

# Long-term care in the Netherlands



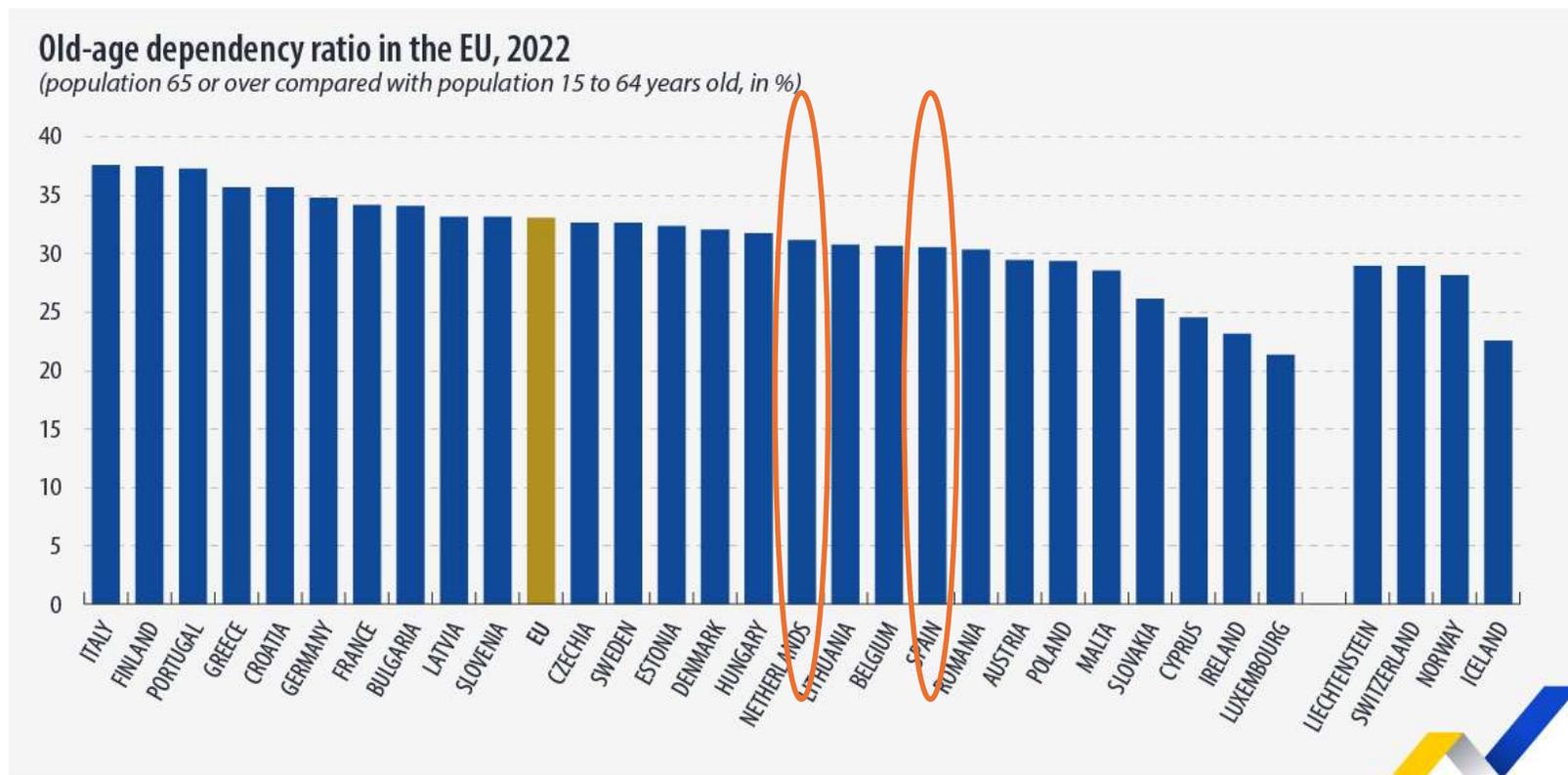
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Vrije Universiteit Amsterdam

UIMP/IMSERSO, Santander, 1 September 2025

*Course Comparative Analysis of Dependency Protection Systems in Europe. The  
Reform of the LAPAD in Spain*

# Population ageing in Europe



# The Netherlands – health and welfare system

<b>Health care insurance act</b>	<b>Long-term care act</b>	<b>Social care act</b>	<b>Youth care act</b>
Insurance system	Insurance system (with added tax revenue)	Tax based	Tax based
Health care insurers in regulated competition	Care offices: independent departments of health care insurers – noncompetitive	Municipalities competitive procurement	Municipalities competitive procurement
Acute and short-term care (e.g. GPs, hospitals)	Long-term care (e.g. nursing homes, services people with disabilities, personal budgets)	Social care (e.g. day activities, support for informal carers, aids at home, domestic assistance)	Youth care (e.g. educational assistance, mental health, transportation, child protection, residential care)



# Services – residential settings

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- Nursing homes
- Residential facilities for people with disabilities
- Residential facilities for people with mental health conditions



