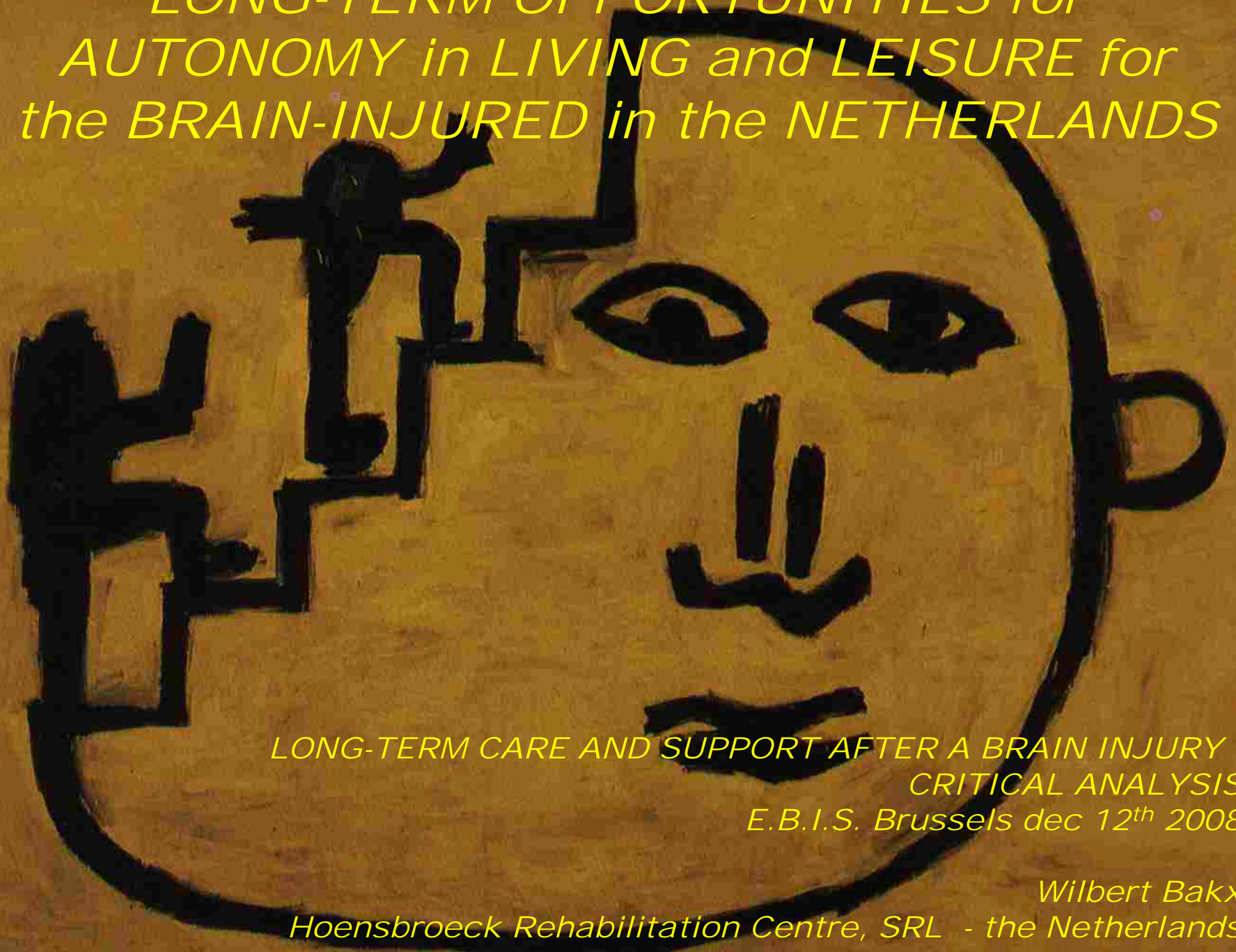


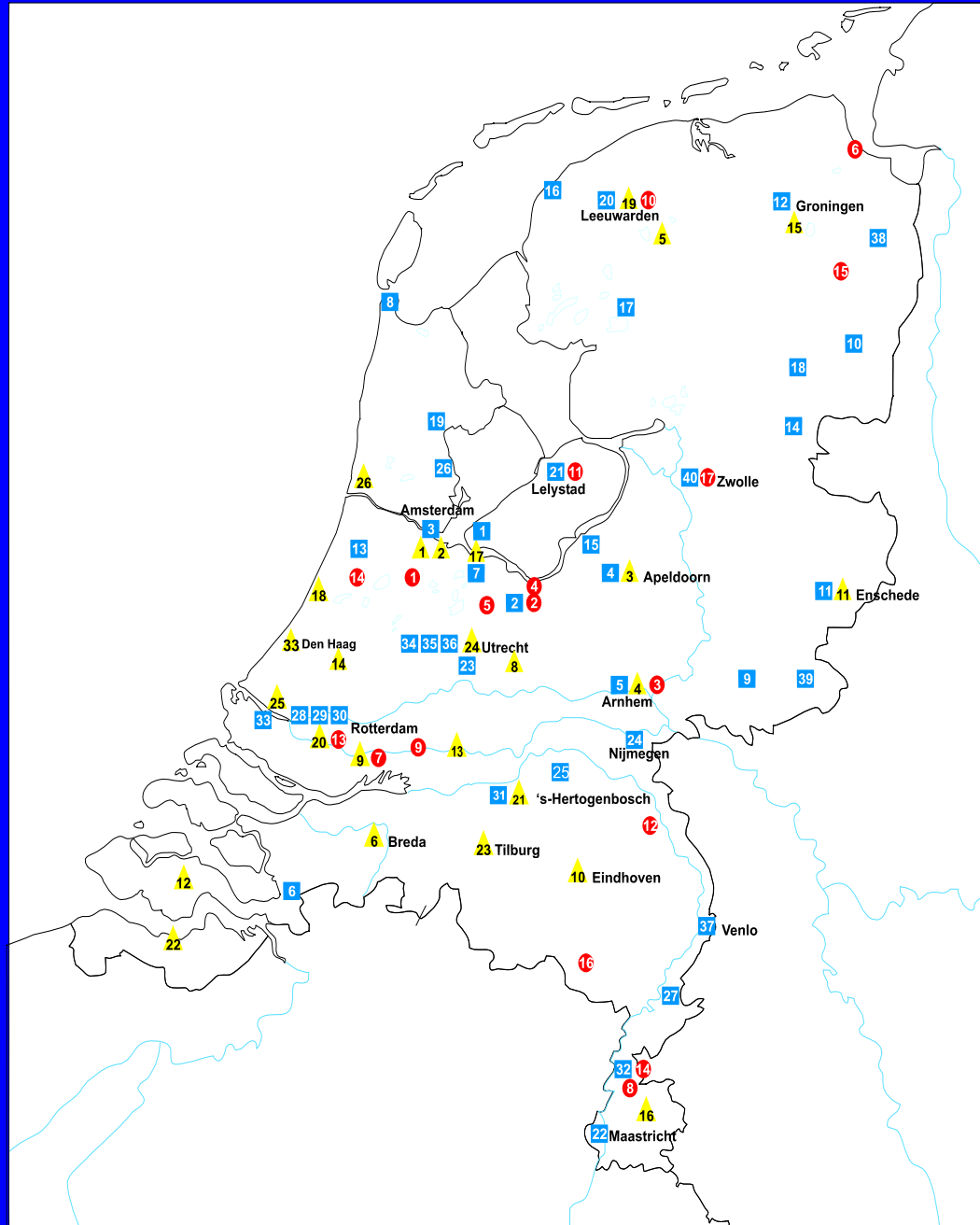
*LONG-TERM OPPORTUNITIES for
AUTONOMY in LIVING and LEISURE for
the BRAIN-INJURED in the NETHERLANDS*



