



Peer Review on “Social inclusion, health and the equalisation of opportunities for young people with disabilities”

Zagreb, 13-14 September 2018

Peer Country Comments Paper – The Netherlands

Social inclusion takes more than a village, it takes a country

DG Employment, Social Affairs and Inclusion



EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion

Unit C1

Contact: Alberto Cortellese

E-mail: EMPL-C1-UNIT@ec.europa.eu

Web site: <http://ec.europa.eu/social/mlp>

European Commission

B-1049 Brussels

European Commission

B-1049 Brussels

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This document has received financial support from the European Union Programme for Employment and Social Innovation "EaSI" (2014-2020). For further information please consult: <http://ec.europa.eu/social/easi>

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1 Introduction

This paper was prepared for the Peer Review on "Social inclusion, health and the equalisation of opportunities for young people with disabilities". It provides a comparative assessment of the policy example of the Host Country Croatia and the situation in The Netherlands. For information on the host country policy example, please refer to the Host Country Discussion Paper.

2 Situation in the peer country

2.1 Social inclusion as priority

An inclusive society is based on the idea that everyone is of equal and unique value and offers every person the opportunity to develop and participate. This also implies that people with disabilities receive appropriate support to be able to participate. An inclusive society contributes to the well-being of people; we grant everyone the feeling 'to belong', 'to be of importance' and 'to be needed'. In recent years, we have seen increasing attention for social inclusion from different corners of Dutch society. This fits within the overall picture that there is more and more attention for equal treatment in different areas, also internationally.

In addition to this social support, social inclusion has a solid basis in law and policy. This concerns general frameworks, such as the Equal Treatment Directive on the grounds of disability or chronic illness, the European Disability Strategy 2010-2020, and the UN Convention on the Rights of Persons with Disabilities (CRPD), as well as the practical translation to different living areas, such as the (Dutch) Implementation Plan of the UN Convention. More pragmatic considerations can also put social inclusion on the agenda, such as shortages in the labour market and concerns about the sustainability of social services. Also, there is concern that persons with disabilities will turn their back on society when they're not involved and included (troublesome or criminal behaviour, or radicalizing).

The personal stories of young people who feel unseen, stories about prejudices or lack of support make us aware that this inclusive society is not yet a reality. Figures at macro level also teach us that there is still a lot of work to be done. For example, unemployment among young people with disabilities is twice as high as that of young people 'without disabilities' and the number of pupils in special education is still considerable. Inclusion of young people with disabilities is therefore a priority of the current cabinet (coalition agreement Rutte III, 2017). At the same time, we also see many inspiring examples of inclusion. Like that of experts by experience who openly speak about their mental health issues, and by doing that, gradually discard those mental health problems of their stigmas. Or the organisations and professionals who believe in the capabilities of young people with intellectual disabilities, and with whom these young people appear to be able to develop much more than many people had thought. As far as we are concerned, the glass is not half empty, but half full!

To bring about an inclusive society for young people with disabilities requires a paradigm shift. The first step was the thorough review of legislation: disability legislation (from assessing illness to assessing capabilities), the decentralisation of support for work and income, social support and youth care from the central government to municipalities, as well as the introduction of 'appropriate education' for young people with disabilities. The next step is putting these laws into practice (implementation), and fully realizing the paradigm shift. Therefore, we're currently focusing on the actors around the young people with disabilities, through programmes, projects, knowledge sharing, monitoring and experiential expertise [an overview is presented in annex 3].

3 Assessment of the policy measure ¹

This chapter starts with a comparison of the target group in both countries (3.1). Then we describe the vision in both countries on what is needed to bring about an inclusive society and the before-mentioned paradigm shift (3.2), as well as the policy measures taken in previous years (3.3). In section 3.4, we conclude that several of these policy measures certainly contribute to inclusion, but at the same time more effort is needed to fully realize the paradigm shift. The more recent measures are discussed in 3.5.

3.1 Target group

The scope of age used in Croatia for young people is 15-29 years, in the Netherlands it is 16-27 years. Until the age of 16, young people in the Netherlands are subject to compulsory education and the emphasis is on prevention and good cooperation between schools and (youth) care. The largest transition takes place at 18 years: support aimed at juveniles stops (such as youth care) and young people themselves become responsible for their education, work and income. Early identification of a need for support during this transition is the key, as well as developing pathways from education to work. Young people who have not yet obtained a basic qualification for the labour market are actively approached and motivated to still obtain their diploma. If training is not feasible, the focus is on guidance to work or, if necessary, to care.

In Croatia, about 6 percent of young people have one or more disabilities or chronic diseases. Estimates in the Netherlands are significantly higher: at least one in five young people [CBS]. Not all disabilities, however, are barriers to participating in society. Of the disabilities that impact heavily on participation, intellectual disability is the most common. Often there are multiple disabilities, sometimes also additional problems, such as addiction, debt and/or behavioural issues [Holwerda, 2012].²

In recent years in the Netherlands, additional attention has been paid to a number of subgroups, which partially overlap: young people who are unable to earn the statutory minimum wage (target group for the Job Agreement), young people with mild intellectual disabilities and young people with mental health issues (as depression, anxiety disorders, psychoses). They are, more than other young people, in a vulnerable situation. Also, young people who do not have a disorder or illness can be vulnerable and in need of support. For example, young people with psycho-social disabilities who grow up in a dysfunctional family or young people with a migrant background. In the Netherlands, therefore, they are referred to in a broader sense as young people in a vulnerable situation. According to some sources, it is estimated that these young people reach up to 15 percent of all young people, which amounts to approximately 375.000 people [National Program 16-27]. That these young people are in a vulnerable situation, does not necessarily mean they are NEETs (not in education, employment or training). Only 4 percent of all young people 15-24 years are NEETs [Eurostat, 2018].

