Summary

The Social Support Act 2015 in practice

Local implementation of the Dutch Social Support Act (Wmo 2015)

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Summary

The Social Support Act 2015 (Wmo 2015) was introduced as part of the reforms of long-term care in the Netherlands. Those reforms are intended to create a more inclusive society and to promote independence and societal participation for people with impairments/disabilities or chronic psychological or psychosocial problems. The hope is that appropriate support will enable people to continue living in their own setting for as long as possible and to participate in society. As part of the evaluation of the long-term-care reforms, this project investigates how the Wmo 2015 is put into practice in Dutch municipalities.
We look at the 'local implementation practice', or how municipalities incorporate the Wmo 2015 in their policy and how the Act is implemented in practice by care institutions, care professionals and unpaid helpers. Together with the study among applicants, local authority assessment officers and informal carers (Feijten et al. 2017), this study represents the principal source of information concerning experiences with the Wmo 2015. Unlike the study by Feijten et al. (2017), this study focuses on a broader group of actors who are all involved in the local implementation of the Wmo 2015. As well as municipal policy officers, Wmo coordinators and assessment officers, care and welfare providers, health insurers, advocacy groups and clients themselves are given a voice in this study.
The implementation practice is still being developed. The insights generated by this study help make clearer to what extent the Wmo 2015 is being interpreted in the way the legislator intended. This study is a snapshot of the situation at the end of 2016/beginning of 2017.

The central questions addressed in this study are as follows:
- *How are municipalities – in collaboration with relevant stakeholders – carrying out the tasks assigned to them in the Wmo 2015?*
- *What changes in the implementation practice can be observed since the introduction of the Wmo 2015?*

The data for this study were collected using both qualitative and quantitative research methods. For the *qualitative study*, interviews were conducted in six case study municipalities which differed from each other on important characteristics such as degree of urbanisation, population size, geographical location and the way they have organised the Wmo 2015 locally. To obtain a broad picture of the implementation practice, a range of actors were interviewed in each municipality: municipal policy officers, Wmo assessment officers, providers of Wmo support and district nursing services, health insurers, Wmo client advocates, supporters of informal carers, supporters of volunteers, civic initiatives and Wmo clients (or their informal carers). A total of 112 interviews were conducted. The *quantitative study* was carried out using a digital questionnaire sent to Wmo policy staff in Dutch municipalities. All 388 Dutch municipalities were contacted to take part; a total of 269 completed the questionnaire, a response rate of 69%.

In this chapter we first describe the main conclusions from this study. This is followed by a summary of the results presented in the different chapters of the report.

Conclusions

This section summarises the main conclusions of the study. A more detailed description of the conclusions and a reflection on them can be found (in Dutch) in the previous section of the report.

Principles of Wmo 2015 broadly supported, but issues in practical implementation

The principles on which the Wmo 2015 is based – independence, participation, broad approach to requests for help, customisation of support, lighter forms of support – enjoy wide support among respondents in this study. In practice, however, they are often still uncertain how to translate these principles in the real world, and experience a number of issues, specifically in relation to the applicability of the notion of 'independence' for certain groups (e.g. people with psychological problems or with dementia), limits to the capabilities of unpaid help (e.g. due to embarrassment about asking for help and overburdening of informal carers), and the deployment of appropriate, lighter forms of support (e.g. due to limited availability).

Wmo 2015 organised in different ways in different municipalities

As expected, different municipalities organised the Wmo 2015 in different ways, each reflecting their own vision and priorities. A number of both positive and negative points emerged from the interviews regarding the configuration of the Wmo 2015 in the case study municipalities. For example, policy officers regard it as a good thing if policy and implementation are brought closer together within the municipality. Providers appreciate it if there is regular consultation with local authorities. Several stakeholders are critical about the sometimes lengthy process of accessing support, with residents constantly being referred from one party to another, and about occasional lack of local contact points for residents. Providers are critical of the increased administrative burden caused by the many rules, procedures and accountability systems, which moreover differ from one municipality to another.

More collaboration, but still room for improvement

Generally speaking, the Wmo 2015 appears to provide a stimulus for collaboration within municipalities and between the municipality and third parties. The municipalities in our study often seek more contact with providers, link the Wmo to other policy domains and link up with other municipalities in regional partnerships. There also appears to be increased collaboration with health insurers and other parties involved in long-term care. But there are also issues, most notably concerning the collaboration between municipalities and health insurers, which is not always functioning smoothly, especially in small municipalities. Wmo policy staff also experience frictions between the Wmo 2015 with the

Healthcare Insurance Act (Zvw), the Long-term Care (Wlz) and the Participation Act, which are less flexible than the Wmo 2015 and therefore offer less scope for delivering customisation.

