

The Netherlands – ANED country profile

The information contained in this summary was compiled by the Academic Network of European Disability experts (ANED) in April 2009.

Academic networks and resources

Disability studies is not a developed field of academic study in the Netherlands and is not supported by an organized academic network. Research is being conducted to explore the feasibility of developing disability studies. Several people and institutions are involved in doing disability research, but mostly in isolation from each other. Currently, disability-related academic research is being conducted by the following:

[Professor Lisa Waddington of Maastricht University \(Faculty of Law\)](#), member of the European Expert Group on Non-Discrimination Law, advisor to the European Disability Forum. The Vrije Universiteit Amsterdam has a special chair ([Willem van de Bergh Leerstoel, held by Professor Herman Meijninger](#)) devoted to the social integration of people with intellectual disabilities. The International Forum on Disability Management is represented in the Netherlands by [Femke Reijenga \(Senior Researcher on disability and work for AStri\)](#). [The Innovia Foundation](#), founded in the Netherlands in 2000, is an international, interdisciplinary research network focused on the experiences and position of health care users in the fact of developing health care technology. The following also conduct research on aspects of disability:

[E-Quality](#), Resource Center for Emancipation, Family and Diversity (Kennis Centrum voor Emancipatie, Gezin en Diversiteit) tracks developments in Europe based on Article 13 of the EC Treaty.

The National Resource Center for Disability Care [LKNG](#) (Landelijke KennisNetwerk Gehandicaptenzorg) focuses on the care sector and the needs of patients and clients of care organizations.

The Resource Center for Long-term Care [Vilans](#) (Kennis centrum voor langdurende zorg) is also focused on care issues, including rehabilitation.

Policy and enforcement bodies

The key national bodies with responsibility for disability law and policy implementation include:

[The Dutch Equal Treatment Commission](#) (CGB) is an independent agency that promotes equality in relation to gender, race, age, religion, sexual orientation in addition to disability. Its opinions are not legally binding but are highly persuasive.



[The Ministry of Public Health, Welfare & Sport](#) (VWS) is responsible for coordinating disability policy among the various governmental departments. The State Secretary of VWS reports to the parliament at regular intervals on the status of initiatives and laws having to do with disability policy and commissions evaluations of the effectiveness of laws and policies concerning persons with disabilities.

Organisations of disabled people

The national organisation representing disabled people at the European level (European Disability Forum) is:

[Vereniging Gehandicapten Platform Nederland](#) (VGPN) is hosted by the National Disability Council of the Netherlands, the largest disability advocacy group in the Netherlands, and is a ceremonial representative to the European Disability Forum. Other significant national organisations of disabled people include:

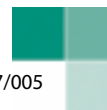
The [National Disability Council of the Netherlands](#) (Chronische ziekten en gehandicapten raad - CG-Raad) is an umbrella organisation for 112 patient and disability member organisations and for 48 regional and local disability organisations.

[VG-Belang](#) is an umbrella for organizations representing persons with intellectual disabilities and their families. It also a very important partner in discussions concerning disability policy development. A self-advocacy organisation for persons with intellectual disabilities is the [Landelijke federatie onderling sterk](#) (LFB).

[Dovenschap Nieuwe Stijl](#) advocates for a Dutch society in which deaf people have 'the same rights, responsibilities, possibilities, and quality of life as everyone else' and for the recognition of Dutch Sign Language and Deaf culture.

[Viziris](#) is a national network of people with visual impairment advocating for 'an open world' through lobbying, consultancy and practical solutions. It combines the Association macular degeneration (MD Association), the Dutch Association of Blind and Partially Sighted (NVBS), Dutch Association of Guide dog Users (NVG), Dutch Association of Patients Glaucoma (Glaucoma Association), Retina Netherlands (RN), and the Federation of Parents of Visually Impaired (FOVIG).

Other significant national organisations which advocate for their members (generally composed of parents) are [BOSK](#), [ANGO](#) and [Stichting Downs Syndroom](#). The [Coalitie voor Inclusie](#) is a coalition of both care providers and disabled and non-disabled activist foundations which actively promotes a fully inclusive society. The Netherlands does not have a center for independent living.



National law and strategy

The Netherlands has signed the [United Nations Convention](#) but not the [Optional Protocol](#).