¹ Public administration in the Netherlands has four tiers: central government, provinces (12), municipalities (380) and water authorities (21). In addition, many policies in the Netherlands are being developed or further elaborated in thematically organised regions (labour market, education, youth services, safety etc.). The Netherlands is part of the Kingdom of the Netherlands, together with the Caribbean part of the Kingdom.

² See annex 2 for more information about the prevalence of disabilities in the Netherlands, especially the ones that affect labour market participation.

3.2 Paradigm shift

The interpretation given to social inclusion in both countries is largely in line. A society that offers everyone, including young people with disabilities or in vulnerable situations, opportunities to participate. *What is needed to bring about an inclusive society for these young people?*

To reach that goal, is it for example necessary that central government makes more resources available? In any case, Croatia mentions a lack of (earmarked) money and manpower as one of the most important bottlenecks. This is also commonly voiced in the Netherlands, especially from municipalities that have recently received additional tasks. In that case, the approach of the Netherlands is to 'peel away' what is actually the problem, in consultation between the central and local government, and other involved parties: Is there indeed a problem with the budget? Or is legislation obstructive? Is administrative commitment lacking? Is it possible to work smarter (together)? Etc. Not infrequently, more is possible within the existing (financial) framework than initially thought. For example, when it turns out a municipality has accidentally misinterpreted a law, or the national government actually allows a broader interpretation of the law (within certain limits).

A second important bottleneck which Croatia mentions is a 'service fragmentation and a lack of coordination'. In addition, Croatia indicates that many organisations and professionals still work from a 'medical approach' rather than from a 'human rights model'. As a result, there often is 'a resistance to include users' perspectives in the design of services and their implementation'. Altogether this 'limits the emergence of a holistic approach providing person-centred services'. This problem analysis is based on a vision which we share: a different approach towards these young individuals is needed, a different way of thinking and doing which is based more on their daily life. This approach focusses more on what young people with disabilities CAN do. It encourages and supports them to be as autonomous as possible; where all areas of life are considered; in which organisations do what is necessary to really help them; etc. This new paradigm is based on conclusions from a large number of studies that focussed on factors influencing the participation of young people with disabilities (see box below).

Assessment of social factors that foster or hinder social inclusion

Disorders and chronic diseases often (not always) affect participation. Many other factors, more intrapersonal factors, do however matter, such as: the attitude towards participation, the self-image (assessment of own possibilities), self-management, competences, health and lifestyle. However, the factors with the greatest predictive value are environment-related. An environment that supports rather than hinders is above all 'what makes the difference'. With their attitude and behaviour, parents and professionals influence the participation of the young person with disabilities to a great extent: their evaluation of the importance of participation from his or her perspective, their assessment of what he or she is capable of, if they are rather protective towards him or her or instead empowering, etc. All this can foster or hinder participation. Support from the family is important, but sometimes lacks, when for example parents themselves face lots of problems [Woude, 2015].

Problems in one area of life can affect the functioning of the young people in other aspects of life. If the various professionals succeed, together with the social context and a possible employer, to come to a joint (multidisciplinary) approach, this increases the chance of inclusion. Such an integrated approach is characterized by a joint developmental perspective, from the view point of the young person; a shared vision of what is needed; clear agreements about the allocation of tasks and who coordinates the implementation [Duinkerken et al, 2009].

Finally, inclusion of young people with disabilities is also linked to how society relates to who they are and what they do; their attitude and behaviour which might be different from ours. Experts point out that our society has become less and less tolerant of deviant behaviour [Hermanns, 2009 / Dehue, 2014].

3.3 Previous policies ³

Both Croatia as the Netherlands have taken quite a few measures in the past years to foster the social inclusion of young people with disabilities. For example, to foster the access to regular education, Croatia has focused on transport facilities, the deployment of teaching assistants and training teachers to use inclusive teaching methods. Croatia also decided to establish regional expert centres to support schools in establishing inclusive education. These are measures that we strongly endorse. In the Netherlands, many of the legislative changes and policy measures were mainly aimed at improving the existing support in different areas of life, and contributing to the paradigm shift discussed above. This becomes clear in the field of work and income, for example, where a more activating policy was put in place (see the box below).

Towards a more activating system

Under the old system (oWajong), young people with disabilities who did have labour capacity but who were not able to earn the statutory minimum wage permanently and independently, were often classified as fully (80-100%) incapacitated. Such a classification deprives many young people and their environment of perspectives for their future and seems to relieve them of any responsibility in finding a job. It also misleads employers. In the new legislation (nWajong 2010) and the Participation Act (from 2015) the focus is increasingly on a person's abilities (instead of their disabilities) and the support they need to be able to participate. Also, the idea is that professionals try to respond to the dreams and ambitions of the individual. This does not mean, however, that there is a 'blanket of self-development without duties'. Duties are an element of empowerment and a part of becoming mature. The new legislation is therefore much less non-committal. The young people are obliged to accept suitable work.

The Netherlands also decentralized important policy areas from the national government to municipalities in 2014-2015. This made municipalities responsible for supporting the target group in a large number of policy areas, including work and income, housing, participation and (youth) care. The underlying idea is that municipalities are close to their citizens and are therefore better able to organise integrated support around the citizen, in collaboration with relevant parties in their region. Also, in education, responsibilities for the support of young people with disabilities have been reinvested (2014): educational administrations in the region have become jointly responsible to provide a suitable place for every child, as much as possible within mainstream education, and suitable support, in cooperation with municipalities (Law on appropriate education). However, despite all these decentralisations, the central government has remained responsible for the overall system.

