Participatiewet)**

People with disabilities who are not eligible for any of the specific disability benefits can apply for a benefit based on the Participation Act. Persons who are self-employed for instance are not eligible for the WIA or Wajong. Persons who were disabled before the 17th birthday but are considered partially able to earn are not eligible for the Wajong benefit. All persons legally residing in the Netherlands with inadequate financial resources to meet their essential living costs are eligible for Participation Act.

The benefit based on the Participation Act is a benefit at minimum level and it is means- and income tested within the household. The benefit amounts to 70 % of minimum wage if a person lives alone (in euro per month: 973) and 100 % for couples (in euro per month 1 390).

Child benefit will be added if applicable and allowance for rent and health care insurance. Benefits provisions are income- and means tested within the household and will be withdrawn if household members have an income above minimum level or savings over 5 920 euro.

## Disability-related expenses

**Child benefit**

Parents of a child with a disability aged between 3-18 years, who is assessed to be in need of extra care for more than 10 hours a week, can receive double the amount of the regular child benefit[[27]](#footnote-27) (income tested). The Social Security Bank, responsible for general child benefit, pays this cash benefit.

**Tax credits**

Most general fixed tax credits that existed for people with a disability before 2014 have been abolished. This has led, combined with higher obligatory contributions for care and support, to a net income loss in 2015 and 2016 of as much as12 % of income (see paragraph 1 Standard of Living).

There remain a few fixed tax credits. One is for people who receive the Wajong benefit. The tax credit was 719 euro in 2016. Another one is a temporary tax credit for people with disabilities who start their own company (maximum tax credit in the first year of 12 000 euro).

Extraordinary health care costs may be taken into account for a personal tax credit if expenses exceed 1.65 % of the yearly income up to 40 000 euro and an extra 5.75 % of the income above that level). All obligatory contributions for support and devices based on the Social Support Act, the Long Term Care Act and work- or education related devices and assistance may not be taken into account for this tax credit. Parents of /adult children with disabilities living in institutions can apply for a tax credit for the expenses they incur when transporting their children home for weekends or for buying an annuity for their children or grandchildren with a disability.

**Adapted transport**

People with disabilities who are not able to travel on public transport can apply for adapted transport facilities based on the Social Support Act, for local transport. Town councils decide on eligibility criteria and contributions for bus services or taxis. People who need transport that exceeds local distances can apply for a national special transport system; Valys.[[28]](#footnote-28) Eligibility criteria and contributions are set by national government. The price per kilometre is roughly the price passengers pay for public transport. The maximum amount of kilometres that passengers may use with Valys is 600 kilometres per year for those who can make use of trains and 2 250 kilometres for those who cannot board a train.

People with disabilities who need personal assistance while travelling can apply for an assistant pass with which their assistant may travel for free on public transport or with the Valys system.

**Other provisions for disability related expenses**

All residents with low income are entitled to rent allowance. People with disabilities may in certain circumstances receive a higher rent allowance. (See further details under the heading: Housing costs).

There are no other national general provisions for disability related expenses. Municipalities may decide on provisions for disability related expense, for instance on parking fees. Usually provisions provided by municipalities for disability related expenses are income tested and only applicable for people with an income at minimum level.

## Housing costs

One of the legal provisions in the Social Support Act can be adaptation of houses: either privately owned or rented. Applications should be made to municipalities who will pay part or all of the costs of adaptations. Municipalities are free to decide on eligibility criteria to be used and what contributions are to be asked. If adaptions are made on a rented house, the renter may be obliged to pay higher rent.

Anyone residing legally in the Netherlands may apply for general rent allowance, which is means- and income tested. People with disabilities may in certain circumstances receive a higher rent allowance.

Whether a household or person is eligible for a rent allowance depends on their rent, income, assets, household type and age. In particular, rent should not exceed (in 2016).[[29]](#footnote-29)

710.68 euro per month for persons aged 23 or over; 403.06 euro per month for persons under 23 years of age. If a person under 23 years of age has a disability and is eligible for residential care based on the Long Term Care Act, then the rules apply as if this person is over 23 years of age (allowing for a rent up to 710.68 a month).

For general rent allowance taxable income should not exceed:

21 950 euro for a single person aged below or above the legal retirement age; 29 800 euro for a household whose highest earner is aged below the legal retirement age; 29 825 euro for a household whose highest earner is aged above the legal retirement age.

The rent allowance is based on current rent levels and taxable income. The underlying principle is that every household pays a part of the rent itself. This part is referred to as the “standard rent”. The standard rent is income-related and increases as the household taxable income becomes higher. The monthly standard rent for people with a minimum income equals (level for 2016): 226.01 euro for households with two or more people aged above the legal retirement age; 227.82 euro for a single person aged above the legal retirement age; 229.64 euro for households with people under the legal retirement age. The rent allowance amounts to the difference between the actual rent and the standard rent. For rents up to 403.06 euro the full differential amount is paid. For higher rents, only part of the difference is covered.

Anyone with a disability and eligible for residential care based on the Long Term Care Act and living with someone else in the household may disregard one of the two incomes for the calculation of rent allowance. This allows for more rent allowance.

## Retirement benefits

Anyone who legally resides in the Netherlands is at retirement age entitled to a benefit based on the General Old-Age Pensions Act 1956 (Algemene Ouderdomswet, AOW).[[30]](#footnote-30) The maximum benefit is reached after residing 50 years or more in the Netherlands. The maximum benefit equals an income at minimum level. Retirement age is 65 years and three months in 2015. The legal retirement age will be gradually increased to 66 in 2019 and 67 in 2023.

On reaching retirement age, people with any disability benefit will automatically lose it and will be given retirement benefit. If this benefit is below minimum level (for instance if they resided in the Netherlands for less than 50 years, the benefit will be supplemented with a Participation Act benefit which is means and income tested within the household.

## Other social protection measures

Municipalities may provide extra financial support for disability related extra expenses. They may do so based on the Participation Act[[31]](#footnote-31) and rules of income and means testing apply. This means that extra expenses which would generate a lower disposable income than the accepted minimum norm for a household will be compensated on the condition that expenses exceed 129 euro a year.

The Netherlands has not ratified the UNCRPD yet and therefore has not written a country report.

## Disability discrimination in social protection measures (including, in particular, social protection measures which are not disability specific)

Employers are obliged to pay employees at least minimum wage.[[32]](#footnote-32) There has been made a general exemption, based on the Act Wage Dispensation Wajong[[33]](#footnote-33) for people who have a disability and who are assessed as having a productivity level of 25% below the usual productivity that would earn the level of minimum wage. In such cases the employer may pay below minimum wage. The employee will then get a benefit supplementing the wage to the net minimum wage level.