Important national laws, policies and strategies concerning disabled people include:

The [Dutch Equal Treatment Act on grond of Disability or Chronic Illness](#) (WGBH-CZ, Wet gelijke behandeling op grond van handicap of chronische ziekte) has been in effect since 2003 and establishes the right to non-discrimination in employment and adult education. The Act has very recently been amended to include the sectors of primary and secondary education and housing. The amended act has taken effect for housing and will take effect in childhood education on 1 August 2009.

The WMO (Wet maatschappelijk ondersteuning) – [The Act for Provision of Social Support \(2007\)](#) - is administered at the municipal government level and is designed to finance adjustments to housing so that homes are accessible to persons with a disability. The Act can also finance other supports to improve mobility and support home care.

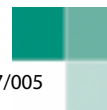
PGB (Persoonsgebonden budget) of the AWBZ – [Personal Care Budget](#) (financed by the Law on Costs of Extraordinary Illness) provides a fixed sum of money per year to persons with a disability, to enable them to tailor individual care arrangements.

[The Youth Disability-based Employment Subsidy Act](#) (WAJONG - Wet Arbeidsongeschiktheid jonggehandicapten) –provides a minimal monthly grant to people with a disability who are disabled at an early age. The level of the grant is very close to the poverty line.

Also important is the [Sheltered Employment Act](#) (WSW – Wet sociale werkvoorziening) which provides supported employment to some 99,000 employees.

The [Act for Employment and Income According to Employment Capacity](#) (WIA – Wet werk en inkomen naar arbeidscapaciteit) provides for disability payments and employer stimuli to encourage employers to hire disabled employees.

National policy on inclusion on disabled people in Dutch society is based on an Action Plan for Equal Treatment in Practice ([Actieplan gelijke behandeling in de praktijk, TK 2003/2004](#)). A more recent policy initiative is an action plan aimed at 80% employment by 2016, including jobtraining for 200,000 chronically or traditionally unemployed people, is called Everyone Participates ([ledereen doet mee](#)).



Facts and figures

Data on population indicate that:

The Sociaal Cultureel Planbureau estimates the number of persons with some degree of a physical disability in the Netherlands to be 3,377,000 persons, or 22.5% of the population ([SCP 2007](#), chap. 2, table 2.1, p. 33). These figures are disaggregated by age, gender and severity of disability. The number of persons with a moderate to severe physical disability, including visual and auditory impairments, is estimated at 1.7 million people, or 12% of the population. The number of persons with an intellectual disability is estimated at approximately 110,000 ([EUMAP](#)).

Data on employment indicate that:

[Statistics Netherlands](#) reports that unemployment generally is 4.1% of the population (1st quarter 2009). It is unclear what the employment rate is among disabled persons, but data shows that between 2002 and 2005 the employment rate for persons with disabilities dropped from 44% to 39%. ([SCP 2007](#)) [OECD](#) reports that 44% of people with disability are employed. In 2006 some 99,000 people were employed in some form of sheltered employment, with 16,000 people on a waiting list.

Data on education indicate that:

Education statistics from the [Jaarboek Onderwijs 2009](#) indicate that in 2007/2008 the number of children in primary school in the Netherlands is 1,553,000 and in secondary school 941,000. These figures reflect a 5% growth as compared with the school year 1995/1996. The number of children in schools for special education is 65,000, a growth of 84% as compared with 1995/1996. ([CBS, Statistics Netherlands](#)). CBS reports that this is double the number in 1995/1996. The increase is especially prominent at the highschool level. 25 of every 1,000 students attended a school for special education in 2007/2008 as opposed to 14 in 1,000 in 1995/1995, despite government policy measures to increase mainstreaming, including via student-specific financing. Special schools for children with behavioural difficulties (Cluster 4) have experienced the most growth. At the same time the number of children with special financing to give support for education in regular schools (Backpack financing) was 25,000 in 2007/2008.

Data on accessibility indicate that:

Half of physically disabled people surveyed by the SCP feel hindered in their social contacts. For people with severe disabilities, limited transportation constitutes the second most difficult obstacle to social inclusion (first is a weak financial position). In 2010 all buses in the NL should be accessible to disabled persons, and in 2024 70% of the trains. ([Vilans](#))



The [SCP 2007](#) Report devotes a chapter to Social Participation and Accessibility and reports.

The government aims to provide support services tailored to individual needs, and recognizes that some 395,000 ground floor dwellings will be needed before 2015 to meet the need for homes without stairs.

[Data from the MeAC accessibility survey](#) (2008) showed that:

Only 2 out of 5 selected public websites, but none of the selected commercial websites, passed the accessibility evaluation.

