Report on the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in The Netherlands

Second Review and Appraisal

8 November 2011

Ministry of Health, Welfare and Sport
Executive summary

1. Methodology

Interdepartmental consultation was chosen as methodology.

2. Brief review of national progress

   o Commitment 1

For a long time it has been assumed, that no sufficient attention for certain target groups, among them older persons, could be organized without a national coordinating body, like for instance a inter-ministerial committee, and/or a special unit dedicated to that special category of people within a national ministry. In The Netherlands this was the case between the beginning of the sixties till 2006. Nowadays policy for older people is developed and carried out without that kind of instruments. Mainstreaming has become obvious. This report illustrates the point of view that there is no reason to reconsider this policy.

   o Commitment 2

Integration and participation of older people in society is partly an obvious state of affairs in the Netherlands, and partly – for the very old, frail or otherwise vulnerable senior citizens – an objective of policy that needs continuous attention. In the field of legislative actions (Social support act; Legislative Proposal Care Clients’ Rights) important steps forward have been set. Practical instruments are developed and spread as well. Municipalities play a major role. Policy and practice are in accordance with this commitment.

   o Commitment 3

Although The Netherlands relatively still is a ‘green’ country (more than 10 million babies born between 1960 and 2010) the average age of Dutchmen is on the rise. To maintain a appropriate system of social security and to guaranty that there is enough labour force in the future, all kind of measures have been taken in the last years. The Netherlands does meet this commitment.

   o Commitment 4

The increase of the older population in the coming decades and the consequences this will have for the affordability of care for the elderly and state pensions are a source of concern for policymakers. Many – legal - measures, corrections and interventions have been taken or are looked upon at the moment. The Netherlands does not only meet this commitment but is currently also in the middle of the process to adjust systems to demographic and economical changes.

   o Commitment 5

The number of Dutchmen of 55 years and older with a job did increase substantial during the last years. Between 2000 and 2010 this participation did grow from 34 to 49 per cent. The present policy and real situation is in accordance with this commitment.
Commitment 6

In all branches the issue of “age awareness” as a part of the personnel management is gaining more and more attention. Lifelong learning for pensioners and people in comparable situations is a responsibility of local welfare organizations (funded by municipalities) and NGO’s like HOVO. A lot of effort is spent on education and training of volunteers and those who deliver informal care. Generally speaking one can observe that there is conformity between this commitment and the actual policy and real situation.

Commitment 7

Important aspects of the policy in relation to this commitment are (1) the measures of the present government with regard to the improvement of the long term care for older people and (2) running programs and new initiatives directed towards free and accessible information for those who are in a situation in which life independency is challenged because of their frail health. Tailor made solutions and full respect for the wishes of clients are the basis assumptions. The Netherlands meets this commitment.

Commitment 8

The policy letter of 8 April 2011 (“The outlines of the Emancipation Policy 2011-2015”) of the present Rutte administration elaborates the actual emancipation policy. The promotion of staying longer in the labour force for older women is an important objective. In the last years significant progress has been made in this field. Issues with regard to mainstreaming a gender approach generate considerable public attention. Equal rights for (elderly) women are embedded in the Dutch legislation. The present policy and real situation is in accordance with this commitment.

Commitment 9

The promotion of volunteer work, informal care and active citizenship has (amongst other policy goals) been made the responsibility of the municipalities by the Social Support Act of 2007. This act had been evaluated over the period 2007 -2009. The report stated: “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. 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”.

Commitment 10

The Netherlands participates in the Working group on ageing of the UNECE and the Open Ended Working Group on (human rights aspects of) Ageing of the UN. International exchange of views and good practices is part of the regular policy making. The European Union plays a prominent role in this field. Till up now there was no specific reason for The Netherlands to appeal to the UNECE for assistance. The Ministry of Health, Welfare and Sport is always willing to cooperate with other counties, inside or outside the UNECE, when exchange of information is wanted.

3. Important aspects to be improved in the future

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1. Because of the shrinking workforce and the growing number of people over the age of 65, it is now necessary for people to work longer. This is the only way not only to keep the state old-age pension (AOW) on a firm financial footing, but also to prevent major staff shortages in areas of the public sector like education and care, as well as in the private sector. The state pension age will be raised to 66 in 2020 and is expected to rise to 67 in 2025.