## Services – residential settings

- Usually including personal and domestic care, nursing, daytime activities (including transportation if needed), meals, housing
- If treatment is needed: additional care including medical, paramedical, psychosocial and pharmaceutical care, assistive devices, dental care, care materials (e.g. bandages, incontinence materials) specific clothing (if needed), all coordinated and delivered under responsibility of one organisation

# In the community

- Full care and support package: personal and domestic care, nursing, daytime activities (including transportation if needed), meals, delivered by one organisation; housing paid by person him/herself
- Personal budget: delivered by providers contracted by the client based on a budget
- Modular package: delivered by various providers contracted by LTC insurance
- Personal budget and modular package can be combined
- Treatment to be delivered by primary care in the community and/or specialised hospital care



# Providers of long-term care

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- Independent (mostly) not-for-profit organisations: from very large (e.g. 15,000 staff, 1.2 billion budget, operating in 232 municipalities) to very small (10-12 staff)
- Provide care in residential settings, in the community, sheltered housing, geriatric rehabilitation centres, district nursing
- Clients' council, employees' council, professionals' council, and a supervisory board are mandatory
- Health care insurers, care offices and municipalities are contractors
- Variety of budgets and functions: also, rehabilitation, home care, daily activities/work, research etc.

# What is considered as LTC (in legislation)?

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- Intensive long-term care and support for:
  - Usually (but not only) older people with long-term conditions, such as dementia, severe stages of Parkinson's Disease, multiple sclerosis, after stroke etc.
  - Intellectual and/or physical disabilities
  - Longstanding mental health conditions
  - Severe sensory or communicative impairments
  - End of life care for people using LTC
  - Complex behavioural complexities
- In general, when 24/7 attendance or care is needed

# Access - eligibility

- Independent needs assessment → care levels or care profiles
- 7 sectors
  - Nursing and personal care
  - Intellectual impairments
  - Mild Intellectual impairments
  - Physical impairments
  - Sensory, auditive and/or communicative impairments
  - Visual impairments
  - Psychiatric condition
- 40 care profiles in total → budgets

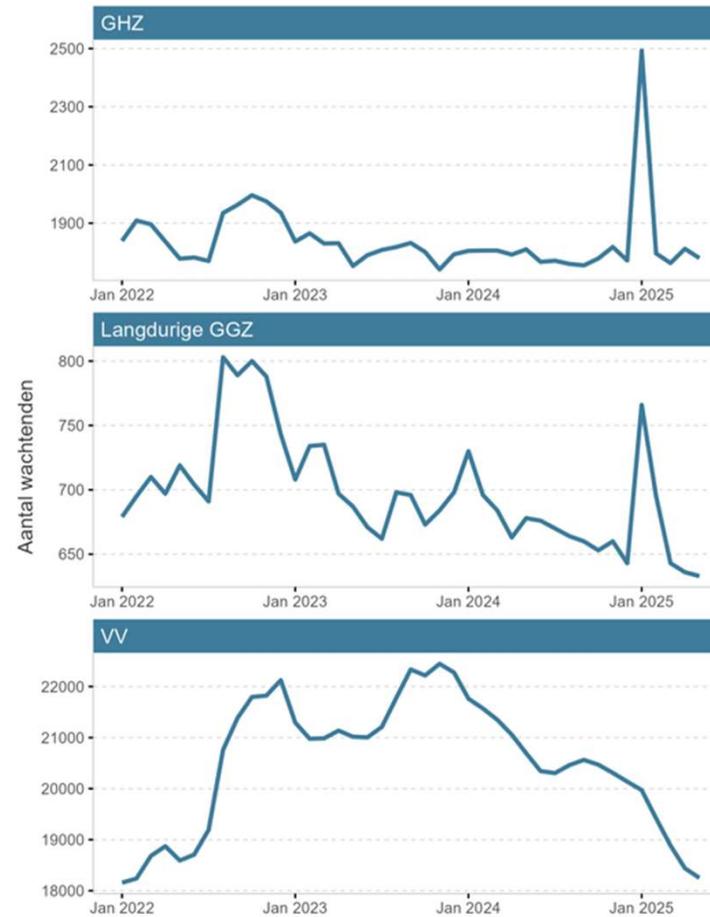
## Criteria for LTC eligibility

- Life-long remaining need for care and support
- 24 hours need for (availability of) care and support or supervision
- Risk for serious detrimental effects, unsafe situations
- A condition or diagnosis that meets the circumscription of basic care categories (condition or disability: physical, psychogeriatric, intellectual, mental (adults), sensory, severe speech or language problems)

# Access – number of people waiting for access

(Nza, Monitor Toegankelijkheid  
van zorg. Juni 2025)