3.4 Difficulties and constraints

The results of the policy measures of the last years differ; this is the provisional conclusion in both countries. When we look at the Dutch situation, we see for example that, in the context of the Job Agreement [see appendix 2], companies have created many extra jobs for the target group. The public sector, on the other hand, does not (yet) reach the objectives [UWV, 2018; Ministry of Social Affairs & Employment, 2018]. Also, we see more and more regional efforts to monitor all young people in a vulnerable situation, as well as efforts to come to an integral approach. On the other hand, there are serious concerns about youth care in general, and in particular about the waiting lists for services in youth mental health care. When assessing the results of the measures in Croatia and the Netherlands, we have to bear in mind that many (systemic) changes are still very new, and therefore not fully implemented. This requires ongoing attention in the coming period.

³ See annex 3 for an overview and a further explanation of some of the main policy measures in the Netherlands.

The shared experience is that the policy measures of recent years certainly contribute to inclusion, but at the same time more effort is needed to fully realize the paradigm shift. Many people, in both countries, are working hard to support young people with disabilities and in vulnerable situations as well as possible, but we are not there yet: more or something else is needed.

First of all, a better understanding is necessary of when and why the various players do or do not work according to the new paradigm. In recent years, research has been done in the Netherlands on the factors that hinder or promote this new paradigm. A selection: First of all, we recognize the fragmentation that Croatia speaks about: young people with disabilities often have to deal with a large number of professionals and are transferred between numerous services. These transfers occur not only in case of illness or change of professionals, but also between all sorts of 'phases' in the service provision (for example, when they go to another residential group because of the developmental stage they are going through). Due to lack of time, transfers are rarely complete and often take place digitally. Successive professionals often start from zero again. The service providers and professionals do not always know about each other's existence or are not or insufficiently aware of each other's qualities and resources. As a result, they do not trust each other with the support of these young people. Nor is it always in the (perceived) self-interest of these service providers to cooperate. Where participation is a joint responsibility, that entails the risk that nobody really feels responsible. Privacy provisions can also be an impediment. Continuity in the approach to the young people with disabilities - for example in what is expected from them - is important, but because of the fragmentation it is sometimes lacking. When professionals work based on the firm belief that employment, but also other forms of participation (like the membership in a sports club or volunteering), can be beneficial, this can be of great help; at the same time problems in regard to participation often have little priority, especially when there are problems in other areas of life which demand all the attention of the professionals [Inspectorate of Social Affairs & Employment, 2018].

3.5 Current approach

This analysis of factors that hinder or promote the new paradigm becoming reality makes clear what a crucial role the actors around young people with disabilities play in bringing about an inclusive society. The current approach in both countries therefore focuses primarily on these actors, and the desired paradigm shift. In this section we discuss several of these approaches in Croatia and the Netherlands.

In the Netherlands, the various policy measures aimed at the inclusion of young people with disabilities are part of a policy that focuses on a broader group of young people in a vulnerable situation, because support needs of the various subgroups, as well as in the organisations involved in providing support, do overlap. Where specific measures are required due to disabilities, young people must of course receive support. By integrating this support into the broader policy for young people in a vulnerable situation, young people with disabilities are included as much as possible in mainstream policy, in accordance with the UN Convention. The Implementation plan of the UN Convention 2016-2022 [see also annex 3] has an important role in ensuring that young people with disabilities receive the support they need. The Implementation Plan describes the joint approach of the State and administrative partners for the implementation of the CRPD and thus provides a framework for organising activities in various areas and levels. The aim is that the activities stemming from this implementation plan will have a strengthening and facilitating effect on existing efforts of all actors to apply legislation and regulations in accordance with the CRPD. The partners consult periodically about the progress of these efforts.

Empowerment

As one of the successful / promising approaches, Croatia mentions 'empowering' the actors around young people with disabilities, through creating new policies and approaches together with them, as well as inviting them to come up with proposals themselves, for example about the use of educational assistants. Below we discuss a number of Dutch approaches aimed at the empowerment of the various actors.

Directors / management level

The involvement and commitment of directors and/or the management level of all actors around young people with disabilities is essential to get and keep matters related to social inclusion on the agenda. Many initiatives are aimed at bringing together administrators from all areas of life, aimed at formulating a common ambition and starting points for policy, as well as the creation of a joint and integral work agenda, at regional and national level. For example, by signing a covenant in which they declare that they will commit themselves to the goals formulated in the relevant initiative, possibly linked to a moment of (local) media publicity. A national programme aimed at less self-sufficient young people aged 16-27 [see also annex 3] is a good example of this: municipalities, education, health care, employers, client organisations and national government work together to support young people who are less self-sufficient in their path to education, work or other meaningful daytime activities, and to retain those. Attention is also paid to providing continuous support and care, finding suitable accommodation and sufficient income. Another example is the 'People Work' project [see also annex 3], aimed at fostering the labour participation of people with mental health problems by trying to realize a shift among employers and healthcare professionals in thinking about working with mental health problems. Within this project, regional actors have been given goals and starting points (such as: strengthen the cooperation between providers of mental health care and work & income services), as well as budget, and have been encouraged to draw up solutions that are most suitable for people with specific support needs in their constituency.

Professionals

Professionals form the backbone of policy and implementation and are therefore indispensable for achieving results. Initiatives for professionals are often aimed at encouraging and facilitating personal encounters (networking), as well as knowledge exchange, for example through regional meetings and the establishment of a professional association. An example of such an initiative is the 'People with Opportunities' project⁴ (part of the People Work project) that has been developed and implemented in collaboration with a large number of professional associations. The essence of this project was that professionals from different areas were encouraged to take a closer look in the mirror: they were invited to attend interviews with people with mental health issues, and to listen carefully to their stories. Subsequently, the professionals were invited to come up with ideas about improving support, based on the stories they had heard and from the perspective of the person with mental health issues. These ideas were then submitted to the interviewees for feedback.