2. A robust and future-proof pension scheme requires greater expertise, stronger internal supervision, and transparent investments and pension accrual. Pension contributions will not automatically be reduced during an economic upturn and increased during a recession. The measures must make pensions more resilient in the face of the ageing of the population and fluctuations in the financial markets.

3. We want far more carers, more initial and further training, more patients' rights, more and better quality standards, a stronger Healthcare Inspectorate (IGZ), lower overheads, less regulation, more community care, smaller care institutions and more measures to prevent abuse of the elderly.
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5. Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing (please attach relevant documents in the annex).
Policy and Tolerance Agreement for the Coalition Government-Rutte,
Part 9: Care for the Elderly

6. Account
This document is written under the responsibility of the Ministry of VWS (Health, Welfare and Sport). Is it not a political publication. Its only aim is to give an objective description of the policies on ageing and elderly people in the Netherlands of the last five years (2007 – 2011). The guidelines of the United Nations Economic Commission for Europe are taken into account. These guidelines were presented to the Dutch government by Ján Kubiš, Under Secretary-General of the UNECE, in his letter of 3 May 2011.
1. National ageing situation

1.1 Demographic indicators

The number of older persons in the Netherlands will continue to increase rapidly in the decades to come. According to the population forecast published by Statistics Netherlands, the number of people over the age of 65 will increase from 2.5 million in 2009 to a peak of 4.5 million in 2040. It will then fall to 4.2 million in 2050. Estimates suggest that in 2050 25% of the population of the Netherlands will be over the age of 65 (compared with 15% in 2009). Between now and 2025 the most rapid increase will occur among those between the ages of 65 and 79. Thereafter, there will also be a rapid increase in the number of people over the age of 80 (so-called ‘double ageing’). In 2050 four out of every ten people over the age of 65 will be over the age of 80.

Mainly due to a prolonged high birth rate in the Netherlands (by European standards), at the moment population ageing is less advanced in the Netherlands than in neighbouring countries and most other European countries. However, there are very considerable regional differences in population ageing within the Netherlands. In peripheral and affluent municipalities grey pressure is almost five times higher than in the youngest municipalities.

In the last decade the increase in the number of people over the age of 65 has been twice as high among men as among women. This development is closely related to historic gender-specific trends in mortality risks. In an absolute sense declining mortality rates for cardiovascular disease in the last four decades have made the greatest contribution to longer life expectancy. The fact that life expectancy has been rising since 2002 has resulted in more rapid population ageing and put the Netherlands back in step with other Western European countries. From 2011 onwards the population of the Netherlands will age at an accelerated rate.

The sizeable baby-boomer generation and the dramatic increase in the number of non-western immigrants will make a significant contribution to ageing in the decades to come.


1.1.1 Reasons and effects of the demographic changes and population decrease

Between now and 2040 there is expected to be a decrease in the number of inhabitants in more than a third of the municipalities in the Netherlands. In a quarter of the municipalities the number of inhabitants will decrease by more than 2.5 percent. In approximately ten percent of the municipalities there will also be an actual decrease in the number of households. The population
decline is largely due to a long process that began with a situation of high fertility rates and high mortality rates and gradually changed into a situation of low fertility rates and low mortality rates, resulting in ageing and de-greening.

However, the consequences of this trend are not evenly distributed throughout the Netherlands. Different regions are affected to different degrees (both in terms of the extent of the consequences and the timing). The different economic dynamics occurring in different parts of the Netherlands are an important factor that contributes to this regional differentiation. These dynamics trigger internal migration towards economic centres that can intensify the effects of ageing and degreening in other parts of the Netherlands.

As well as causing an overall decline in the population, demographic shrinkage also results in significant changes in the composition of the population. One of the most significant consequences is the shrinkage of the potential working population. From 2011 onwards the potential working population will start to shrink throughout the Netherlands. This has already started to happen in more than half of the so-called COROP regions (regions used for analytical purposes). It will be felt most keenly in regions affected by population shrinkage. Some regions are expected to see a 40 percent reduction in the total working population over the next 30 years.

The extent to which regions are affected by population decline and the nature of the demographic changes often differ, which means that the consequences can also differ considerably from one region to another (the rate of decline of young people, highly qualified workers and higher-income households can vary). Migration patterns also differ from one region to another. For example, North Limburg is less affected by population decline than South Limburg, but the immigration of labour migrants is making fundamental changes in the composition of the population.