The main emergency number was accessible by text phone.

Both of the main public television channels provided some national language programs with subtitling and some programmes with signing or audio description (quantity data unavailable).

Both commercial TV channels provided some national language programs with subtitling but not with signing or audio description.

Neither of the two main banks had installed any talking ATMs.

Data on poverty and incomes indicate that:

Statistics Netherlands [Poverty Monitor 2007](#) does not directly address disability, but indicates that poor health is one of the three factors leading to poverty and social exclusion. Households dependent on benefits other than unemployment benefits are among the poorest in the Netherlands. For 43% of people with moderate to severe disabilities benefits are their primary source of income (SCP Report 2007). WAJONG recipients (youth disability unemployment benefits) receive 75% of the minimum wage, which is a cause for concern. The SCP Report 2007 reports an increase in WAJONG recipients from 134,000 in 2002 to 156,000 in 2006. This has increased steadily since.

Data on attitudes indicate that:

The [2007 Special Eurobarometer on Discrimination in Europe](#) showed that 62% of people knew someone who was disabled (compared to 55% EU average) and 84% acknowledged that being disabled tended to be a disadvantage in society (EU average 79%).

Disability discrimination was viewed as widespread by 53% (EU average 53%); 23% thought that disability discrimination was more widespread than five years ago. 43% thought that not enough was being done to combat discrimination in general in The Netherlands (EU average 51%).



73% thought that more disabled people should be in the workplace (EU average 74%) but 91% agreed that specific measures on equal opportunities were needed in this field.

Data on public spending indicate that:

Spending on sickness and disability represents 4.5% of GDP (more than twice the OECD average – [OECD Report on Sickness, Disability and Work](#)). Of this, €637 million was spent on personal support budgets in 2007 (up from 56.5 million euros in 2000) ([Statistics Netherlands](#)).

Social protection

Key features of the national system include (including adapted items from the [MISSOC](#) database December 2008):

Disability benefits

Invalidity related benefits are funded through the general system of state social benefits and 'pay as you go', earnings-related, contributions. There is compulsory social insurance.

Since 2006 (Wet Werk en Inkomen naar Arbeidsvermogen, WIA) there is cover for those assessed as having a long-term occupational disability level of 35% (previously 15%).

There is also a minimum benefit for young disabled people under the Disablement Assistance Act for Handicapped Young Persons with a 25% disability assessment (Wet arbeidsongeschiktheidsvoorziening jonggehandicapten, Wajong).

If invalidity benefits, and unemployment benefits, are lower than the social minimum, a means tested supplement can be claimed under the Supplementary Benefit Act (Toeslagenwet, TW).

In 2008, the maximum daily level of WIA/WAO was initially 70% x 100/108 x €177.03 and then the same proportion of the minimum wage plus supplement for continuing claims.

Rehabilitation and re-training

There is financial compensation of costs for reasonable accommodation in the workplace for employers who recruit disabled employees or adapt their work role under the Act governing reintegration (Wet op de (re)integratie arbeidsgehandicapten, REA).

Preferential employment and quotas



There is no mandatory employment quota in the Netherlands, although legislation is discussed.

Long-term support and care

There is no single, national system of long-term care financing (although many risks are covered by contributions to a health insurance system).

Nursing, care, guidance, counselling and equipment may be provided at home. Support for social participation and integration is available via the recently adopted Wet Maatschappelijke Ondersteuning (WMO – Law on Social Support), which is administered locally by municipalities.

In order to qualify for mobility devices such as scooters and rollators, or for adaptations to the home, one must be medically evaluated and qualify for support based on limitation.

Personal assistance is also possible, as is the Person-Specific Budget (PGB, or Persoonsgebonden budget) financed via the AWBZ, Algemene wet bijzonder zieketekosten (Extraordinary Expenses Law). The latter gives persons with a medical indication the freedom to organize and purchase their support as they see fit.

Additional information

Useful sources of more detailed information about the situation of disabled people, and the policies and support available, include:

[SCP Rapport 2007](#), M. Klerk (ed.) *Meedoen met Beperkingen*, Sociaal Cultureel Planburo, Den Haag, 2008

[EUMAP Report on Access of Persons with Intellectual Disabilities to Education and Employment](#), published 2006, rapporteur J. A. Schoonheim

[Statistics Netherlands](#), Special Education, 2008

[Statistics Netherlands](#), Health Care 2007