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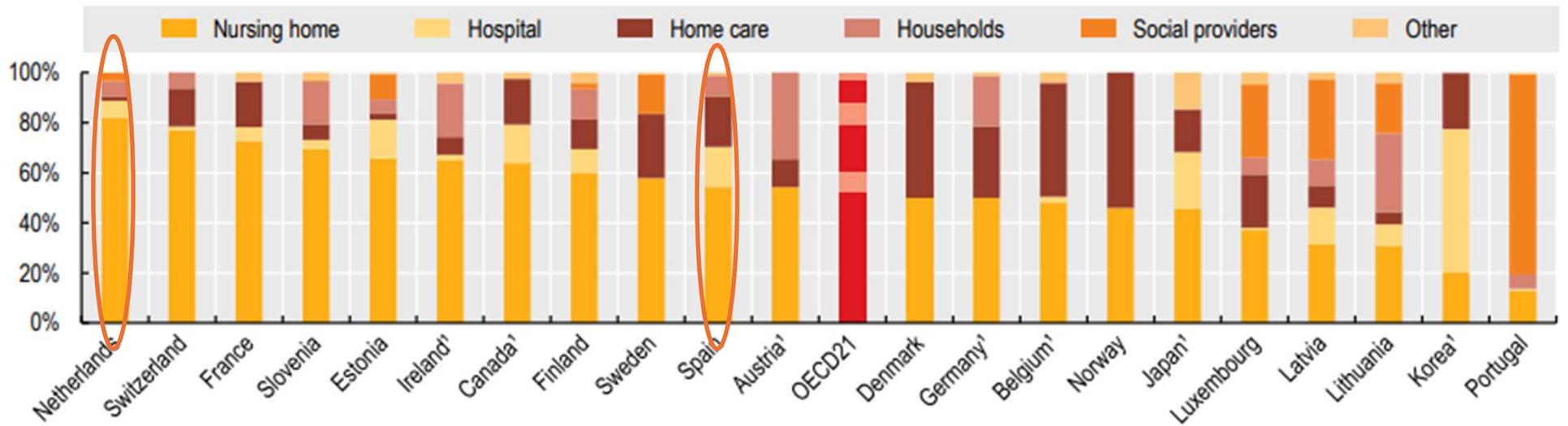


# Expenditures Long-term Care 2024

(Zorgcijfersdatabank.nl)

Sector	x Million Euros
Long-term nursing and personal care (incl. nursing homes)	18,586
Services for people with disabilities	10,651
Long-term mental health	2,255
Personal budgets	3,466
Miscellaneous	430
Rest	18
Total	35,408
Admin	1.03 %
Annual expenses per insured citizen (2024)	Euros
Long-term care act	2,014
Health care act	3,325

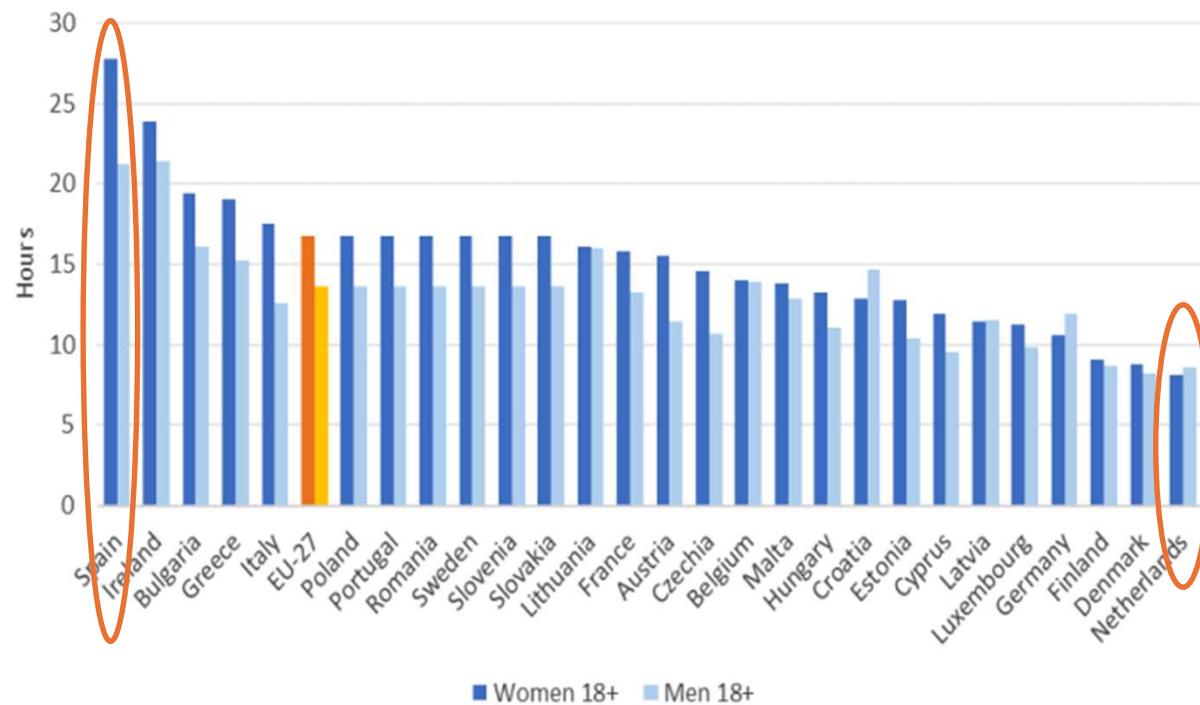
Figure 10.25. Total long-term care spending, by provider, 2019 (or nearest year)



