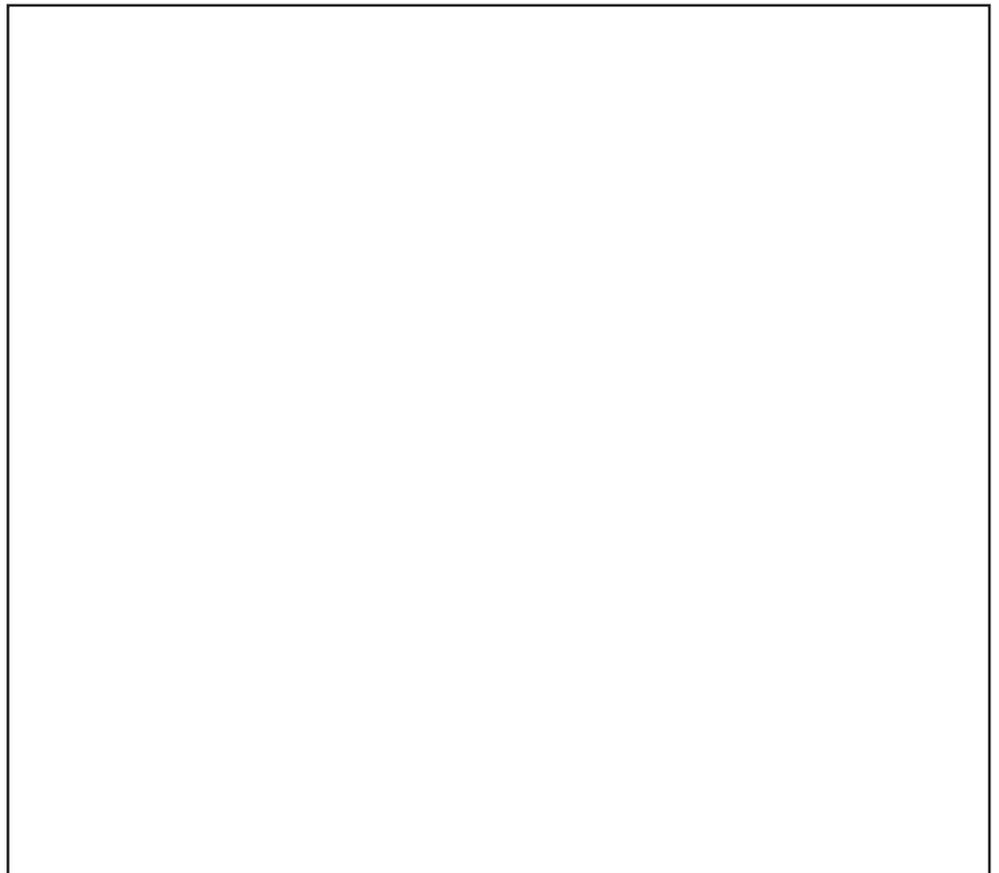


Active inclusion of young people with disabilities or health problems

National report – The Netherlands



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Research project: Inclusion of young people with disabilities

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Current status of target groups

In the Netherlands growing numbers of young people and adolescents are in receipt of special education, mental health care services and benefits because of long-term illness, handicap or chronic disease. The most alarming increase is in those covered by the Disablement Assistance Act for Handicapped Young Persons (Wajong). In 2001, 120,000 people received a Wajong benefit. By 2010, this had risen to almost 200,000. This means that one out of every 20 people aged 18 (4.8%) is claiming and receiving this disability benefit (De Vos, 2010a).

Key characteristics of the growing number of young people with disabilities receiving Wajong, special education and other services include early school leaving with no or little education, behavioural problems and mental health difficulties (Besseling et al, 2010). The increasing numbers of children in youth mental health care, special education, and special services for youth and their parents reflects an increase in the types of behaviour and communication disorders that are recognised as medical impairments, a wider awareness of these schemes amongst the population and the lack of incentives to exit these schemes on financial grounds.

In 2009, the Minister of the Department of Social Affairs and Work informed parliament in a letter that it was expected, if policies did not change, that the Wajong numbers would double to 400,000 by the year 2040.

The old Wajong legislation has been superseded as of 1 January 2010 by the Work and Employment Support (Young Disabled Persons) Act, which is referred to as the ‘new’ Wajong. The new Act is primarily concerned with what young people with disabilities can do and is split into:

- a *benefit measure* providing a minimum income for those who are unfit for work;
- an *employment measure* with the right to receive all necessary support to prepare for and find labour, which involves a first claimant assessment at the age of 18 and a final reassessment at the age of 27 years;
- a *study measure* for those who stay at school or start a programme of study after age 18 years with a (reduced) income support.

The prevalence of mild to severe disabilities amongst people aged 16–24 years and 25–35 years in the Netherlands is 17%, which is slightly higher than in other EU countries (Eurostat). The prevalence has increased little in the last 10 years and cannot explain the increase in Wajong benefits, youth numbers in health care and attending schools for special education. The growth of the many institutions dealing with youth care and health problems could not prevent waiting lists becoming a severe problem.

The Netherlands has many regulations and institutions in the policy areas of social security, inclusion, education and support services and health care for people with disabilities. Between them they cover most conceivable needs of young people with health problems or disabilities. Because of the growing societal costs and numbers of young people and adolescents in receipt of special education, mental health care services and benefits, restructuring the system is considered to be of the highest priority in the Netherlands.

Overview of how societal and individual needs are addressed

The policy of the Netherlands incorporates the objectives formulated by the European Spring Councils in 2006 and 2008 on social protection and inclusion (the Netherlands, 2008). Social cohesion is one of the six pillars of the Cabinet policy programme 2008-2010. New policies contribute not only to social cohesion but also to the achievement of the Lisbon objectives on higher labour participation rates.

The way in which the needs of young people with health problems or disabilities are addressed in the Netherlands has changed rapidly in the past five years. The new approach has been triggered by the alarming increase in the number of people accessing services and supports under the Disablement Assistance Act for Handicapped Young Persons (Wajong). Research has established that there is a direct relationship between the growing numbers of children and young people in health care services, special education and social inclusion programmes and the increase in those applying for Wajong disability benefits as they leave the education system.

One new policy response to the increase in numbers in special education services and youth health care across many different institutions is to reduce the number of institutions involved and to concentrate the responsibility for youth care and disability prevention measures within the municipalities.

The challenge of getting young people with health problems and disabilities to stay at school longer and improving their qualifications or work skills is being addressed through another policy initiative (De Vos et al, 2011). Collective agreements are signed between schools for secondary special education, the Social Security Association and the Institute for Employee Benefit Schemes (UWV), municipalities, employers' organisations and labour organisations, aimed at securing a better match between education, vocational training, working skills and jobs for the next generation of young employees with disabilities. The intended impact of this measure is to provide society and the labour market with better educated young people who have good communication skills and can work, live and travel independently.

New targets and attitudes

New policies, programmes and projects are targeted at including more young people with disabilities in regular jobs and reducing the number entering jobs in sheltered workplaces by:

- a clearer focus on what these young people can do, rather than on what they can't;
- promoting a better school-to-work transition and work-orientated education;
- improving support for employers, through, for example, regional public employment service centres;
- changing the attitudes of parents, teachers, health care workers, municipalities, employees and employers towards disability, and particularly young people with disabilities.

Working groups are trying to organise collaboration between departments and public institutions in social security, employment, health and education to initiate integrated employment programmes, plus education and inclusion projects. The UWV and the social partners, who are members of advisory boards such as the Social and Economic Council of the Netherlands (SER) and the Foundation for Labour (STAR), advocate that collective agreements should be negotiated to encourage employers to offer jobs to young people with disabilities. In January 2011 employers and unions agreed on collective bargaining priorities for the coming years. One of the priorities is to create collective agreements that actively, and without restrictions, include groups with disabilities and chronic diseases in the labour market for open employment.

Fourteen pilot projects were started in 2010 with the intention of creating hundreds of special jobs for young people with disabilities in open employment with the help of the ten largest companies in the Netherlands, employers' organisations, knowledge centres, the UWV, municipalities and service supply organisations.

Status of active inclusion in national and sectoral policy

Three departments of government are involved in active inclusion policies in the Netherlands. The Department of Social Affairs and Work covers most of the policy areas in relation to income support and inclusive labour market measures for young people with health problems or disabilities. The Departments of Health and of Education are responsible for the provision of quality health services and lifelong learning.

The national and sectoral policy on active inclusion covers the needs of different target groups, including people with disabilities. The policies, legislation, measures and programmes most relevant to youth with health problems or disabilities are described in paragraph 1.5 below on national responses in terms of programmes and legislation. Details are provided in Annex 1 to this report.

In the field of social protection and inclusion, the Netherlands incorporates the objectives formulated by the European Spring Councils 2006 and 2008 (the Netherlands, 2008). Social cohesion is one of the six pillars of the former Cabinet policy programme 2008–2010. A Cabinet policy programme laid out the government's dedication to a society in which people can participate in the labour market and in society. This means that both labour participation and societal participation are important. It is acknowledged that people with disabilities require extra support and this is provided by the previous employer (where one exists), from agencies responsible for work and income support, such as the Institute for Employee Benefit Schemes (UWV) and municipalities, or from (private) re-integration agencies. The new policies are intended to contribute not only to social cohesion, but also to achieving the Lisbon objectives by affecting the supply of labour.

Income support and inclusive labour market

In the second half of the 1970s the Netherlands government made a crucial decision to guarantee that young people with disabilities can participate in society with a personal income, independent from parents and others. This was effected through a special Act on income support for young people (Wajong benefit), which guaranteed adequate income until the pension age of 65. Within this and other Acts on income support for people with disabilities, there are also many incentives for the inclusion of people in the workforce. Re-integration measures are available for all people on disability benefits and others with a so-called structural functional impairment. Some instruments are available only for young people with health problems or disabilities.

Before 2010, eligible young people were entitled to a benefit from age 18 onwards. The previous Wajong Act has been superseded for new entrants as of 1 January 2010 by the Work and Employment Support (Young Disabled Persons) Act and is called the 'new' Wajong. The new Act is primarily concerned with employing more young people with disabilities and is split into three measures for different target groups (see for more details paragraph 1.5). The employment measure gives the young people with disabilities who can work the right to receive all necessary support from the UWV to prepare for and find employment. This new measure includes a first claimant assessment at the age of 18 and a final reassessment at the age of 27.

For UWV clients who, according to the first assessment, are able to earn more than 35% of the minimum income there is:

- a focus on work capacity, not on disabilities;
- a work-oriented approach;
- the identification of work skills;

- the development of a participation plan specifying the possibilities, rights, obligations and prospects for work;
- an obligation to accept work or an education offer;
- a stronger financial incentive to take up work and to work longer hours.

The government is dedicated to an inclusive society in which more young people with health problems or disabilities can participate in the labour market, and in society in general. Under the Dutch active labour market policies, social partners play an important role in achieving these targets. By law and under collective agreements, employers are directed to play an important role in promoting occupational health, reducing sick leave and improving job retention and re-integration of employees with disabilities. There are many incentives for employers to take on young people with disabilities. Examples include subsidies for job adaptations, a ‘no risk’ policy and rebates of social security contributions (paragraph 1.5). Despite all these measures, only 4% of the 400,000 employers offer employment to people on Wajong benefits.

Lifelong learning

Special educational facilities are provided for young people with health problems or disabilities. There are primary and secondary schools for special education (age group 4–21 years). After this, at 18+, there is special financing for education and for personal support. Young people of all ages with disabilities in education are eligible for transportation help. Despite this, there are many early school leavers or dropouts and decreasing number of young people with disabilities participating in open employment.

Facilitating transition from school to work

In 2010, several so-called Pilots de Vries were begun in order to facilitate the transition from school to work of young people with disabilities and create thousands of special jobs. As a result of these projects, the ten largest companies in the Netherlands such as Ahold, KPN, PWC, IBM, Schiphol and Philips created special jobs for the target group. For instance, Philips is creating 50 special jobs for test engineers. Young people with autism disorders are offered a one-year programme of learning and working before being offered a job testing hardware products, software, procedures and manuals.

CAP 100 is an initiative by the Lucille Werner Foundation to introduce 100 young people with disabilities to private enterprises. To reach this target they created a virtual community with the help of a website. The project was launched at a meeting in November 2010. The project is being run in cooperation with the 10 large companies.

Another pilot project is the cooperation between 17 knowledge centres and the board of the association of schools for special education (WEC-Raad) and 10 secondary schools for special education. The pilot has three stages: career orientation, education and certification based on an adapted skills-oriented qualification structure and placement at a ‘learn-working enterprise’ for vocational training that is intended to lead to a labour contract.

Social partner agreements to promote the entry of more students with disabilities into open employment are referred to as Pro-Rec agreements. Agreements have been signed in four regions for the future cooperation between schools for special education and vocational training, employers, the UWV and private re-integration enterprises.

The Department of Social Affairs and Work supports these pilots and other projects by schools for special education via Wajong networks and (pilot) instruments such as financing apprenticeship job coaches, placement vouchers for employers and (adjusted) European Social Fund subsidies.

Access to support and health services

There are many support measures and health care facilities available depending on the young person's type and severity of impairment or disability and the needs of parents. For less severe problems and needs there is the new Act on Public Support (WMO) that regulates the services that municipalities have to offer. For mild problems with raising children and young people there are facilities under the Act on Youth Care (Jeugdzorg). For moderate (health) problems there is the special children/youth day care and the psychotherapeutic and orthopedagogic centres for children and young people (GGZ). The sometimes exceptional medical costs connected to severe disabilities are covered under the Exceptional Medical Expenses Insurance Act (AWBZ). The high (extra) costs for parents raising a child with a health problem or disability are covered by a special measure (TOG). In the last ten years, the public costs of many of these measures and facilities have doubled or even tripled (see paragraph 1.5).