Young people with disabilities

'Nothing about us without us': Policy participation is an important principle and the Implementation Plan for the UN Convention also applies this. In recent years, methods and instruments have been developed to involve people with disabilities in developing policies within governments and organisations. An inspiring example on this theme is the '[Prokkel Week](#)', an initiative promoted by a number of social organisations. In this 'Prokkel Week', numerous activities are organised in which people with and without disabilities meet each other. Also, the 'Policy Prokkel' has been developed as a method

⁴ An initiative of the professional association for labour experts and the association for insurance medicine, in collaboration with a large number of other professional associations. Initiated in 2013.

for organising discussions between policymakers and experts by experience on themes that play a major role in the lives of people with disabilities. Fostering the involvement of young people with disabilities, also at regional level, remains a main concern in the coming years.

Parents

Parents do have a significant impact on the participation of their child. We are aware that the challenges that parents of young people with disabilities face. For example, to find the right balance between empowering and protecting, is not easy. They need support in this, and it should start as early as possible in the child's life. The 'Participating at Home' project⁵, for example, was aimed at stimulating parents to think about the tasks that their child could carry out at home. Parents' ideas about this were also shared with other parents.

Employers

Without employers there are no jobs for young people with disabilities. Many initiatives therefore focus on employers' organisations and individual employers, such as:

- **Job Agreement:** a joint agreement between the government and employers (organisations) to create 125,000 additional jobs for people with work restrictions in the period up to 2026 [see appendix 2 for an explanation]. Also, to pay attention to the government and its role as an employer. By offering young people in vulnerable situations job opportunities within their own organisation, public employers learn a lot about the capabilities and disabilities of these young people, and how to support them well; also, these public organisations become a more credible partner for employers regarding the Job Agreement.
- Media campaigns by governments and social organisations, aimed at inspiring employers to think in terms of opportunities instead of limitations/problems.
- Networks of employers with the ambition to become (more) inclusive organisations, and pushing towards this together, focusing on mutual inspiration, advocacy, knowledge exchange, etc., for example 'De Normaalste Zaak'.⁶
- Sharing good practices, which, besides being contagious, also provides insight into the capabilities of young people with disabilities and how they can function well. What is often seen, is that employers who employ these young people are invited to tell about their experiences during employers' meetings. See annex 3 for other examples such as 'Match at work'.
- Informing employers about methods like jobcarving and jobcreation (inclusive redesign of work processes) and the offer of a free inclusive business analysis, to determine if there are any activities which can be done by young people with disabilities.

Monitoring

Croatia speaks positively about the insights that monitoring can provide with regard to the progress towards inclusion and the effectiveness of specific approaches aimed at fostering inclusion. These understandings are valuable input for new policies (learning cycle). Monitoring is also frequently applied in the Netherlands, both qualitatively and quantitatively [see also annex 3]. That is partly prescribed in regulations, but also happens on own initiative of involved parties. There is a lot of effort in (better) mapping out the (characteristics of the) young people and their situation, and the development therein. With regard to young people with lower education, for example, there is a joint task at the regional level for municipalities together with schools to monitor every young person and to ensure that they are not 'at home on the couch'. For this and other forms

⁵ An initiative of CrossOver, an (former) expert consortium regarding the social inclusion of people with disabilities, <http://www.kcco.nl>

⁶ <https://www.denormaalstezaak.nl>

of collaboration it is helpful, if data can be transferred between organisations, so that a young person does not always have to provide the same information or is lost from sight. An important but complicating factor is the protection of privacy. The state supports regions in tackling privacy issues, as well as in collecting data.

In the Netherlands, too, we see the movement towards more 'evidence-based' policies. A great deal of attention is paid to the effectiveness of policy through, for example, often thematic policy reviews by various inspections. Research is carried out on the active components fostering social inclusion. There is also explicit attention for 'practice-based evidence': the (mostly implicit) knowledge among professionals about 'what works'. In meetings with professionals this practical knowledge is made explicit, possibly tested and substantiated with scientific insights, and shared with other professionals. Last, but not least, there is also growing interest in the experiential expertise of young people with disabilities themselves in projects such as 'People with Opportunities' where they are invited to tell their story: to tell administrators and professionals about what they have missed, what has really helped them and about the impact on their own lives. These stories inspire administrators and professionals to strengthen the joint implementation.

4 Assessment of success factors and transferability

In this chapter we discuss our vision on the active components of the approaches discussed in the previous chapter. Then we share our thoughts about their transferability.

4.1 Success factors

To realize the paradigm shift, two things are particularly important: creating awareness / urgency (why is it important for us to work in a more integrated way, for example?) and offering a perspective for action (How do I put in place an integral approach within my own organisation and with the other actors?).

Active components include:

- A clear, consistent and scientifically based vision of 'what' is needed to promote an inclusive society for young people with disabilities;
- For this, it is necessary to conduct research into 'what works'. Valuable insights are obtained from scientific research, as well as by questioning professionals and experts by experience. We have found that interviewing professionals and / or young people can be very empowering.
- Coordinators, visionaries, front runners are needed in key positions, at all levels, who continue to propagate that vision and act accordingly. It is important to identify those precursors, to give them a position and to support them.
- If you want to empower the target group, you also have to empower the actors around the young people. The 'how' needs to be prescribed as little as possible. An integrated approach for example can be realized in different ways; this requires leeway: leeway in rules, in financing, in time, etc.
- It works well to give regional actors around the young people with disabilities an objective and starting points, and to invite them to come up with proposals themselves. In addition, it can help to give some budget (via subsidies or co-financing): these actors then have a reason to move (it must be from the government) and there is no discussion about money (because that is arranged in advance).
- If you want to empower the target group, you must also give them an important position in the development and implementation of policy.