*LONG-TERM CARE AND SUPPORT AFTER A BRAIN INJURY -
CRITICAL ANALYSIS
E.B.I.S. Brussels dec 12th 2008*

*Wilbert Bakx
Hoensbroeck Rehabilitation Centre, SRL - the Netherlands*

The Netherlands



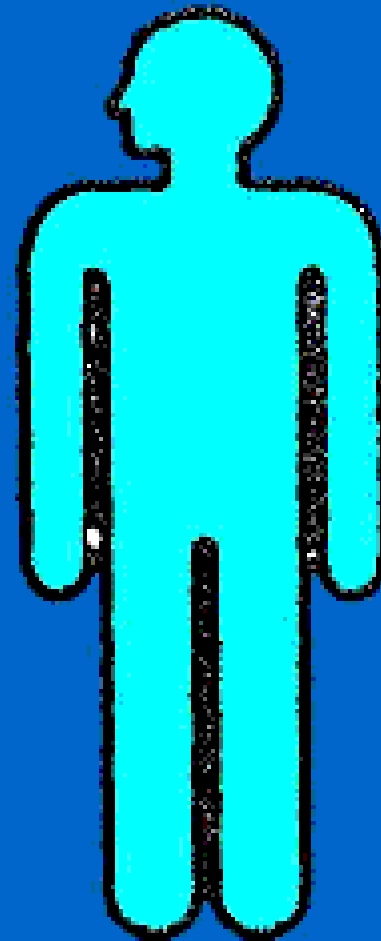
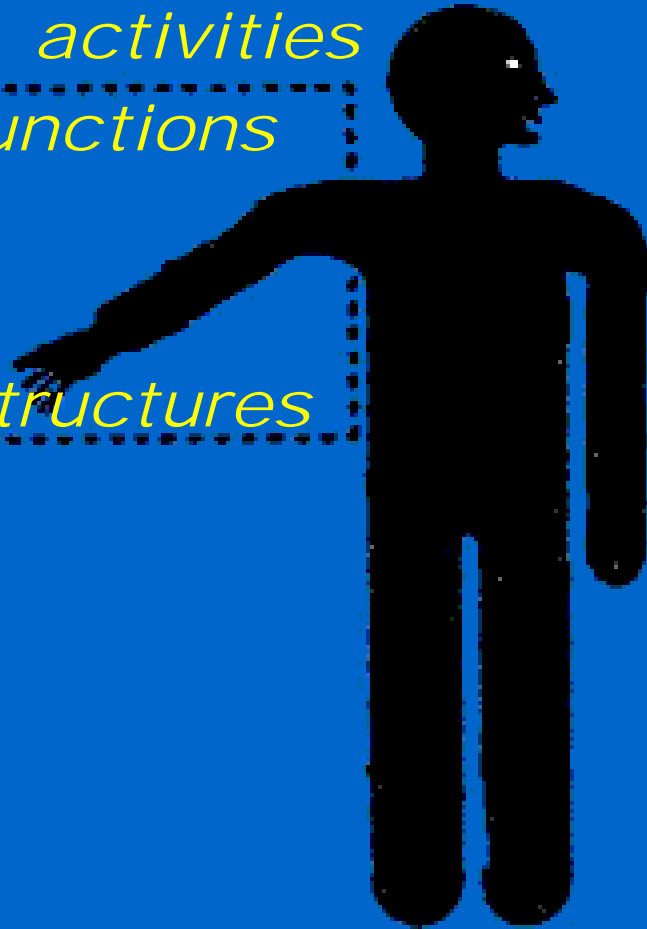
*16.000.000
inhabitants
on
41.864 km²
~ 350 - 440/km²*