The incidence of disabilities or health problems among young people in the Netherlands is slightly higher than in other EU countries. The incidence of mild to severe disabilities in the age groups 16–24 years and 25–35 years is 17%, whereas in the EU15 Member States the average is 11%–12% (Eurostat). The incidence has increased little in the last ten years and cannot explain the total growth of Wajong benefits, or of young people in health care or at school for special education (Besseling et al, 2008). The number of children at special schools and in need of special transport has grown very rapidly over the last 15 years (Sytema et al, 2006; Van Lomwel, 2006). In some sub-sectors of the mental health care sector the number of young patients has increased every five years between 50% and 100% (Besseling et al, 2008). Even the growth of the many institutions dealing with mental youth care and health problems could not avert long waiting lists.

Freedom of choice and empowerment

Over the past ten years, an important focus of the reforms in social security, health and youth care and special education has been upon tailoring activities more to the needs and wishes of the individual (young) person with a health problem or disability, offering more freedom of choice, and making the individual (and in some cases their parents) more responsible for buying their own necessary services from a personal budget. Personal budgets for financial support in education and youth care make young people with disabilities more responsible for their own inclusion in society, and are empowering for the young individual.

Re-integration instrument IRO

The Individual Re-integration Plan (IRO) is one of the measures based on the policy assumption that people with disabilities and the unemployed can best plan their own road to employment. From the beginning of January 2004 until April 2007 about 25,000 people received a personal budget as a way of helping them to re-integrate into the labour market (Peeters et al, 2008). Of these, 15% had a Wajong benefit. In the period March 2006 up to March 2008 some 90,000 IRO packages have been granted, compared with some 150,000 'traditional' packages. This means six out of ten re-integration packages granted were of the IRO type (UWV, 2010).

In 2009, a total of 13,599 IROs were granted to people with disabilities (UWV, 2010). That same year 4,700 resulted in a job placement. At the end of December 2009 there were 20,813 IROs in operation. Almost half of the beneficiaries were under the age of 30 and in receipt of a Wajong benefit.

In summary, the most relevant policies and legislation for young people with health problems or disabilities from an active inclusion perspective are:

- Support for adequate income
 - Disablement Assistance Act for Handicapped Young Persons (Wajong)
 - Act on Disabled Workers
 - Work and Social Assistance Act
- Inclusive labour market
 - Disablement Assistance Act for Handicapped Young Persons (Wajong)
 - Work and Social Assistance Act (WWB)
- (Lifelong) learning
 - Special financing for education (18+)
 - Special (secondary) schools for youngsters with a disability
 - Personal support financing
 - Transportation support facilities
- Access to quality (health) services
 - Act on Public Support (WMO)
 - Act on Youth Care (Jeugdzorg)
 - The special children's day care and the psychotherapeutic centres for children and youngsters (GGZ)
 - General Exceptional Medical Expenses Insurance Act (AWBZ)
 - Regulation (compensation) for costs of children with a disability, living at their parents' home (TOG)

Indicative statistics

The proportional distribution of the activity status of the target groups is presented in Table 1 (Eurostat). The table compares the labour market status of those with disabilities aged 15–24 and 25–34 with the figures for all disabilities, broken down by level of disability based on self-report. It is important to note when reviewing the labour market participation of people with disabilities that the unemployment rate is not the most useful indicator. This is because the figures include only those who are registered as actively seeking work. Many people with disabilities who want to work are in receipt of disability pensions of various kinds and are therefore viewed, for statistical purposes, as being outside the labour market or inactive. This is well illustrated by comparing the unemployment rates for people with disabilities and those without disabilities with the inactivity rates for the same groups. Based on the unemployment rates one would conclude that an unemployment rate of 2.5% for those with disabilities in all age groups in comparison to a 1.8% rate for those without a disability represents a relatively small disparity or employment gap. In contrast, the inactivity rate, which is 39.5% for people with disabilities in comparison to 18.0% for the non-disabled, clearly illustrates the challenge facing people with disabilities in participating in the labour market.

Table 1: Proportional distribution of activity status by severity of disability and age group (Eurostat, 21-10-2010)

Activity status	Employed			Unemployed			Inactive population		
	15-24	25-34	All ages	15-24	25-34	All ages	15-24	25-34	All ages
Total	72.7	85.6	74.5	3.0	2.1	2.0	24.2	12.2	23.5
Without disability	73.5	88.1	80.2	2.8	1.8	1.8	23.7	10.0	18.0
Lightly disabled	72.9	80.4	65.4	*	4.0*	2.0	24.5	15.6	32.6
With some disability	73.8	69.2	64.7	*	*	2.8	21.8	26.9	32.5
With severe disability	33.3*	67.7	50.9	*	*	5.0	45.1*	29.8	44.1
Very severely disabled	*	51.3	24.5			1.6*	67.5*	48.7	74.0
Not classified			*				*	*	82.2
All degrees of disability	67.8	73.5	58.0	4.2	3.5	2.5	28.0	23.0	39.5

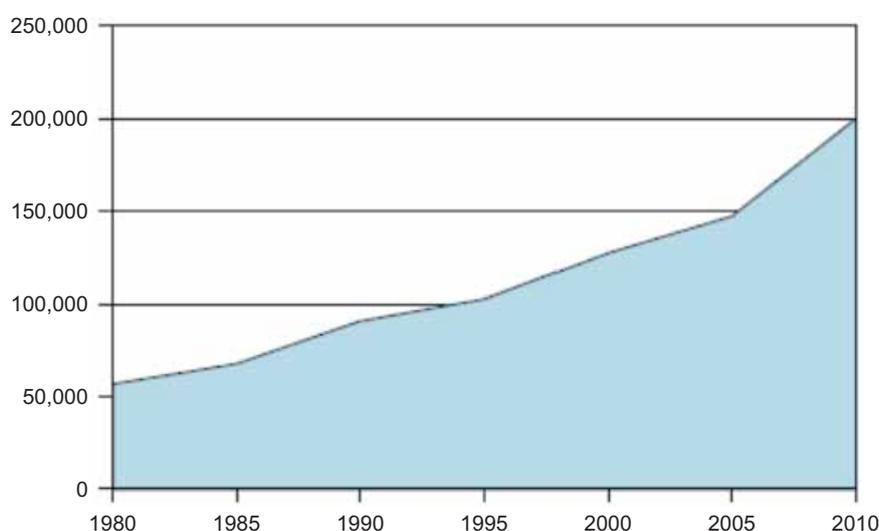
* Numbers of people interviewed are too small to produce a trustworthy statistic. This problem arises more often for the smaller EU countries.

From the perspective of level of disability it is evident from Table 1 that young people with more severe disabilities face greater challenges. This is not so clear for those lightly disabled and aged 15–24, where the disparity is relatively small: a 73.5% employment rate for those without a disability compared to 73.8% for those with some disability and 67.8% for all degrees of disability. This is partly due to the fact that many of those who do, or do not, have a disability, are still in full-time post-secondary education and are considered to be inactive. This phenomenon is represented in the inactivity figures for this age group. However, for those aged 25–34 the figures change dramatically for those with severe and very severe disabilities: 88.1% employment of those without disabilities in comparison with 51.3% for those with severe disabilities. This is only seven percentage points, lower than the average employment rate for all disabled people of working age (58.0%).

Disability benefits and labour participation rates

The special Wajong benefit for young people with disabilities or chronic diseases was introduced in 1976 and given to 40,000 young people. In 2001 120,000 people received a Wajong benefit, and in 2010 the figure was almost 200,000 (see Figure 1). The yearly cost of the Wajong is well over €2 billion and represents a substantial financial burden on the social security system. Trends in incapacity benefits for young people and their employment rates in 2001–2010 are presented in Table 2 below.

Figure 1: Recipients of disability benefit Wajong (1980 – 2010)



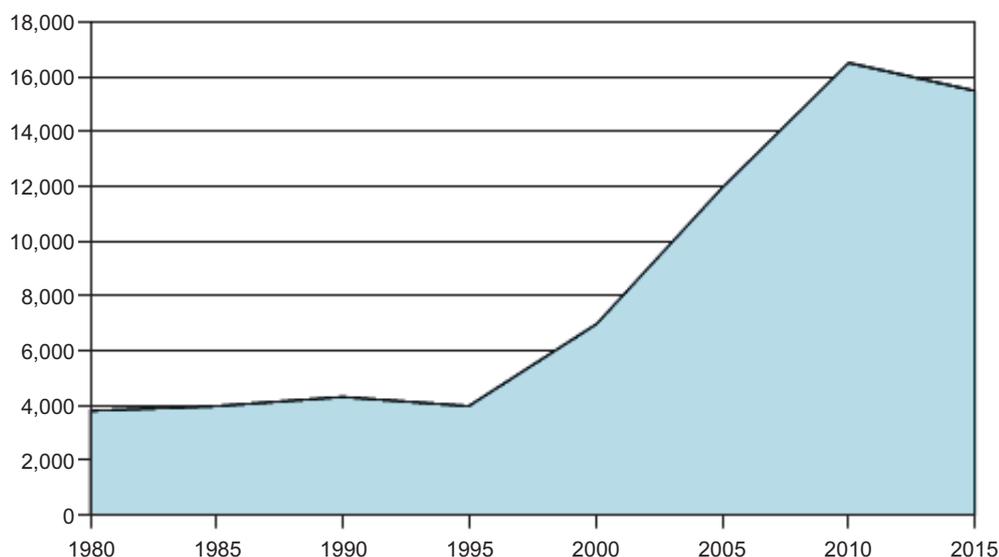
Over the last ten years the inflow of young people on Wajong disability benefit has grown from 7,000 a year to 17,000 a year (Figure 2). Over the same period the outflow remained steady at 4,000 to 5,000 a year (Table 2). Virtually everyone (96%) in receipt of the benefit has been declared fully unfit for work, although this does not mean there is no possibility for them to work at all.

Table 2: Summary of Wajong benefits, inflow, outflow and employment rate (2001–2010) (UWV, 2010)

	2001	2003	2005	2007	2009	2010
Number Wajong benefits (1,000s)	124	139	147	167	191	200
New Wajong benefits inflow (1,000s)	7	8	10	15	18	17
Outflow (1,000s)	4	4	6	4	5	5
Employment rate in % of people on Wajong benefit	26%	25%	25%	25%	26%	25%
- of whom full-time employed	58%	55%	52%	47%	45%	45%

While the percentage of people eligible for a Wajong benefit who are employed remained stable at around 25%, the proportion of full-time jobs fell sharply from 58% to 45% (Table 2).

Figure 2: New Wajong disability benefits for young disabled (1980-2015)



According to estimates from the Social and Economic Council of the Netherlands (SER), around 50%-60% of people on Wajong disability benefit are able to work. In reality, around 25% do so, though a much larger group has worked at least once (Jehoel-Gijsbers, 2010). It is estimated that in the last ten years 40%-50% of claimants have worked within the first two years of receiving Wajong benefit for the first time (Table 3).

Table 3: Wajong benefit and labour participation (2001-2006) (Jehoel-Gijsbers, 2010)

	2001	2004	2006	Total 2001-2006
Wajong inflow (1,000s)	7.7	9.9	13.8	61.7
With a job %	28%	18%	17%	21%
Without a job (1,000s)	5.5	8.1	11.4	48.8
- of which getting a job within 2 years %	40%	31%	11%	28%

If every young person with disabilities who has had employment at some point in time had also continued to work, the ‘target’ of 50% in employment would have been achieved. The problem of the low employment rate among people on Wajong benefit is in finding employment, as well as in holding on to it. A high proportion of those who find employment lose their jobs within a short time (Jehoel-Gijsbers, 2010). A few figures illustrate these problems.

- Many people on Wajong benefit already have a job when they apply for benefit. This proportion has, however, fallen from 28% in 2001 to 17% in 2006 (Table 3). Within a year after they start receiving incapacity benefit, 20%–30% of the group who were initially working have lost their jobs.
- Around 20% of the people who are not working when they get the Wajong disability benefit find a job within a year. Almost half of those who find a job lose their job again within one year.

- Losing their job is determined primarily by the sector in which people work. As might be expected, job loss rates are higher in the temporary employment sector: 75% lose their jobs within a year of obtaining them. The Sheltered Employment Act (WSW) offers the greatest job security, with only 12% of those in sheltered employment losing their jobs within a year.

Gender

Men are slightly more likely than women to have a job when they begin receiving Wajong benefit. Men also find employment more rapidly after moving on to disability benefit, and lose their jobs less quickly than women. These labour market entry and exit processes result in men having a relatively higher labour participation rate (29%) compared with women (19%) (see Table 4).