The Action Plan developed to address population decline states that substantial and structural population and household decline undermines the socio-economic vitality a region and results in impoverishment of quality of life.

It is important to note that the Netherlands is not the only country affected by population decline and changes in the composition of the population. Based on the most recent forecasts, the Netherlands Interdisciplinary Demographic Institute (NIDI) anticipates that the population of the European Union in 2008 (27 Member States and 496 million inhabitants) will continue to increase to approximately 520 million inhabitants in around the year 2035. After that the population of the European Union will gradually decline. Various regions in Europe are already confronted with rapid population decline.

1.1.2 National Network Population Decrease (NNB)

The National Population Decline Network (Nationaal Netwerk Bevolkingsdaling (NNB)) was set up in 2009 at the initiative of the Dutch Ministry of the Interior, the Dutch Ministry of Housing, Communities and Integration, the province of Limburg and the Association of Dutch Municipalities (VNG) to promote a proactive approach to mitigating the effects of population decline through the sharing of knowledge and collaboration. Other institutions, such as the Association of Provincial Authorities (IPO), provinces, other government departments, public organizations and knowledge institutions soon joined the initiative. The NNB is a knowledge network in which professionals
concerned with shrinkage-related issues gather, exchange and generate knowledge. The NNB has identified and assigned to working groups a number of key themes: housing, facilities and quality of life, education, care, labour market, space and financial consequences.

1.2. Key quantitative social and economic indicators

Key indicators are: unemployment, producer confidence, producer prices, inflation, production industry, consumer confidence, export of goods and services, investment in fixed assets, household consumption and economic growth. Graphs showing these indicators in the Netherlands and comparing them with the same indicators in other EU Member States can be found at http://www.cbs.nl/nl-NL/menu/informatie/onderwijs/gereedschappen/economie/links/2010-eu.htm.

1.3. Brief description of the social, economic and political situation

Despite the economic crisis in recent years, the Netherlands has managed to avoid mass unemployment and a dramatic increase in the number of business failures. Our economy and labour market have shown resilience. This can give us confidence for the future. The Netherlands is starting from a positive position, but the collapse of international trade means that economic growth will be lower than expected next year. The debt crisis in Europe could also affect our economy. Because the Netherlands is highly dependent on foreign trade, we are especially vulnerable.

With a view to ensuring future prosperity, the Dutch government is envisaging an approach based on two related objectives: healthy public finance and the strengthening of economic growth potential. These related objectives will underlie all of the proposals presented to you this parliamentary year.

2012 Will therefore be a year of extensive austerity measures that will affect everyone in the Netherlands. Cuts designed to save 18 billion Euros will not go unnoticed. Almost everyone will find that they have less spending power in the year to come. Many services will be reduced. On the basis of the principle that people do not benefit from dependency, the government is pursuing a policy that encourages financial independence and social participation. At the same time, as far as possible, the government will seek to spare those who, through illness or some other impediment, are genuinely unable to provide for themselves.

Measures are also needed to maintain good basic social security facilities and provision for old age. The government intends to pursue a labour market policy based on the principle of ‘work before benefit’. Given that, on average, people now live longer, it is only logical that everyone should work longer. The government is hoping to discuss the bill on raising the state pension age with you during this parliamentary year. It will also continue to be necessary to work together with employers’ associations and unions to promote cohesion between the state pension and supplementary pensions.

Summarizing:

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1 Rijksbegroting 2011
Because of the shrinking workforce and the growing number of people over the age of 65, it is now necessary for people to work longer. This is the only way not only to keep the state old-age pension (AOW) on a firm financial footing, but also to prevent major staff shortages in areas of the public sector like education and care, as well as in the private sector.

- The state pension age will be raised to 66.
- In addition, in line with the agreement already reached between the social partners, the government will produce proposals to couple the state pension age in due course to current life expectancy, thereby making at least the required 0.7% contribution to fiscal sustainability.
- Collective labour agreements will not be declared generally binding unless they contain provision for age-conscious personnel policies and sustainable employability (training).
- Contribution discounts will continue to be offered to employers who hire older unemployed people or keep on older workers.
- A robust and future-proof pension scheme requires greater expertise, stronger internal supervision, and transparent investments and pension accrual.
- It will remain attractive to continue working voluntarily beyond pensionable age.
2. Methodology

Interdepartmental consultation was chosen as the methodology. On 24 June 2011 Mr G.H.O. van Maanen, Secretary-General of the Ministry of Health, Welfare and Sport (VWS), sent letters to this effect to his colleagues at the following ministries.

