Summary

The Social Support Act: the story so far

Evaluation of the Social Support Act 2007-2009

A new Act
The Social Support Act (Wet maatschappelijke ondersteuning - Wmo) came into force in the Netherlands on 1 January 2007. An important social aim of the new Act was to promote the social and life skills and participation of people with disabilities and impairments. Under the Act, local authorities are required to give support to those who need it to help them take part in society in this way. Based on the compensation principle, in which this duty is laid down, local authorities must offer a solution to citizens with disabilities which enables them to run a household, move around within and around their home, and to take local journeys and meet other people, and as a result to engage in social ties.

The Wmo defines nine ‘performance areas’. Local authorities are expected to ‘perform’ in these areas, but precisely how they do this is left to the local authorities themselves; central government simply sets the broad frameworks. Local authorities are responsible for implementing the Act and must render account for this to the local administration and the public (horizontal accountability), not to central government (vertical accountability).

A number of performance areas relate to people with impairments, such as promoting independent functioning or participation in society, among other things by making available specific services (performance areas 5 and 6). Other performance areas relate to the population as a whole (promoting social cohesion and quality of life (performance area 1) or providing information, advice and client support (area 3), or are focused on providing support to specific target groups (young people with social or emotional problems (area 2), informal carers and volunteers (area 4) or vulnerable citizens such as the homeless, victims of domestic violence and substance addicts (areas 7-9). The emphasis in this publication is on people with disabilities.

Research questions
The Social Support Act (Wmo) stipulates that the Act itself should be periodically evaluated. The Dutch Ministry of Health, Welfare and Support (VWS) accordingly asked the Netherlands Institute for Social Research/SCP to carry out an evaluation study of the Act. This report covers the first evaluation period (2007-2009). It focuses on two questions: first the question of whether the system of the Social Support Act contributes to its effective and efficient implementation by local authorities (part A of this report). In answering this question, information was elicited from various stakeholders (Wmo coordinators, other local authority officers, implementing agencies or client organisations) to ascertain how local authorities have set about implementing the Act, how they have structured the policy process and what role central government plays. The second question is whether the objectives of the
Social Support Act, such as increasing the social and life skills and participation of people with disabilities, have been achieved (part B). To answer this question, a survey was carried out among people with disabilities, people applying for services funded under the Act and their informal carers. The two central questions were split into a number of constituent questions, which are answered below.

**How do local authorities put the municipal Wmo policy into practice?**

*Continuation or revamping of policy*
When the Social Support Act was introduced, around half of Dutch local authorities opted to revamp their existing policy, while more than a fifth largely continued the existing policy almost unchanged in 2008. 80% of local authorities adopted new policy for at least one of the performance areas set out in the Act. There was for example a good deal of administrative attention in that year for volunteers and informal carers, as well as for the provision of information, advice and client support.

*New vision*
A large majority of local authorities (80%) report that they look primarily at what applicants for support can do for themselves rather than at what the local authority can offer. Over 70% assess applications for social support in an ‘integral’ way, i.e. looking at the entire life situation of the applicant. Around half of local authorities concentrate mainly on general provisions, while a third focus chiefly on individual provisions. Client organisations relatively often feel that the policy is too focused on the supply side (45% of local authorities); by contrast, local authority officials relatively often consider the policy to be sufficiently demand-led (47%).

*Integral or sectoral*
A slightly growing percentage of local authorities (56% in 2008) are opting for a more integral approach to the Social Support Act, in which as many relevant policy domains as possible are linked together; 30% opt for a more sectoral approach, with the detail being applied in each individual performance area. The vast majority of local authorities (93% in 2008) have an overarching vision of social support. This vision was broader on average in 2008 than in 2007. The policy in one in six local authorities could be described as narrow in 2008: in their policy plans these local authorities concentrated mainly on policy for people with disabilities.

*Policy efforts*
Most local authorities employ a fairly wide array of instruments in their policy for the performance areas. Around 10% of local authorities offer a limited range of services. The Social Support Act has not led to a marked broadening of the services offered by local authorities: most of the provisions already existed before the introduction of the Act. However, since the introduction of the Act local authorities have increasingly linked up different policy domains and intensified existing policy. In 2008 more local authorities were offering specific forms of social support than in 2007; this applies, for example, for
performance areas 2 (youth), 4 (informal carers and volunteers) and 7-9 (vulnerable citizens). Local authorities with a broader policy approach in each of these performance areas also create more connections with other policy. Large urban local authorities pursue a broader and more cohesive policy than smaller, less urbanised local authorities.