Table 4: *Labour participation of Wajong beneficiaries by gender, age group and position in the household, 2002-2006 (in percent) (Jehoel-Gijsbers, 2010)*

Labour participation by gender	2002	2004	2006
Men	31	29	29
Women	20	19	19
Age			
18-19	26	20	21
20-24	31	29	30
25-34	28	27	27
Household position			
Single	31	29	28
Living with parents	36	32	32
Member of couple	33	32	32
Living in institution	10	11	10

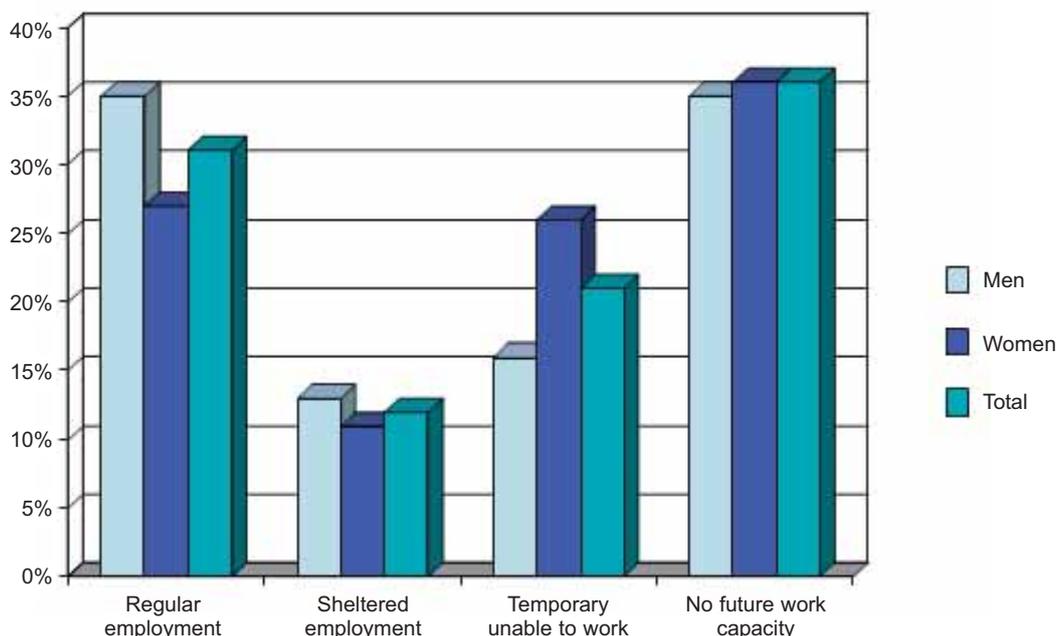
Men are not only more frequently employed than women, they are also employed more often on a full-time basis: 56% of employed men compared with 31% of women (see Table 5). Men also work more often without an additional benefit.

According to a study by the UWV there is no difference in the labour abilities of young men and women under the age of 27 (see Figure 3). Women do not have more or more severe disabilities than men. Women are more often temporarily not able to work because they go to school and study for more years than men and are better educated than men. One explanation for why women work less than men is that there are fewer suitable jobs for women than for men.

Age and living conditions

In the years 2004–2006 labour participation by the youngest group (18–19) and the oldest (25–34) was lower than the middle group (20–24) (see Table 4). In the years 2004–2006 employees in the youngest age group withdrew from the labour market more than other groups.

Figure 3: Labour participation abilities of new Wajong recipients younger than 27yrs by gender (De Vos and Andriessen, 2010)



The living conditions of young people with disabilities are a predictor of their employment rate. The labour participation of those living in care homes and institutions in 2006 was around 10% compared with three out of ten living on their own (28%), with parents (32%) or with a partner (31%) (See Table 4).

Type of employment

Although the labour participation rate of the total Wajong group remains stable at around 25%, a shift has taken place from sheltered employment to more open employment: in 2001 72% of those who were employed and receiving Wajong benefits had a job in sheltered employment. This had fallen to 61% in 2006, and to 54% in 2010. There has also been a shift from full-time to part-time jobs. In 2001, 58% of jobs were full-time. This had fallen to 45% in 2010 (see Table 2). Therefore the labour participation rate expressed in full-time equivalents (FTE) dropped. This negative trend in the labour participation rate is similar for all people with health impairments in the Netherlands (Jehoel-Gijsbers, 2010).

Table 5: *Wajong beneficiaries in employment by employment type, working hours and additional benefit income (2001, 2006) (Jehoel-Gijsbers, 2010)*

	Total		Men		Women	
	2001	2006	2001	2006	2001	2006
Employment type	%	%	%	%	%	%
Sheltered employment	72	61	74	63	67	58
(Semi-)public sector	6	9	3	5	12	16
Private/Commercial sector	22	30	23	32	21	26
Working hours per week						
< 12 h.	7	10	6	8	10	13
12-19 h.	8	11	6	9	12	16
20-31 h.	15	16	12	13	20	22
32-37 h.	12	15	10	14	15	19
38 h. +	58	48	67	56	43	31
Labour income with/without additional Wajong benefit						
With additional Wajong benefit	38	49	33	45	48	58
Without additional Wajong benefit	62	51	67	55	52	42

It is relevant to the increase in the percentage of part-time jobs that the proportion of people in employment and receiving a supplementary benefit grew from 38% to 49% over the period 2001–2006 (see Table 5).

Type of condition/ Diagnoses

The new Wajong annual inflow of 17,000 people includes almost 85% of young people with development disorders or mental health problems (see Table 6). In most cases they have severe behavioural problems that make it hard to go to school or to find employment. Only 14% had a disability diagnosis on the basis of a sensory or physical impairment.

In the first half of 2008 a large proportion of the new inflow (59%) had a mental developmental disorder (see Table 6). Of this group most have a learning disability (38%), an attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) (4%), or a disorder in the autism spectrum (10%). Another large group of young people have been diagnosed with psychiatric disorders (25%, for instance schizophrenia or personality disorder). These statistics only partly reflect the reality because 42% have multiple conditions diagnosed (De Vos, 2010b).

Table 6: Diagnoses at entering Wajong, first half of 2008 and 2010 (Berendsen, 2010)

Diagnosis group	1st half 2008 %	1st half 2010 %
Development disorders	58.7	62.0
Mental retardation (intellectual impairments, learning problems)	37.9	35.9
Autistic spectrum impairments	10.0	14.0
Attention deficit (ADHD, ADD)	3.6	7.2
Other development disorders	7.2	5.0
Psychiatric diseases (personality disorders, schizophrenia, disorders of temper)	25.4	21.2
Somatic diseases (diseases of nervous system, musculature diseases)	13.4	13.3
Diagnosis unknown	2.5	3.4
Total number	7,569	7,973

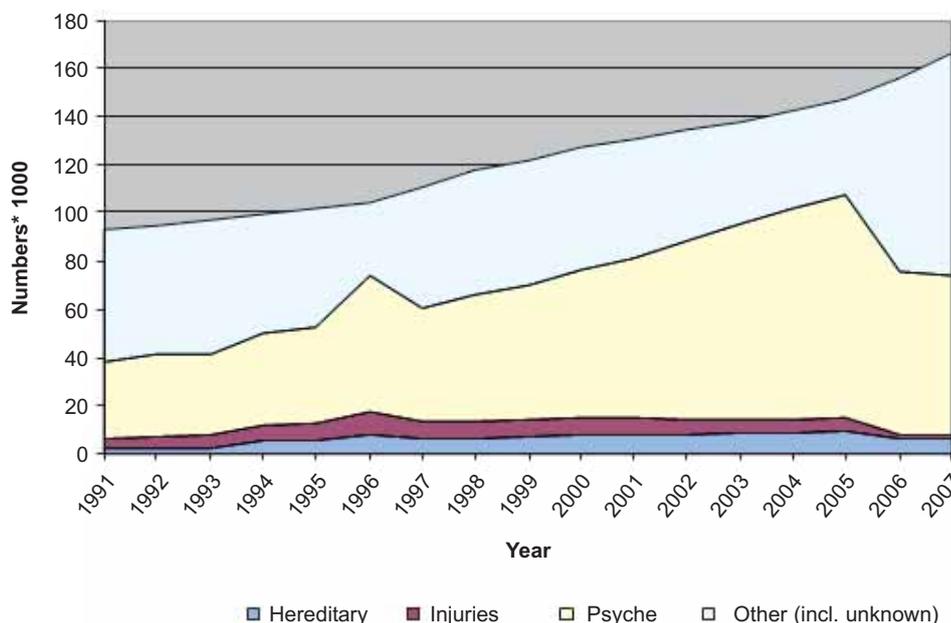
The proportion of young people with behavioural disabilities on Wajong benefits has grown rapidly over the past 20 years. In Figure 4 conditions such as ADHD and autism are grouped as ‘Other disabilities’. Figure 4 illustrates that the proportion of beneficiaries eligible because of injuries or hereditary was very low compared to groups with other conditions.

Are behavioural problems growing?

In the first half of 2010 the proportion of young people starting to claim Wajong disability benefit having been diagnosed with attention deficit disorders had increased by 100% over two years (see Table 6). The group entering with disorders in the autism spectrum has increased from 10% to 14% of the total influx.

In the Netherlands, as in other western European countries, the proportion of young people with ‘behavioural problems’ has increased (European Commission, 2006). However, the increase in the diagnosis of ADHD is of unparalleled proportions (see <http://www.acu-cell.com/dis.html>). As many as 20% of children, the majority of them male, are now on drugs marketed to treat ADD or ADHD. About 35% of all children referred to mental health clinics are referred for ADHD. It is one of the most prevalent of all childhood ‘psychiatric’ disorders, although ADD/ADHD is a common diagnosis for adults as well.

Figure 4: Wajong by four diagnosed categories (1980 – 2007) (UWV, 2009)



Intellectual or learning disorders

The Wajong inflow of young people with intellectual impairments has remained stable (see Table 6). About 26 % have a mild and 10 % moderate to severe intellectual impairment. Every year around 30,000 young people aged between 5–18 get a referral for care facilities under the Exceptional Medical Expenses Insurance Act (AWBZ indication) by the Bureau Jeugdzorg (Youth Care Office) because of mild intellectual disabilities with severe behavioural problems. The young people can have only a very mild cognitive disability (IQ between 70 and 85) in the low average range of cognitive functioning or a moderate intellectual impairment (IQ 50–70). Around 15% of the three million children and young people in the Netherlands aged 5–18 are having intellectual or learning disorders. Thirty percent of young people with mild cognitive impairments have parents with a similar condition. About 65% of this group are male.

Special care

The number of children and young people receiving specialised care or protection measures has increased by 4% to 19% a year (see Table 7). Identification and acceptance of young people in need by the Bureau Jeugdzorg grew by 100% over five years.

Table 7: Numbers and annual growth of specialised care for children and youth (2006 or 2007) (Hermanns, 2008)

Services	Number of children/youth in 2006 or 2007	Average annual growth
Accessions by Bureaux Jeugdzorg	82,000	19%
Indicated youth care (Geïndiceerde Jeugdzorg)	78,000	10%
Contacts for advice and protection	50,500	16%
Youth Mental Health Care (Jeugd GGZ)	194,400	4%
Children with a youth protection measure	42,900	10%

Detailed description of national policies and programmes

The Department of Social Affairs and Work covers most of the policy areas in relation to income support and an inclusive labour market for young people with disabilities. The social security organisation, the UWV, and municipalities are responsible for most of the disability benefits, programmes and projects. The Departments of Health and of Education cover quality health and social care services and lifelong learning respectively. The most important legislation covering the needs of young people with health problems or disabilities are summarised in Annex 1, which also summarises the programmes for the target groups.

Adequate income support and participation

The (new) Wajong

The old Wajong Act has been superseded as of 1 January 2010 by the Work and Employment Support (Young Disabled Persons) Act and is called the ‘new’ Wajong. The new Act is primarily concerned with employing more young people with disabilities and is split into three measures:

- A *benefit measure* providing a minimum income for those that are really unfit for work (not able to earn more than 35% of the statutory minimum wage);

- An *employment measure* with the right to receive all necessary support to prepare for and find labour. Two mechanisms are available for facilitating the road to employment. The *participation plan* indicates what the person can do to gain employment and what help and support is required and for which supports he or she is eligible. The *employment offer* comes into play if the person does not succeed in finding employment. The UWV can offer employment when there is a job available. The first claimant assessment is at the age of 18 years, after which the person receives intensive support and coaching in education, vocational training and job search and retention support. The final reassessment for a Wajong disability benefit is at the age of 27 years when clients with work capacity are obliged to accept work or an education offer.
- The third measure is the *study measure* for those who stay at school or start study after the age of 18 years and who receive income support of no more than 35% of the statutory minimum wage.

A person is eligible for the Wajong disability benefit if he lives in the Netherlands, is below the age of 65, and is at least 25% disabled on the date on which he reaches the age of 17. He or she is also eligible if they become at least 25% occupationally disabled after this date (but before his or her 30th birthday) and has been a student for at least six months in the year prior to the occupational disability. This scheme provides flat-rate benefits that are financed out of general revenues and distributed by the UWV.

For those new beneficiaries that do work after entering the scheme in 2010, the new Wajong Act promotes and rewards working longer hours. Those eligible for a new Wajong benefit who earn less than the statutory minimum wage can keep half of every extra earned euro. The statutory minimum wage in 2009 was €1,398.60 per month, €322.75 per week and €64.55 per day for people aged 23 and over; and between 30% and 85% of this amount for people aged 15–22.

Degree of disablement and earning capacity

The Wajong disability benefit system has six degrees of disablement that are assessed by considering the person's residual earning capacity. Capacity is defined in terms of the residual capabilities of a person as a percentage of earnings, irrespective of one's education and employment history. The degree of disablement is the complement of the residual earning capacity and defines the benefit level. The first of the six disability categories that entitles a person to a benefit starts at a degree of disability of 25%. The earnings base for calculating benefits is the minimum wage. Hence, the benefit at full disablement (80%–100% disabled) is 75% of the statutory minimum wage. The benefit is not household means tested and for most of the recipients it is a secure income until they are 65 years old.

Partial benefits

Partial benefits can be combined with labour earnings. If recipients of partial benefit are unable to find gainful employment they are entitled to partial unemployment benefit as well. A combination of disability and unemployment benefits never replaces more than 70% of earnings lost.

Young people (18+) with health problems or disabilities not eligible for Wajong may receive social assistance from the municipality under the Work and Social Assistance Act (WWB). This benefit is (household) means tested (Annex 1).

Young people may receive tax benefits to supplement income or alleviate the burden of the costs for health care (special costs of care not covered by insurance such as dental care, costs of insurance benefits, diet, transport and facilities).

Inclusive labour participation

As described above, the Work and Employment Support Early Disabled Persons Act (the 'new' Wajong) incorporates special participation measures for young people. The UWV is responsible for the re-integration of most young people

and former employees on disability benefit. The UWV can offer re-integration facilities or buy a regular programme for a person on disability benefit. This can include schooling, training and job interviews. A programme can be combined with a trial work placement.