- Ministry of the Interior and Kingdom Relations (BZK)
- Ministry of Foreign Affairs (BZ)
- Ministry of Economic Affairs, Agriculture and Innovation (EL&I)
- Ministry of Infrastructure and the Environment (I&M)
- Ministry of Education, Culture and Science (OCW)
- Ministry of Social Affairs and Employment (SZW)
- Ministry of Security and Justice (V&J).

In the said letter Mr Van Maanen asked his colleagues to assist with the Review and Appraisal of the MIPAA, by, among other things, appointing a contact person. All of the ministries responded to this request. The content of this report has been agreed with the contact persons appointed by the various departments.

Individual experts, from in- and outside the government, did contribute to the final text of this report.
3. Review and appraisal by subject area

**RIS Commitment 1: Mainstreaming ageing**

**a) Areas in which ageing is mainstreamed**

In a general sense, the promotion of the unity of government policy is one of the tasks and responsibilities of the prime minister and therefore part of the mandate of the Ministry of General Affairs. This general policy objective is divided into operational objectives:
- Coordination of general government policy.
- Coordination of general communication policy.
- Contribution to the longer-term development of government policy.

The current Cabinet – the Rutte Cabinet – was installed on 14 October 2010. The portfolios of the ministers and secretaries of state were decided during the consultation prior to the formation of the Cabinet, at which point it was confirmed that the Secretary of State for Health, Welfare and Sport – and therefore the Ministry of Health, Welfare and Sport (VWS) – was charged with the coordination of policy on older persons.

The ministry maintains contact with other ministries, industry and public organizations on different aspects of the policy on older persons if and in so far as it is necessary. Government ministers and secretaries of state are responsible for ensuring that the content of their portfolio and their policy are aligned with those of fellow ministers and secretaries of state.

VWS bases the implementation of the coordination of the policy on older people on the principles identified during the consultation between the House of Representatives and the government in January and February 2008 (see paragraph b) below).

**b) Extent to which the different policies related to ageing pursue a holistic approach and are coordinated and applied consistently**

In 2003 the Dutch House of Representatives appointed a Committee for Policy on Older Persons. The committee existed from September 2003 to September 2006 and compiled a comprehensive report on the policy on older persons entitled ‘Lang zullen we leven’ [Long live us all], which was discussed by the Dutch House of Representatives in January 2008.

During the discussion of the report on 15 January 2008 Dr. Mariëtte (Jet) Bussemaker, then Secretary of State for Health, Welfare and Sport, made the following statement regarding coordinated interdepartmental policy on older persons. “For a long time ‘policy on older persons’ was synonymous with facet policy. It was considered to be on a par with the call for attention to be devoted to older persons generally, in all policy areas that were concerned with the interests of older persons. The Secretary of State for Health, Welfare and Sport was charged with the interdepartmental coordination of the policy. In particular, this involved the inclusion of the target group of older persons in areas where this had been neglected. In this respect policy on older persons is now passé, not because it is no longer necessary to devote attention to the interests of
older persons, but because older persons have since made it self-evident that – positive – attention must be devoted to their interests.” End of quote.

On 12 February 2008 the Dutch House of Representatives rejected a motion presented by a member of the House of Representatives (Kant, 29549, no. 30), which called for the adoption of an integrated approach to older persons. The Committee for Policy on Older Persons was disbanded on 27 February 2008. The government of which Mrs. Bussemaker was a member did not reconsider the stance she adopted. The same applies to the current Cabinet (the Rutte Cabinet).

It is important to note that this does not mean that holistic and coordinated government policy is no longer being discussed in the Netherlands. On the contrary. However, at the moment the issue of clarity in policy is no longer being approached from the point of view of target groups. The object of the approach now being adopted is to create a government that operates more efficiently and effectively with fewer officials. The current Cabinet aims to reduce the size and improve the performance of the government. Between 2011 and 2015 the Cabinet plans to implement austerity measures designed to save more than 6 billion Euros. This means that fewer civil servants will be employed in central government and by the provincial and municipal authorities. Ministries will collaborate more effectively in areas such as policy-making, personnel, purchasing and IT. Deregulation and decentralization of tasks to the municipalities are important aspects of the chosen approach.