participation

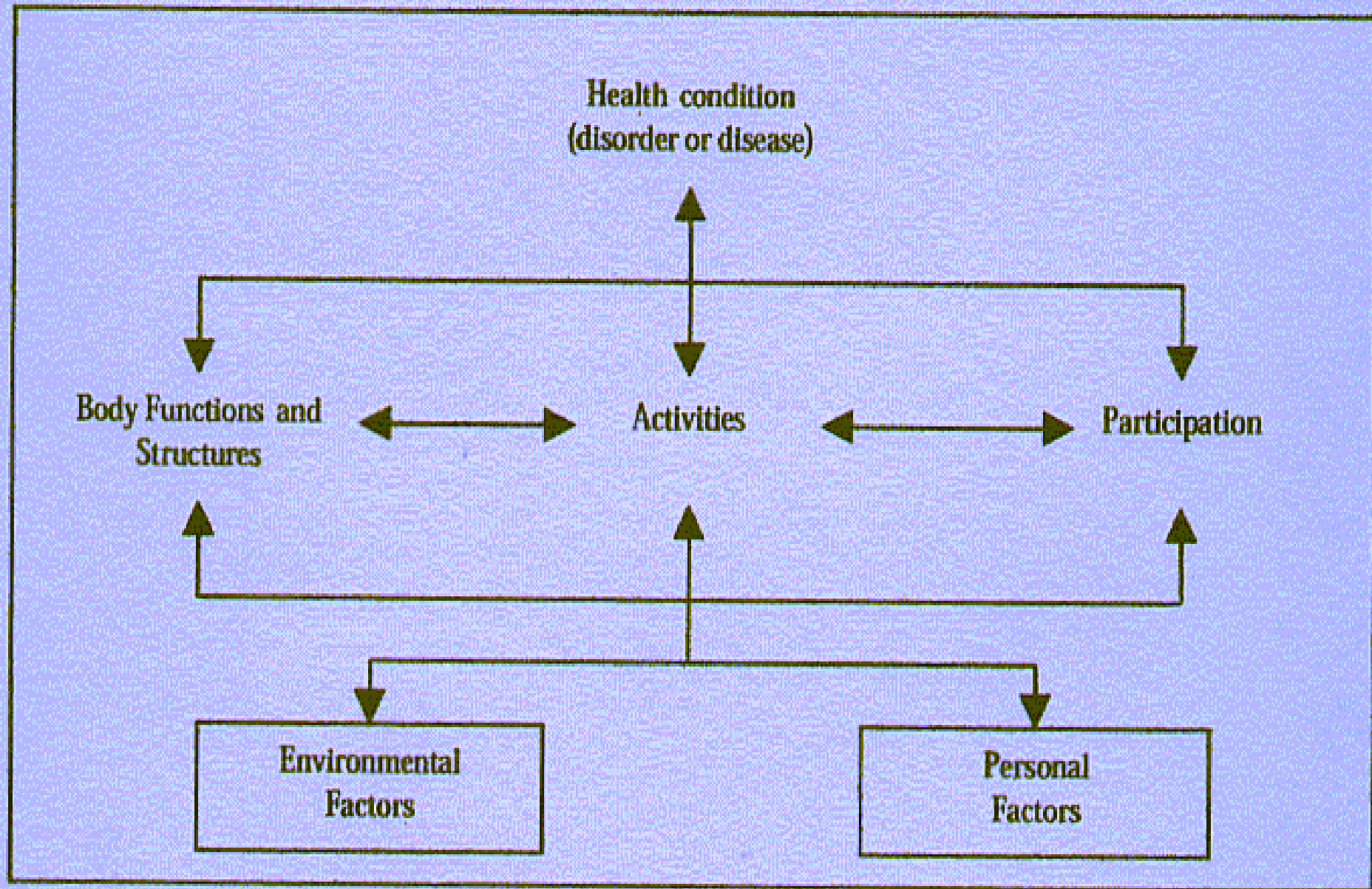
activities

functions

structures



Interactions between the components of ICF



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HEALTH NL

- *high standard of care*
- *life expectancy among highest in the world*
- *insurance private/public (3:1); € 40,2 billion*
- *nearly full governmental control on costs and quality*
- *high social security, based on public funds*
- *disability reimbursement for income, transport, housing, home-care, leisure etc*

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HEALTH CARE FINANCING I

- *short-term essential medical care*
 - *Health Insurance Act (ZVW)*
 - *free choice for consumer, but obligation to have insurance at basic level*
 - *private insurance company*
- *“uninsurable” medical risks*
 - *Exceptional Medical Expenses Act (AWBZ)*
 - *congenital or acquired disabilities, chronic diseases*
 - *socio-medical, includes health condition related problems in living and leisure*
- *based on “risque social”, solidarity*

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HEALTH CARE FINANCING II

- *demand-driven medical care*
 - *individual choice, individual responsibility*
 - *private payment, direct or insurance*
 - *third-party payers i.e. employers, compensation*
 - *"risque professional"*
- *work disability and vocational services*
 - *employer and employee, private insurance*
 - *social security*

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LONG-TERM CARE

- *health related*
 - *Exceptional Medical Expenses Act*
 - *demand driven, client applies him/herself*
 - *care needs: ICF participation domains, assessed by independant office*
 - *care delivery: different services providers*
- *social services*
 - *shift from "solidarity" to "community"*
 - *health problem becomes a social problem*
 - *Social Support Act (WMO)*

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MEDICAL ? SOCIAL ?

The similarity of our conditions is, however, social, for no matter who we are or how we got into our uneventiable situation, the able-bodied treat the physically handicapped in much the same way.

Disability is defined by society and giving meaning by culture: it is a social malady!

Impact of illness: disease of social relations...

Robert Murphy: The body silent, 1990



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AUTONOMY

- *clients wishes and needs are to be respected and followed*
- *empowerment needed*
- *shared decision making*
 - *self*
 - *significant others*
 - *anonymous others*

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DILEMMA OR CHALLENGE?