More scope gradually emerging for change and innovation, yet often limited due to 'short-term contracts'

The focus in 2015 was mainly on continuity of care and support for residents. Since then, more scope has gradually been created for innovation in terms of the available support options, provision of care, access to care and collaboration. Municipality staff and professionals have the impression that there is more scope to deliver customisation and that (access to) care is brought closer to citizens. However, according to several respondents, accessing support has become more complex, and it is not clear either to residents or professionals where they should go with requests for help and which body is responsible for which support. The municipalities and providers in our study felt that to date there had been few changes in the content of care. They attributed this to 'teething troubles' and administrative burdens. The providers interviewed also stated that the 'short-term contracts' that local authorities have awarded them provided no incentive to think about the long term or to invest in care innovations.

Limited insight into results of the Wmo 2015 in municipalities

Altogether, municipalities appear to interpret their tasks in the way described by the Wmo 2015. However, despite broad use of monitoring instruments, both providers and municipal staff say they have little insight into the specific results of supporting and promoting independence and participation. To date, municipalities have concentrated on organising the Wmo in their local setting, and have been less concerned with the results achieved; concepts such as 'appropriate support', 'independence' and 'participation' are moreover not easy to define and measure. Another reason mentioned for the limited insight into the results is that municipalities are still searching for suitable monitoring instruments. In addition, virtually no information is available about the use of lighter forms of support, because municipalities often do not have a record of those who receive it.

Summary of chapters

In this section we provide a summary of the results presented in the different chapters in the report.

Development of Wmo policy in municipalities

The care and support tasks for which local authorities are responsible under the Wmo 2015 have been extended to include day activities, individual support and sheltered housing. This extension was accompanied by a shift in the issues faced by the Wmo target group, both in nature and severity. Our interviews revealed that the transfer of tasks to local authorities has put enormous pressure on both municipalities and providers. In the six case

study municipalities, the focus of both the local authority and providers in the first year was therefore primarily on guaranteeing continuity of care. The basic structures in the case study municipalities are now more or less in place and there is more room to work towards innovation in care content and quality improvement.

The principles underpinning the reformed long-term care and the Wmo 2015 (independence, control over one's own life, broad approach to requests for support, customisation of support, lighter forms of support) are broadly supported by municipalities, as evidenced by the survey of municipal policy staff and the interviews with policy officers in the case study municipalities. They do however feel that the associated cultural and behavioural change by professionals and residents has still to take place in many cases.

Policy officers also see obstacles in applying the Wmo principles in their day-to-day work, for example the limited scope for action and regulatory freedom of local authorities (e.g. due to constraints on the policy freedom of municipalities imposed by the legislator and rulings by the Central Appeals Tribunal (CRvB)). They also point out that to date the envisaged cultural and behavioural change has hardly included citizens, and they see limits to individual citizens' ability to be independent. Finally, policy officers point to the need for more time and space to be given for the process of change.

Under the Wmo 2015, more internal connections appear to be being forged between the Wmo policy departments and municipal implementing bodies. There is also a recognition of the importance of collaboration with policy staff in other domains, for example the Youth Act and the Participation Act. Most Wmo policy officers reported in the survey that they are sufficiently able to connect with these other policy workers. However, a number of issues also emerged in the interviews in relation to the collaboration between different policy domains. For example, the transition of clients from the Youth Act to the Wmo is often less than smooth and there is a perceived friction between the Wmo 2015 and the Participation Act, with its stricter, more protocol-driven regime.

Most Wmo councils (citizens' advisory bodies) in the case study municipalities have transitioned into broader advisory bodies covering the entire social domain. These advisory bodies would like to play a more active role in which they set their own agenda and engage in more interaction with residents. The new, broad advisory bodies do appear to offer new opportunities for this. However, the influence of some advisory bodies (just as in the old situation) remains limited to reacting to policy documents, partly because they are still looking for ways to contact the wider public, and due to their limited capacity.

According to the interviews in the case study municipalities, since the introduction of the Wmo 2015 municipalities have adopted a more active stance as commissioning bodies and/or partners vis-à-vis providers than in the past. Providers appreciate it when the municipality invests in partnership (at an early stage). At the same time, they are critical of the increased administrative burden, which stems mainly from the many different administrative and financial systems both within and between municipalities. They also commented that the short-term contracts that local authorities have awarded them provide no incentive to think long-term or to invest in innovation.