This general exemption for people with a disability and Wajong benefit is ignored in the latest report by national Government to the European Committee of Social Rights in which the committee notes (Eurostat) that sometimes minimum wage seems to decrease in the Netherlands in certain enterprises or sectors in case of severe economic adversity.[[34]](#footnote-34) The National Government answered that this refers only to employers who have applied to the ministry of Social Affairs and Employment for an exemption from the ban on short-time working. If an exemption is granted, they may claim unemployment benefit for their employees for the hours not worked. This paragraph ends with the quote: “However, this scheme never results in employees earning less than the statutory minimum wage for the hours they do work. In the Netherlands, it is impossible to lower the statutory minimum wage – by legal means or otherwise – in times of economic crisis.”

In this report no mention is made of the exemption for Wajong receivers nor to any other issue related to disability.[[35]](#footnote-35)

Another possible case of discrimination in rehabilitation services is suspected when it concerns people with moderate to severe intellectual disabilities. The new eligibility criteria for The Disablement Assistance Act for Disabled Young Persons (Wajong) since 2015 are such that persons with a disability who are assessed as being partially able to work, are not eligible. They are referred to schemes based on the Participation Act, run by municipalities. Since 2015 all entry to sheltered employment has been closed. Municipalities have large discretionary freedom to decide on how to spend budgets for the unemployed (with or without a disability) in their municipality. Indications are that jobseekers with a severe or intellectual disability are losing out as they must compete for rehabilitation help (such as job coaching, wage subsidies) with jobseekers without a disability or a lesser disability.

In fewer than half of the regional work companies formed by municipalities, priority is given to assisting people with a disability who used to be eligible for sheltered workshop and/or a disability benefit.[[36]](#footnote-36) The majority of regional work companies give priority to people without disabilities or only minor disabilities. As a result young people with a more severe disability may not get support in seeking work and become dependent on a means and income tested unemployment benefit (based on Participation Act). If they live with their parents they will receive no cash benefit and will have no income of their own.

# Case studies

## Case study 1 - childhood

Eva is 10 years old. She lives at home with her parents and younger sister. One of her parents is working full-time on the median wage and the other is not in paid employment. They live in a rented house in the private sector. Eva has intellectual, physical and sensory impairments. She needs support and assistance to eat, dress and walk.

### Services, devices and assistance (including personal assistance and specialist technical devices)

In this case study the family earns median wage. Median wage in the Netherlands[[37]](#footnote-37) is gross 35 500 euro,[[38]](#footnote-38) which is equivalent to a net income of 24 969 euro.

1. Devices (including assistive technologies)

Depending on the level of support, Eva is entitled to devices for mobility or housing adaptations based on Social Support Act. Municipalities are free to decide to provide devices only to households below a certain income level. Municipalities are also free to decide on the level of contributions for the devices but they may in any case not be higher than the actual cost of devices. For devices for children with disabilities municipalities usually refrain from asking contributions. A wheelchair in the city of Utrecht is given or lend to children without a contribution.

For an adapted bike a municipality might ask for a contribution that would equal buying a regular bike or Eva. But policies vary in municipalities and there is no national overview of contributions.

If Eva visits a regular school devices might be provided to facilitate her going to schools (transport, adapted bike, taxi), and doing schoolwork (for instance an adapted computer or communication device), provided by UWV based on the Work and Income According to Labour Capacity Act WIA.

If Eva visits a special school for children with disabilities, the UWV will not provide her with transport or devices. In that case the municipality would provide transport to special school and the special school would have to provide devices. Since Eva’s mother does not have a paid job, the municipality can decide that transport will not be provided since the mother has time to take Eva to school.

For specific medical devices such as speech communication devices, wheelchairs and materials such as diapers Eva would be entitled to devices and materials issued by health care insurance companies. Not all devices for sensory impairments would be available to Eva. For instance a daisy player to read books out aloud is not issued to children with intellectual disabilities.

Her parents would have to pay 385 euro a year for any devices or material that is issued based on Healthcare Insurance for which this contribution is obligatory.

1. Personal assistance

Depending on the level of support Eva is entitled to personal care and support in participating in society based on Youth Care Act which has similar conditions as the Social Support Act or personal care and support based on the Act Long Term Care.

Municipalities decide on eligibility criteria and level of provisions based on the Youth Care Act. Municipalities are free to decide on eligibility criteria, the level of support given and contributions that shall be asked. As with devices, the culture with municipalities is, as yet, not to ask for contributions for personal care for children.

If Eva’s disability requires her to have continuous supervision and personal care to perform daily functions, she would be entitled to care based on the Act for Long Term Care. There are no contributions for this type of care for children under 18 years of age. All parents are expected to provide care to all their children. In the assessment procedure for Eva the assessor is obliged to calculate what the regular amount of time is that her parents would normally spend on daughters of 10 years old. This amount of time will be reduced from the indicated care packages for Eva.

Personal assistance will be provided by licensed care providers. The family could opt for a personal budget (both in the Youth Care Act if the care budget is indicated for more than 10 hours of personal care a week, and the Act on Long Term Care) with which Eva’s parents could hire Eva’s own personal assistants. The labour contracts that the family could use and the hourly wages that they will pay are strictly regulated and supervised. The parents may choose to use the personal budget to pay themselves for care provided to their daughter. The hourly tariff for work delivered by a parent or a personal assistance that has no formal training to deliver personal care is maximized at 20 euro an hour.

1. Other forms of service/Assistance

The family might apply for a guide dog (if Eva is blind) or a helping dog to help compensate for physical disabilities. Helping dogs are paid for out of the basic health care package, based on the Health Care insurance Act.

### Income protection

The median wage of the family is an income level that is supposed to be adequate for this family to pay almost all expenses themselves. At this income level there will be no health care benefit and no rent benefit. There will be a right to child benefit (income tested) and a fixed tax credit for expenses for children

### Disability-related expenses

Extraordinary health care costs may be taken into account for a personal tax credit if expenses exceed 1.65 % of the income of 35 500 euro for this family. Not all possible disability related expenses are accepted. There is a fixed list used by fiscal authorities for extra ordinary health care expense. Accepted disability related expenses are extra washing of clothes and bedlinen, extra costs for qualified attendants when parents want to go out in the evening or weekends, extra costs for transport to hospital or costs for special transport.

### Housing

Eva’s family is not entitled to rent benefit given the level of their income. They might be eligible for adaptations in the house, such as a lift or a bathroom and bedroom at ground floor level. Municipalities decide on eligibility criteria. Since the family rents the property, the family will not be asked for a contribution. The owner of the house might be asked for a contribution and the owner might raise the rent. At this income level the family will have no right to compensation via rent benefit. The owner of the house is obliged to consent to the adaptation of the house.

