



press release

The Netherlands not unique in rising demand for care for people with intellectual disabilities An international comparison

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Earlier studies by The Netherlands Institute for Social Research have shown that demand for care in the Netherlands for people with an intellectual disability has grown, especially among those with milder disabilities. In this publication we investigate whether similar growth can be observed in other countries. To do this, we compared three regions (Flanders, England and Ontario) with the Netherlands.

As in the Netherlands, demand for care and support by people with intellectual disabilities (ID-care) has also risen sharply in Flanders and Ontario. In England, the number of people with an intellectual disability with a need for care and support has also risen sharply, but the number of people actually receiving it has increased only slightly. According to the experts interviewed for this study, the main factors driving the growth in demand for ID-care in the four regions studied are digitalisation, less availability of suitable jobs and a poor match between the education system and the labour market. Ontarian experts also mentioned inclusion; inclusion means 'taking part', and if someone has difficulty doing so providing support is necessary. English interviewees mentioned that public spending cuts or tight budgets constrain use of care, but can exacerbate the problems in this vulnerable group.

These are the main conclusions of the report 'An international comparison of care for people with intellectual disabilities. An exploration.'

Demand for care and support by people with intellectual disabilities went up sharply in the Netherlands.

In 2016, more than 75,000 Dutch citizens with an intellectual disability received care funded through the Long-term Care Act (Wlz). The cost of providing this care was around 6 billion euros in 2016. Demand for ID-care in the Netherlands grew by 6% per annum in the first decade of this millennium, and use of care rose to almost the same extent. More recently, between 2012 and 2016, demand for more intensive forms of ID-care, often provided in institutions, has increased by 7% annually. Recent figures are not available for less intensive care provided at the recipient's home (funded through the Social Support Act (Wmo 2015)).

Sharp increase in demand for care for people with intellectual disabilities in Flanders and Ontario too

Demand for care and support in Flanders rose by 6% per annum between 2009 and 2015, while in Ontario demand for residential care increased by 4.4% per year in the period 2009-2014. Use of care did not keep pace with demand in Flanders and Ontario, with experts citing waiting lists spanning several years. For England, only indirect indications are available of an increase in demand; the

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number of people with intellectual disabilities who are receiving care and support has increased slightly, as have the budgets. The interviewed experts believe that the need for care and support has risen much more than this, but that rounds of spending cuts on care and support for the English population as a whole mean this has not translated into a concomitant increase in use of care.

Societal trends cited as an explanation for increased demand for care and support

As in the Netherlands, societal trends in Flanders, England and Ontario are driving the growth in demand for care and support. Suggested reasons for this include the reduced availability of suitable jobs, the inadequate match between education and the labour market and digitalisation, which makes it more difficult for people with an intellectual disability to organise practical matters. On the other hand, there is an acknowledgement that technology can also be a useful aid, for example when travelling. Ontario aims for an inclusive society, but since this places more demands on people with disabilities, they require more support. In addition to societal trends, factors related to the care system itself also play a role, for example more diagnoses, and at a younger age.

Care and support harder to access in England, Flanders and Ontario for those with borderline intellectual disabilities

The rise in demand for ID-care in the Netherlands is driven mainly by people with a mild or borderline intellectual disability. In Flanders, England and Ontario, borderline intellectual disability does not count as a criterion for access to ID-care. Despite this, demand for care and support is increasing in these regions, too. Barring access to care services for people with a borderline intellectual disability will curb care use, but will not eliminate the underlying problems, such as inability to keep up at school, on the labour market and in daily life.

Benefits of providing care and support to people with borderline intellectual disabilities

Providing support to people with borderline intellectual disabilities in the Netherlands is expensive, because it is estimated that there are several hundred thousand people with a borderline disability compared with around 140,000 people with more severe intellectual disabilities. To date, only a small proportion of people with a borderline intellectual disability have applied for care and support. The lion's share of the costs of providing care to people with an intellectual disability is still accounted for by those with a mild, moderate or severe intellectual disability. The experts in this study, including in the other regions, acknowledged that some people with a borderline intellectual disability are particularly vulnerable; they are relatively often unemployed and homeless, have behavioural and/or mental health problems and use drugs and/or alcohol. There are indications based on experiments in the Netherlands and elsewhere that providing sufficient, timely and adequate support can prevent their problems from becoming worse and can even ameliorate them. That is an important reason why people with a borderline intellectual disability in the Netherlands do qualify for care and support.

Care and support in the Netherlands

People in the Netherlands with an intellectual disability can apply for intensive care and support under the Long-term Care Act (Wlz) and for less intensive forms of care under the Social Support Act (Wmo 2015), and the Youth Act. This care and support is available not only for people with an IQ of below 70 (mild, moderate or severe intellectual disability), but also for people with an IQ between 70 and 85 combined with everyday problems such as difficulties with social interaction, at work or in self-care; this group are described in this report as having a borderline intellectual disability.

Method

For a comparison with the Dutch situation we chose Flanders, England and Ontario (Canada), because these regions have followed a different path from the Netherlands in several respects: the degree of decentralisation of care (Flanders), the privatisation of care and support (England), and the envisaged degree of inclusion in society (Ontario). Numerous international experts in the field of intellectual disability care were interviewed for this study, which also drew on statistics, scientific literature and policy documents.

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