Municipalities have traditionally worked together in various regional partnerships; the survey reveals that almost four out of five municipalities collaborate on policy development. Most municipalities in the survey indicated that they were satisfied with this regional collaboration. They were particularly positive about the sharing of knowledge and resources, the increased scale and volume, the harmonisation of working methods and the strengthening of their own position. They were less satisfied about the delays in working processes, difficulties in finding consensus in their vision and approach, the loss of local influence and problems regarding power relations within regional partnerships. The interviews in the case study municipalities added the finding that the collaboration on sheltered housing[1] is not always optimal.

Organisation of access to Wmo support

Under the Wmo 2015, municipalities are free to organise access to social support as they see fit, provided they meet certain conditions set in the Act. A large majority of the municipalities surveyed report that they have made substantial changes in the organisation of access to support following the introduction of the Wmo 2015. The main changes relate to the contact points for residents, the development of (community) social care teams and procedures surrounding the assessment of the support needs. The organisation of access is still undergoing development, as evidenced by the new changes being planned in many municipalities.

Residents requesting support can in most cases go to a Wmo service desk in the municipality and/or to (community) social care teams, where these are present. A small majority of municipalities surveyed have placed access to Wmo support within a broad access portal, alongside access to other forms of support. One point for attention cited by respondents in the case study municipalities are the sometimes lengthy processes when accessing support, especially by telephone, and the limited privacy at physical contact points. Interviewed citizens (clients and informal carers) in the case study municipalities also reported that they find it difficult to access support.

Four out of five municipalities surveyed work with multidisciplinary, area-specific teams (e.g. community social care teams) for the provision of care and support. Half of them see these teams as the main point of contact for residents. Case study municipalities which use (community) social care teams commented that the visibility and accessibility of the teams could be improved. There appears to be no 'golden formula' for the development and organisation of (community) social care teams. The assessment interview concerning an applicant's support needs often covers different areas of their life, sometimes explicitly using specific methodologies, sometimes implicitly in the course of the assessment interview. In some cases, certain areas of the applicant's life are not discussed, or less explicitly, depending on the assessment of their individual situation or the assessment officer's preferences. The wide-ranging nature of the assessment interview under the Wmo 2015 is regarded as a clear difference compared with the old Wmo. Assessment officers and policy officers feel the need to be better equipped in relation to some topics, such as the personal budget, client co-payment and household help.

It emerged from the interviews that family members and friends are often present during the assessment interviews. Care providers are also regularly present. Little use is made of independent client support in the case study municipalities. Several of these municipalities were trying to draw more attention to the availability of this support, for example by sending out flyers along with application forms.
Virtually all the municipalities surveyed reported that Wmo assessment officers decide whether an application for personalised Wmo support is accepted or rejected. In one in ten municipalities, community nurses are also permitted to take this decision, and welfare workers can do so in a similar proportion of municipalities. There are also some municipalities where (other) members of a community or area team have the authority to take these decisions. According to two-thirds of the surveyed municipalities, consultants and professionals with this authority have a good deal of freedom in making these decisions. Assessment officers in the case study municipalities reported their appreciation of this, though some pointed out the risk that this freedom could give rise to differences in the working methods used by assessment officers within one and the same municipality. Policy officers and assessment officers feel that discussing individual cases helps them to coordinate their working methods and to find ways to deal with complex issues.

Independence and participation

Supporting the independence and participation of vulnerable citizens is one of the objectives of the Wmo 2015. The interviews in the case study municipalities showed that these two concepts are now familiar.
Independence was defined in the interviews in terms of the client's own control, capability and responsibility, with help from their network, with support from the municipality only provided when there is no alternative. However, a number of caveats were voiced regarding client independence, which it was felt did not apply, or to only a very limited extent, for the most vulnerable groups, such as people with dementia, psychiatric problems, addiction problems or an intellectual disability. The survey revealed that virtually all municipalities seek to foster independence by focusing in the support needs assessment interview on what the client is able to do themselves and by offering independent client support. Offering help in engaging the client's social network and providing information were also frequently cited.
Participation was in most cases equated to participating in society. Participation and independence are often regarded as linked concepts, with participation being seen as a consequence of independence. The survey responses showed that municipalities encourage participation by seeking to mobilise citizens who request support, through neighbourhood and community activities and through civic initiatives and volunteering. Policy staff and care providers in the case study municipalities referred mainly to promoting participation through the organisation of day activities and voluntary work.
Almost all interviewed municipalities and providers operate some form of client monitoring or registration system to keep track of progress in the independence and participation of clients, for example the 'Self-sufficiency Matrix' (Zelfredzaamheid-Matrix). They do