Source: OECD, 2021

**Figure 16: Average hours per week of informal care provision, men and women aged 18+**

*Women providing informal care spend on average three hours more on doing so than men*



# How the budget is structured

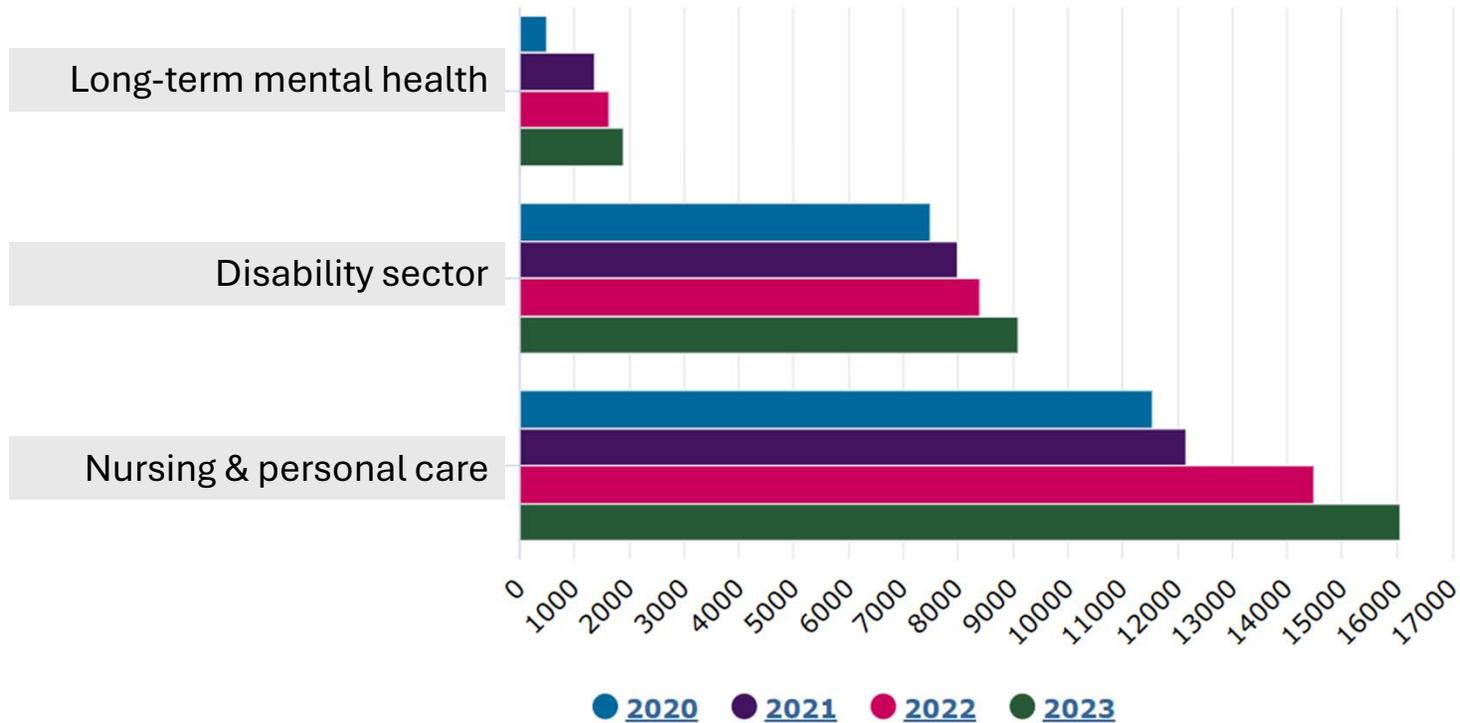
Source: [Financiering van de zorguitgaven | Ministerie van Financiën - Rijksoverheid](#)



Revenues	%
LTC insurance premiums	45.45
Personal out of pocket payments	6.21
BIKK	14.58
Central government (taxes)	33.81