**Demand-led approach**

There are wide differences between local authorities in the number of services for which local authorities seek information on specific needs (integral needs assessment) and the degree to which they discuss many aspects of the client’s personal situation in the initial interview (demand clarification). For example, 11% of local authorities ask about no more than three aspects, while 24% ask about ten aspects. Local authorities which attach more importance to integral needs assessment and demand clarification are also more likely to follow a demand-led policy.

**How does the Social Support Act policy process operate?**

**Cooperation**

Most local authorities (92%) have municipal platforms which are substantively concerned particularly with social cohesion and the policy for people with disabilities. In addition, local authorities involve organisations in the policy in other ways. Many involve client organisations (96%) and organisations active in the fields of housing (92%) and welfare (90%), and to a lesser extent organisations involved in care (73%) in the preparation of policy. When it comes to policy implementation, they focus more on the implementing bodies than on client organisations.

Both the size of the policy networks and the quality of the cooperation varies across local authorities. Stakeholders assess the quality of the cooperation as just adequate. Client organisations are less positive about that quality than other stakeholders.

In 2008 67% of local authorities had formal cooperation arrangements with other local authorities, mainly for the outsourcing of household help, but also for parenting support services, policy for volunteers and informal carers or the provision of individual services.

**Control**

The various stakeholders (local authority officials, client organisations and implementing bodies) feel that both the scope for local authorities to steer the policy and the degree to which they do so have increased as a result of the introduction of the Social Support Act. A majority of local authorities exercise this control by granting influence to organisations; a majority also make formal agreements with organisations on the efforts or quality to be delivered. Local authorities do not opt for one or the other here, but each strikes its own balance.

**Social Support Act boards**

Almost all local authorities (95% in 2007) have a Social Support Act board (Wmo-raad) to oversee the implementation of the Act. A large majority of these boards have formal powers, an independent chairman and their own budget. Roughly half contain (representatives of) people with a learning disability or psychological disorder. According to the chairmen of
these boards and representatives of client organisations, the interests of people with physical disabilities and the elderly are particularly well looked after (in more than 90% of local authorities). The interests of victims of domestic violence, addicts, the homeless and migrants are adequately represented by the boards in fewer than half of all local authorities.

In more than 80% of municipalities the Social Support Act board has sufficient scope to exert influence (according to stakeholders) and its recommendations are followed sufficiently. The boards generally function well, though client organisations are more critical on this point. Stakeholders in 57% of municipalities feel that the boards adequately represent the interests of clients; if only the views of client organisations are considered, this falls to 43% of municipalities.

**Horizontal accountability**

The main instruments for horizontal accountability are client satisfaction and Wmo policy evaluations. The performance targets set out in section 9 of the Social Support Act are much less important. Stakeholders in 47% of municipalities feel that the local authority renders account adequately; stakeholders in 3% of municipalities feel this is not the case.

**Relationship between policy content and policy process**

Good cooperation can be regarded as a necessary condition for the achievement of cohesive policy, but cooperating too closely with too many organisations can be counterproductive. Local authorities which pursue a more cohesive policy accordingly more often work from the premise of demand-led policy and make agreements about quality assurance.

**What is the role of central government in Wmo policy and how is that role assessed?**

**Wmo budget**

Local authorities provide relatively cheap household help (‘HH1’). In some municipalities this has led to a considerable budget underspend; in 2008, local authorities had an average of EUR 4 per resident left over. At the same time, 45% of local authorities reported in 2007 that they had spent more than the implicit Social Support Act budget (the sum of the budgets which they were previously allocated for welfare and for the Services for the Disabled Act (Wvg) and additional structural funds that they receive for the Social Support Act via the Municipalities Fund (*Gemeentefonds*).

**Opinions on the Act and the legislator**

Stakeholders predominantly assess the operation of the Social Support Act positively. Stakeholders in 89% of municipalities feel that the Act offers opportunities for providing coherent support, while in 50% of municipalities they believe that the introduction of the Act has led to a more cohesive policy. On the other hand, a high proportion of stakeholders feel the Act leads to an excess of market forces in the fields of care and welfare. Opinions are divided on the adequacy of the instruments that the Act offers municipalities, the practicability of the compensation principle, the scope to offer freedom of choice and the adequacy of horizontal accountability.
Stakeholders in most municipalities (87%) regard support from central government as very important. In 55% of municipalities, however, the feeling is that the current level of support is not adequate. A substantial proportion also believe that the national government interferes too much in local policy implementation. Stakeholders generally attach much less importance to support for municipalities from the provincial authorities.