- To inspire those involved and to help with the 'how', it works well to stimulate and facilitate the sharing of promising or proven effective approaches and to bring frontrunners and laggards into contact with each other.
- The encounter with young people with disabilities, their stories about what they experience and the impact on their lives and that of others can contribute significantly to the perceived urgency of the actors involved.
- Encourage and facilitate the meeting of directors and professionals from different areas of life, as well as with young people, employers and others.
- The regional scale appears to be a good scale for organising cooperation.
- Sometimes it helps to include the obligation to cooperate in the law.
- Because many parties are involved, a difference of opinion on how to solve bottlenecks is often discussed. It is important to recognize that a situation can be looked at differently, and to examine these differences precisely. In this context, we have good experiences with the 'peeling off' of bottlenecks; when it is clear what exactly is the issue, and parties still do not come together, it is good to 'escalate' the issue and to invest at the right level (such as higher management, the ministry or at political level).
- The national government has different roles. In addition to its formal role as legislator, budget distributor and being responsible for the system as a whole, the national government also increasingly has an informal role as a driver and interlocutor for local authorities, civil society organisations and citizens. It helps that the various ministries also come to a more joint and integrated approach (such as the Social Domain Program, another cooperation between several ministries and municipalities (and their interest groups) regarding issues in the social domain) [see also annex 3].

Finally, creating an inclusive society is a long-term process and requires continuous investment. In addition, we have experienced that it works well to split issues into sub-topics, if necessary, and to focus and organise parties around them. An important point of attention here is to preserve the coherence and not to overload the implementation.

4.2 Transferability

The discussion paper contains many points that are recognizable to us, both in the analysis of what is required of actors to bring this inclusive society closer to young people with disabilities (the new paradigm), and in the ideas about how to realize that shift (along the lines of empowerment of actors, monitoring, etc.). Of course, in their elaboration the active components can differ, the context is also different, but at the core they are very similar. The Croatian commitment to empowerment of actors, including through co-creation, which we also experience as very valuable, inspires us to continue our efforts. And Croatia's commitment to mapping the situation of young people with disabilities, as well as conducting research into the effectiveness of policy, offers plenty of opportunities to exchange knowledge at European level.

In this commenting paper we have also described several approaches and active components that were not addressed in the discussion paper. For example, the efforts in the Netherlands on regional, administrative cooperation; or the thematic approach to further development; or the strategy to jointly "peel" bottlenecks and escalate where necessary. If these elements are indeed not part of the Croatian approaches, it may be interesting to investigate whether they may also be valuable for Croatia. Furthermore, the observation that Croatia has a strategy aimed at the equalization of people with disabilities, whereas the Netherlands decided – besides having the Implementation plan for the UN Convention on disabilities - on a policy aiming at the broader target group of young people in a vulnerable situation, could be interesting to examine during the peer review.

5 Questions

- There are clear differences between Croatia and the Netherlands in the estimates of the number of young people with disabilities. Does Croatia have ideas about possible explanations? Does Croatia think it is tracking all young people with disabilities?
- The composition of this group of young people according to main diagnosis (table 1) in Croatia also differs from the composition of the group in the Netherlands [see annex 2]. What is particularly striking is that the most common diagnosis is that of 'speech-oral communication problems'. Can Croatia explain that? Furthermore, it is remarkable that, and regarding all diagnoses, men are more represented than women. Can Croatia offer an explanation for this?
- How are the inter-administrative relations organised in Croatia, on paper and in practice? Do organisations speak to each other, are there practical obstacles that limit exchange amongst them? It is probably helpful that the Netherlands has a high level of organisation and traditionally a culture of consultation. What is the situation in Croatia and what cultural aspects may play a role?
- Croatia indicates that the results of the current programme are declining in some aspects compared to the previous programme. Is there an explanation for this? And does this lead to the adjustment of existing and / or introduction of new initiatives?
- Could Croatia explain which factors hinder access to appropriate care?
- Does Croatia have an overview of how many young people from the target group work for the government?

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Annex 1 Summary table

Situation in the peer country

- The Dutch approach to an inclusive society is based on the idea that everyone is of equal and unique value and offers every person the opportunities to develop and participate.
- In recent years we have seen increasing attention for social inclusion from different corners of Dutch society, as well internationally.
- Dutch context: increasing attention for equal treatment in different areas, shortage on the labour market, concerns about the sustainability of social services, as well as concerns about troublesome or criminal behaviour, or radicalisation of young people who are not included in society.
- There's still a lot of work to be done, inclusion therefore is a priority of the current cabinet.
- The glass is half full (instead of half empty): there are a lot of inspiring examples of social inclusion, that trigger taste for more!

Assessment of the policy measure

- In the Netherlands, the various policy measures aimed at the inclusion of young people with disabilities are part of a policy that focuses on a broader group of young people in a vulnerable situation.
- A different way of thinking and doing is necessary: an approach which is based more on the daily lives of young people with disabilities, which focusses on what these young people can do and which encourages and supports them to be as autonomous as possible, where all areas of life are considered, in which organisations do what is necessary to really help them, etc.
- The measures taken by both countries in recent years certainly contribute to inclusion, but more is needed to fully realize this paradigm shift in practice, including:
 - a) Empowerment of young people with disabilities by empowering the actors around them;
 - b) Monitoring the progress and effectiveness of approaches as part of the learning cycle.
- Both countries have positive experiences with various approaches aimed at empowerment and monitoring.