The market for job retention programmes for the unemployed and people with disabilities was privatised in 2002. As a result private companies tender for contracts with the UWV. A policy was also introduced to tailor re-integration activities more closely to the needs and wishes of individuals. An example is the Individual Re-integration Plans (IROs) that were introduced in 2004, allowing people with disabilities to design their own re-integration plan. The client arranges his re-integration plan with the UWV, which in turn arranges the IRO with a private company after assessing its content. On average, the total annual costs per IRO are €5,000.

The beneficiary can work for a maximum of three months for an employer without being paid and keep a full disability benefit. A condition for this is that the employer intends to hire the employee after the trial placement.

Wage supplement

People who work and are currently on Wajong benefits, and who receive a wage lower than their remaining labour capacity, can get a supplement to their wages (or income). This supplement can be given for four years at the maximum level, and decreases each year.

Work and Social Assistance Act

Young people with disabilities who receive social assistance under the Work and Social Assistance Act (WWB) can receive re-integration supports provided by the municipalities. There is no specific national policy on how to re-integrate people who are labour-incapacitated and receive social assistance. Municipalities make their own policies on how to activate people on social assistance.

Facilities for employers

Employers are supposed to play an important role in offering more jobs to young people with disabilities. The financial consequences of hiring or employing young people with structural functional limitations are compensated by many measures including:

- *A no risk policy* in case of sickness: When the employee who is eligible for a disability benefit gets sick, their sickness benefit is paid by the UWV, and the employer can deduct the benefit from the wage he has to pay during the sickness.
- *Wage dispensation* for young people who because of their disabilities are incapable of performing labour that justifies payment according to the collective agreed wage or the statutory minimum wage. In these cases, the UWV determines the wage level, which can be less than the minimum wage.

Employers are eligible for subsidies when they have to install ‘non-transportable facilities’ – for example, elevators for wheelchairs, to enable a disabled person to work – if the costs exceed a certain threshold.

Social health care and social care needs and services

Parents have access to several means of help, depending on the severity of their child’s disability and their needs. The Act on Public Support (WMO) is helpful for those dealing with less severe problems. It regulates what services municipalities have to offer. Municipalities are expected to help and support young people and their parents in preventing their condition deteriorating, providing information and advice, promoting their inclusion in society and promoting public mental health care.

WMO specifies that people with disabilities can ask the municipality to provide help with housing, transport such as a taxi bus, electric wheelchairs and stair lifts. Municipalities are also responsible for Centres for Youth and Families, which are one-stop shops where all youngsters in need and their parents can go for help and support.

Parents facing moderate problems with raising children with a disability can turn to the Act on Youth Care (Jeugdzorg), which provides for provincially financed care centres. These offer youth mental health care for those youngsters aged up to age 23. For those with more severe (health) problems there are special day-care and psychotherapeutic centres for children and youngsters (GGZ). Most centres organise daytime activities that are targeted on inclusion in society and some on inclusion in the labour market (see Case Study 4).

The exceptional medical costs connected to disabilities are covered under the Exceptional Medical Expenses Insurance Act (AWBZ). This is a public insurance for health risks that cannot be insured by an individual. The costs for parents raising a child with a disability are covered by a special measure (TOG).

Lifelong learning

There are special primary and secondary schools for young people with disabilities. Secondary schools for special education (VSO) are intended for young people with disabilities aged 12–20 years. Personal support financing is to help young people (aged 12–18) with disabilities in normal secondary schools. After that period there is special financing for education (18+) and personal support financing. All age categories can ask for help with transport.

Special financing for education (18+) is aimed at young people who are unable to work due to disabilities and provides for several educational institutions offering a programme lasting up to three years, to help youngsters reach an educational level they could not attain at a regular school.

Freedom of choice and tailoring

Personal budgets for support in education, youth care and employment help to tailor activities to the needs and wishes of young people with health problems or disabilities. They also make them more responsible for their own inclusion in society and, as such, are empowering. The IRO and the personal support measure are important examples of this policy in the area of active inclusion in the labour market (see Case Studies 1 and 2).

Social partner initiatives

Government policy in the Netherlands is that matching of people, jobs and employers is the responsibility of local stakeholders. Nevertheless, national and sectoral social partner agreements can also help. Social partners who are members of advisory boards such as the SER and STAR (the Foundation for Labour, which includes three mayor employer organisations and three labour organisations) recommend collective agreements that encourage employers to offer jobs to young people with disabilities.

In 2008 and 2010, STAR recommended the creation of more jobs for young people with disabilities in open employment, more apprenticeships and more vocational training facilities in the workplace. The proportion of all collective agreements which have been formulated with special measures to employ youth with disabilities has increased, from 13% in 2009 to 19% in 2010.

An agreement was signed on April 2010 between the UWV and the social partner labour organisations in education and that of employers (ACOP, CCOOP, CMHF and the VO-raad representing 600 secondary schools) to create jobs for young people with disabilities in the schools operated by their members. The target is to create sufficient jobs for people with disabilities so that the total disabled workforce in the sector is equivalent to the number of people with disabilities in society (17%). As described in Section 3 many more (pilot) projects and programmes started in 2010 to create

thousands of special jobs for young people with disabilities in open employment, with the help of the larger companies in the Netherlands, knowledge centres, the UWV, municipalities and service supply organisations.

The UWV supports these pilots and projects by schools for special education via Wajong networks and other (pilot) mechanisms such as financing apprenticeship job coaches, a placement voucher system and (adjusted) ESF subsidies.

In January 2011 employers and unions agreed on collective bargaining priorities for the coming years. These are based on the assumption that the Dutch labour market will change structurally and in the next quarter of a century, the working population will diminish. Therefore, high labour participation is a must – more work has to be done with fewer people. This is to be achieved by hiring people regardless of their distance from the labour market, improving mobility and the avoiding unwanted departure. The Dutch employers' association AWFN wants to improve labour relations between stakeholders in general, and more specifically between the employer and their employees, consumers, communities and local governments. To achieve these results AWFN wants to build partnerships with stakeholders, such as the representatives of employees either through the works council or the trade unions, with a shift from traditional negotiations towards co-creation. AWFN agreed on the collective bargaining priorities for the coming years with three of the unions: CNV Vakmensen, FNV Bondgenoten en De Unie (AWFN et al, 2011).

One of the priorities is to create collective agreements that actively and without restrictions include groups of young people with disabilities and chronic diseases in the labour market for open employment.

This chapter presents four case studies which provide an illustration of the way in which local projects are implementing elements of active inclusion. In some cases the projects have evolved in response to changes in national policy or to the introduction of new programmes. In other cases they are working within existing systems and structures to create innovative and pro-active approaches to social and economic inclusion. As far as possible case studies have been selected on the basis that their characteristics reflect an active inclusion approach and that data is available on the outcomes being achieved.

Case Study 1: De Overstap

Abstract

De Overstap (the Transition) offers personal support by job coaches. It provides support to young people with severe behavioural problems because of autism spectrum disorders, personality disorders, hyperactivity and combinations of mental and psychiatric disorders. Clients may opt for the personal support measure when they have a contract with an employer who offers a regular job. The client receives a budget from the social security organisation (UWV) for hiring a job coach from the (private) re-integration provider. The personal support may extend until the age of 65 and every six months the situation is assessed by the UWV. The intention is to withdraw the personal support within three years.

Founding of De Overstap

De Overstap (<http://www.overstap.nl>) was founded more than ten years ago by two teachers who used to work at a school for special education for young people with disabilities. They set up the business when they discovered that even pupils who finished school successfully were not able to find a job in open employment.

The idea was based on the principles of supported employment introduced in the Netherlands in the 1990s by the World Association for Supported Employment (WASE). In 1998 the government initiated the personal support measure. This made it possible for young people with disabilities who were offered a labour contract in open employment to buy the service of a job coach for personal support. Initially this was up to a maximum of three years but this was later extended to 'whenever needed'. Ten years later De Overstap employs nine job coaches and seven other professionals and offers services from their two offices in Zwolle and Hengelo, which are 65 km apart.

Aims and objectives

The aim of De Overstap is to make enough profit to support the work in open employment of as many young people with severe behavioural problems as possible. However, many young people with disabilities who do succeed and who work in open employment are at risk of losing their jobs. Therefore the aim of De Overstap has been extended from only supporting transition from school to work, to include job maintenance and finding a new job when necessary.

Intended beneficiaries

Most of De Overstap's clients are aged between 18 and 30 years, with a few younger or older. All clients have disabilities or health problems, particularly mental or psychiatric disorders. Most of them have an Autism Spectrum Disorder (ASD), hyperactivity (ADHD), psychiatric or personality disorder and some a learning disorder. In many cases clients have a combination of two or more disorders. Most clients receive a Wajong benefit, and they have some prospects for open employment with intensive personal support for a longer time.

It is very difficult to find the right personal support for clients with severe behavioural problems because of mental or psychiatric disorders. In the Netherlands there are about 50 private enterprises that specialise in very severe behavioural problems (De Vos, 2010). With a success rate of between 25% and 50% (placement to open employment for more than six months), these organisations are high performers compared to other programmes financed by the UWV.

Activities and processes of the organisation

People with IROs from the UWV can buy services from De Overstap. This includes support in vocational training and in finding an employer. After they have found a job in open employment, they opt for the personal support measure that finances the buying of personal support from a job coach. The young person with disabilities in fact hires the job coach from the re-integration enterprise, while the bill is being paid by the UWV.

During the first few weeks of the re-integration programme the job coach is present at the workplace two to eight hours a day, until the participant masters the skills needed. After several weeks, support can be reduced to 15% of the total work time of the young person. After one year, support normally declines to 3% of work time or less. The intention is that it is zero after three years.

The tasks of a job coach depend on the individual support needed (De Vos, 2010a).

Regular tasks include:

- intake and assessment of the youngster;
- involving people surrounding clients (parents, caretakers, doctors, psychiatrist, employer, social security employees, teachers, friends);
- teaching and advising the employee on new or special work skills;
- advising the employer on possibilities and needs of the employee;
- advising the employer on behavioural problems and how to handle them;
- advising the employer on possibilities of extra financing;
- advise the management on do's and don'ts;
- advising co-workers on behavioural problems and how to deal with them;
- ensuring that the labour contract is up to date and has good standards;
- visiting parents/partners in case problems arise;
- increasing the productivity of the youngster to its maximum.

De Overstap is part of a service chain within which the young person makes the transition from school to work with the help of many professionals. Therefore it has relationships with many public and private service suppliers: e.g. the UWV and municipalities, schools for special education, health and care institutions. They work together with other private re-integration organisations to find employers that have jobs for the target group.

Role of social partners

De Overstap supports employers who want to employ young people with disabilities. Job coaches seek jobs that fit the wishes and skills of the young person and therefore visit employers that have shown an interest to offer these jobs.

In 2003 the social partners set up an advisory board on work and income (RWI). This board initiated the idea that the market for private re-integration businesses should be transparent and stimulated through benchmarking and auditing of re-integration enterprises. The performance of De Overstap is audited every year and the scores presented on the Blik op Werk benchmark website are above average compared to their business competitors (<http://www.blikopwerk.nl>).

The market for re-integration businesses and job programmes for unemployed and people with disabilities was fully privatised in 2002. The market depends heavily on the decisions made by government and the UWV on how much money is spent in the coming years on re-integration instruments and what the target groups are. The Government is enthusiastic about the personal support measure for young people with disabilities. In 2004 there were 4,000 employees working with a job coach. In 2008 that number was 9,000 and in 2010 it was over 12,000 employees.

In many contracts with the UWV there is a ‘no cure, no pay or less pay’ paragraph. This encourages re-integration enterprises to keep young people with disabilities on regular jobs for a period of more than six months and to do their best to arrange permanent (regular) labour contracts. In contracts signed in 2010 a requirement was introduced that, if the young person becomes unemployed, the re-integration enterprise has to find them a new job within 18 months.

Inputs

In addition to the director there are 16 employees (12 FTE). There are nine job coaches, two psychomotor therapists, and 3.5 FTE pedagogy trainers, one administrative worker and one employee working part-time on development of support methods for pupils.

De Overstap has about 250 clients. Nearly 100 are already employed and receive personal support from a job coach. Every year 200 new clients are accepted. The workload of the job coaches is around 20 clients. The other staff members support the job coaches, do assessments, vocational training or psychomotor therapy.

The qualification of the employees is high in comparison to other re-integration organisations. Except for the administrator, all employees have a higher education. The job coaches have different backgrounds (such as HRM, social laws, and social pedagogy).

Outputs and evaluation

The success rate of De Overstap in getting and keeping young people in open employment for over six months is 50%. Most young people in open employment retain a partial disability benefit because they cannot work full-time and do not earn a minimum wage income. The average cost of supporting a young person with disabilities on the job is €7,000 a year. Another 35% are successfully placed in sheltered workshops, re-enter school or are ‘activated’ in voluntary work. About 15% of the clients are not successful and end up, at least temporarily, in care or detention centres.

Good practice in active inclusion

Over 35 young people with severe behavioural problems are entering the disability benefit scheme every day but around 50% of them can work in open employment when offered the right support. The personal support measure is a good example of how to include young people with disabilities in open employment and society. Young people with disabilities can arrange their re-integration together with the UWV and the employer and tailor the support activities to their individual needs and wishes. The freedom of choice of a private re-integration enterprise and job coach makes them more responsible for their own pathway.