**Inhibiting factors**
Stakeholders in 44% of municipalities feel that local authority control is made more difficult by other legislation and regulations. The main inhibiting factors they cite are the need for coordination with the Exceptional Medical Expenses Act (AWBZ) and the increase in tasks as a result of measures taken in the AWBZ, but also the rules on (European) tendering.

**To what extent can people access social support, and how much use do they make of it?**

**Awareness of the Social Support Act**
At the start of 2009, 19% of Dutch people with a physical impairment who needed support were unaware that they could apply to the local authority for this. People with a learning disability or psychiatric disorder find it difficult to understand the information and point out that their support workers are often by no means always aware of the available services.

**Needs assessment**
Half a million people applied for services under the Social Support Act in 2008. The average is 28 out of every 1,000 inhabitants, though there are considerable differences between different municipalities. Applicants are generally satisfied with the application form (90%) and the needs assessment interview. They are less satisfied about the privacy they are given during the interview (29% consider this inadequate).

Nine out of ten local authorities say that when assessing the need for help in the household, they seek to ascertain whether the client also needs other services provided under the Social Support Act. Most local authorities pay attention during the needs assessment process to different aspects of the client’s life situation, such as their housing or financial position, but again there are considerable differences between local authorities. Despite this, a quarter of applicants feel that too little attention is given to their personal situation during the needs assessment process. Roughly a sixth (17%) feel that the assessors do not try to put themselves in their client’s shoes. More than 90% of applications are approved; applicants who are young and/or living with a partner are more often rejected than others.

**Delivery of support services**
The introduction of the Social Support Act has not led to major shifts in the number or type of services provided, at least as far as services are concerned which were formerly provided under the Services for the Disabled Act (Wvg). The number of hours of help in kind provided to households remained virtually unchanged between 2006 and 2008. The number of hours’ support delivered via the personal (client-linked) budget is not known precisely, but appears to have increased; in any event, the expenditure on household help provided via the personal budget system has increased considerably.
Use of support services

44% of people with a moderate or severe physical disability use services funded under the Social Support Act. 13% have a need for (more) support; a relatively high proportion of these are aged below 55 years. The use of professional care services (home care services or private care) increased substantially between 2006 and 2008. This trend occurred not just for help in the household (up from 34% to 41%) but also for care provided under the Exceptional Medical Expenses Act (AWBZ), such as personal care. The increase may thus be related primarily to population ageing and community-based care, rather than to the introduction of the Social Support Act.

The share of single persons receiving informal care has fallen, while the share of multiple-person households receiving informal care has increased. Roughly one in six applicants for services under the Social Support Act, and who were already receiving help with the household before the introduction of the Act, report that family and friends now have to provide more help than before the Act was introduced. It may well be that they have been reassessed and that the ‘usual care’ protocol which was introduced with the Act is now being applied.

Quality of support services

Clients award an average score of 8 out of 10 for the household help they receive. Stakeholders in 12% of municipalities feel that the quality of household help has deteriorated since the introduction of the Social Support Act; 40% of clients and household help agencies hold this view. The transfer of household care tasks from the Exceptional Medical Expenses Act (AWBZ) to the Social Support Act (Wmo) has not led to a reduction in the number of hours’ help in the household, but has led to a shift (where help is provided in kind) from ‘heavier duties’ (HH2) to lighter duties (HH1) (from 80% HH2 in 2006 to 50% in 2008). There are considerable differences between local authorities in the proportion of HH2 help that they provide (this varies from 12% to 84%).

Complaints and appeals

Of all applicants for support, 7% have submitted a verbal or written complaint; around a half of these complaints were about the support itself, with the other half concerning the application procedure. A total of 15,500 appeals against the assessments were received by local authorities in 2008, an average of 29 per 1,000 applicants. Appeals are lodged against decisions on household help slightly more often than against decisions on other individual services.

Freedom of choice

In around half of municipalities, the Wmo coordinators report that the introduction of the Social Support Act has led the local authority to take a more active approach to offering personal (client-linked) budgets. Despite this, by no means all applicants feel they are offered this. Around two-thirds report that the possibility of a personal budget has not been discussed with them; 12% of all applicants would have liked to know more about personal budgets.
Both the actual use (13% of clients have a personal budget) and the degree to which personal budgets are offered varies between municipalities.

Stakeholders in a small majority of municipalities (56%) feel that their freedom to choose a care provider has increased since the introduction of the Social Support Act. However, roughly a third of applicants who were able to choose feel that they are given insufficient information to enable them to make a well-informed choice.