### Poverty line

Eurostat calculates the risk of poverty threshold for a family with two children under 14 as 26 323 euro per annum.[[39]](#footnote-39) The statutory minimum wage is 19 502 euro gross per year, which translates to a net income of 16 494 euro. Eva’s family is at risk of becoming poor. The median[[40]](#footnote-40) wage is 35 500 euro gross and 24 969 euro net. Only Sam earns this wage, his partner does not work, so the household income is below the poverty threshold as calculated by Eurostat.

Independent research agency Nibud has identified households in which only one partner works and earns median age as at risk of poverty, as their income is just above the level at which there is no right to housing and health insurance benefit anymore. According to Nibud[[41]](#footnote-41) these families can barely make ends meet. Their rent should not exceed 528 euro a month, they cannot afford to drive a car and they cannot pay for a yearly holiday or to pay contribution for sports associations for their children. Eva’s family would most probably have to pay at least 385 euro a year obligatory health care insurance contribution and possibly a contribution based on the Social Support Act.

Theoretically disability related expenses might lower the net disposable income under net minimum wage level. Municipalities are obliged (based on the Participation Act) to pay extra benefit if that is the case. Municipalities have freedom to judge the necessity of disability related expenses or any other expenses. In this case study it is not likely that the family will be entitled to this extra benefit. Although their net income level of 24 969 euro is below Eurostat’s risk of poverty threshold for a family with two children, their income is high above net minimum wage level for a family with children is 16 494 euro, which is the criterion for extra benefit by the municipality. Such an additional benefit would only be given if disability related expenses should amount to 8 475 euro a year.

### Additional comments about the social protection of disabled children

No additional comments.

## Case study 2 - adulthood (in work)

Sam is 35 years old. He is married and lives with his spouse. They are both working and each of them earns half the median wage. They are buying their own home with a loan from the bank. Sam uses a wheelchair for mobility.

### Services, devices and assistance (including personal assistance and specialist technical devices)

1. Devices (including assistive technologies)

Sam is entitled to mobility devices based on the Social Support Act. His wheelchair for daily use will be provided based on the Social Support Act. Up until 2015 municipalities were not allowed to ask for contributions for wheelchairs. As of 2015 they can. If Sam is an active sportsman (to be proven with a membership card of a sports association) and needs a special wheelchair for his sport, he can apply for an extra sports wheelchair.

Municipalities are free to decide to provide devices based on the Social Support Act only to households below a certain income level. Municipalities are also free to decide on the level of contributions for the devices but they may in any case not be higher than the actual cost of devices.

1. Personal assistance

Sam is entitled to personal care or help in keeping his house clean based on the Social Support Act. Municipalities have large discretionary freedom to decide what level of support is to be given. The municipality will assess what support Sam might need for personal care and to participate in society other than participate at work or education. The municipality will also assess what support his wife, family, friends and neighbours are willing to give. His wife is obliged to do at least the regular level of housework, cooking, getting groceries, doing laundry etcetera that a couple would normally do for each other. This includes some personal care as well.

Municipalities are also free to decide on the level of contributions for the personal care but contributions may not be higher than the actual cost of personal assistance. Contributions are income and means tested within the household. The total income of Sam and his wife will be the basis of calculations for the contribution. In the city of Utrecht Sam would pay[[42]](#footnote-42) a contribution of 72 euro every 4 weeks for 5 hours care per week. In the city of Lelystad he would pay 112 euro. Any of Sam and his wife’s savings above 41 570 euro will be taken into account as well. Suppose Sam and his wife saved 60 000 euro together to buy their house; they would pay in Utrecht not 72 euro but 102 euro per 4 weeks and in Lelystad not 102 euro but 167 euro per 4 weeks.

From the moment Sam and his wife use their savings to buy a home and actually start living there they have turned their savings into an asset in their own home. Such an asset may not be taken into account for the calculation of contribution for their care. This means that their contribution will drop to the lower level.

1. Other forms of service/Assistance

If Sam cannot travel with public transport, he might apply for an adapted car, use of a taxi or special transport for going to his work. This would be provided by or paid for by the national administrative authority UWV based on the Work and Income According to Labour Capacity Act WIA. Sam and his wife’s income should stay below the maximum income level of 37 167.22 euro a year for this provision. As they already earn 35 500 euro a year, a simple raise of his or her salary might cost Sam this compensation for extra transport costs to his work.

Sam could apply for an assistance dog to help compensate for physical disabilities. This would be likely if he cannot control his hands or all of his body very well. Assistance dogs are paid for out of the basic health care package, based on the Health Care insurance Act.

### Income protection

Sam and his wife’s income is at a level that is supposed to be adequate for them to pay almost all expenses themselves. At this income level there will be no health care benefit and no rent benefit.

### Disability-related expenses

Extraordinary health care costs may be taken into account for a personal tax credit if expenses exceed 1.65 % of the income of 35 500 euro for Sam and his wife. Not all possible disability related expenses are accepted. There is a fixed list used by the fiscal authorities for extraordinary health care expenses. Accepted disability related expenses are the extra washing of clothes and bedlinen and extra costs for personal assistance if Sam needs that (if his wife is absent for periods of time for instance).

### Housing

Sam and his wife are not entitled to rent benefit due to their income level. They might be eligible for adaptations in the house, such as a lift or a bathroom and bedroom at ground floor level. Municipalities decide on eligibility criteria. Since the family rents, the family will not be asked for a contribution. The owner of the house might be asked for a contribution and the owner might raise the rent. If Sam and his wife buy a house, they are themselves eligible for compensation for the costs for adaptations. The municipality might refuse to make adaptations if they buy a house that is less well adapted than their former house was. If that was the case the municipality might decide to refuse to compensate as the costs could have been avoided by staying in the former house.

### Poverty Line

According to Nibud[[43]](#footnote-43) families with only median wage can barely make ends meet, because their wage is just above the level to be entitled to housing and health insurance benefit. Such families will have difficulty paying for a car, holidays, sports activities and such. Sam’s situation will be financially worse as he is obliged to pay obligatory contribution for assistance and devices. This means Sam and his wife are more at risk of falling below poverty line.

Municipalities are obliged (based on the Participation Act) to pay additional benefit if income within a household is below net minimum wage level, for instance due to disability-related expenses. In the case of Sam and his wife it is not likely that the family will have a net disposable income under net minimum wage level, even if contributions for their care are taken into account.

### Additional comments (working age adults)

No comments.

## Working age adulthood (not in work)

Betti is 45 years old and lives alone. She has severe depression and chronic fatigue syndrome. She left her job three months ago because of the time off she needed because of her health. She does not feel well enough to look for other work.