The many smaller specialised re-integration enterprises such as De Overstap are better equipped to offer customised support than larger public organisations or private employment agencies. They specialise in working with clients who have specific behavioural problems and are in need of special treatment. Because they work on a one-to-one basis with the young person they can more easily involve important people surrounding them into the activation process. It is crucial that parents, carers, doctors, psychiatrist, social security administration officials, colleagues, teachers and friends support the re-integration process. Because the job coach knows local employers and their job offers, he or she can find the best suitable job, teach the new employee the necessary skills and advise the employer on the strengths and needs of the employee. It is very important that the employer and the colleagues are advised on the behavioural problems and

how to deal with them. Because the social benefit and financial funding system is very complex, the job coach has to advise the employer on what to do in these special situations. Negotiating the labour contract is another important feature of the job coach.

Most of the young people with disabilities who do get a labour contract are at risk of losing their jobs within a year, mostly because of poor communication and conflicts. This is where the job coach plays a crucial role. De Overstap coaches can be at the workplace in an hour and help mediate between employee, manager, supervisor and colleagues. It is vital for employees with behavioural problems to have support, sometimes for the rest of their working lives. The Government has been giving increasing recognition to the role of the job coach, and new contracts between UWV and private re-integration enterprises now incorporate an 18-month period of aftercare for clients.

Content	
Skill building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self-employment	
Activation	
Condition relevant (including mental health difficulties)	✓
Approach	
Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (such as decision making, self-advocacy)	✓
Partnership, networking and links (other private agencies which assist in achieving the goals)	✓
Links to national policy or programmes	✓
Training and support for staff	
Social partner involvement	
Monitoring and measurement (such as data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

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Case Study 2: The Vangrail

Abstract

The foundation Sterk in Werk (Strong in Work) runs the Vangrail (Guardrail) project that helps school dropouts (aged 16 and over) in their transition to work. These young people are under care of remedial education centres. They all have behavioural problems as the result of a moderate mental disorder, often in combination with disorders in the autism spectrum, hyperactivity (ADHD) or psychiatric disorders. The philosophy of the Vangrail project is that vocational training and work in open employment will result in better mental health. The project operates in cooperation with the remedial education centre in order that young people receive health care and active inclusion programmes which are congruent with the return to school or transition to employment programmes. The dual programme is financed by the UWV.

Founding of the Vangrail

The Vangrail project was started five years ago by three private foundations. These are Sterk in Werk (<http://www.stichtingsterkinwerk.nl>) and two other foundations specialising in remedial education and care centres for children and youths with learning problems because of mild or moderate mental disorders. Two years previously, the partners noticed a gap in the re-integration programmes and work incentives in the new legislation for young people with disabilities. Young people aged 16–17 are not eligible for a Wajong and are therefore not eligible for most re-integration programmes. The directors of the three organisations were aware that many young people with learning disabilities were not in education (school dropouts) or employment. Because of multiple transition problems, they were in need of dual programmes of (health) care interventions and work incentives. In the directors' opinions, work in open employment gives the opportunity of learning on the job, and of developing skills and better (mental) health.

Private re-integration companies and foundations can ask the UWV to subsidise projects for the target group. The three foundations designed the Vangrail project and asked the UWV to finance the project. Sterk in Werk offers services for the Vangrail project in three provinces in the south of the Netherlands. The other two partner foundations offer facilities in provinces in the middle of the country. The project is a success and will be continued for the next four years.

Aims and objectives

The aim of Sterk in Werk is to provide services that facilitate the transition to work of young people with disabilities. The aim of the Vangrail project is focused on the transition of young people aged 16 and above with moderate mental capabilities who are or were living in remedial education centres. Their services and vocational training, in cooperation with the centres, lead to more young people getting jobs and also improves their clients' health. The partners organise dual programmes of care in combination with vocational training and work support tailored to the individual needs of their clients. The idea is that tailoring remedial education and vocational training at the workplace leads to a better health and learning situation and that 'once they get in a positive flow, more good things will happen'. Joining the Vangrail project also means young people who get a job can continue to study mathematics, reading and writing.

Intended beneficiaries

The young people that the Vangrail deals with have mild to moderate learning problems. Their parents have severe problems bringing them up and schools have severe problems in offering any education.

The costs for young clients of remedial education centres are covered under the Exceptional Medical Expenses Insurance Act (AWBZ). Every year about 30,000 young people get an AWBZ indication by the Bureau Jeugdzorg for care and support because of mild mental disabilities with severe behavioural problems. At least 5% of these are in need of help from remedial education and care centres.

Activities and processes of the organisation

The Vangrail dual programmes consist of intensive personal support by teams of professionals in the areas of:

- participation in society;
- independent living;
- mental health care;
- education;
- vocational training and employment.

Vocational training and employment support is the speciality of Sterk in Werk. The different professionals from the re-integration and remedial education centres work together making plans and adjusting transition programmes to the needs of individual client. Also, UWV officials take part in planning the individual programmes; parents are consulted as are (other) health care professionals involved with the client. Clients' progress, in terms of behaviour and communication, is carefully monitored in their environments of living, training and working. Problems signalled by a professional in one area are directly communicated to the other professionals in the team surrounding the young person, so everyone knows what is happening and can act before other problems arise.

Preparation programme

The Vangrail project's first target for a young person is to prepare them to return to a school for special education or for vocational training. The preparation programme starts at the Activation Training Centre (ATC), where a vocational trainer supports the young person. During the preparation programme the client learns the behavioural skills needed to perform a job. The client is trained to arrive at the location in time, not to leave without notice and to concentrate on tasks. There is intense communication between the many supporting professionals. At the end of the preparation programme some clients are directly placed in employment and most are placed in the re-integration programme.

Re-integration programme

The second step starts with providing job-experience training and skills training at a simulated workplace in the ATC. After that, the clients enter an apprenticeship with the support of a job coach. The job coach introduces them to the workplace. Education in mathematics, reading and writing is offered in direct relationship with working. Part of the last stage can be the support of a job coach of Sterk in Werk to find a temporary or permanent job in open employment. This step is separately subsidised by UWV. For this last step the foundation can receive a re-integration budget (IRO budget) of €5,000.

Relationships with other service suppliers

Sterk in Werk has many connections with other service suppliers. There are direct relationships with the case manager of UWV, contacts with schools for special education and with mental and health care centres. The foundation is a privatised part of a larger union of remedial education centres and has no formal connection to employers or labour organisations. However, the success of the Vangrail project depends on the willingness of employers to employ their clients.

The Vangrail project is driven by policy and legislation. In 2004 the government initiated the privatisation and the individualisation of re-integration to work programmes. It was decided that a discretionary part in the total re-integration budget of UWV could be spent on regional experiments for special target groups. This discretionary budget finances the Vangrail project.

Inputs

The foundation Sterk in Werk has 800 employees working in different centres in the south of the Netherlands. In the Vangrail project, job coaches and training coaches are involved as well as psychomotor therapists, pedagogy trainers, administrative workers and other staff.

Trainers and job coaches in the project are skilled in working with youth with mental disabilities and have a mid-level education. They all have very different back grounds (such as HRM, social laws and social pedagogy). Many employees of Sterk in Werk play a role in the Vangrail, and who takes the lead depends on the location where the client enters the project. In this project the youth specialists and job coaches work together with specialists from special schools, remedial education centres, municipalities and local organisations that cater for (potential) school dropouts.

The Vangrail project as a whole is run in six of the 11 provinces of the Netherlands by the three foundations and their partners. The Vangrail's total annual number of clients varies between 25 and 50 a year. Between September 2005 and February 2010, 105 clients entered the preparation programme and 115 entered the re-integration programme, with 119 clients entering one or two of the programmes run by Sterk in Werk (Table 8). Together with the other two foundations the project had a total inflow of 338 clients between September 2005 and February 2010. Projections are that in 2010 there will have been a total inflow of 132 new clients for the whole Vangrail project, and that same number will enter in 2011.

Table 8: *Vangrail monitor Sterk in Werk and total project 01-09-2005 to 01-01-2010*

	Sterk in Werk	Total of the project by three foundations
Preparation programme		
Net inflow	105	449
In the programme	19	204
Outflow to re-integration programme	46	109
Drop out	19	65
Job placement	4	40
Throughput to Vangrail partner		18
Total outflow	69	214
Re-integrate programme		
Net inflow	115	298
Throughput to Vangrail partner		9
Job placement	37	70
In the programme	38	123
Drop out	40	96
Placements		
Preparation programme	4	40
Re-integration programme	37	70
Total programmes offered	119	338
Placement percentage 01-01-2010	34.45%	32.54%
Maximum achievable placement (percentage)	71.01%	80.63%

Outputs and evaluation

The Vangrail project has been a success since it began in September 2005. Of the total 119 clients embarking on one or two of the programmes offered by Sterk in Werk since January 2010, 34% have been placed in employment (Table 8) with 36% still in one of the programmes, so the maximum achievable placement percentage for Sterk in Werk is 71%. For the Vangrail project as a whole these percentages are 32% placed in employment, 48% in one of the other programmes, 80% maximum achievable placement percentage.

Aiming at full-time employment is, for many of the young people in this target group, too ambitious. Some clients, after being trained, are directed to sheltered employment, special schools or are ‘activated’ to do voluntary work. In this project these outcomes will not lead to lower payments to the foundations.

The performance of Sterk in Werk is audited every year and the scores presented on the Blik op Werk benchmark website are above average compared to their business competitors (<http://www.blikopwerk.nl>).

Good practice in active inclusion

To enter the labour market, ‘dual’ programmes of care and work support are essential for many school dropouts aged 16 and above with learning disabilities. From the point of view of society it is important that young people with learning disabilities become well educated and develop good working skills. However, they rarely acquire these skills and knowledge at school because of their inability to function in a formal classroom setting. Learning in close cooperation with vocational training activities, apprenticeships or employers has better results. The active role of clients and their empowerment are important element in this process.

Cooperation by different organisations

In the Vangrail project the professionals from Sterk in Werk are part of a public-private service team that itself is part of a chain of many other professional organisations. Because this project is experimental, it is funded by UWV as a special project for the target groups. Extra funding is necessary because of the many meetings and contacts that professionals have to have as a result of the support and transition problems of the clients. Extensive communication adds to the higher costs of the Vangrail programmes compared to normal re-integration programmes for people with disabilities. One of the problems with normal programmes is that the specialists in the different institutional pillars do not cooperate and problems encountered by clients in one area are not communicated to another. Because the results of the Vangrail project are far better than many other projects it is more cost-effective. The philosophy of the project is that work in open employment leads to a better mental health. This theory has been proven successful over the past five years. The project will be extended in 2011 and 2012.

Content	
Skill building (including VET and further education)	✓
Job placement (such as supported employment)	
Self employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Approach	
Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (such as decision making, self-advocacy)	✓
Partnership, networking and links (other private agencies which assist in achieving the goals)	✓

Approach (cont'd)	
Links to national policy or programmes	✓
Training and support for staff	
Social partner involvement	
Monitoring and measurement (such as data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

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Case Study 3: 1+1=3: Learning with Mental Deterioration

Abstract

In the Netherlands it is recognised that with some effort, young people with disabilities can work in open employment. However, after several bad experiences, many of them stop working or end up in sheltered employment. At the same time it is recognised that the labour market needs many new employees in the health care sector, especially the sub-sector that is oriented towards older people with mental deterioration. Several local initiatives are targeted at attracting the unemployed for employment in this sector. One example is the project 1+1=3: Learning with Mental Deterioration, which brings together unemployed people with disabilities because of mental or stress-related disorders and older people with mental deterioration, such as loss of memory.

How the initiative began

The project 1+1=3: Learning with Mental Deterioration is based on a different approach to re-integration. It was developed by an academic who lost her job at a university because of stress. As part of the therapy for this she worked in health care homes for older people with mental retardation and later on as a vocational trainer for unemployed people. She realised that many unemployed people with burnout or mental health problems lack self confidence and are not sufficiently aware of their working skills or what they have learnt from their experiences with disability. In order to gain more self-confidence and heal the psychological scars brought on by their job, they need enough recovery time before returning to work.

She also noticed that at the age of about 30 many unemployed people with stress or mental-health-related problems often isolated themselves from friends and families. They lacked the communication skills and social feedback necessary for their recovery and work orientation. This gave rise to the idea of bringing together unemployed people with different backgrounds in a Living Room setting, where they could meet, socialise and talk about their lives and work experiences.

Knowing that health care institutions for older people with mental deterioration are in need of volunteers and new staff, she wanted to bring two target groups together. Older people in their first stages of mental deterioration lack social contacts but they can help unemployed and disconnected people to get on with their lives. Unemployed people in contact

with older people can learn how to care for another person and make use of their own life experiences. As volunteers they can relieve the professionals in the understaffed health care sector from time-consuming tasks. By learning on the job as volunteers they can even become skilled employees in the sector.

Her idea for the project 1+1=3: Learning with Mental Deterioration, was picked up in 2007 by several social funding foundations, a health care institution, UWV and a commercial re-integration enterprise, which were willing to finance the project.

The project was started by More at Work in 2009 in a new location in a foundation in the municipality of Hilversum and has been extended until 2013.

Aims and objectives

The meaning of 1+1=3: Learning with mental deterioration is that when organisations responsible for employment and care for people with stress and mental disorders or deterioration are working together, third parties will join and profit. This is based on the philosophy that humans can find their own ‘meaning of life’ by helping other people.

The purposes of the project are:

1. **Meeting** - Older people and unemployed meet each other on a social basis and come to a mutual understanding.
2. **Participation** - The project offers people with mental deterioration extra possibilities for social contacts, and the younger person with mental health problems a sense of value. The unemployed get the chance to do voluntary work and get professional support to regain a place on the labour market.
3. **Develop self-confidence** - The project stimulates the development of self-consciousness of people who have abilities that society has defined as impairments. It gives them enough time and space to recover.
4. **Inspire** - New ways of handling mental deterioration and living with impairment can be discovered by seeing older people with mental deterioration and people with disabilities as normal humans who can help each other.
5. **Evaluate** - The project, being innovative, has been evaluated by academic researchers. They focus on the communication and the quality of interactions between the two target groups, and on the outcomes in terms of (labour) participation of the unemployed.