Assessment of success factors and transferability

- What is needed and what works: creating awareness and offering a perspective on action.
- We see several active components in both Croatian and Dutch approaches, such as data collection, research into 'what works', giving room for manoeuvre: prescribing the 'what' but not the 'how', co-creation, etc.
- The Croatian commitment to the empowerment of actors inspires us to continue to work on this, and Croatia's commitment to mapping the situation of young people with disabilities as well as research into the effectiveness of policy offers plenty of opportunities to exchange knowledge at European level.
- Some key elements of the Dutch approach don't seem to be part of the Croatian approaches, such as: the commitment to regional and administrative cooperation; or the thematic approach to further development; or the strategy to jointly 'peel' bottlenecks and escalate where necessary. It could possibly be interesting to examine the transferability of these elements.

Questions

- There are clear differences between Croatia and the Netherlands in the estimates of the number of young people with disabilities and the composition of this group. Does Croatia itself have possible explanations?
- How are the inter-administrative relations organised in Croatia, on paper and in practice? What is the situation in Croatia and what cultural aspects may play a role?
- Croatia indicates that the results of the current programme are declining in parts compared to the previous programme. Is there an explanation for this?
- Could Croatia explain which factors hinder access to appropriate care?
- How many young people from the target group work for the government?

Annex 2 - Young people with disabilities in the Netherlands – an overall view

It is not easy to determine the number of young people with one or more disabilities. There is no central registration of people with disabilities. There are several sources; sometimes the figures are recent, often not. Different definitions are sometimes also used. That is why we 'limit' ourselves to a global picture, and we are hesitant when it comes to exact figures.

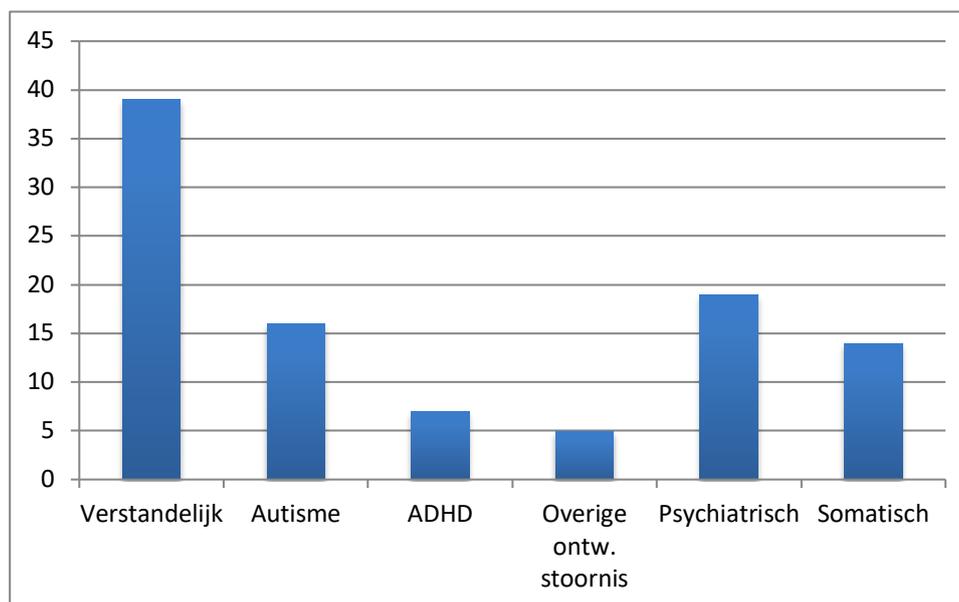
According to figures from Statistics Netherlands, at least one in five young people (aged up to 18) in the Netherlands has at least one disability. However, this data dates back to 2001. At the same time, Statistics Netherlands does indicate that the number of young people with a disability is quite stable. In more recent surveys, 14 % of young people aged between 16 and 20 report having one or more disabilities; for those aged between 20 and 30 years this percentage was 23 % [CBS].

As mentioned, the number of young people with one or more disabilities is quite stable. We do see an increase in, for example, the number of juveniles with diabetes [CBS]. Furthermore, there are indications that the number of people with disabilities will increase due to a greater chance of survival as a result of improved medical care [Besseling, 2009]. Sometimes an increase in the number of people diagnosed with a disability is (partly) the result of social developments.

If we look at prevalence figures (the extent to which disabilities occur), we see that in the Netherlands respiratory diseases, migraine and chronic eczema are the most prevalent [CBS]. Not all disabilities however, represent a limitation for participating in society. To get an impression of what type of disabilities often become restrictive, we might take a look at figures about the prevalence of disabilities affecting labour participation / work restrictions.

The chart on the next page, which dates from the time shortly before the decentralisation of support in the field of work and income from UWV (Wajong) to the municipalities (2015), shows the main diagnoses of persons included under Wajong (Wajong).

Figure 1. Main diagnosis of persons with disabilities included under Wajong (2015)⁷



It is clear, that by far the largest group of young people who need support are young people with an intellectual disability. Within this group, most young people have a mild intellectual disability. Also, there are quite a few young people with ASS or ADHD. Among other developmental disabilities (disorders that occur at a young age) there are behavioural, learning and attachment disabilities. In addition, there is a large group of young people with mental health problems (psychiatric syndromes), which become apparent at a later age. Of these psychiatric syndromes, the most common are personality disorders, mood disorders and psychotic disorders (including schizophrenia). In a relatively small proportion of the young people with disabilities, the main diagnosis is somatic in nature.

Approximately half of young people with disabilities have one or more other disabilities in addition to the main diagnosis (comorbidity). More than one third of these young people also have additional problems, such as parenting problems, neglect, relationship problems with or between the parents, domestic violence and / or debt problems. Also, we see behavioural problems (such as self-neglect or transgressive behaviour), addiction problems and / or learning disabilities in some of the young people. An important characteristic of the young people with disabilities who need support for work and income is that most of them have to deal with complex problems. [Woude, 2015].