c) INITIATIVES TAKEN BY YOUR COUNTRY TO TACKLE AGE DISCRIMINATION

See annex C

d) PARTICIPATION OF OLDER PERSONS IN THE DEVELOPMENT OF POLICIES AND STRATEGIES AND IN THEIR IMPLEMENTATION

See annex D. The value of silver in figures. Civic engagement of senior citizens in the Netherlands

e) INVOLVEMENT OF NGOs AND THE PRIVATE SECTOR IN POLICY DEVELOPMENT AND THEIR ROLE IN THE IMPLEMENTATION OF POLICIES AND PROGRAMMES

Since The Netherlands is an open and democratic society all kind of organizations and societies can and actually do participate in the process of policy making. With funding coming from the national government an independent organization, called “PGO-support” exists (www.pgosupport.nl ), whose purpose is to enhance and support the active participation in the civil society of organizations of patients, older people and people who are handicapped. “PGO-support” intends to deliver tailor-made services.
RIS Commitment 2: Integration and participation of older persons

a) MEASURES UNDERTAKEN BY YOUR COUNTRY TO RECOGNIZE, ENCOURAGE AND SUPPORT THE CONTRIBUTIONS OF OLDER PEOPLE TO SOCIETY (E.G. MEDIA CAMPAIGNS, SCHOOL CURRICULA)

See: Annex D. The value of silver in figures. Civic engagement of senior citizens in the Netherlands

b) MECHANISMS PUT IN PLACE TO TAKE INTO ACCOUNT THE VIEWS OF OLDER PERSONS ON THE SERVICES PROVIDED TO THEM

In order to strengthen the position of the client, the Legislative Proposal Care Clients’ Rights (Wetsvoorstel cliëntenrechten zorg or Wcz) was presented in June 2010. This Act, which according to the planning will come into force during the second half of 2012, will strengthen the position of the client in their individual relationship with the care provider. Clients will be afforded the right to information regarding choice, the right to information about incidents and will be able more easily to compel compliance with their rights by means of a better complaints procedure and, if necessary, obtain a binding advice from an independent conciliatory body. Clients’ councils will also gain more authority through the Legislative Proposal Care Clients’ Rights. The care provider must provide the clients’ council with all the means that are necessary within reason in order to be able to carry out their tasks well.


c) CHANNELS FOR RECOGNIZING OLDER PERSONS AS A SIGNIFICANT CONSUMER GROUP WITH SHARED AND SPECIFIC NEEDS, INTERESTS, AND PREFERENCES

The market of consumer goods is very dynamic. In the market strategies of many branches and commercial enterprises older people are an important target group. Of course there are businesses, like some magazines and travel agencies, that focus specifically on the elderly in the Netherlands. But a lot of other branches and enterprises, with a clientele out of all age categories, make use, in a smart way, of the fact that older people are often free on moments that younger people are at work. This offers, on the other hand, the possibility for the organizations of older people themselves to bargain for cash discounts.

Generally speaking there is no reason for the government to interfere in these market developments. Practical advises and other Information, for instance about consumer rights, from the government is given on the site www.consuwijzer.nl (only in Dutch).

d) ACTIONS PROMOTING ACTIVE AGEING AND ENCOURAGING THE PARTICIPATION OF OLDER PERSONS IN SOCIETY, CULTURE, AND ECONOMY

See: Annex D. The value of silver in figures. Civic engagement of senior citizens in the Netherlands

e) ACTIVITIES UNDERTAKEN TO PROMOTE THE POLITICAL PARTICIPATION OF OLDER PERSONS AND IN
PARTICULAR OF OLDER WOMEN

See: Annex D. The value of silver in figures. Civic engagement of senior citizens in the Netherlands

f) MECHANISMS AND ORGANIZATIONS THAT PROVIDE A POLITICAL VOICE FOR OLDER PERSONS

See: Annex D. The value of silver in figures. Civic engagement of senior citizens in the Netherlands

g) EXISTENCE OF A NATIONAL ADVISORY BODY ON AGEING OR A SIMILAR INSTITUTIONAL MECHANISM THAT INCLUDES OLDER PERSONS TO ENSURE A DYNAMIC AND COORDINATED CONTRIBUTION OF OLDER PERSONS TO NATIONAL POLICY RESPONSES TO AGEING