The short-term objective is that both target groups get a better quality of life. In the long run, it is hoped that unemployed people suffering from stress or mental disorders learn to care for older people with mental retardations and then find a paying job in the same field.

The gain for health care workers in institutions is that some of their tasks are taken over by volunteers, giving them more time to allot to actual health care.

Intended beneficiaries

The target group of the foundation More at Work is the long-term unemployed and former employees with mental health problems, stress or social problems looking for a job.

It also includes young people with disabilities who have worked or have problems in transition from school to work. Chapter 1 noted that in the Netherlands 11% of the 200,000 people with a Wajong work in open employment. This could be more because half of the young people with disabilities that had a job lost it within two years. Many became long-term unemployed or started working in sheltered employment.

Young people (25–30 years) who stopped working because of stress-related disabilities can profit from this type of project. The 1+1=3 project is meant for all people with low self-esteem having problems in finding work.

Activities and processes of the organisation

Important features of the project are:

- the Living Room where unemployed people meet each other and come to a mutual understanding during social activities;
- protected employment at places where there is not too much stimulation;
- voluntary work with people with mental deterioration.

During these steps the unemployed are provided with sufficient time to come to terms with their disabilities, develop self-confidence and get professional support to return to the labour market.

Re-integration programme

The unemployed clients start their recovery period in the socialising Living Room in combination with protected employment inside the building of More at Work. In the Living Room 10 to 15 unemployed people from different backgrounds meet on a weekly basis to discuss their lives, hopes and plans. These sessions last two and a-half hours. Many unemployed people with disabilities because of stress-related problems are living alone with few social contacts. Many of the target group members lack realistic feedback on their capabilities and support of a family or friends. In the Living Room the coach creates an atmosphere where the participants feel comfortable to talk about their problems and begin to establish a reference group. After finding employment the client is asked to stay on as part of the group that frequents the Living Room so he or she can share experiences with other group members.

By offering them protected workplaces the project gives unemployed people an opportunity to become aware of their ability to work. At the beginning they do simple tasks such as painting and decorating the building, or cooking for the restaurant. Vocational training and voluntary work may start at the activation training centre (ATC) of More at Work. As soon as they are up to it, clients start, as volunteers, helping older people with mental deterioration. This can be at the home of a person or in an institution, where they take over simple tasks of the health care workers and nurses. Volunteers can work under supervision of a job coach.

Cooperation with other organisations

The re-integration programme costs for the project 1+1=3 are paid by UWV, municipalities or health insurance providers of the clients. The maximum period of support by More at Work is between one and two years but can be extended.

More at Work cooperates with municipalities, UWV, secondary schools for special education for disabled youngsters, health care institutions and private re-integration enterprises. The private re-integration enterprise re-Activate started the foundation More at Work because it needed a special location for unemployed people with severe social problems. More at Work borrows vocational training facilities from re-Activate and the so called protected employment.

More at Work calls itself a social enterprise that supports people who wish to work, but who are hampered by social and health problems. The foundation creates jobs in open employment inside its organisation for its own clients. They have established their own recruitment agency and offer open employment contracts to their clients, who then work in health care institutions. This is attractive to employers in the health care sector because the foundation takes care of all the administration (and hardships) of employing people with disabilities. One of the customers is the mental health institute Amaris Zuiderheide in Hilversum.

The care workers in public services under the municipalities of Hilversum and its neighbouring municipalities were asked to come to meet the participants in the Living Room. The project coordinator was present at the time and problems were discussed such as home rent and bills sent by the municipalities.

This project has been made possible by funding through social funding foundations such as the VSB funds. One other foundation that has sponsored the project over two years, because of its innovation in looking at people with mental and stress-related disabilities, was the foundation Stichting Instituut GAK. This organisation demands that the project is currently being evaluated, so that other professionals can learn from it. The foundation is also giving a bonus to the project for every client in the project that starts to work in open employment.

Inputs

The project 1+1=3 has 11 employees, paid for by its founder More at Work. There is one director, two people working in the kitchen, three job coaches, three office staff, two social activity workers and a vocational trainer/coach.

The unemployed entering the 1+1=3 project receive a dual programme of care and work support. Care support is offered by a social activity worker, for instance during the Living Room sessions. Because the Living Room is situated in the same building where clients start their voluntary work, work and socialising are near to each other.

Vocational training and voluntary work may start at the ATC where a work coach assists at the sheltered workplace. The external activities are supported by an individual job coach where necessary.

Work activity coaches, job coaches and other personnel have a level of higher education and some have university qualifications. They are skilled in working with difficult target groups.

Outputs and evaluation

The project's first group started in January 2010. In the first few months a total of 15 people entered the Living Room. Of these 15 people, two now have a new job elsewhere. One of these is working with elderly people. Another participant decided to start a course in sociology. Of the other participants, five are working as volunteers at sheltered workplaces inside the facility and six are working in institutions for people with mental retardation.

An important function of the project is evaluating the soft and the hard outcomes of the project in terms of better mental health and job placements. After a first evaluation it was decided to continue the project for at least two more years. The foundation Stichting Instituut GAK is subsidising the project because there are new innovation plans for it. One of the clients wrote a 40-page account of her experiences in the first year.

Good practice in active inclusion

Many young people and adolescents who lose their jobs after the age of 25 have stress-related or mental disorders that make it more difficult to find a new job. In the project 1+1=3 they find the time to come to terms with these problems. The philosophy of the project is that meetings in a group of 10 to 15 people, combined with working as a volunteer in the health care sector, leads to improved mental health. This has been proven for at least some of the participants in the last year and therefore the project will be extended into the future.

Several other local projects offer unemployed people with burnout, stress or mental disorders work as volunteers with older people with intellectual impairment (Brouwer and Fermin, 2008). However, these projects have not yet been evaluated.

Young people (25–30 years) who have left work because of stress-related disabilities can profit from these types of projects. The 1+1=3 project is aimed at people with low self-esteem having problems in finding work and inclusion in society. Given that health care institutions for older people with mental deterioration or impairment are in need of volunteers and new staff, this is a very attractive project. Unemployed people in contact with older people can learn how to care for others and make use of their own life experiences. As volunteers they can relieve the professionals in the understaffed health care sector from time-consuming tasks. By learning on the job as volunteers they develop more self-esteem and could become skilled employees for the sector.

Content	
Skill building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Other	
Helping unemployed and people with mental deterioration	✓
Approach	
Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	✓
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (such as decision making, self-advocacy)	✓
Partnership, networking and links (other, private, agencies which assist in achieving the goals)	✓
Links to national policy or programmes	✓
Training and support for staff	
Social partner involvement	
Monitoring and measurement (such as data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

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Case Study 4: Kwintes

Abstract

The Kwintes foundation (<http://www.kwintes.nl> and <http://www.kwintesenmeer.com>) operates a local programme for young people with disabilities who wish to seek different kinds of jobs in a range of sectors such as printing, catering, the arts, gardening or bike repair. The learning and working programmes offered by the Kwintes foundation are targeted at people with psychiatric disabilities or psychosocial problems. Under the guidance of programme coaches and skilled professionals, young people who are a substantial distance from the labour market are orientated towards jobs in a specific sector, gain skills and work at social enterprises that produce for the open market. The employment programmes are part of the many other programmes and activities run by the Kwintes foundation in the fields of guided and independent living, mental health care, and care for people with psychosocial problems. They operate mainly in cities and villages in three provinces. The first five learn-work enterprises were started in the city of Almere, where the Kwintes foundation also established its first private re-integration enterprise.

How the foundation began

The Kwintes foundation is a public organisation that supports people with social or psychiatric problems to ‘stand strong in society’. The organisation began eight years ago, growing out of mergers between over 20 local organisations that offer facilities and services for mental health care and social protection. The services offered locally in 20 cities in the provinces of Flevoland, Utrecht and Zuid-Holland include guidance and support for independent living, mental health care, care for people with psychosocial problems and activation, and inclusion of people with disabilities, young people with autism, immigrants, homeless and minority groups.

Nearly 2,500 clients receive support at home from Kwintes. About 1000 people live in sheltered homes run by Kwintes, in more than 160 locations. Many of these people and others with psychosocial problems are offered care and daytime activities.

Kwintes employs over 1,000 professionals including home support workers, personal support workers, psychologists, sleep wardens, intake coordinators, rehabilitation coaches, employment programme coaches and advisory staff at the central office.

Kwintes stands for ‘having an eye for specialities’. Its first target is to protect people who are socially or psychiatrically vulnerable. Kwintes started several projects in six activity centres to get their clients into contact with society. Five years ago they started the first learn-work catering enterprise in the city of Almere. There are now five different learn-work enterprises in the city and one is being developed. Clients work in real jobs in ‘real’ enterprises that produce products and services for the market and receive a small surplus income. Kwintes employs skilled professionals with work experience in the sector as work coaches for the clients. One of the enterprises, centred on gardening, has become so successful that it almost runs without being subsidised, and this is the target of the other learn-work enterprises. In order to get more clients into contact with future employers Kwintes started, in 2010, its own private re-integration enterprise, Over drempels, that employs six programme coaches and a job hunter. Like other private re-integration enterprises Over drempels tenders for contracts with the UWV. Kwintes started to create special jobs in open employment for the target group within their own organisation, mainly in the health and youth care.

Aims and objectives

The aims of Kwintes are to protect and empower clients and offer them more self-confidence. Their slogan is ‘stand strong in society’, which means that people should take part in all aspects of social life. Therefore, Kwintes aspires is to offer programmes where people can meet each other, do activities together and when suitable, get support in vocational training and labour activities. When it comes to employment Kwintes has an ‘eye for specialities’ and looks at what people can do, not at their disabilities.

The learn-work enterprises in the city of Almere specialise in learning and working in five different sectors:

- paper and printing;
- catering;
- bike repair;
- gardening;
- art.

A learn-work enterprise in cleaning is being created. Vocational training is offered by work coaches in locations where clients can orientate themselves to the different jobs available in the different sectors, earn a small income and learn new skills. To provide an opportunity for clients to come into contact with the local community, local organisations and enterprises can make use of the services offered by Kwintes, learn-work facilities. This means that clients in the different learn-work facilities experience the needs of other people because they do the catering, printing and gardening for enterprises in the neighbourhood.

Intended beneficiaries

Most of Kwintes' clients are people who need temporary or permanent mental health care and social protection. They are people with temporary psychiatric or psychosocial problems, brain damage, former prisoners, multiple diagnoses (a combination of addiction with psychiatric diagnosis), victims of violence at home, teenage mothers, young and old people with autism and homeless people.

There are four programmes targeted at young people. Most young people in the target group have become institutionalised and cannot live fully independently. Offering learn-work places in a social enterprise is one step to empowering them.

Assistance on the road to work and employment is offered to those clients that want to work (again) in open employment and earn their own living. Most, but not all, are aged 18–30. Clients of Kwintes do not necessarily receive a Wajong as many of the clients do in the other three case studies. Homeless young people and ex-detainees, for instance, often are not diagnosed as having a disability and therefore they are not eligible for Wajong disability benefits. Young ex-criminals who are released after several years of detention often have psychosocial problems and do not have a home or work, but they are not necessarily disabled for the rest of their lives. They are part of the Kwintes target groups and get psychosocial care, help in finding a house and support to find employment.

Relevance of Kwintes to the target groups

The learn-work facilities for the sectors of printing, gardening, art and catering offer clients the possibility finding out what skills they have and what work they might like to do while learning on the job before they start searching for employment. Learning and working gives them the opportunity to develop necessary skills.

Activities and processes of the organisation

The programmes offered by Kwintes include:

- client-directed initiatives (such as the digital platform made by clients, kwinfo.nl);
- service points for contact, information and advice;
- assistance to take part in volunteer work and support to learn and work in open employment.

The assistance to learn and work is offered in four cities in eight different locations to people who would like to work (again) and want a job in open employment and to become financially independent.

The clients are encouraged to get support from a programme coach employed by Kwintes. They can choose whatever job they want to do in one of the learn-work enterprises. They have to work from nine to five under the supervision of professionals who used to work in those specific sectors. The products and services the enterprises produce are for real consumers and have to be delivered on time. In this way the clients learn to work under pressure. All the enterprises have shops where they sell their products.

Local organisations can ask for free services and private enterprises can hire services or place orders. This brings clients in contact with the local community. Those clients who are up to it are brought into contact with potential employers. Since 2010 this has been done by Over dremfels. The personal support can be financed by UWV.

The activation programmes for most of the clients are synchronised with the other programmes and activities run by Kwintes in the fields of guided and independent living, mental health care and protection. Many of the clients are very vulnerable, so the cooperation of the different professionals surrounding the client is of utmost importance.

An important task for the Over dremfels programme coaches is the intake and assessment of the client. For this they use the Melba method, a labour assessment instrument developed in Germany and used by many re-integration enterprises in the Netherlands (see <http://www.melba.de> and <http://www.melba.nl>).

Vocational training and learning on the job are the tasks of the work coaches of the learn-work enterprise. They advise the client on new or special work skills needed for a job in the sector. The job hunter employed by Over dremfels is responsible for looking for the right job and the right employer for the client. The job hunter advises the employer on possibilities and needs of the employee and on how to handle behavioural or psychosocial problems.

Coordination with other service suppliers

Kwintes has relations with many other public and private organisations and service suppliers, especially with prisons. The placements in the learn-work enterprises offered to former long-term prisoners seem to be very successful.

Role of social partners

There are several employers and businesses in the local community that are willing to offer employment to the clients. One important employer is a garden enterprise. Another is Japanese firm Mitsubishi, which produces ship motors and construction equipment. For both firms it is important to have a social fingerprint in the local society.

