

Able to just live together (summary)

Community care and community living

Community care and community living are increasingly part of a major policy initiative for disabled people. Community living means that disabled people are able to live normally within society, to function independently and to take part in activities within their own neighbourhood. Community care ensures the necessary care and support services are provided in the community.

The essence of both concepts is the belief that all citizens have the same rights and obligations. Everyone contributes to society and should, therefore, all be part of it. Although the concepts originate in the care for the learning disabled, the notion applies equally to other groups such as the elderly, people with a physical impairment and (former) mental health or psychiatric in-patients.

Community care is a choice, not a dogma

Everybody should be supported to make their own choice between community care and institutional care. This choice will depend on individual wishes and needs, local opportunities and the financial implications. As soon as community care is available as a viable alternative to institutional care, admissions into institutions will gradually reduce to those for whom the available care services are insufficient.

Financial aspects

An investigation commissioned by the Council for Public Health and Health Care (RVZ) and the Council for Social Development (RMO) shows that on a macroeconomic level community care is neither more expensive nor cheaper than institutional care. However, a shift occurs between two modes of financing care. On a micro level the costs of community care can be (notably) higher. It is the opinion of the RVZ that increased costs for some individuals should be accepted, if this does not lead to a rise on a macroeconomic level. In that case people should also be considered for a client-linked budget (PGB).

Barriers

Slow development

Community care in the Netherlands is still in its infancy. Although there have been promising experiments and other innovative schemes, it has not developed as expected. People with learning disabilities who try to give shape and substance to their life in their own way, encounter all kind of problems in our society. There is a lack of suitable accommodation, children with learning difficulties are often refused access to mainstream schools, public transport is inaccessible, and there are a lack of employment opportunities.

Problems in healthcare

Healthcare for people with learning disabilities could (and should) be improved. Primary care plays a central role, as it does with other patients. The lack of general practitioners is a further impediment to organizing this kind of healthcare. It is also important that the specific expertise of physicians for people with learning disabilities becomes available outside of the institutions, both for the people themselves and the service providers.

Management model

Local government

RVZ believe that local government should be responsible for community care. The role of the local authorities consists of, among other things, helping to create alternatives to existing facilities, and improving disabled access to general facilities. To achieve this, local authorities should bring together local and regional interested parties, and improve cooperation between those parties. The local authorities need to have access to specific expertise, instruments and management facilities to fulfil this role. Therefore they should be supported by a national helpdesk.

Anti-discrimination law

The legal foundation for community care, according to the RVZ, could be the 'Equal Opportunities Act for the disabled and the chronically ill'. Therefore, the range of this Bill has to be extended to all aspects of life, such as housing, transport and education.

National government

The choice for responsibility for community care on a local level means a shift of responsibility on the national level to the Ministry of the Interior and Kingdom Relations. In addition, all ministries involved should adapt their policies, laws and regulations to this principle of equality.

Care and welfare

The RVZ gives advice to enable the simplification of legislation in the area of care and welfare by the way of two new acts: a new Health Insurance Act and a new Care Service Act. The mandatory General Health Insurance takes care of all claims to healthcare. The combination of care, cure and prevention will come about by joining the health aspects from the present General Insurance Act for long-term and exceptional health expenditures (AWBZ) and the present Health Insurance Fund, with the exception of the housing and other service elements. The Care Service Act should consist of a general package for individual claims in the housing and welfare area. There should be enough financial leeway for collective facilities. This Act will replace the Act on Facilities for the Disabled (WVG) and also includes the aforementioned housing and care service elements from the present General insurance Act for long-term and exceptional health expenditures (AWBZ) and Health Insurance Fund.

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