**QUESTIONAIRE on the provision of support to persons with disabilities**

**The Netherlands Institute for Human Rights**

October 14, 2016

1. (a-b) In The Netherlands, persons with disabilities may receive support for personal assistance and in-home, residential and community support through various budget channels. As a consequence of a major overhaul in the field of social policies (in force as of 1 January 2015) local governments have more responsibilities which affect human rights. In addition, health insurance companies administer budgets for long-term residential care.[[1]](#endnote-1) The overhaul was accompanied by (severe) budgetary cuts.

Municipalities are responsible to support individuals in participating in society and to provide access to care and services to facilitate this. Individuals are expected to do as much as possible themselves and to request their social network to provide informal care.

Various reports indicate that the access to, and availability of, care for various groups are negatively affected. These groups include elderly, chronically ill and people with disabilities, women, and children. It appears that many have limited support from their social network.[[2]](#endnote-2) Local authorities are often not equipped to provide the necessary support. They often lack the infrastructure, expertise and budget. They are not always able to identify vulnerable groups who do not seek support themselves.

The issues that have arisen as a result of the transition in social services include:

* Access to health care: reports indicate that people avoid seeking support due to unclear and high financial contributions to obtain care and services.[[3]](#endnote-3) This disproportionally affects elderly and people with disabilities. Information on obtaining a waiver for such contribution is not always provided. Local authorities are not transparent about the amount of own contribution.[[4]](#endnote-4)
* Rights of the child and family life: lack of specific expertise among professionals, lack of information for the families, wrong referrals to specialised support and long(er) waiting lists for families mean access and availability of (specialised) care cannot be guaranteed on time and waiting lists are growing.[[5]](#endnote-5)
* Right to information and availability of an effective remedy: local authorities decide about support based on a request by the individual concerned. Information about how to request support is often unclear. The right of access to an independent professional to request support is largely unknown. Though mandatory, such an independent professional is not present everywhere. Decisions on the request for support are not always well-motivated. A refusal to grant support is not always clearly communicated; as a result it is difficult to appeal such decisions.

The shift in responsibilities to provide social care towards local authorities does not lift the central government’s end-responsibility to guarantee human rights. It should increase its efforts in monitoring the effects of the transition in the domain of social policies on human rights, with special focus on vulnerable groups. It should raise awareness and ensure the development of expertise about relevant human rights standards within local authorities.

(c) The Netherlands Institute for Human Rights is not familiar with services that are available for persons with disabilities for support in decision making.

(d) As for communication support: sign language interpreters are made available for work (15% of the working hours), education (usually 100%) and private situations such as a doctors consult, going to a notary, attending a wedding or funeral (30 hours a year).

Representative organisations of persons with a hearing impairment have criticized the way communication support is organized:

* the amount of hours for sign language interpreters for work is not enough and it is difficult for independent workers to meet the criteria for a sign language interpreter
* sign interpreters are not available for education when persons are 30 years and older
* different ministries are responsible for sign language interpreters, depending on what the interpreter is needed for
* several organizations have a role in making sign language interpreters available and they have different policies

1. The Netherlands Institute for Human Rights does not have information concerning this question.
2. The Netherlands Institute for Human Rights does not have information concerning this question.
3. The Netherlands Institute for Human Rights does not have information concerning this question.
4. There is a partnership between the State and the UWV and Menzis. These organizations provide sign language interpreters. The UWV also pays for job coaches for persons with disabilities.
5. The Netherlands Institute for Human Rights does not have information concerning this question.
6. Several kinds of guardians are available and provisions concerning guardianship are laid down in law. Research commissioned by the Netherlands Institute for Human Rights shows that according to art. 12 CRPD possibilities for supported decision-making need to be strengthened. There is need to search for options whereby loss or limitations of capacity does not arise automatically, when applying adult guardianship measures. This issue is currently in public debate.

1. The overhaul centred around four new pieces of legislation each focusing on specific target groups and topics. These are:

   Wet Landurige Zorg (Law on Long-term Care): focusing on people in need of long-term residential care. Budget may also be handed to caretakers themselves, who are then accountable for paying their caregivers.

   Wet Maatschappelijke Ondersteuning (Law on Social Support): focusing on people in need of (health) care and support;

   Jeugdwet (Law on Youth): focusing on children and youth (and their families) in need of specific support;

   Participatiewet (Law on Participation): focusing on the labour market and people who are unable to find a job. This includes people with disabilities. [↑](#endnote-ref-1)
2. In 2014 the Netherlands Institute for Social Research (SCP) conducted research on support in care. In that research 1 in 10 Dutch people indicated they would have nobody in their social network to provide support for more than 3 months. SCP, *Zorg en ondersteuning in Nederland: kerncijfers 2014 (Care and support in the Netherlands: core numbers 2014)*, 2014, p.19-21. In later research evaluating the transition published in 2016, SCP concluded that for elderly people (65+) with health problems this figure is 1 in 5. Boelhouwer, van den Berg, den Draak and Pommer, *Overall Rapportage sociaal domein 2015: rondom transitie* (Overall report social domain 2015: around transition)*,* SCP*,* May 2016, chapter 3. They do not always have access to a social network, but they are also reluctant to ask their social network for support. At the same time it is not always possible for the social network to support due to lack of available time and/or expertise. [↑](#endnote-ref-2)
3. Ieder(in) and Binnenlands Bestuur, *Meldactie Eigen Bijdrage* (*Report on survey on own contribution*), February 2016; SSKIPR, *Ouderen mijden zorg om kosten (Elderly avoid care because of expenses),* August 2015. [↑](#endnote-ref-3)
4. National Ombudsman, *Een onverwacht hoge rekening (An unexpected high bill),* March 2016, p. 34. [↑](#endnote-ref-4)
5. See for example: Baracs, de Jong and van der Kooi, *De zorg waar ze recht op hebben: onderzoek naar de toegang tot en de kwaliteit van de jeugdhulp na decentralisatie (The care they are entitled to: research in the access to and quality of support for children and youth after decentralization)*, the Netherlands’ Ombudsman for children, March 2016. Specific issues identified are: lack of access to information about support and where to go; waiting lists in support; delays in support for children in unsafe situations; lack of expertise in so-called community teams who are supposed to offer support; little access to information about support available to community teams and general practitioners. Also see: Movisie, *Sociale (wijk)teams in beeld (Community teams portrayed),* 2015; Monitor Transition Youth, *Annual report of 2015*; *Quarterly reports* by Monitor Transition Youth in 2016 indicate the problems are continuing; Kriek, Mallee, de Vaan, Witvliet, *Ervaringen van instellingen na een jaar decentralisatie (Experiences of institutions one year after decentralisation)*, Regioplan Policy Research, January 2016. [↑](#endnote-ref-5)