Role of policy

The work of the Kwintes foundation in the learn-work enterprises is driven by local policy. Although the city of Almere was founded only 30 years ago, it is now the fifth largest in the country. The psychosocial problems of people were not addressed for a long time and there were long waiting lists for young people in need of mental health care. However, the local government has paid more attention to the transition of young people from school to work because of increasing problems in schools. The building of a prison has also led to an increased budget for facilities for inclusion, learning and working.

Inputs and outputs

The total number of Kwintes' clients in 2010 at any moment working in the five locations was between 65 and 75. The average learn-work programme duration is one year, although this can be extended in some cases.

Table 9: *Clients and work coaches at the learn-work enterprises (7-1-2011)*

	Clients	Work coach (FTE)*
Gardening	12	3
Bikes	7	1
Printing and paper	35	3
Catering	6	1
Art	5	1 Web shop
Cleaning	Under development	
Total	65	

The Over drempels programme coaches each have 20 clients (by FTE). Some of their clients are at the learn-work enterprise, with others in care-activation programmes or at sheltered workplaces. A few of their clients are working in open employment; this accounts for about 10% of the programme coaches' total workload.

Programme coaches have higher education qualifications in social and psychiatric coaching. They are all schooled in the coaching of psychiatric patients into employment and they have different backgrounds (such as HRM, social laws, and social pedagogy).

Good practice in active inclusion

It is very difficult to provide support for the many clients who are diagnosed as having psychiatric disorders or having psychosocial problems. The majority of the clients are often first in need of (intensive) health interventions and care before they can be offered personal support for vocational training and employment.

People with mental health problems and disabilities and other people in need of developing self-esteem and work skills can arrange their own re-integration programme together with a programme coach from Over drempels. The clients thus get the time to find out what work they like and in which sector. Individual personal support by work coaches and professionals who worked in the sector is offered to those who want to work. The specialised learn-work enterprises offer the client's time and facilities to find out what they can do and what they want to do for a living. This is a good example of how to include and empower vulnerable young people in society and open employment, especially because it offers work in a real business. Clients can develop self-awareness and skills in their own time, which is essential for those who are having problems accessing the labour market.

In the Netherlands, many local service points in the cities and municipalities are merging into larger organisations such as Kwintes. However, not all offer learn-and-work facilities and Kwintes is as yet offering this service in only a limited number of locations. Nevertheless it is expected that many more of these initiatives will be established in the near future.

The learn-work facilities for the sectors of printing, gardening, art and catering offer young clients the possibility of finding out what skills they have and what work they might like to do while learning on the job before they start searching for employment. Many lack sufficient education and skills, so learning and working gives them the opportunity to develop necessary skills.

Content	
Skill building (including VET and further education)	✓
Job placement (such as supported employment)	✓
Self-employment	
Activation	✓
Condition relevant (including mental health difficulties)	✓
Other	
Helping unemployed and people with mental deterioration	✓
Approach	
Proactive: reaching out to the target groups	✓
Focus on an individual pathways approach (open employment as the goal)	
Targeting the individual and the community (including parents and employers)	✓
Empowerment processes (such as decision making, self-advocacy)	✓
Partnership, networking and links (other agencies (private companies) that assist in achieving the goals)	✓
Links to national policy or programmes	✓
Training and support for staff	
Social partner involvement	
Monitoring and measurement (such as data on output, impact or cost effectiveness and individual benefits)	✓
Regional or local sphere of activity	✓
De-institutionalised and community focused	✓

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Future policy directions and plans

It is government policy in the Netherlands that every citizen with a disability should participate in society if possible. To achieve this goal more attention is being paid to:

- prevention of exclusion and coordinated work preparation in the schools;
- transition from school to employment;
- the stimulation of young people with a Wajong benefit to take part in society;
- increasing awareness of the capacities of people with disabilities;
- encouraging more employers to hire people with disabilities.

The government acknowledges that fundamental change takes time and expected results will be seen only in the longer term. The impact of the current economic climate and government spending cuts are also difficult to predict. Some new measures and plans have the potential to bring change in the future.

- **Early help and assessment:** To increase participation in the labour market and society, young people with disabilities are entitled to more support before the age of 18 (when benefits can first be claimed). Most children with a moderate or severe disability receive special education in special schools. It is therefore important that these schools work in cooperation, in regional networks, with youth care centres, employer organisations and UWV job centres. The schools for special education are required to pay more attention to increasing prospects for work and providing better preparation for the labour market. Young people with behavioural problems must be identified by schools and youth care organisations at a much younger age, as early as five. If problems are recognised at this age, health interventions, care and services can be offered to children and their parents, with a consequent lower Wajong inflow many years later.
- **Culture change:** One of the new policies of the Dutch government is centred on a change of culture to encourage more schools, teachers, employers and colleagues to accept young people with disabilities. The cultural change initiative is bringing together all departments that have young people with disabilities as their target group. The inter-departmental programme Cultuuromslag Wajong organises local meetings centred on a change of culture and accepting young people with disabilities in society. Four years ago the organisation CrossOver (<http://www.crossover.nl>) was established. CrossOver has a macro and micro approach to cultural change. The first target group is the stakeholders involved in the transition process from school to work in order to make them look at young people with disabilities as (potential) co-producers. The strategy is to make stakeholders aware, provide them with tools to act, support them while acting and organise consolidation. One of the many activities is a website with different parts for different audiences.
- **Active labour market measures:** New measures in 2010 include the experimental measures. These fourteen projects aimed at increasing labour participation of young people with disabilities by better regional collaboration between UWV, care and educational organisations and employers.

In 2010 the pilot schemes ‘work to ability’ (*werken naar vermogen*) were started. Employers and knowledge centres (COLO) together reorganised the traditional learn-work structure so that it also suited people with disabilities who wanted to enter the labour market. There are pilot projects experimenting with creating specific jobs through job carving (creating a unique job from the elements of several job descriptions) within a number of sectors and developing learn-work programmes by introducing job skill definitions used in private enterprises into learn-work enterprises and sheltered workplaces. The new Wajong incorporates aftercare for young people that received personal support finding a job and who lose the job within eighteen months.

The new government announced in September 2010 that young people with health problems or disabilities who could work will in 2012 no longer be eligible for disability benefits. Receiving a disability benefit is considered to be in itself a disadvantage for young people because it drives them out of the labour market forever.

It is acknowledged that critical societal problems must soon be solved by new policies and legislation. One of the problems that will be further addressed is the increase in numbers of young people with disabilities receiving special education services and youth health care from many different institutions. Further reducing institutions and moving responsibilities for youth care from the provinces to municipalities is part of the new policy solution. The total budget for special youth care and prevention, which currently exceeds €3 billion a year, will in the future be allocated to the municipalities.

In January 2011, employers and unions agreed on collective bargaining priorities for the coming years, based on the assumption that the labour market will change structurally and that the working population will diminish in the next quarter of a century. High labour participation is therefore essential, and more people with disabilities or chronic diseases will have to participate in open employment, including young people with disabilities. To achieve these results social partners want to build partnerships with stakeholders with a shift from traditional negotiations towards co-creation.

Conclusions and key messages

The first lesson learned from the alarming growth in Wajong benefits is that social disability insurance has not been used as intended. The disability benefit scheme supported young people with health problems or disabilities who were actually unemployed because of low education levels, insufficient labour skills, behavioural problems and a lack of appropriate jobs for people with disabilities. The drawback of using disability benefits as an unemployment provision is that it hides the lack of targeted, more cost-effective provisions and postpones their introduction.

As a result, unsustainable, unfunded financial liabilities were created as a result of the lengthy average duration of disability benefit dependency. The Wajong case is a good illustration of the size of such liabilities and of the governmental problems involved in changing an entitlement-oriented disability policy.

Another lesson to be drawn from the Wajong Act is that the special features of the disability benefit scheme also proved to be its weakness. In 1967, the Dutch chose to integrate the general disability benefit scheme and the work injury scheme (De Jong & De Vos, 2005). The more generous of the two, the work injury scheme, was chosen as the model for a social insurance programme that covered all disability risks, independent of their cause and of their mental or physical characteristics. Under the ruling any illness or injury entitles an insured person to a disability benefit after a mandatory waiting period of 24 months. Other OECD countries make a distinction between whether the impairment occurred on the job or elsewhere; only the consequence of impairment is relevant for the Dutch disability insurance programme. The framework of six levels of disability was taken from the work injury scheme. Applying this framework to young people with (almost) no work experiences and all kinds of disability, including an increasing number of diffuse complaints such as behavioural problems, made the system weak and uncontrollable.

In the face of growing numbers of young people with health problems or disabilities registering for disability benefit, the government took a first step in 2010 by postponing the age of eligibility from 18 to 27 years for those that are considered to have, or be able to, develop earning capacities. The new Wajong in 2010 covers only those who, at the age of 18, have hardly any productive capacity. The others have to improve their educational level and search for a job or they will lose their financial support.

Contrary to the old Wajong those who find employment under the new Wajong Act will receive a higher income because of the new payment method. It is debatable whether this aspect will have any effect on increasing labour participation (Jehoel-Gijsbers, 2010). Although the new Act means that more work always leads to more income, the sum of earned income and supplementary benefit will never exceed 100% of the statutory minimum wage (for those at the age of 27 years and older). Set against the income received by working people covered by the old Act (most of whom receive at least 120% of the statutory minimum wage), it seems unlikely that this part of the new Act will exert much more influence in stimulating the labour participation rate. However, it is acknowledged that the new Act does provide more clarity on the income that will be achieved by a young person with a health problem or disability.

The risk for people on incapacity benefit for early disability of becoming unemployed is greater because they tend to obtain temporary or part-time jobs. The increase in the proportion of part-time jobs in the past indicates that the total labour participation rate of people with disabilities has decreased (when converted to full-time equivalents). The increase in temporary jobs indicates that a larger proportion of the young people that can work will be in temporary unemployment and this will ultimately lead to permanent unemployment.

Important active labour market policy changes may therefore result from the measures and pilots to create more targeted permanent jobs in open employment. Many measures focus on changing the attitudes of stakeholders including employers, colleagues, health care professionals, teachers and parents, so they can accept that young people with health problems or disabilities can work not only in sheltered employment or social firms but also in open employment.

However, to make the new active labour market policies successful in creating more customised permanent jobs, the risk that employers take in offering permanent employment has to be transparent. In the case of employing young people with disabilities this is still not the case in the Netherlands.

One of the reasons that, in the Netherlands, in the last seven years fewer employers have taken the risk of offering a permanent labour contract to people that might become sick is that under the legislation any illness or injury entitles an insured person to a disability benefit after a mandatory waiting period of 24 months, and in these first two years the employer has to pay a salary (De Jong et al, 2010). This has had the effect of increasing the number of employees who retain employment but has not been positive for young people with health problem or disabilities who are seeking work for the first time. To counteract the exclusion by employers of young people with disabilities, the government introduced the no-risk policy which specifies that employers who employ a person on Wajong disability benefits do not have to pay a salary during the first two years of illness. Not many employers know of this no-risk policy or of the other incentives, mainly because they have never employed young people with disabilities.

In any event, there is a need for many more jobs in open employment for young people with health problems or disabilities. For example currently only 4% of employers employ a person on Wajong disability benefits. In the future, financial incentives can be better targeted on employers, who are afraid to convert temporary employment contracts into permanent labour contracts, because they anticipate negative financial consequences.

Based on the four case studies there are a number of actors who have been very successful in creating job opportunities for the target groups focused upon in this study. It is clear that there are teams of professionals in private re-integration enterprises and other service suppliers who are using the existing mechanisms available to them to create new ways for young people at a distance from the labour market to participate in work. Programme coaches and job or work coaches are central to the process. Supporting employers by making the consequences of hiring a young person with disabilities more transparent, reducing risks and providing training and support to the young person are key elements. A good job coach knows the details of relevant legislation about subsidies for which the employer might be able to apply, and knows what work adjustments, if any, are needed to fit the employee to the job (job carving).

Over the past ten years an important focus of the reforms in social security, health and youth care and education in the Netherlands has been to tailor activities to the individual needs and wishes of young people with disabilities, to offer them more freedom of choice and to make them (and/or their parents) more responsible for their own budgets. The Individual Re-integration Plans (IRO) and the personal support measure are important examples of this reform in the area of active inclusion in the labour market (see Case Study 1 and 2). Personal budgets for financial support in education and youth care make young people with disabilities more responsible for their own inclusion in society and are empowering for the individual.

The cooperation and partnerships between health providers and employment services, which are at the core of each of the case studies, provide an example of how it is possible to bring together service and support for a person to achieve active inclusion. While at the policy level active inclusion is delegated to a number of governmental departments, it is remarkable that the organisations which have been profiled in the case studies have used the existing mechanisms to develop coherent and sustainable solutions for their clients. This is a tribute to the creativity of the organisations profiled and to the flexibility of the mechanisms available. Of particular importance is the privatisation of the re-integration market and the introduction of personal budgets and choice. The promotion of collective agreements by the social partners provides a more positive context for the inclusion of young people with disabilities.

Each of the case studies illustrates a different approach to active inclusion for young people with health problems and disabilities. In particular, supported employment, social enterprise, work-based training and learning, care for others, voluntary work and time to recover are important elements of the active inclusion projects profiled. It is clear that without the cooperation of municipalities, the UWV and other agencies these projects would fail to thrive. The public-private partnerships, including the role of employers, illustrated in these case studies, in which the person can utilise a personal budget and the organisation can access its own resources, provide a model for how active inclusion initiatives should be implemented.