- *cognitive and behavioural changes*
 - *unawareness*
- *long-term memory will be relatively spared*
- *lost identity*

- *heavy burden for significant others*
- *health workers need to adapt but must remain professional at the same time*

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CASE MANAGEMENT

- *no formal system in NL*
- *continuity from post-acute to chronic care is goal for rehabilitation team*
- *help for formulating: organised by MEE ("together")*
 - *short term case-management, AWBZ funded*

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LIVING ARRANGEMENTS

- *residential living*
- *sheltered living*
- *supported living*
 - *own apartment in community*
 - *if needed partly compensation for high rent*
 - *support 1:1, hours/week i.e for houshold, cooking, shopping*
 - *support 1:1, hours/week for activation and participation*
- *FOCUS: independant living with support on request*
- *in general reasonable waiting time, adequate options for BI*
- *problems: clients with double disability*

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LEISURE

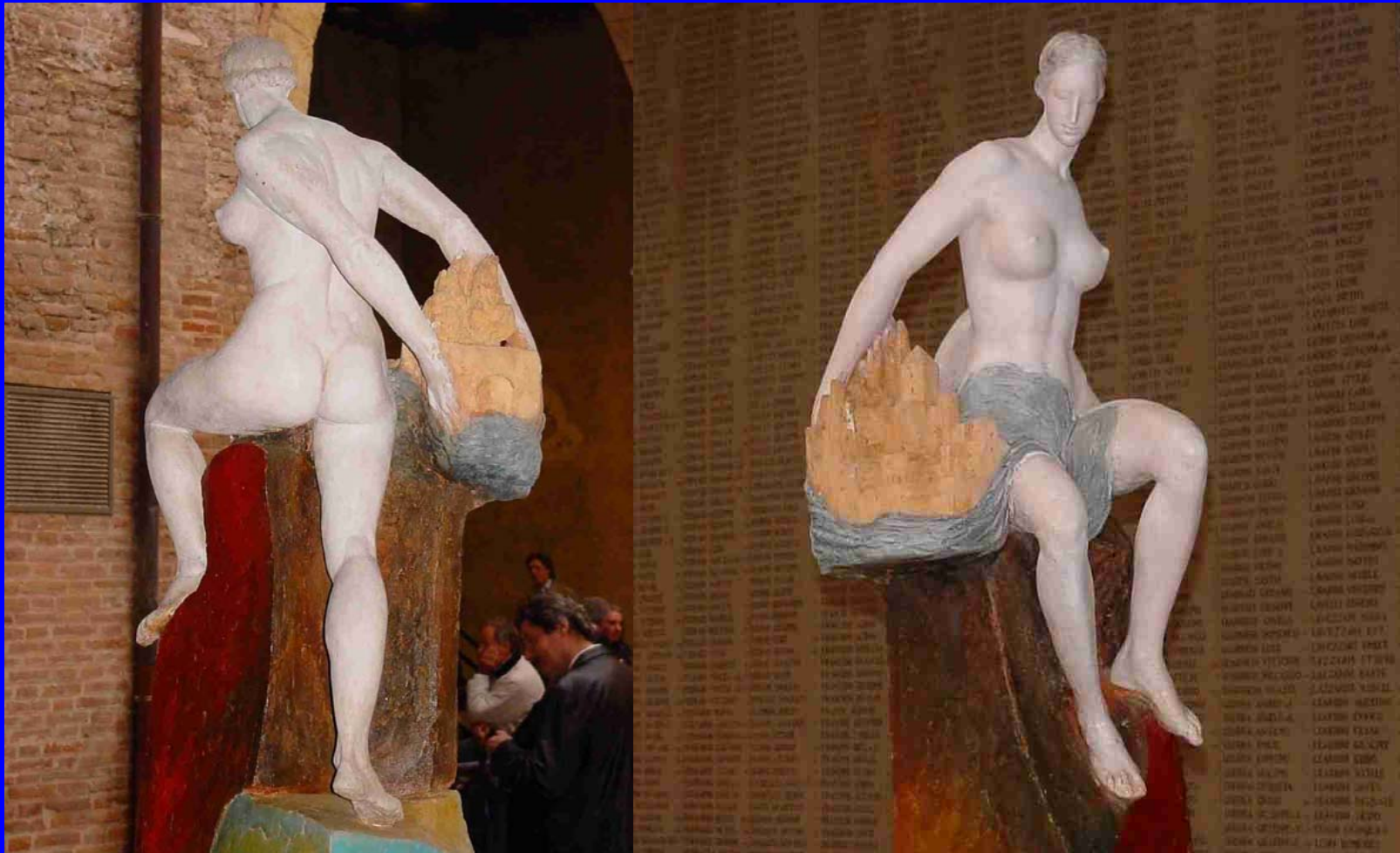
- *support by AWBZ*
- *grants hours/week for activation and participation*
 - *delivery service provider*
 - *at home of the client*
 - *in day-care centre*
 - *personal budget*
 - *client responsible for arranging the support*
- *availability is good*
- *problems in assessment: reviewers lack specific knowledge on BI*