however qualify this by commenting that these systems do not work for all client groups, for example clients with cognitive impairments or intellectual disabilities. Providers also carry out monitoring at aggregated level in order to keep track of progress in achieving targets or for quality control purposes. At municipal level, data on independence are obtained among other things from (mandatory) client experience surveys and research carried out in partnership with universities. Despite broad use of monitoring instruments, respondents from both providers and municipalities say they have little insight into the concrete results of supporting and promoting independence and participation. A large number of respondents reported that many aspects are still in development. In addition, some municipalities reported in the survey that they do not have a suitable monitoring instrument.
Interviewees in the case study municipalities expressed positive views particularly about the mind shift that residents have undergone: from seeing themselves as victims and thinking in terms of limitations to exploring their own strengths and thinking in terms of possibilities. Nonetheless, providers, policy staff and client advocates regularly encounter resistance in this area among citizens. The main issue cited however, was that monitoring instruments such as the 'Self-sufficiency Matrix' and the 'Participation Ladder' create a somewhat illusory picture of measurability and controllability, especially among vulnerable groups. In line with this, some policy staff and providers are unconvinced about whether progress in achieving independence and participation are actually things that can be measured at all. Some also warned about the danger of going too far in promoting independence and participation.

Appropriate support

Delivering customisation and providing appropriate support are regarded by the legislator as being at the heart of the Wmo 2015. The various interviewees in the case study municipalities spoke more about 'customisation' than about 'appropriate support'. Most of the municipalities surveyed support the idea of customisation, even if it leads to unequal treatment of residents.
Virtually all municipalities believe that assessment officers have sufficient scope to deliver customisation. Stakeholders in the case study municipalities associate appropriate support with creativity and thinking outside the box. Delivering appropriate support requires an integrated approach. In practice, they encounter many obstacles here: competition between providers, bureaucracy, hierarchical organisational structures, inflexible contracts between municipalities and providers, and unfamiliarity.
It may also be necessary to develop new forms of support. According to the survey, the vast majority of local authorities believe that the present range of support available in their municipality offers sufficient scope to provide appropriate support to their residents. Nonetheless, innovation in available support is a central policy focus in around three-quarters of municipalities. The majority of local authorities report that the range of providers in their municipality has changed little since 2015. Day activities are the most frequently cited new provision, and innovations in this area fall broadly into two categories: a) opening up access to more groups, and b) offering work-based day activities.

Almost all municipalities surveyed are seeking to shift the use of support away from 'more intensive' (individual, specialist) to 'lighter' forms of support (general, collective), and devote a good deal of attention to achieving this. A large majority of municipalities are broadening the range of general and collective provisions which can be accessed without prior assessment. They offer certain services (e.g. day activities, transport or help with the household) much more often as general provisions than before 2015. Despite the wide attention for lighter forms of support, the survey shows that take-up of 'more intensive' provisions is not decreasing in two-thirds of municipalities, and is in fact actually increasing in a quarter of municipalities. The changed target group of the Wmo (more people with more severe or complex problems) may play a role here. The envisaged shift towards lighter forms of support was endorsed by several interviewees, but there was also heavy criticism of reductions in the number of hours of support allocated (especially for household help), which have been introduced by municipalities in a bid to save costs. Several respondents in the case study municipalities expressed concern about the reduction and sometimes disappearance of community work – the form of welfare aimed at building connectivity, liveability and a collective approach to problems.
According to interviewed policy staff and providers, there is (growing) attention in municipalities for the quality of the support offered, but suitable ways are still being sought for guaranteeing that quality. According to the survey, the quality of support is supervised in virtually all municipalities by carrying out or commissioning (mandatory) client experience surveys and by setting procurement standards for providers in tender procedures. Many municipalities also hold periodic consultations with (large) providers. In many cases, this supervision is carried out by the municipal health service (GGD) or by the local authority itself.
According to the survey, most municipalities succeed in offering appropriate support to residents, though in four out of ten municipalities that is not always the case. According to respondents, this is most often due to the high demands and expectations of clients or to a lack of available support options (e.g. suitable housing).