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Annex 1: Legislation and programmes relevant to the active inclusion of young people with health problems and disabilities

Policy area	Overview of National Policy and Legal Framework for Young People with Disabilities or Health Problems					
	Title of legislation	Date	Responsible authority	Purpose	Intended beneficiaries	Short description
Support for Adequate Income	Disablement Assistance Act for Handicapped Young Persons The Work and Employment Support (Young Disabled Persons) Act (Wajong)	1986 2010	Ministry of Social Affairs and Work	Benefit for youngsters with a disability who cannot earn a minimum income.	Before 2010 income provision for people who are unfit for work on the day that they reach the age of 17 or who become incapacitated whilst studying, but before reaching the age of 30. 1.1.2010 1. Clients unable to work: income-support from the age of 18. 2. Clients with work capacity: have to work or go to school.	Fundamental change of the benefit scheme since 1.1.2010. The law means for the new influx with work capacity: Focus on remaining work capacity, not on disabilities Work-oriented approach Identification of work skills Participation plan: possibilities, rights, obligations and prospects for work Obligation to accept work or education offer Stronger financial incentives to take up work
	Act on Disabled Workers (Wet vermindering arbeidsveemogen, WVA)	2006	Ministry of Social Affairs and Work	Disability benefit for people who have been employed and lost (more than 25% of) their earning capacity.	People who have been employed and lost (more than 25% of) their earning capacity.	The Dutch sickness and disability benefits schemes consist of the Dutch disability scheme for employees, the law on continued wage payment during sickness (WULBZ), the Sickness benefit Act (ZW), the Work and Income according to Labour Capacity Act (WIA). During the first two-year period of sickness, the employer is obliged to pay at least 70% of the last earned wage of the employee. At the end of the two-year period, the insurance doctor of UWV and the occupational expert will determine the degree of disability by the loss of earnings due to the employee's illness. If it turns out that the employee is fully (80%-100%) and permanently unable to return to his/her old job, s/he can apply for a benefit under the Income Provision Scheme for People Fully Occupationally Disabled (IVA), which is based on the last earned wage. Those still able to work partially will receive a supplement to their wage under the Return to Work Scheme for the Partially Disabled (WGA).
	Work and Social Assistance Act Wet werk en bijstand (WWB)	2004	Municipalities	Social benefit for household members with an income less than the social minimum.	All persons who live in a household members with an income less than the social minimum.	People receiving social assistance under the act can use the possibilities to re-integrate into the labour market that are offered by the municipalities. There is no specific national policy on how to re-integrate people who are labour-incapacitated and receive social assistance. Municipalities make their own policy on how to activate people with social assistance. Also in the case of (partly) disabled people with social assistance, each municipality has its own policy and choices.
Inclusive Labour Market	Disablement Assistance Act for Handicapped Young Persons (Wajong)	2010	Ministry of Social Affairs and Work	Wajong contains re-integration instruments aimed at promoting the participation in the labour process of people with a structural disability.	Youngsters aged 16–17 with a disability and people entitled to receive Wajong benefit.	Private companies tender for contracts with the UWV to re-integrate clients. The UWV can buy a regular trajectory for a person on disability benefit. This can include schooling, training, interviewing, as well as a trial placement at an employer. Individual Re-integration Plans (IROS)

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Policy area	Overview of National Policy and Legal Framework for Young People with Disabilities or Health Problems					
	Title of legislation	Date	Responsible authority	Purpose	Intended beneficiaries	Short description
Inclusive Labour Market	Disablement Assistance Act for Handicapped Young Persons (Wajong)	2010	Ministry of Social Affairs and Work	Wajong contains re-integration facilities needed by (partly) disabled people who are either working or in a re-integration process to go back to work.	Youngsters aged 16-17, with a disability and people entitled to receive Wajong benefit, who are either working or in a re-integration process to go back to work. People on those disability benefits who start to work as self-employed can apply for a starter's credit if the labour market position is suitable and if being self-employed is a realistic option.	Re-integration facilities are for (partly) disabled people who are either working or in a re-integration process to go back to work. People on those disability benefits who start to work as self-employed can apply for a starter's credit if the labour market position is suitable and if being self-employed is a realistic option for them. Job provisions 'Transportable facilities' and transport facilities Intermediate facilities for people with a visual, aural or movement disability Personal coaching Other financial facilities Tax benefits Wage supplement
	Work and Social Assistance Act (WWB)	2004	Municipalities	People receiving social assistance under the act can use the possibilities to re-integrate into the labour market that are offered by the municipalities.	People receiving social assistance.	There is no specific national policy on how to re-integrate people who are labour-incapacitated and receive social assistance. Municipalities make their own policy on how to activate people with social assistance. Also in the case of (partly) disabled people with social assistance each municipality has its own policy and choices.
	Disablement Assistance Act for Handicapped Young Persons (Wajong)		Ministry of Social Affairs and Work	To compensate and encourage employers to employ people with a disability	Employers of workers with a disability.	No-risk policy. Contributions reduction for disabled/Rebate on social contributions Wage subsidy for younger beneficiaries Trial placement An employer can give a beneficiary the opportunity to get accustomed to a job. During the trial placement, the person can still receive the benefit for a maximum period of three months. Minimum wage dispensation concerning young people with disabilities Job carving voucher
Access to Quality Services	Act on Public Support Wet maatschappelijke ondersteuning (WMO)	2007	Municipalities	WMO orders that people with a disability can ask the municipality for facilities to function in society. Next to housing facilities also transport facilities such as a taxi, bus or wheelchairs.	All citizens in need.	Municipalities are responsible to support inclusion in the public domain of all citizens. Four of the nine 'performance fields' are in relation to youth with a disability: Prevention support to youngsters with problems and their parents Information, advice and client support Promotion of inclusion in the public domain Promotion of public mental health care Centres for Youth and Families (2008). Municipalities are responsible for setting them up. One-stop-shop centres where young people can come for help and support.
	Act on Youth Care (Jeugdzorg) Wet op de jeugdzorg	2005	Provinces	Youth care	Youth care for parents and children up to the age of 18 (or 23 if necessary) to solve severe problems with raising children.	Youth care for parents and children up to the age of 18 (or 23 if necessary) to solve severe problems with their care: Provincial financed care Youth mental health care (GGZ) Care for youth with moderate learning disabilities Placement in youth detention centres

Overview of National Policy and Legal Framework for Young People with Disabilities or Health Problems						
Policy area	Title of legislation	Date	Responsible authority	Purpose	Intended beneficiaries	Short description
Access to Quality Services	Act on Youth Care (Jeugdzorg) Wet op de jeugdzorg	2005	Provinces	Youth mental health care	Children and youngsters aged 0-23.	The special children day-care and the psychotherapeutic centres for children and youngsters aged 0- 23.
	Exceptional Medical Expenses Insurance Act or General Act for Exceptional Medical Expenses (Compensation) (Algemene Wet Bijzondere Ziektekosten, AWBZ)	1990	CIK	A public insurance for health risks that cannot be insured by an individual.	All citizens.	
	Regulation (compensation) for costs of children with a disability, living at their parents' home. (Regeling Tegemoetkoming Onderhoudskosten thuiswonende Gehandicapte kinderen, TOG)	2000	CIK	To compensate for the cost to parents who take care of children (aged 3–17) with disabilities.	Parents who take care of children (aged 3–17) with disabilities.	
Lifelong Learning	Special financing for education (18+)			Provide an educational level which cannot be reached in regular school and to enter the labor market.	Young people unable to work due to occupational disability.	For young people who are unable to work due to occupational disability, a specific regulation exists for special educational counselling in the Wajong. Under this regulation there are several educational institutions that offer these people a trajectory of a maximum of three years. These trajectories are meant to provide these people with an educational level which they cannot reach in regular school facilities. The ultimate objective is to help the client get a job.
	Special secondary schools for youngsters with a disability (Voortgezet special onderwijs, VSO)				Young people with a disability, aged 12–20.	
	Personal support financing (Leerlinggebonden financiering (LGF) Ambulante begeleiding.)			Finance for personal support in normal secondary schools.	Youngsters with a disability (12–18 years old).	
				Finance for transport to schools.	4–18 years old.	

Inclusive Labour Market Programmes and Interventions for Young People with Disabilities or Health Problems							
	Title of programme	Type of intervention	Eligibility criteria	Funder	Purpose	Service providers	Short description
Inclusive Labour Market	Re-integration trajectories	This can include schooling, training, interviewing, as well as a trial placement at an employer.	Receiving disability benefits such as ZW, WIA (WGA) and Wajong.	UWV can buy a regular trajectory for a person on disability benefit.	Re-integration trajectories are intended to help people receiving disability benefits back to work.	Private companies tender for contracts with the UWV to re-integrate clients.	Re-integration trajectories are intended to help people receiving disability benefits back to work. The ZW, WIA (WGA) and Wajong contain re-integration instruments aimed at promoting the participation in the labour process of people with a structural disability.
	Job provisions	‘Transportable facilities’ suited for an individual person (and are connected to that person). Transport to go to the workplace or to study, intermediate facilities for people with a visual, aural or movement disability. Personal coaching on the job/workplace.	For a person on disability benefit who finds work as an employee or as self-employed, who starts a study or starts work on a trial basis. The facility must be necessary and make it possible for the person to go to work or study.	UWV can buy a regular trajectory for a person on disability benefit.	Job retention and return to work.	Private companies.	Re-integration facilities are instruments needed by (partly) disabled people who are either working or in a re-integration process to go back to work. People on those disability benefits who start to work as self-employed can apply for a starter’s credit if the labour market position is suitable and if being self-employed is a realistic option.
	Individual Re-integration Plans (IROs)	S/he also has the opportunity to plan her/his own re-integration trajectory and choose his/her own re-integration company.	As above	UWV	To help people with disability (benefits) to work.	Private companies	Introduced in 2004. The IRO means that somebody has the possibility to plan his/her own re-integration path and can decide which means (such as work placement, application training and education) s/he makes use of. S/he also has the opportunity to choose his/her own re-integration company. The period of the IRO is two years and the total cost is €5,000 or more.
Inclusive Labour Market	Tax benefits	Financial compensation	A person who is currently working and is eligible for Wajong benefits.	Ministry of Finance	To help people with disability (benefits) to stay working	UWV/ Ministry of Finance	To supplement income or alleviate the burden of the costs for health care (special costs of care not covered by insurance such as dental care, costs of insurance benefits, diet, transport, facilities).
	Wage supplement	Financial compensation	A person who is currently on WAO, WAZ (disability benefit for self-employed), Wajong benefits and receives a wage lower than his/her remaining labour capacity.	UWV	To help people with disability (benefits) to stay working.	UWV	A person who is currently on WAO, WAZ (disability benefit for self-employed), Wajong benefits and receives a wage lower than his/her remaining labour capacity, gets a supplement to his/her wage (or income). This supplement can be given for a maximum of four years, and decreases each year.
	No-risk policy.	Financial risk reduction	Employer employing disabled worker	UWV	Promote employed disabled workers	UWV	The implementing body (UWV) pays, for a maximum of two years, the sickness benefit of the employee on behalf of the employer.
	Contributions reduction for disabled/ Rebate on social contributions	Financial risk reduction	Employer employing disabled worker	UWV	Promote employed disabled workers	UWV	An employer may apply for a contributions reduction (€2,042 per year) under the WIA/WAO / wajong and WW (Unemployment Insurance Act) in case s/he employs a partly occupationally disabled person (for a maximum of three years) or in case s/he keeps a (partially) occupationally disabled person in his/her service (for a maximum of one year).

Inclusive Labour Market Programmes and Interventions for Young People with Disabilities or Health Problems							
	Title of programme	Type of intervention	Eligibility criteria	Funder	Purpose	Service providers	Short description
Inclusive Labour Market	Wage subsidy for younger beneficiaries	Financial incentive	Employer employing disabled worker	UWV	Promote employed disabled workers	UWV	An employer can get a wage subsidy from the UWV concerning younger people receiving a disability benefit (under 50 years) in the case s/he employs such a person (50% of the minimum wage for a maximum of one year).
	Minimum wage dispensation concerning young people with disabilities	Financial incentive	Employer employing disabled worker	UWV	Promote employed disabled workers	UWV	The employer of a young person with disabilities, who due to his/her sickness or disability is not capable of earning the minimum wage, is entitled to a wage dispensation. Both the employer and the employee have the opportunity to claim wage dispensation. Wage dispensation is also possible on behalf of a person receiving a Wajong benefit and the young person with disabilities under 18 years of age.
Inclusive Labour Market	Job carving voucher	Financial incentive	Employer employing disabled worker	UWV	Promote employment of disabled workers	UWV	Employers get a voucher of €2,000 to investigate if there is the opportunity to create new jobs for youngsters with a disability.

Annex 2: Glossary of terms

AWBZ: Algemene Wet Bijzondere Ziektekosten. Exceptional Medical Expenses Insurance Act.

IRO: Individuele Re-integratie Overeenkomst. Personal support measure.

Jeugd GGZ: Youth Mental Health Care.

Ministerie van Sociale Zaken en Werkgelegenheid (SZW): The Department of Social Affairs and Work covers most of the policy areas in relation to income support and inclusive labour market for young people with disabilities.

Wet WML: Wet minimumloon en minimum vakantiebijslag. Statutory minimum wage law.

RWI: Raad voor Werk en Inkomen, Advisory board on work and income. The board is formed by representatives of the employer and labour organisations.

SER: Sociaal Economische Raad, Social and Economic Council of the Netherlands, <http://www.ser.nl/ser>

STAR: Stichting van de Arbeid, Foundation for Labour (by the three major employers organisations and three labour organisations).

UWV: The public administrating body for unemployment and disability benefits in the Netherlands. Also known as the Social Security Association and Institute for Employee Benefit Schemes and as Social security organisation.

VSO-scholen: Voortgezet speciaal onderwijs. Secondary schools for special education.

Wajong: Disablement Assistance Act for Handicapped Young Persons.

As of 1 January 2010 the Work and Employment Support (Young Disabled Persons) Act (Wet werk en arbeidsondersteuning jonggehandicapten) and called the ‘new’ Wajong. The ‘new Wajong incorporates special measures for young people.

WEC-Raad: The board of the association of schools for special education.