More can be said about young people who entered the Wajong for 2015:

- The majority were men (58% men, 42% women) [UWV].
- Also since most of them are young people with an intellectual disability, on average this also results in a lower level of education.

⁷ Translation from left to right: Intellectual; Autism; ADHD; Other disorders; Psychiatric; Somatic

Annex 3 – Dutch policy measures – a further explanation

Job Agreement

See annex 4.

Projects aimed at employers

- De Normaalste Zaak ('Business as usual'): encouraging inclusive entrepreneurship since 2013.
- The 100,000 jobs plan: making use of the Job Agreement

Inventory of opportunities and bottlenecks

- Government and municipalities have jointly identified the bottlenecks that occur in the transition between education and the labour market. These were discussed during a conference for aldermen (February 2017) and explained for practical purposes in a guide to 'Supporting young people in learning and working'.
- The Social Affairs and Employment Inspectorate (SZW) has recently published various reports on the support of vulnerable groups (including young people) by the Work and Income department within municipalities, and more recently three reports on participation and income support. The outcomes and recommendations concern the broad social domain and are included in our policy measures.

Programme aimed at less self-reliant young people aged 16-27

- On 27 November 2017, the Young Adult Summit took place, where the manifesto 'Together, smart and decisive: creating opportunities for less self-reliant young people' was signed. This manifesto is a collaboration between municipalities, education institutions, employers, trade unions, mental health and youth care organisations, NGOs and the government.
- The goal is to support young people in their path to education, work or other meaningful daytime activities and their preservation. Attention is also paid to providing continuous support and care, finding suitable housing and sufficient income.
- Municipalities commit themselves to an integral approach to the problem by (further) developing an integrated, regional work agenda involving education, work & income, healthcare, the business community and, where necessary, judicial partners. This approach is supported by a national work agenda.
- Youth care providers and young people will work together on a plan for the young person's future.
- The national government is responsible for the system as a whole and as such, commits itself to considering laws and regulations in conjunction and working on solutions to bottlenecks. See also the connected Social Domain Programme where the transition 18-/18+ (the age when young people become adults) is put on the agenda.

Collaboration between schools and youth care services

Both the Youth Act and the Appropriate Education Act stipulate that municipalities and regional 'joint ventures' of school boards must draw up a plan in which they describe how they want to organise youth care and appropriate education. The Youth Act focuses on strengthening young people and their parents, so that they can take care of themselves. This will be challenging in case of severe problems and youth care will mainly focus on support.

Thuiszitterspact (school drop outs <16yrs)

Despite compulsory education until the age of 16, not all young people go to school ('home sitters'). It has been agreed in the 'Thuiszitterspact' that, as of 2020, children will not be allowed to stay at home for longer than three months without being offered a suitable alternative. Regional agreements must be made about school dropout prevention and a reduction of the number of children who are exempted from compulsory education on medical or psychological grounds.

School dropout prevention (young people aged 18-23 without basic qualification)

- Since 2002, young people aged 18-23 who have dropped out at school, but have not yet received a basic qualification, have been registered by municipalities and are being invited and motivated to obtain the highest possible and most suitable education and/or integration in the labour market. At the same time, cooperation is initiated between all parties that are involved in supporting these young people. Municipalities and school boards are jointly responsible for this, in 39 regions. Sometimes this collaboration takes shape in the form of a so-called Youth Counter (jongerenloket). Accountability takes place through an annual [impact report](#).
- Since the school year 2016-2017, this approach has been broadened with specific attention to the group of young people in a vulnerable situation that switch to higher education or the labour market.
- As of March 2015, the Action Plan on Youth Unemployment has been followed up by 'Matching to work' (active mediation). With 35 'central' municipalities in the labour market regions, agreements have been made for two years on guiding school dropouts to a (learning-on-the) job trajectory or another combination of learning/working. Recently the House of Representatives was informed about the state of affairs and the steps that are being taken (by an official letter to parliament about support for less self-reliant young people in education).

Transfer of supportive networks

Since 2015, the decentralisation has transferred the responsibility for supporting young people who have left school, but do not work yet, from the Employee Insurance Agency (UWV) to municipalities. To facilitate this transfer, UWV has presented its 'lessons learned'.

Project Ingeschakeld (project aimed at schools, employers and municipalities)

Project Ingeschakeld (which loosely translates to Project Enabled) aims to connect schools for secondary special education and practical education, employers and municipalities. In a first track, these parties are invited to share these successful approaches, which are included in the 'participation map', that provides a national overview with forms of cooperation that have led to the successful transition of young people from school to work. In a second track, the project will link employers' networks, schools and municipalities, if they so request.

Interdepartmental policy study 'Young people at a distance from the labor market'

Each year, a number of interdepartmental policy studies (Interdepartementale Beleidsonderzoeken, IBOs) are conducted on social, budgetary and/or governance issues. On behalf of the government, an interministerial working group headed by an independent chair examines the effectiveness and efficiency of the policy area in question and proposes policy options for improvement. Subsequently, in a government response, the government will indicate a preference for one or more policy option(s).

This year, three topics were named, including young people distant from the labour market. This IBO aims to investigate how the effectiveness of the national policy for young people with (risk of) a distance to the labour market can be increased and what

the implications of this are for, among other things, the optimal access to the labour market, the government budget and the roles and responsibilities of actors (target group, their parents/caretakers, municipalities, schools, central government, employers, health care). This means that, based on an analysis of the current system and the bottlenecks that occur in it (at local, regional or national level), it will be explored how the government policy could possibly be adapted to remove these bottlenecks. The working group is also asked to discuss how costs and benefits can best be distributed among the actors involved and where unnecessary overlap in policy can be avoided or synergies can be achieved.