# Funding in kind per sector (€ \* millions)

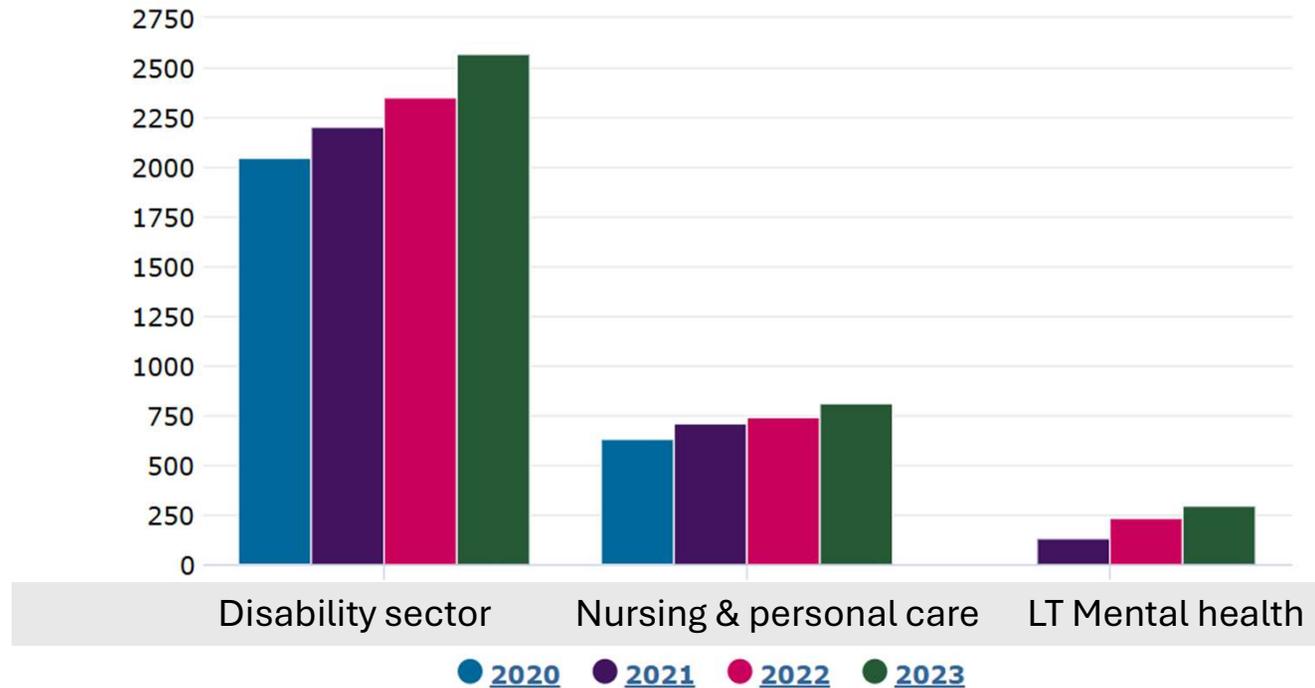
(Nza.nl. Sectoren, LZ)



Bron: Vektis

# Personal budgets (€ \* millions)

(Nza.nl. Sectoren, LZ)



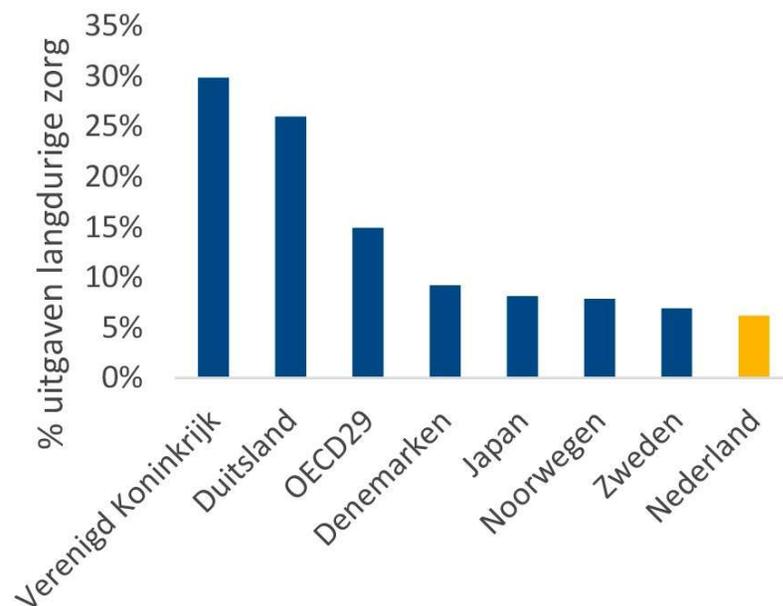
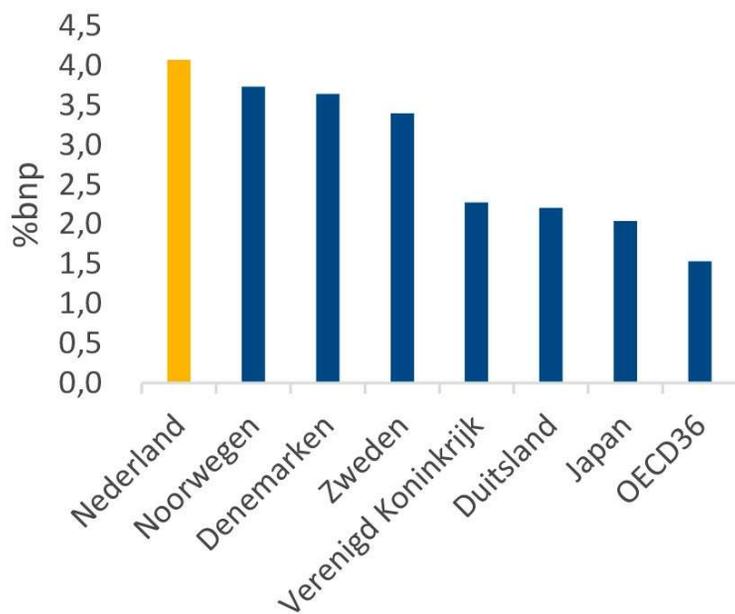
Bron: Vektis