### Services, devices and assistance (including personal assistance and specialist technical devices)

1. Devices (including assistive technologies)

If Betti feels the need for certain devices, perhaps a mobility device such as a scooter, due to her chronic illness she might try to apply for a device with the municipality based on the Social Support Act. She will be assessed though by a doctor who will decide if a mobility device is an option for people with chronic fatigue illness. Having a physical disability preventing one from being mobile would be more accepted than chronic fatigue illness.

1. Personal assistance

Depression and chronic fatigue syndrome will probably make Betti not automatically eligible for personal assistance. It would depend on a medical assessment to see if she can take care of herself and her house in her condition. If she needs assistance to keep herself safe and to keep her home tidy she might get some hours of help based on the Social Support Act. During her assessment possible help from family, friends and neighbours will be taken into account.

Betti would have to pay a contribution. Assuming that her income is at minimum level (she resigned from work herself and will as a consequence have no sick leave payment or unemployment benefit but at the best a cash benefit based on the Participation Act)

The contribution will likely be 19 euro a month. That amount is the minimum level most municipalities use for contributions for home care.

1. Other forms of service/Assistance

Betti might feel the need to have some company and some activities during the day. She might apply for help with the municipality and the municipality most likely would offer her to visit a day-care centre to be socially included. Betti will be asked to pay contribution for the use of day care centres, based on the Social Support Act.

If Betti has no income from work anymore and no savings to live on, she would want to apply for a cash benefit. She will not be entitled to sick leave from her former employer or unemployment benefit because she herself took the decision to quit her job. She is entitled to a cash benefit based on the Participation Act. With that comes the duty to seek work if sickness does not prevent that. The municipality will decide on a rehabilitation trajectory. The municipality might also decide that Betti is indeed too ill or disabled to work and alleviate her from the duty to seek a job.

### Income protection

Betti can apply for a cash benefit on minimum level based on the Participation Act. This would be a net income of 973 euro a month. In addition she will receive healthcare benefit of 942 euro a year and housing benefit if her rent is within the limits of the rent benefit system. (Rent benefit could be around 1 060 euro a year).

### Disability-related expenses

Extraordinary health care costs may be taken into account for a personal tax credit if expenses exceed 1.65 % of Betti’s income. Not all possible disability related expenses are accepted. There is a fixed list used by fiscal authorities for extra ordinary health care expense. Accepted disability related expenses for Betti are costs of going to hospital for therapy.

### Housing

Betti is entitled to the regular rent benefit for people with low income. In her case that could be around 1 060 euro a year.

### Poverty line

The risk of poverty threshold for a single person in 2014 is 12 535 euro.[[44]](#footnote-44) Betti’s income would be 11 530 euro a year (2015) without social transfers and 13 532 euro with housing and health insurance benefit. Her obligatory contribution for health care insurance would be 385 euro a year plus 348 euro a year contribution (12 x 19 euro) for support based on the Social Support Act. Even with these disability related expenses she would stay above poverty line.

### Additional comments (adults not in work for disability-related reasons)

No comments.

## Case study 4 – older age

Jon is 75 years old. He lives alone. He is retired after working his whole career as a teacher. He owns his own apartment. Recently he became totally blind.

### Services, devices and assistance (including personal assistance and specialist technical devices)

1. Devices (including assistive technologies)

Jon can apply for devices based on the Social Support Act provided by municipalities or more likely given his sudden blindness, by Health Care insurance. This can be any device a blind person could use. Jon is a teacher, so he might be a person who loves to read newspapers and books. Upon his own request he can be provided for instance with a daisy player to read out books and newspapers. This would be provided by health insurance. He would be eligible for free subscription to a library of books for daisy players.

1. Personal assistance

Jon is relatively old and given his sudden blindness, it might be difficult for him to learn to move in his own home, dress himself, take care of himself or to move outside his home and travel. Based on the Social Support Act, he would be provided with care at home and possibly assistance for leisure activities and during local travel. If he would use public transport or special transport he would not have to pay an extra ticket for train or bus for his assistant.

Upon assessing his need for assistance and personal care, the municipality will take possible assistance given by family, neighbours, volunteers and friends into account. The municipality will ask for contributions, the level of which will be related to his income. As a teacher he might have earned an income above median level. He will then have a retirement pension at minimum level paid for by national funds and a personal retirement pension on top of that equalling in total maximum of 70 % of his teacher salary. His contribution for care might then be between 100 or 830 euro a month, depending on his income.

If he needs constant surveillance or continuous support in daily activities, he might be eligible for support based on Act Long Term Care. This entitles him to a specified care package. If he opts for a personal budget, he may use that to hire his own personal assistance in his own home.

The question would be though if the budget is high enough to provide all necessary attendance. The level of care budgets are meant to provide care for people in residential care homes living in groups, sharing personal attendance. A corresponding budget is at best 75 % of the care package a care provider would receive. This means that the budget will not be sufficient to hire professional assistance for Jon living on his own.

An example will make it clear why this system leads to most likely insufficient budgets for people living alone.

Suppose Jon is assessed to be in need of 2 hours individual care a day and 4 hours a day support in group living for a group of 8 persons. His individual care budget will then contain 2 hours individual care per day plus 4 hours support for group living. As the groups are supposed to comprise 8 persons, Jon will receive his share, which is 4 hours divided by 8 = 0.5 hours. If Jon opts for a personal budget he would receive a budget for 2.5 hours support a day. This would mean Jon cannot hire enough help based on a personal budget unless he pays very low wages or if he gets additional help from family and friends.

Jon would off course also have to pay a contribution for having this budget based on Act for Long Term Care. Depending on his income and savings this would be between 18 and 838.60 euro a month.

Jon might consider moving to a group home or residential institution where he would have a private bedroom, but he would have to share living accommodation and share staff. Jon owns his own house. If there is no mortgage on his house, the value of the house would be taken into account, like savings, to calculate his obligatory contribution. Suppose the value of his house is 250 000 euro and suppose his yearly retirement pension is 30 000 euro a year. Jon would in that case pay the maximum monthly contribution of 2 301.40 euro a month.

1. Other forms of service/Assistance

No other services known.

### Income protection

Jon’s retirement income will be a maximum of 70 % of a teacher’s salary (which would be around or above median wage). Taxes for retired people are lower than for people below retirement age.

### Disability-related expenses

Extraordinary health care costs may be taken into account for a personal tax credit if expenses exceed 1.65 % of Jon’s income and 5.75 % of income above 40 000 euro a year.

Not all possible disability related expenses are accepted. There is a fixed list used by fiscal authorities for extra ordinary health care expense. Accepted disability related expenses might be costs of going to hospital and extra costs for personal assistance if Jon would hire such.