In The Netherlands there is no such a body. However there are member-organizations for older people. The Central Bureau Cooperating Organizations of Older People (CSO), the umbrella of member-organizations of older people themselves, sees to the collective interest of more than 550.000 older people, collected by the different member-organizations of the CSO. Outside the CSO operates the ANBO, an organization of 400.000 older people. The ANBO is affiliated with the FNV, a major labour union in The Netherlands.

h) ADOPTION OF POLICIES AND PROGRAMMES TO IMPROVE THE HOUSING AND LIVING ENVIRONMENT OF OLDER PERSONS, ESPECIALLY IN RURAL AREAS (ACCESS TO AND AFFORDABILITY OF SERVICES, SUCH AS HOUSING, UTILITIES, SANITATION AND, IN PARTICULAR, TRANSPORT)

The government will produce proposals creating greater scope for flexible housing, temporary housing for people needing to be close to an informal carer, and multi-generational housing. (Policy and Tolerance Agreement for the Coalition Government-Rutte).

The aim of the policy is an accessible public transport, designed, planned and carried out by the responsible institutions themselves. For rail-traffic this means that all stations have to be adjusted for people with auditory, visual or otherwise physical disabilities. This will be the case in 2015. The measures being taken are quite diverse. They are designed by PRM TSI (Technical Specifications for Interoperability - for people with reduced mobility). In addition, actions are being taken to create ground floor entrances for people with motor disabilities. To achieve this, the platform heights are adjusted and - if necessary - lifts and ramps are installed at stations. In 2020 at least 70% of all stations will be accessible for people with motor disabilities. The assumption is, that by 2030 all stations will be accessible for people with motor disabilities. The Netherlands invests in total over half a billion in Euro’s in the adaptation of stations.

For trains it is agreed with The Netherlands Railways that new trains that are purchased, will fit in a consistent way with the standard floor height of the platforms. This creates a ground floor entry, necessary for people with a walker or a wheelchair to get in easily. By 2025, all trains will be replaced and will be thus independently accessible.

Almost all public transportation buses in the Netherlands are low-floor buses. This facilitates the entry and exit. In addition, bus stops are being dealt with. Now 30% of the bus stops have a raised (ground entry) platform. In 2016 this will be 46%. A part of the city trams in the Netherlands have ground entry floors. In the process of replacing tramcars low-floor trams are usually purchased. Metro and light rail, such as RandstadRail, already have a ground floor entry.
i) STEPS TAKEN TO PROMOTE AGE-INTEGRATED COMMUNITIES WHERE FACILITIES ARE MADE AVAILABLE TO PEOPLE OF ALL AGES AND WHERE THEY CAN MEET AND INTERACT (E.G. JOINT COMMUNITY CENTRES FOR THE ELDERLY AND THE YOUNG)

Although there do exits neighborhoods in the Netherlands where more or less young or more or less older people live, age-segregation is not an issue. There are no known problems that should be solved by the explicit promotion of age-integrated communities. In the framework of the Social support act the municipalities are responsible for the policy on welfare activities, including community centers. The European Union has taken the initiative to dedicate the year 2012 as the European Year for Active Ageing and Intergenerational Solidarity. The notions of intergenerational solidarity and age-integrated communities are highly related. The evaluation of the European Year 2012 will possibly indicate whether of not specific actions or steps are advisable.

j) ACTIONS TO PROMOTE VOLUNTEER ACTIVITIES ENABLING YOUNGER AND OLDER PEOPLE TO INTERACT AND HELP EACH OTHER.

See the publication “Core functions Local voluntary work support and Family care” http://english.minwbs.nl/includes/dl/openbestand.asp?File=/images/core-functions-local-voluntary-work-support-and-family-care-.tcm20-190083.pdf

k) STEPS UNDERTAKEN BY YOUR COUNTRY TO PROMOTE A POSITIVE IMAGE OF AGEING (E.G. MEDIA CAMPAIGNS, INCENTIVES FOR EMPLOYERS TO PROMOTE CONTINUED EMPLOYMENT OF OLDER PERSONS, INITIATIVES WITHIN LOCAL COMMUNITIES AND WITH THE PARTICIPATION OF OTHER SOCIAL ACTORS TO FACILITATE DIALOGUE AND A BETTER UNDERSTANDING BETWEEN THE GENERATIONS)