# In sum: high public expenditures and low personal out of pocket expenses

Public expenditures

Personal out of pocket payments

Figuur 2. Totale uitgaven (links) en eigen betalingen (rechts) aan ouderenzorg en ondersteuning in internationaal perspectief



# Personal out of pocket payments LTC

- Income dependent
- High tariff (from > 4 months):
  - max. € 35.453 per annum (= € 2.954,40 pm; min. € 0)
- Low tariff for couple and/or full care package at home or for < 4 months:
  - max. € 12.919 per annum (= € 1,076,60 pm; min. € 205 pm)
- Assets count from
  - € 33.748 (single) or € 67.496 (couple)
  - 4 % of assets is added to income
- Modular care package at home or personal budget:
  - max. 10.809,60 per annum (= € 900,80 pm; min. € 29,20 pm)
- Highest tariff:
  - In case of annual income > € 75,000
- Medium income in NL:
  - € 46.500 per annum (€ 3.587 per month, gross)

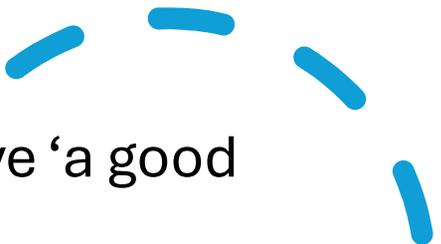
# Quality

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- Nursing homes, district nursing and facilities for people with intellectual disabilities need to meet the quality criteria and legal requirements such as governance structure, financial reporting
- Quality standards (framework, guidelines) tripartite: agreed by care providers/care professionals, clients' organisations, health care insurers
- National Health and Youth Care Inspectorate monitors quality (independent, but administratively part of Ministry)
- Health care insurers and care offices take quality (to some extent) into consideration while contracting
- No national quality structure for social care



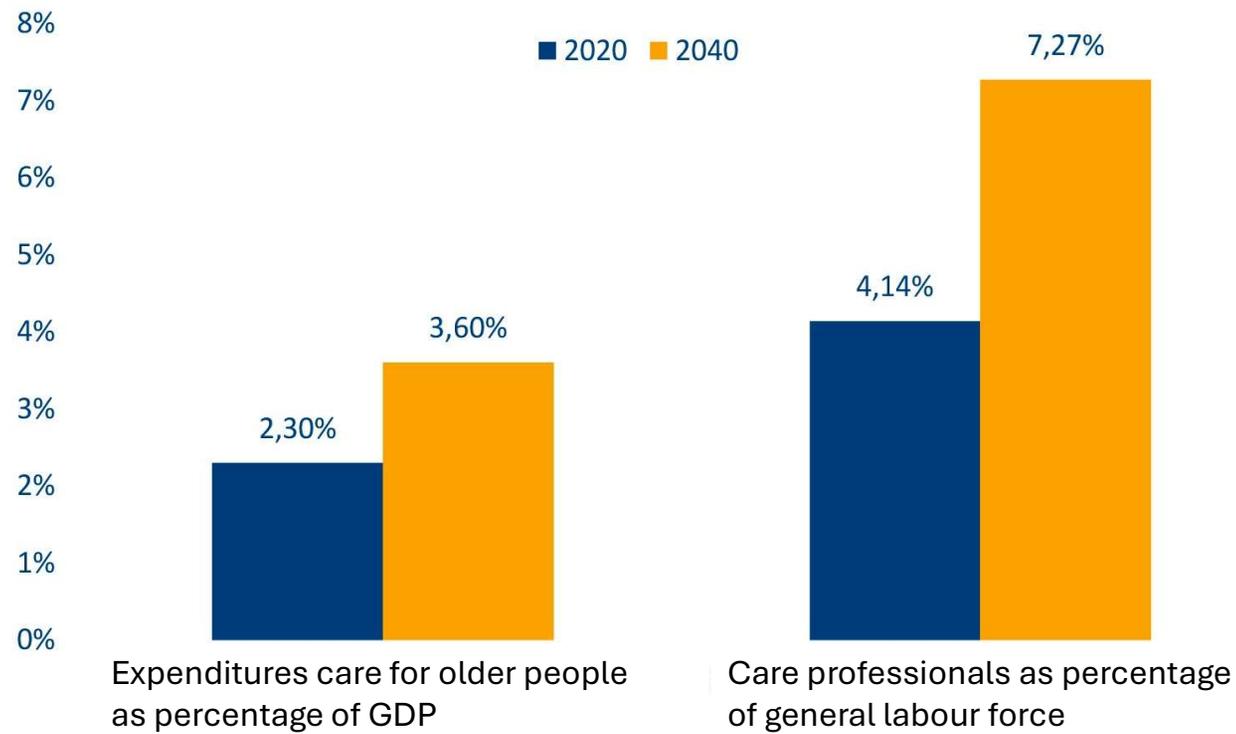
# What is considered as good quality?