### Housing

Jon is not entitled to rent benefit. If adaptations in his own home would help him with his blindness, municipality will provide them based on Social Support Act. The municipality would ask for contributions depending on his income level and savings. As long as he actually lives in his house, the value of the house will not be taken into account for calculating the contribution.

### Poverty line

The contribution for care at home will be maximised at 838 euro a month if Jon receives care at his own home. Depending on his other expenses and given the fact that he not entitled to rent benefit or health insurance benefit, it might lower his net disposable income to under the poverty line. He will not be entitled to a lower contribution or extra cash benefit as long as he has savings or the theoretical value of his own home.

If he opts to live in a residential setting, his contribution would be 2 301 euro a month. This would certainly lower his net disposable income level under the poverty line. He will not be entitled to a lower contribution or extra cash benefit as long as he has savings or the theoretical value of his own home. He may be required to sell his home or to mortgage his home in order to pay for contribution and his monthly expenses for clothing, washing of his clothes, hairdresser, wine with meals etc.

### Retirement

Jon will have the regular retirement benefit all residents have in the Netherlands and in addition his retirement pension as a teacher. The total sum would be maximum 70 % of a teacher salary.

### Additional comments (older people)

No comments.

# PART B: CRITIQUE AND EVALUATION

# Critique and evaluation of specific benefits/schemes

## Services, devices and assistance

1. Devices (including assistive technologies)

A wide range of devices are available for people with disabilities. Since issuing and paying for devices is based on 4 different Acts and each Act has its own eligibility criteria and assessment procedures, persons with disabilities do not always know of all possibilities and know of all their rights. Even for assessors it can be difficult to know which institute or which act should be applied for.

Devices issued by municipalities based on the Social Support Act are best known.

Assessment procedures are experienced as bureaucratic and sometimes humiliating because municipalities have discretionary freedom to decide on the necessity of devices in individual situations. People with a disability have to prove the severity of their disability in order to be eligible. Paying contributions is a less humiliating process since users don’t have to show what they earn or what disability related expenses they might already have at the local municipal office. They pay their contributions at a national administrative authority[[45]](#footnote-45) who automatically gets all income and expense data of users from national Tax Authority.

The Social Support Act obliges municipalities and town councils to consult with people with disabilities on policies regarding what devices should be issued under what conditions and how assessment procedures should be. The majority of people applying for devices are elderly people applying for mobility devices (scoot mobile). There is a tendency in the consultation process within municipalities to discuss mostly devices with the group of elderly users. This could lead to less information on the needs of younger persons with a disability or children with a disability.

1. Personal assistance

Dutch legislation does not recognise the right to personal assistance as such. National policies are that people with disabilities should be able to get support to live in their own home as long as possible.

It is recognized that people with disabilities need other people for their personal care, for support in daily activities and for medical care. Such assistance can be given based on three different Acts (Social Support Act, the Long Term Care Act and the Health Insurance Act. The demarcation between the three is very difficult to know for both people with disabilities and for the functionaries who do assessments. People can, but not always, combine applications and make use of all three. At the same time municipalities and Health Care Insurers might refer applicants to each other in order to avoid the expenses of granting personal assistance.[[46]](#footnote-46)

A municipality might refer a person with a more severe disability to the Long Term Care Act to apply for a care home as this would mean less expense for the municipality, while a Health Care insurance Company who has spent the regional budget might refer a person back. Formally referral is made with the aim of providing the best care options and to enable people to live at home as long as possible. In reality financial incentives have an influence.[[47]](#footnote-47)

If people are eligible for care and support based on the Long Term Care Act they may receive care and support in their private home on two conditions: a care provider shall have to be found willing to provide the care and the costs of such care should be “efficient”.[[48]](#footnote-48) This is laid down in an agreement between ministry of Health, Welfare and Sport and the paying Insurance Companies. According to this agreement the costs of care at home may at maximum be 25 % more expensive then care in an institution and insurance companies should be asked for specific permission.

People with disabilities can opt for a personal care budget. This does not grant as much freedom as it used to be in the Netherlands when the instrument was introduced 20 years ago. The budgets are managed by a national administrative authority that checks if care is provided according to allowed descriptions. For instance, the Social Support Act provides care with the aim of participation in local leisure activities. The Long Term Care Act provides basic care and does not pay for leisure activities and therapies. The Health Care insurance budgets are restricted to medical care by qualified nurses.

1. Other forms of service/Assistance

No further comments.

## Income protection

Disability benefits for former employees are partly related to the last earned wage and can be above minimum level. People who are found to be fully incapacitated for work due to a disability at a young age will receive a disability benefit at the net level of 75 % of minimum wage which is 5 % above minimum level. These benefits are not means and income tested within the household.

People with disabilities who were self-employed and people who were disabled at a young age but are assessed to be able to work partly, are not entitled to disability benefits. They are required to provide for themselves and if they do not succeed are entitled to cash benefits based on the Participation Act. These benefits are at minimum level and are means and income tested within the household. If the household income is above minimum level, no additional cash benefit will be given to the person with a disability.

The assumption that partially disabled people can find work and earn their own income is not built on evidence. The yearly monitor on labour participation, published by Administrative Authority UWV[[49]](#footnote-49) gives the following figures: The number of people with early onset disabilities and working was 25 % of all receivers of the Wajong benefit in 2011 (when partially disabled people could still apply for this benefit). This percentage of working Wajong- receivers decreased to 23.4 % in 2012 and further to 22.2 % in 2013. Around half of working Wajong recipients work in sheltered employment (for which entry was closed in 2015), and the other half in regular companies. 60 % of persons with a Wajong benefit who work in regular companies need considerable support (like a job coach) to find and keep their jobs.

Of all working persons with a Wajong benefit, 72 % need supplementary benefit on top of their wage in order to have an income at minimum level. 60 % need considerable support in getting and keeping a job. Most of them are offered temporary contracts at the start of their career, which half of them lose within the first year. The overall picture of labour participation in this group of people disabled before their 18th birthday and who are assessed as able to work partially, is of people who have considerable difficulty acquiring an accepted position on the labour market and earning their own income.[[50]](#footnote-50)

## Disability-related expenses

Before 2014 many tax credits were possible for disability related expenses. Only a few remained for specific groups and for specific disability related expenses.

This low availability of tax credits for disability related expenses combined with high contributions for care and support has had an impact on net disposable income for households with a member with a disability.

Diminished tax credits and higher obligatory contributions resulted in a net income decrease for people with disabilities of up to -12 % in 2016. This net income loss has been calculated by Research agency Nibud[[51]](#footnote-51) commissioned by the association of people with a chronic illness or disability IederIn.[[52]](#footnote-52) People without a disability and a job will have a net increase of their income of 2.6 % in 2016. The net income loss for people with a disability varies between -2.3 up to 12.5 %. The maximum income loss in 2016 is for households with an income above minimum level. This could be a household in which the receiver of a disability benefit has also paid work or in which another member of the household has a job (see paragraph 1).