On the 4th of July 2011 the policy of the present government about the labour market was elaborated in a letter to the parliament by two ministers and three state secretaries. The title of this policy paper is “Vitality packet”. In this paper the fact is underlined that when an older person loses his or her job, it is more difficult to find a new one than it is for somebody who is younger. Therefore it is necessary to give special attention to this group. In the upcoming communication campaign this will be an important issue.

l) MEASURES TAKEN TO PROMOTE A DIFFERENTIATED AND HETEROGENEOUS VIEW OF THE LIFE OF OLDER PERSONS TO BETTER REFLECT REALITY

See under point “k” above and Annex D: The value of silver in figures.

m) ACTIONS TAKEN (IN PARTICULAR IN COOPERATION WITH MASS MEDIA) TO ENCOURAGE OLDER PERSONS TO MAKE THE GENERAL PUBLIC MORE AWARE OF THE POSITIVE ASPECTS OF AGEING.

In the publicity campaign “Grijs Werkt” (Gray at Work; www.senior-power.nl) the positive aspects of ageing and the active participation of older people in society were an dominant part of all the activities. Gray at Work ended on 1 March 2008. At the moment there are no publicity campaigns in preparation with exactly the same message. However, in the upcoming communication campaign “Vitality packet” (see under point “k” above) the positive aspects of ageing will undoubtedly be included.
The Netherlands is the co-ordinator of the European ESF Network Age, in which 8 EU-countries and 6 regions participate in the context of transnational cooperation within the ESF program during the period from 2007 to 2013. The network exchanges expertise and good practices with the aim to promote Age Management. This takes place during the period 2010 – 2012. The idea is that it will be elaborated with ESF as well as national resources. The work of the network ends ultimo 2012, the year that is proclaimed as 'The European Year of Active Ageing and Intergenerational Solidarity’.

The network aims to improve the use of ESF and national funds by sharing experience and knowledge in the field of Age Management and thus to stimulate the continuation in labour of older people. In this way the implementation of the Lisbon objectives will be promoted as well. The second objective of the network concerns the contribution to EU policies in the field of Age Management and the sharing of research, best practices and experiences with the EU and other networks.
RIS Commitment 3: Promotion of equitable and sustainable economic growth in response to population ageing

a) STRATEGIES ADOPTED TO TRANSFORM YOUR ECONOMIES WITH A VIEW TO ERADICATING POVERTY, ESPECIALLY AMONG OLDER PERSONS

The SCP describes the percentage of people over the age of 65 who live beneath the poverty line as remarkable: the percentage fell from 14 percent in 2000 to 1.5 percent in 2009. There is a high risk of poverty among single-parent families, those living on welfare and persons under the age of 65 living on their own. Older persons were previously a risk group, but their prosperity has increased in the last ten years. Hence the likelihood of poverty among older persons has decreased significantly. (Armoede signalement [Poverty Briefing] 2010). See also RIS Commitment 4 at “b”.

The conclusion is, that strategies designed to eradicate poverty among older persons have been successful. Given that this is the case, it is not expected that there will be any significant changes in policy in this respect. Developments regarding poverty and social exclusion are monitored by Statistics Netherlands and the SCP.

b) MEASURES TAKEN TO REVIEW AND ADJUST MACROECONOMIC POLICIES TO ADDRESS THE NEEDS OF A GROWING AGEING POPULATION.

In recent years efforts have been aimed primarily at stimulating labour force participation. The shrinkage of the working population means that the number of people not in work (mostly pensioners) is increasing in relation to the number of people in work. It also means that taxes and social security contributions have to be shouldered by a smaller active workforce. This is putting pressure on the tenability of the welfare state. It is therefore very important to increase labour force participation. If the supply of labour fails to meet the demand for labour, potential growth will not be exploited. This will result in increased wages, which will undermine our international competitiveness and lead to a loss of prosperity.

However, the promotion of higher labour force participation will not stop the shrinkage of the working population. Hence, simply increasing labour force participation is not enough. Given that this is the case, efforts are also being made to ensure that people remain employable through to retirement age. This requires the maintenance and development of the right knowledge and skills (quality) and the ability to quickly deploy the right knowledge and skills in the right place (mobility). Various measures taken to address this are described in the section on Commitment 5.
RIS Commitment 4: Adjustment of social protection systems in response to demographic changes and their social and economic consequences

a) ACTIONS TO ADAPT SOCIAL PROTECTION SYSTEMS IN YOUR COUNTRY TO SOCIETAL AND DEMOGRAPHIC CHANGES

This issue had been described in the first paragraph of this report about the national ageing situation (1.3).