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- To support people to live 'a good life' → quality of life
  - To experience autonomy, relations that matter, meaningfulness
  - To support resilience, compensate, prevent or restore loss of functions (reablement) and/or provide palliation

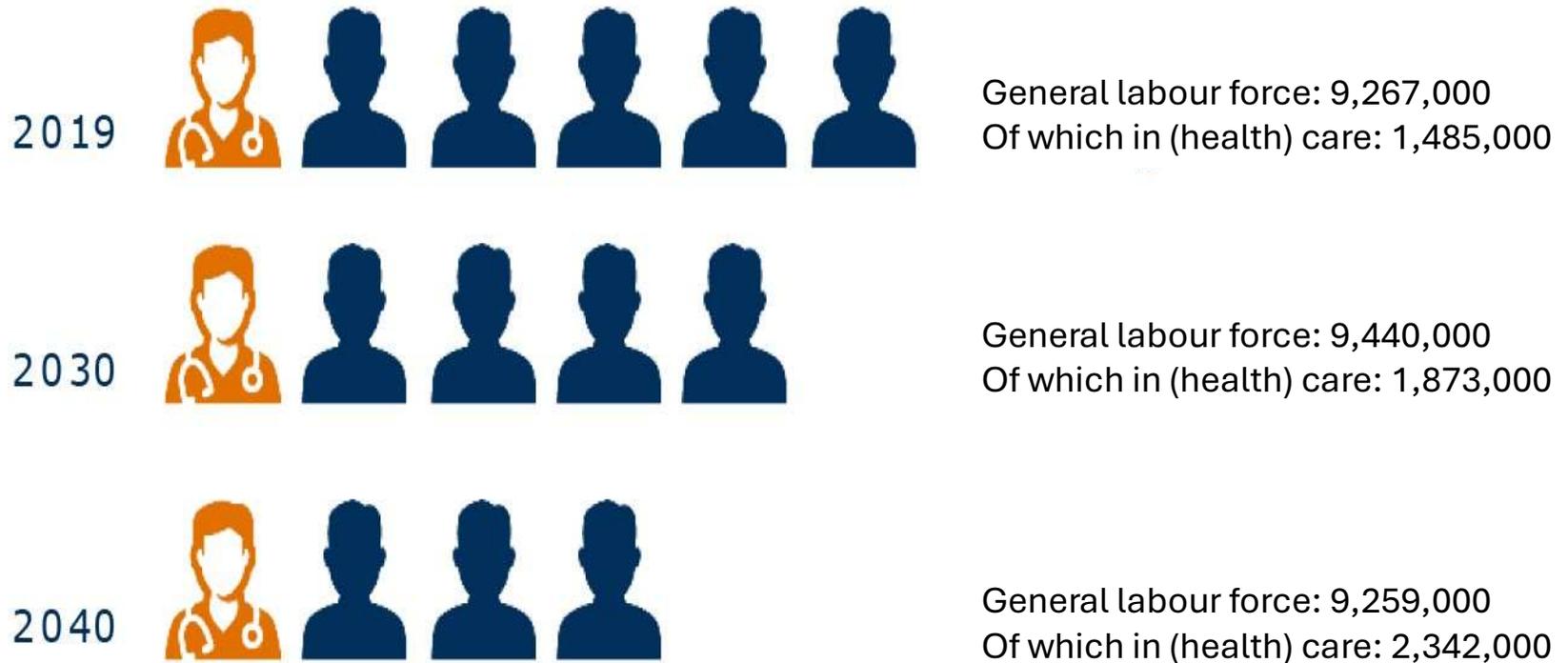
# Monitoring quality



# Labour market issues



# Labour market developments

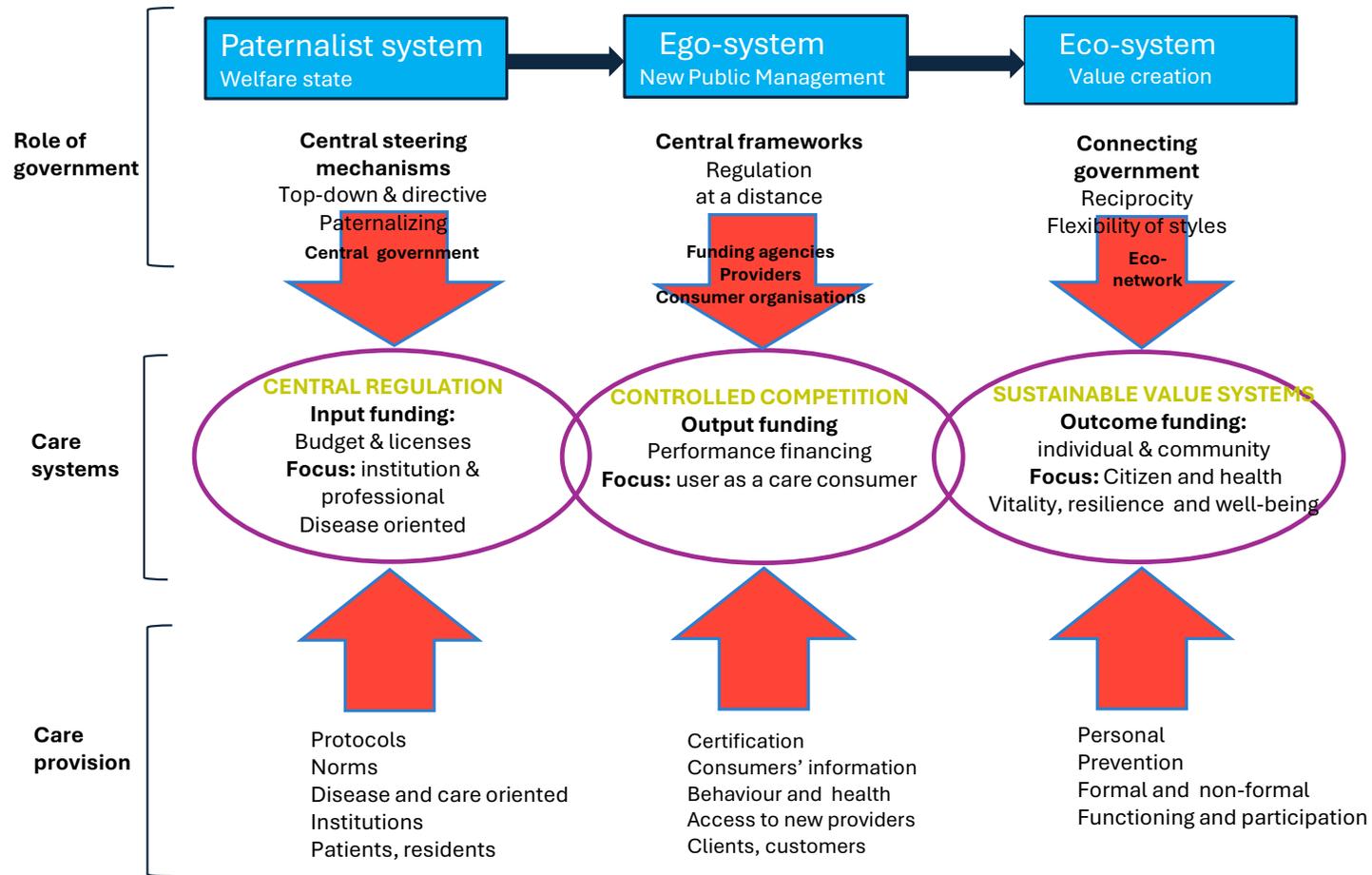


# Challenges

- Demographic change
  - Increasing demand
  - Decreasing labour force
  - Increasing pressure on informal care
  - Increasing potential in the community
- Rising (public) expenditures
- Governance and regulatory issues
  - Silos in policy, funding, legislation and practice
  - Bureaucracy and administrative burden
  - Integration of needs assessment across systems
  - Piling up personal out of pocket expenses
  - Complexity of the system
- New technologies, digitalisation and social innovation
- Housing
- Climate change



# The direction in which we are moving



Source: Nies, H., Leichsenring, K. (2018). Concepts and strategies of quality assurance in care for older people. In: Boll, T., Ferring, D., Valsiner, J. (eds). *Cultures of care in ageing*. Charlotte: Information Age Publishing Inc.: 347-371.

## National and regional cross-sector agreements between (umbrella) organisations

- Integrated Care at regional level
- Housing and care
- Care for older people
- Primary care