Data over a longer period of time[[53]](#footnote-53) show that households without a disability amongst its members have a better income position and better income development then households with a member with a disability benefit. The gap between the income development between households without and households with a disability benefit has widened considerably since 2000. The average disposable income of receivers of the (lowest) disability benefit was 67 % of that of households without a disability in 2000 and only 56 % in 2014.

All residents with low income are entitled to fiscal tax credits for rent and obligatory health care insurance and child benefit if applicable. The tax credit system for rent allows for extra tax credit for people who live in houses for which rent was raised after disability adaptations

## Housing costs

The tax credit system for rent allows for some extra tax credit for renters with a disability and eligible for support based on the Long Term Care Act. This allows for care providers to build clustered apartments with shared facilities for providing care. Such apartments would be more expensive and would require rents above rent benefit level. The extra rent credit facilities make this type of clustered apartments economically possible.

A specific problem concerns people who are dependent on Long Term Care and choose residential care or group homes. Their support and care is strictly combined with the offer of housing within the institution. Group home living does not guarantee a private apartment, sometimes not even a private bedroom (especially for people with intellectual disabilities and elderly people with intensive need of medical care). In 2002 the average number of people living in one group in smaller group homes for people with physical disabilities was 8.3.[[54]](#footnote-54) National policy in 2003[[55]](#footnote-55) was to provide every person living in groups in a residential setting or group home with a private bedroom and to ensure a maximum of 6 group members, requiring improvements to be made for 10 250 people (or beds). In 2010 the improvements were still to be made for 4 445 people (of beds).[[56]](#footnote-56) No account has been given since 2010.

## Retirement benefits

People with a disability benefit lose that benefit upon retirement age. They shall be entitled to retirement benefit pension. This can be at a lower level then their disability benefit.

## Disability discrimination and social protection measures (including, in particular, measures which are not disability specific)

The legal dispensation to pay below minimum wage for people eligible for Wajong benefit is generally perceived as a positive measure because it enhances disabled people’s chances in the labour market. The other side is that people with early onset disabilities, who succeed in finding work, are eternally dependent on supplementary benefits. Research shows that people in this group have, despite this dispensation, slim chances in finding and keeping paid jobs.[[57]](#footnote-57)

# Critique and evaluation of overall situation and cumulative effect - standard of living

General available data on poverty[[58]](#footnote-58) do not provide specifics on disability or illness. The latest specific report on influence of poverty on social inclusion was published in 2007.[[59]](#footnote-59) Government reports on income protection and annual representations of fluctuations in net disposable income of households never mention specific figures for households with a member with a disability.

The income position of people with a disability is not formally monitored. It is left up to organisations of people with a disability[[60]](#footnote-60) to commission research on net disposable income and disability related expenses. Their findings[[61]](#footnote-61) are that people with a disability are becoming poorer, even if they work. One in fifth participates less in society due to lack of money.

In 2015 an extensive reform of disability benefits (for early onset disability) came into force combined with reform of the Long Term Care Act and Social Support Act. The reforms decentralized responsibilities for these policies to municipalities. The reform and decentralization process has not yet shown a notable difference other than reducing costs of collective provisions such as benefits. Results for people with a disability in the form of more employment, more people able to take care of themselves and their families and more inclusion in companies are not yet visible. What is visible is that poverty is increasing for people with a disability as a result of policy measures without experiencing the potential benefit of these policies in terms of more employment.

People with more severe disabilities living in residential institutions are not all offered private apartments and sometime not even private bedrooms. They pay high contributions for residential care and cannot afford to keep their own home.

# PART C

# Key points

## Examples of good practice

Municipalities have large discretionary freedom to support their citizens with a disability with cash benefits, supports, devices, and help in seeking work etcetera. Municipalities are able to differentiate their support based on assessment of individual situations. Renewal of ways to support people, to empower them and to enable them to live in their home as long as possible are formal aims in the renewal agenda of the association of municipalities VNG.[[62]](#footnote-62) In a publication ten good practices were presented by VNG.[[63]](#footnote-63) Regarding people dependent on long term care good practices are presented by research organization ZonMW on a website page about better care.[[64]](#footnote-64) Poor practices were publicised in 2015 by a private association of parents of people with intellectual disabilities.[[65]](#footnote-65)

## Concerns

People with a disability in the Netherlands are being disproportionately affected by poverty increases. However, increasing poverty among people with disabilities is not gaining much attention among policymakers.

Specific groups of people with a disability have no right to a disability benefit (self-employed people and young people with early onset disability who are considered partially able to work. They depend on minimum cash benefits which are means tested within their households).

There are limited possibilities for tax credits while at the same time everyone who needs support pay contributions for care, related to their income and means within the household.

The result is that most people with a disability, including those that have paid jobs, have a low disposable income level, which hinders their social participation. Persons with a disability are, in terms of income protection, being made more dependent on their partners, parents or other members of their households.

## Recommendations

Monitoring the effects of policies on social protection for specifically people with a disability should be more of a priority. Data gathering should aim more at analysing net disposable income and the effects of obligatory contributions for care.

There should be monitoring of dependency and its effects for people with a disability. They can be dependent lifelong on minimum level benefits or reliant on members of their households.

1. Jean Marie Wildeboer Schut, Stella Hoff, March 2016, SCP. A long shortage, Long-term poverty in the Netherlands. <http://www.scp.nl/english/Publications/Summaries_by_year/Summaries_2016/A_long_shortage>. [↑](#footnote-ref-1)
2. The poverty level takes into account not only income level but also expenditure. It is to be distinguished from the lowest benefit level (which if people are dependent on that benefit level may increase the risk of poverty). [↑](#footnote-ref-2)
3. Work and income, core data and trends. Study by research institute Nivel: Veer, J. van der, Waverijn, G., Spreeuwenberg, P., Rijken, M. Werk en Inkomen: kerngegevens en trends. Rapportage 2013.Utrecht; NIVEL, 2013. <http://www.nivel.nl/nl/nieuws/inkomenspositie-chronisch-zieken-en-gehandicapten-een-kwart-teert-in>. [↑](#footnote-ref-3)
4. Based on data from Central Bureau for Statistics CBS: Standardised disposable income calculation per person, child allowance and obligatory premium for health care insurance taken into account. [↑](#footnote-ref-4)
5. M. de Klerk, Meedoen met beperkingen, Rapportage Gehandicapten 2007 (Participating with

   Limitations, Disability Report 2007), Den Haag, SCP, 2007.