Promoting work for people with mental health issues

In general, people feel better when they work, and work can make people feel better. People with mental health issues often can and want to work. The central government, municipalities, 21 professional care groups (united in the project 'People with possibilities'), employers' organisations and scientists joined forces to promote work and openness for people with mental health issues. As it turned out, mental health professionals and municipalities often do not know each other well, let alone collaborate. Therefore, the initial project was followed up by organising regional meetings. The regions had to draw up a plan on how to work more closely together, for which they received some budget from the central government. The outcomes and experiences are being monitored.

Supporting implementation

- A Transition Committee Social Domain, especially established for this purpose, supervised the implementation of the decentralisation in 2014-2016.
- Craftsmanship programme: evidence/practice based learning and working methodically.
- 'Care for Youth' programme: the aim is to make youth care, youth protection and youth rehabilitation consistently and measurably better for children, young people and families. Starting point is timelier and appropriate help, growing up at home as much as possible and more guidance to become independent. In addition, the waiting lists are being dealt with. The 'Care for Youth' programme was developed on the basis of the results of the Youth Law Evaluation, national and regional round table meetings and a 24-hour meeting on 22 March 2018.

UN Convention on the Rights of Persons with Disabilities (CRPD)

In addition to public support, equal treatment and social inclusion have a solid basis in law, policy, and in general frameworks; they translate to the different areas of daily life, so that equal treatment becomes effective in a practical way. The Equal Treatment Act on the grounds of disability or chronic illness went into effect in 2003.

In 2016, the Netherlands ratified the UN Convention on the Rights of Persons with Disabilities. The CRPD does not include any new rights, but the Netherlands has explicitly committed itself to (further) promoting the inclusion and participation of people with disabilities. Central concepts in the CRPD are inclusion, personal autonomy and full participation, as well as mainstreaming disability as much as possible. Central concepts in the Dutch Implementation Plan are: long-term, in all layers of policy and society, working together and expertise by experience. The Implementation Plan builds on existing policies and puts extra emphasis on five tracks: participation, implementation at local level, goods and services, the national government as an organisation, the national government as the policy maker.

The Implementation Plan is coordinated by the Ministry of Health, Welfare and Sport and implemented together with employers, governments and NGOs. The Dutch Institute for Human Rights will monitor the implementation and its compliance with the CRPD.

Annex 4: Example of relevant practice: the Job Agreement

Name of the practice:	Job Agreement (Banenafpraak) https://www.rijksoverheid.nl/onderwerpen/werken-met-arbeidsbeperking/meer-banen-mensen-arbeidsbeperking
Year of implementation:	Agreement 2013 Implementation 2016 - 2026
Coordinating authority:	Central government
Objectives:	People with disability often have difficulties finding a job. The Cabinet wants them to be employed in the open labour market as much as possible. That is why the Job Agreement with organisations of employers and employees is currently being implemented.
Main activities:	<p>The aim is to create - by the start of 2026 - a total of 125,000 jobs for people with disabilities that have difficulties entering the open labour market, including 25,000 jobs in the public sector. The government has made this agreement with organisations of employers and employees (social partners), which is also laid down in law (Wet banenafpraak en quotum arbeidsbeperkten). Every year, employers with >25 employees must meet a certain quota percentage, which translates to a certain number of paid hours/jobs for people with disability. If the employers in a sector do not meet the agreed numbers in a year, the quota system will go into effect (a levy of €5,000 per unfilled job).</p> <p>The target group for the additional jobs are, among others, (former) pupils with disabilities from secondary special education and people who cannot earn the statutory minimum wage independently. The people for whom the jobs are destined are included in the target group register (doelgroepenregister). The Employee Insurance Agency (UWV) manages this register. If an employer hires someone from the target register, this job counts for the job agreement and the quota scheme.</p> <p>In a regional Werkbedrijf (Work Company), municipalities work with UWV, employers, trade unions and schools from the same labour market region. These parties make agreements about the supervision of people with a disability in the transition to and in maintaining a job. For example, municipalities within a labour market region can start and carry out this guidance.</p> <p>In addition, the Work Companies can make agreements with employers in the same region, for example, on providing information and tailored advice or on supporting the registration of vacancies for the target group. There are 35 regional Work Companies that are aligned with the existing division of the Netherlands into 35 labour market regions.</p> <p>From past experience we learned that continuity is of great importance to employers. That is why all provisions are laid down in the law; the necessary resources are structurally available to the people in the target group. In this way, employers receive financial compensation for the reduced labour productivity of employees from the target group. The no-risk policy (wage compensation in case of illness) is also structurally available for the target group of the Job Agreement. There are also tax benefits. Through all these schemes the labour costs for the employer hiring workers in the target group is relatively low.</p>

Results so far:	<p>Private employers have made more jobs available for people with a disability than has been agreed (almost 37,000 instead of 33,000). Employers within the public sector have not met their goal yet. They did, however, almost double the number of additional jobs in a year. The previous government has activated the quota system for public employers. At the same time, the Cabinet decided not to issue any levies in 2018 - the first whole quota year in order to give some time to meet the target, which is the main goal. However, if the public sector fails to meet the goal again in 2019, a levy of € 5,000 per unfilled job can be imposed. The government always looks for possible improvements, so the rules and agreements contribute to finding work. The Job Agreement and the quota scheme are therefore 'living' laws that continually improve with only one goal: more good and sustainable jobs for people with a disability.</p> <p>https://www.rijksoverheid.nl/onderwerpen/werken-met-arbeidsbeperking/nieuws/2018/07/02/door-banenafpraak-weer-meer-werk-voor-mensen-met-beperking</p>
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