- Medical Generalist Care (GPs, specialists elderly care, specialists care for people with disabilities; about care around the clock and added value)
- Caring neighbourhoods
- Dementia Strategy
- Informal Care Strategy



# Measures to come (selection of...)

- Awareness raising about ageing (incl. stereotypes)
  - Dialogues/campaigning in society
- Informal care support
  - Combining care and work
  - Respite services
  - Informal care brokers
  - Informal care friendly employers
- Care in familiar environment
  - Reablement
  - Clustered housing
- 'Appropriate care'
  - What *can* be done is not always what should be done
  - Joint decision making based on values scientific, practice based and experience based evidence
- Caring communities
  - Neighbourhood support
- Trust in professional carers
  - Reassessment for eligibility testing
  - From 35% towards 20% administrative tasks
  - Updating and screening guidelines
- Technology and AI
  - Reporting
  - Social contacts
  - Freedom of movement for clients
- Smooth data exchange
  - Data collected 'at the source'
- Cross sectoral collaboration
  - New agreements

# Specific groups of attention



- Acquired brain injury
- Huntington's disease
- Amyotrophic Lateral Sclerosis (ALS)
- Korsakoff Syndrome
- Mild intellectual disability
- Profound (intellectual) (and) multiple disabilities
- Young people with dementia
- Palliative care
- Children with sever chronic disabilities or disease
- Muscle disease
- And so on....

# Thank you for your attention!