   <http://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2007/Meedoen_met_beperkingen>. [↑](#footnote-ref-5)
6. UWV Monitor Arbeidsparticipatie 2014. <http://www.uwv.nl/overuwv/Images/UWV_Monitor%20Arbeidsparticipatie_2014_eindversie.pdf> and Factsheet Panel Psychisch Gezien: <http://www.kenniscentrumphrenos.nl/wp-content/uploads/2014/10/Factsheet-panel-Psychisch-Gezien-2014-Werk-eenzaamheid-en-stigma.pdf>. [↑](#footnote-ref-6)
7. Gemiddeld inkomen; particuliere huishoudens naar diverse kenmerken (Average income private households according to specific characteristics) <http://statline.cbs.nl/Statweb/publication/?DM=SLNL&PA=70843ned&D1=0,6&D2=0&D3=0,53&D4=a&HDR=G3,T&STB=G1,G2&VW=T>. [↑](#footnote-ref-7)
8. Nibud (National Institute for Family Finance Information: <http://www.nibud.nl/beroepsmatig/2016-gunstig-jaar-voor-portemonnee/>. [↑](#footnote-ref-8)
9. <https://iederin.nl/nieuws/17660//sterke-daling-koopkracht-voor-mensen-met-een-beperking>. [↑](#footnote-ref-9)
10. Iederin did the same in 2015 with the same result: disposable income loss for people dependent on health care and support systems. [↑](#footnote-ref-10)
11. Compass for Long Term Care Act: <https://www.zorginstituutnederland.nl/pakket/wlz-kompas>. [↑](#footnote-ref-11)
12. Wet maatschappelijke ondersteuning 2015 (Social Support Act) <http://wetten.overheid.nl/BWBR0035362/2015-01-01>. [↑](#footnote-ref-12)
13. Youth Care Act 2014 (Jeugdwet) <http://wetten.overheid.nl/BWBR0034925/2015-01-01>. [↑](#footnote-ref-13)
14. Healthcare Insurance Act 2005 (Zorgverzekeringswet): <http://wetten.overheid.nl/BWBR0018450/2016-01-01>. [↑](#footnote-ref-14)
15. Work and Income According to Labour Capacity Act 2005 (Wet Werk en Inkomen naar Arbeidsvermogen WIA). <http://wetten.overheid.nl/BWBR0019057/2016-01-01>. [↑](#footnote-ref-15)
16. Normbedragen voorzieningen 2016 <http://www.uwv.nl/particulieren/brochures/normbedragen-voorzieningen.aspx>. [↑](#footnote-ref-16)
17. Long Term Care Act 2016 (Wet Langdurige Zorg WLZ) <http://wetten.overheid.nl/BWBR0035917/2016-01-01>. [↑](#footnote-ref-17)
18. Informatiekaart Afbakening Wmo 2015 en wijkverpleging Zvw <https://vng.nl/onderwerpenindex/maatschappelijke-ondersteuning/wmo-2015/publicaties/informatiekaart-afbakening-wmo-2015-en-wijkverpleging-zvw>. [↑](#footnote-ref-18)
19. Wet maatschappelijke ondersteuning 2015 (Social Support Act) <http://wetten.overheid.nl/BWBR0035362/2015-01-01>. [↑](#footnote-ref-19)
20. Youth Care Act 2014 (Jeugdwet) <http://wetten.overheid.nl/BWBR0034925/2015-01-01>. [↑](#footnote-ref-20)
21. These contributions for instance apply in Amsterdam for the year 2016, as calculated with a calculation tool published at the central administrative authority CAK who collects the contributions in commission for all municipalities. <http://www.hetcak.nl/portalserver/portals/cak-portal/pages/k1-12-1-bereken-uw-eigen-bijdrage.html>. [↑](#footnote-ref-21)
22. Rates for medical care are set by insurance companies and suppliers. The rates can differ. Anyone who uses anything out of the general basic care package (going to hospital, have surgery, a test, a device, nursing) will pay rates until the obligatory 385 euro is paid. [↑](#footnote-ref-22)
23. Sociale Verzekeringsbank SVB <http://www.svb.nl/int/en/index.jsp>. [↑](#footnote-ref-23)
24. Sickness Benefit Act 1913 (Ziektewet, ZW) <http://wetten.overheid.nl/BWBR0001888/2016-01-01>. [↑](#footnote-ref-24)
25. The Disablement Assistance Act for Disabled Young Persons 1997 (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong) <http://wetten.overheid.nl/BWBR0008657/2016-01-01>. [↑](#footnote-ref-25)
26. The Participation Act 2003 (Participatiewet) <http://wetten.overheid.nl/BWBR0015703/2016-01-01>. [↑](#footnote-ref-26)
27. General Child Benefit (Algemene Kinderbijslagwet) <http://wetten.overheid.nl/BWBR0002368/2016-02-19>. [↑](#footnote-ref-27)
28. Website Valys: <https://www.valys.nl/>. [↑](#footnote-ref-28)
29. The National Government decides on conditions each year. The rent allowance can be calculated with a calculation tool at the website of the Tax Authority. <http://www.belastingdienst.nl/wps/wcm/connect/bldcontentnl/belastingdienst/prive/toeslagen/huurtoeslag/huurtoeslag_2016/>. [↑](#footnote-ref-29)
30. General Old-Age Pensions Act 1956 (Algemene Ouderdomswet, AOW) <http://wetten.overheid.nl/BWBR0002221/2016-01-01>. [↑](#footnote-ref-30)
31. Article 35, 3 and 4 of Participation Act. [↑](#footnote-ref-31)
32. The Act minimum wage and holiday allowance1968 (Wet minimumloon en minimumvakantiebijslag 1968) <http://wetten.overheid.nl/BWBR0002638/2016-01-01>. [↑](#footnote-ref-32)
33. Besluit loondispensatie Wajong 2010. [↑](#footnote-ref-33)
34. Page 8: 9th National Report on the implementation of the European Social Charter submitted by the government of the Netherlands. Follow-up to Collective Complaints 90/2013, 86/2012, 47/2008, Complementary information on Articles 4§1 and 26§2 (Conclusions 014) <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016804894f6>. [↑](#footnote-ref-34)
35. 9th National Report on the implementation of the European Social Charter submitted by the government of the Netherlands. Follow-up to Collective Complaints 90/2013, 86/2012, 47/2008, Complementary information on Articles 4§1 and 26§2 (Conclusions 014) <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016804894f6>. [↑](#footnote-ref-35)
36. Inventory of priorities, page 24: <http://www.samenvoordeklant.nl/sites/default/files/bestandsbijlage/analyse_convenanten_regionale_werkbedrijven_def.pdf>. [↑](#footnote-ref-36)
37. In the Netherlands the term “modal” is used instead of median. It stands for the income level most commonly earned. The median wage is slightly below at 34 000 euro. [↑](#footnote-ref-37)
38. Central Planning Bureau CPB: <http://www.cpb.nl/publicatie/macro-economische-verkenning-mev-2016>. [↑](#footnote-ref-38)
39. <http://ec.europa.eu/eurostat/product?code=ilc_li01&language=en&mode=view>. [↑](#footnote-ref-39)
40. In the Netherlands the term “modal” is used instead of median. It stands for the income level most commonly earned. The median age is slightly below at 34 000 euro. [↑](#footnote-ref-40)
41. Research based on yearly published Budgethandboek (handbook for budgeting household incomes) <https://www.nibud.nl/beroepsmatig/nibud-traditioneel-kostwinnersgezin-met-modaal-inkomen-heeft-het-financieel-gezien-zwaar/>. [↑](#footnote-ref-41)
42. Roughly calculated with a tool for Social Support Act: <https://www.hetcak.nl/portalserver/portals/cak-portal/pages/k1-2-5-4-rekenprogramma-zorg-thuis>. [↑](#footnote-ref-42)
43. Research based on the annually published Budgethandboek (handbook for budgeting household incomes) <https://www.nibud.nl/beroepsmatig/nibud-traditioneel-kostwinnersgezin-met-modaal-inkomen-heeft-het-financieel-gezien-zwaar/>. [↑](#footnote-ref-43)
44. <http://ec.europa.eu/eurostat/product?code=ilc_li01&language=en&mode=view>. [↑](#footnote-ref-44)
45. CAK <https://www.hetcak.nl/portalserver/portals/cak-portal/pages/k1-7-24-veelgestelde-vragen.html>. [↑](#footnote-ref-45)
46. This tendency has been described as a risk by Central Planning Bureau CPB in their report: CPB Notitie | 4 September 2013: decentralisaties in het sociale domein. <http://www.cpb.nl/persbericht/3214203/cpb-inventariseert-kansen-en-risicos-decentralisaties>. [↑](#footnote-ref-46)
47. CPB Notitie | 4 september 2013: decentralisaties in het sociale domein. [↑](#footnote-ref-47)
48. Toetsingskader doelmatige en verantwoorde zorg thuis, Definitieve versie, 29 juni 2015.