**Have the social objectives of the Act been achieved for people with a disability and for informal carers?**

**Social and life skills of applicants**

Applicants for services under the Social Support Act were asked how they rate their social and life skills in the domains to which the compensation principle applies: running a household, being able to move around in and around the home, undertaking local journeys and meeting other people. Generally speaking, around 85% of people rate their social and life skills as adequate (i.e. feel that they function adequately, with support where necessary). This percentage varies across municipalities (e.g. between 54% and 100% for undertaking local journeys). In most cases, the provision of support leads to improved life skills, greater independence and the ability to continue living independently for longer. Four-fifths of applicants for example believe that the support provided via the local authority has made them less dependent on others. A large proportion of people who do not rate their social and life skills as adequate would like to receive more support (e.g. 62% of those who are unable to run their household properly would like to receive (more) home care). By no means everyone sees the support as a panacea, however. For example, 47% of people who are unable to move around adequately in and around their home say that they do not need any support. Of those who believe that their household functions inadequately, the figure is 17%. Disabilities affecting people aged between 18 and 55 years, as well as people with severe disabilities, psychological disorders or severe fatigue disorders, appear to be more difficult to compensate than those of other people.

**Opportunities to participate**

Around 40% of applicants for services under the Social Support Act report that they have insufficient opportunities to participate in society. This means that they would like to undertake leisure activities more often, but are prevented from doing so by their disability. Roughly half of them believe that (more or different) support would not help. Those who do benefit from support would above all like company, better transport, discounts or more financial support as well as the availability of more suitable activities.

**Participation problems for informal carers**

More than one in three (35%) informal carers of applicants for services under the Social Support Act often experience limitations in their social participation (leisure activities outside the home, running their own household or meeting friends, family or acquaintances) due to the informal care they are providing, while 38% experience those limitations sometimes. Informal carers who provide complex care, intensive help or who are caring for several
Support for informal carers
Informal carers of applicants for services under the Social Support Act often do not know whether certain forms of informal carer support are available in their region. Only a proportion of people who need support actually receive it. That proportion varies from around a third who would like to take part in courses or receive emotional support in a support group, to around three-quarters when it comes to respite care. Most informal carers who are receiving support (92%) feel that this support has positive effects, making them feel better able to deal with providing the care and feel less burdened.

Eight out of ten informal carers who were involved in the applicant’s application procedure say they were not asked during the procedure whether they themselves also needed support. The majority of them (60%) have a need for support.

To what extent is there a relationship between local authority policy, the number of services provided and the social and life skills and participation of people with disabilities?

Services provided
In 2008, local authorities provided approximately 600,000 individual services (household help or services that were formerly provided under the Services for the Disabled Act (Wvg)), an average of 34 per 1,000 inhabitants, though the actual figure varies from 14 to 56 per 1,000. More services are provided by local authorities which are more urbanised and which have a relatively high proportion of older residents or residents with a low income. This is logical, since these are the main groups who apply for services under the Social Support Act, because they frequently have disabilities or are unable to procure services for themselves. In addition to the municipal characteristics, which say something about the population profile, the municipal Social Support Act policy also influences the number of services provided: local authorities which demand a contribution from the client for a relatively large number of services provide relatively few services per inhabitant, while local authorities which adopt a demand-led approach provide a relatively large number.

Social and life skills and opportunities for participation
The social and life skills of applicants are greater on average in municipalities which are more focused on a demand-led approach. In addition, there is a positive correlation between the attention given to the client’s whole life situation, i.e. including aspects such as their financial position, transport and travel opportunities and social network (demand clarification) and the average opportunities for participation by clients.

Conclusion
The Social Support Act is working, in the sense that most local authorities are implementing the Act as the legislator intended and with the instruments provided by the Act. Many local authorities are pursuing a more integrated policy, involving linkage with other policy domains, are working together with numerous organisations and have set up a Social Support Act board (Wmo-raad) which adequately represents the interests of (the biggest) client
groups. Local authorities which focus more on a demand-led approach generally provide more services under the Act. Above all, the average social and life skills of residents are greater in these municipalities.

Local authorities have taken a step forwards in the development of better local social policy, and this process is still in full swing. Despite this, there are a number of areas where things have not quite gone to plan. One such area relates to small target groups, such as people with learning disabilities or chronic psychiatric disorders; their interests are not always represented by a Social Support Act board, and they indicate that obtaining support demands skills which they do not always possess. Local authorities do little for people with an impairment who have difficulty in making social contact, despite the fact that the compensation principle requires this. Attention for the informal carers of those applying for support offers opportunities which local authorities are not exploiting sufficiently; after all, the ability of informal carers to carry on caring largely determines the demand for support from those who are dependent on help.

Additionally, local authorities appear not always to offer clients a choice between support in kind or a persona budget. If that choice has been offered to applicants, this has escaped the notice of many of them.