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PERSPECTIVES IN NL

- *2009: changes in AWBZ*
 - *only major problems very clear relation to illness and impairments*
 - *minor problems are referred to social services*
- *from solidarity to individual responsibility*
- *BI more dependancy on family, community and claims/compensation*
 - *more inequality in participation?*

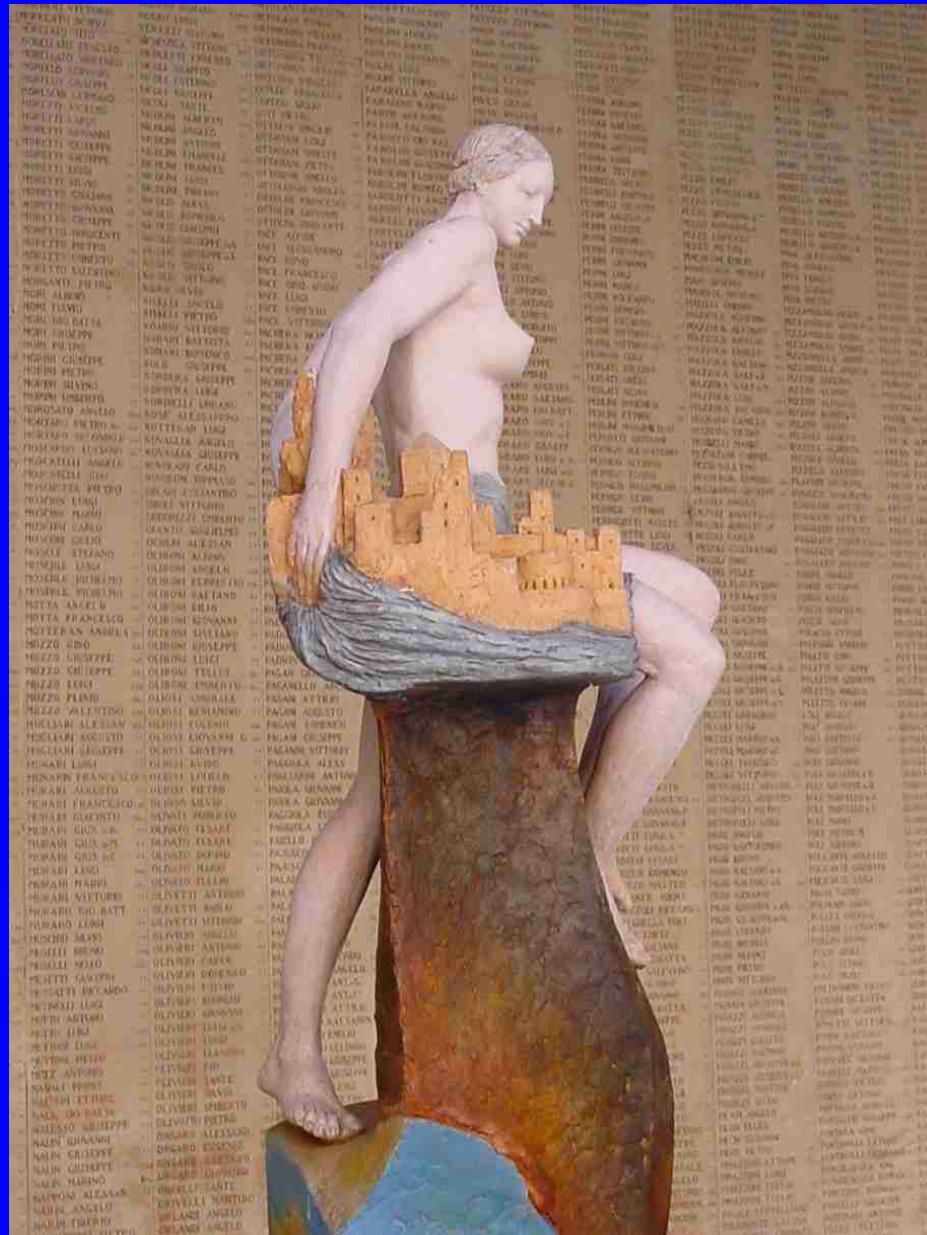
TRANSITION IN NL?



MEDICAL



SOCIAL



KEEP THE PERSPECTIVE!