Informal support

The municipalities in the survey and the case study municipalities are seeking to increase the use of informal support. Supporting informal carers and facilitating volunteering are not new for local authorities, but have received a boost due to the Wmo 2015 and the decentralisation of services. Assessment officers are tasked with including informal support in their assessment of the client's support needs, mainly by looking at what support the client's own network could offer.
The case study municipalities have invested in informal carer support since the introduction of the Wmo 2015. Informal carer support centres have been set up or the existing centres have been given a more central position, broader scope or more staff. A majority of municipalities reported in the survey that they proactively seek out informal carers in a bid to prevent people becoming overburdened. It emerged from the interviews that the case study municipalities are aware that they do not have a full picture of all informal carers and

are working to increase informal carers' awareness of the available support. Forms of support offered in virtually all surveyed municipalities are respite care, information for informal carers and advice, support and supervision. Around half the municipalities in the survey think that more use has been made of informal carer support since 2015, but roughly a quarter have no clear picture of this.
The Wmo 2015 makes it mandatory for local authorities to offer some form of informal carer appreciation. Both the survey and the interviews present a picture of wide variation in the way municipalities do this, either financially (e.g. gift vouchers, discount cards or a sum of money) or in kind (e.g. an 'indulgence day').
Providers in most of the surveyed municipalities are expected by the local authority to use volunteers more than in the past, and volunteer support centres interviewed in the case study municipalities also reported that more use is being made of volunteers. Respondents in the case study municipalities are seeing a shift away from volunteering for associations towards volunteering to support individual requests for help. The tasks performed by volunteers are also becoming more complex. The interviews showed that recruiting, matching and supervising volunteers requires a careful approach and demands a great deal of attention and time from professionals. The interviewees also noted an increase in the number of volunteers needing support in performing their tasks. These are not always the kinds of volunteers that organisations are looking for.
Policy staff and providers in the case study municipalities are seeing an increase in civic initiatives in relation to social support, ranging from the creation of formal care cooperatives to more informal welfare initiatives. Many of these initiatives receive support from professionals at the start or during the development of their activities. Many initiatives also receive subsidies from the local authority, but the non-structural nature of these subsidies, and the red tape (complicated application and accountability procedures) surrounding them, sometimes pose an obstacle to civic initiatives.

Coordination between the Wmo 2015 and the Healthcare Insurance Act and the Long-term Care Act

Given that several Dutch laws impinge on long-term care (the Wmo 2015 as well as the Healthcare Insurance Act (Zvw) and the Long-term Care Act (Wlz)), coordination between these laws is need. Wmo policy staff in the survey appear to be more positive regarding the collaboration with care professionals working under the auspices of the Zvw and the Wlz than regarding the coordination at policy level. They are the most positive regarding the collaboration with community nurses and the least positive regarding the coordination with health insurers.
According to many policy officers (both in the interviews and in the survey), there is much room for improvement in the contact and communication between local authorities, health insurers, care administration offices and the Care Needs Assessment Centre (CIZ). They attach great value to good accessibility, (systematic) consultation and personal contact. Small municipalities, in particular, find it difficult to engage with health insurers, which find it more efficient and practical to consult with large municipalities or partnerships of

municipalities. Generally speaking, however, the collaboration between municipalities and health insurers has been improved by the creation of regional consultative structures and thematic consultations, for example on complex cases, dementia, severe psychiatric disorders or primary healthcare residency.

Both the survey respondents and the interviewees experience significant problems regarding the demarcation of the areas covered by the Wmo 2015, the Zvw and the Wlz, especially in relation to the provision of personal care. Whether personal care is provided under the Zvw or the Wmo depends on whether the client currently needs or is at high risk of needing medical care (Zvw), or has a need for social support (Wmo 2015); this difference proves difficult to assess in practice.

The main area of confusion in the demarcation between the Wmo and the Wlz concerns the criteria for transitioning clients from the Wmo to the Wlz. It is difficult in these cases to assess whether the need for 24-hour care in proximity to the client is met and to what extent the role of the informal carer should be taken into account in assessing that need. Another frequently cited problem is that people who are transferred from the Wmo to the Wlz are often worse off, both financially and in terms of the number of hours' care they receive. Clients receiving care under the Wlz pay a higher co-payment and receive fewer hours of care if they opt for the allocated care to be provided in their own home. Several respondents have the impression that this dissuades many clients and care providers from applying for help under the Wlz.

According to the various stakeholders in the case study municipalities, barriers experienced between the different laws stand in the way of a more integrated service delivery. They believe that a silo mentality often dominates and that people work from the basis of different principles. The very different natures of the laws are cited, with the Zvw and Wlz being perceived as stricter and more protocol-driven than the Wmo, which offers more scope and flexibility for customisation. Interviewees also feel that the complexity of the long-term care system has increased since 2015, with the effect that citizens and carers are regularly unsure where to go with a request for help and which body is responsible.

Positive experiences and opportunities for better coordination and collaboration between municipalities and those involved in the long-term care reforms (especially health insurers) appear to lie mainly in investing in structural partnerships, information provision and the creation of opportunities for consultation on the demarcation of the areas covered by the different legislative regimes. Several case study municipalities had already had good experiences with this approach.

Note

1 The distribution of resources in these areas is currently channelled through designated hub municipalities.