    Dit ZN document is tot stand gekomen in samenwerking met VWS. This translates as Assessment framework for efficient and sound care at home: This framework has been made up by the ministry of health, welfare and sports in conjunction with health insurance companies who will pay for the support. [↑](#footnote-ref-48)
49. UWV Monitor Arbeidsparticipatie 2014. <http://www.uwv.nl/overuwv/Images/UWV_Monitor%20Arbeidsparticipatie_2014_eindversie.pdf>. [↑](#footnote-ref-49)
50. UWV Monitor Arbeidsparticipatie. [↑](#footnote-ref-50)
51. Nibud (National Institute for Family Finance Information: <http://www.nibud.nl/beroepsmatig/2016-gunstig-jaar-voor-portemonnee/>. [↑](#footnote-ref-51)
52. <https://iederin.nl/nieuws/17660//sterke-daling-koopkracht-voor-mensen-met-een-beperking>. [↑](#footnote-ref-52)
53. Gemiddeld inkomen; particuliere huishoudens naar diverse kenmerken. (average income private households according to specific characteristics) <http://statline.cbs.nl/Statweb/publication/?DM=SLNL&PA=70843ned&D1=0,6&D2=0&D3=0,53&D4=a&HDR=G3,T&STB=G1,G2&VW=T>. [↑](#footnote-ref-53)
54. UItvoeringstoets College Bouw Zorg 2002, page 15: <http://www.bouwcollege.nl/Pdf/Ontwerpaspecten/ut529.pdf>. [↑](#footnote-ref-54)
55. College Bouw Zorg 2003: Monitoring Gebouw kwaliteit in de gehandicaptenzorg (monitor quality of buildings in care for people with disabilities). The College is now part of a new organisation: Centrum Zorg en Bouw/ TNO. <http://www.bouwcollege.nl/Pdf/zorg/bm103.pdf?&>. [↑](#footnote-ref-55)
56. Letter to Parliament, Minister Klink of Health Welfare and Sport, 30597, nr 158. [↑](#footnote-ref-56)
57. See under heading 4.2: Monitor on labour participation, published by Administrative Authority UWV. [↑](#footnote-ref-57)
58. Laag en langdurig laag inkomen; personen in particuliere huishoudens, 3 December 2013 (Longterm low income; persons in private households) <http://statline.cbs.nl/StatWeb/publication/default.aspx?DM=SLNL&PA=70741ned&D1=1&D2=6&D3=a&D4=a&D5=0-5%2c24-49&D6=l&HDR=G5%2cT%2cG3%2cG1%2cG2&STB=G4&VW=T>. [↑](#footnote-ref-58)
59. M. de Klerk, Meedoen met beperkingen, Rapportage Gehandicapten 2007 (Participating with

    Limitations, Disability Report 2007), Den Haag, SCP, 2007.

    <http://www.scp.nl/Publicaties/Alle_publicaties/Publicaties_2007/Meedoen_met_beperkingen>. [↑](#footnote-ref-59)
60. Iederin, umbrella organisation of DPOs: <https://iederin.nl/themas/geldzaken/koopkracht/>. [↑](#footnote-ref-60)
61. Nibud (National Institute for Family Finance Information: [http://www.nibud.nl/beroepsmatig/2016-gunstig-jaar-voor-portemonnee/](http://www.nibud.nl/beroepsmatig/2016-gunstig-jaar-voor-portemonnee/%20);

    [https://iederin.nl/nieuws/17660//sterke-daling-koopkracht-voor-mensen-met-een-beperking](https://iederin.nl/nieuws/17660/sterke-daling-koopkracht-voor-mensen-met-een-beperking). [↑](#footnote-ref-61)
62. Samen ondersteuning vernieuwen (Dutch). VNG June 2015. <https://vng.nl/files/vng/nieuws_attachments/2015/20150707-samen-ondersteuning-vernieuwen.pdf>. [↑](#footnote-ref-62)
63. De gouden formule 10 Gouden Sociale Gemeenten aan het woord. <https://vng.nl/onderwerpenindex/sociaal-domein/nieuws/tien-gouden-gemeenten-als-goede-voorbeeld>. [↑](#footnote-ref-63)
64. <http://www.zonmw.nl/nl/programmas/programma-detail/zorg-voor-beter/algemeen/>. [↑](#footnote-ref-64)
65. <http://www.klokkenluidersvg.nl/images/klvgzwartboek28112014.pdf>. [↑](#footnote-ref-65)