b) STEPS TAKEN TO ACHIEVE A SUFFICIENT INCOME FOR ALL OLDER PERSONS

There has been a considerable decline in poverty among older persons in the Netherlands. In 1996-20 percent of people over the age of 65 were on a low income. In 2005 this had fallen to seven percent and in 2010 it had fallen to approximately three percent. The improvement in the circumstances of older persons is mainly due to the fact that more of them have accrued a pension and fewer of them have incomplete state pension entitlements. There is also an additional tax-free allowance for persons over the age of 65, which has increased their spending power. According to Statistics Netherlands, older persons are no longer at an increased risk of poverty. The effects of the credit crisis of 2008 have yet to be seen. However, in 2009 there was a further decline in poverty among older persons in relation to 2008. (SCP, Armoedesignalement [Poverty Briefing] 2010, http://www.scp.nl/dsresource?objectid=27223&type=org)

c) POLICIES ADOPTED TO ADDRESS IN A TIMELY MANNER THE NEEDS OF OLDER PERSONS FOR A VARIETY OF SOCIAL AND HEALTH SERVICES, INCLUDING SHELTERED HOUSING AND LONG-TERM CARE

The social and health services in the Netherlands, including sheltered housing and long term care, belong – both in quality as in quantity – to the best of the world. For long term care see the OECD-data of 11 May 2011 (http://www.oecd.org/dataoecd/61/44/47877903.pdf). For social security see annex E of this report. For health services see the brochure “Dutch Health Care” of September 2009 (http://english.minvws.nl/en/themes/health-insurance-system/default.asp). Sheltered housing is, dependent on the definition of the term, part of the long term care or part of the care, given by municipalities in the framework of the Social support act.

d) ACTIONS TO IMPROVE STANDARDS OF LIVING FOR PERSONS WITH DISABILITY AND FOR FRAGILE OLDER PERSONS WHICH ALLOW THEM TO MAINTAIN THEIR INDEPENDENCE AND DIGNITY.

These actions are part of the National Program Elderly Care (http://www.nationaalprogrammaouderenzorg.nl/english/the-national-care-for-the-elderly-programme/).

e) STEPS TAKEN TO ESTABLISH OR FURTHER DEVELOP A REGULATORY FRAMEWORK FOR OCCUPATIONAL AND PRIVATE PENSION PROVISION
In the Netherlands a legal system for occupational and private pension provision does exits. It is called the Pensions Act. The Netherlands’ retirement income system comprises a flat-rate public pension and a quasi-mandatory earnings-related occupational pension linked to industrial agreements. Most employees belong to these occupational schemes which are industry-wide defined benefit plans with the earnings measure based on lifetime average earnings. An important provision in this framework is the General Old Age Pensions Act (AOW) is a basic pension for people aged 65 and over. In addition, the AOW grants a supplementary allowance to people entitled to an AOW pension whose respective partners are under the age of 65 and have only limited or no incomes. In the overall pension index of Mercer (http://www.mercer.com/referencecontent.htm?idContent=1359390) the Netherlands occupies the first place when compared with 15 other countries.

f) CHANGES MADE TO THE LAWS REGULATING MANDATORY RETIREMENT.

As reported in the National Pensions Strategy Report 2005 the Dutch government considers it irresponsible to continue giving the impression that - by giving (continued) fiscal support for such schemes- early retirement is the standard. That is why from 1 January 2006 onwards the fiscal treatment of early retirement and pre-pension schemes has been adjusted (VPL Act). The amendments stated in the National Pensions Strategy Report 2005 became effective on 1 January 2006 (except for transitional legislation for people who were aged 55 or over on 1 January 2005). The aim of the Act is to stimulate people to continue to work for a longer period of time. The Act includes a transitional arrangement of 10 years (so until 2015) for the group of people who were aged 55 years or over on 31 December 2005 (born before 1950). For this group the tax advantages of building up VUT entitlements will not be adjusted. If people in this group continue to work up to the age of 65 and the social partners agree that they retain at least 50% of their VUT entitlements, they will receive a tax advantage. The VUT entitlements plus interest must then be used for extra old-age pension. The gradual expiry of this transitional arrangement will result in the coming years in a clear increase in labour participation by older people.

The life-course savings scheme was also introduced with the VPL Act. This offers opportunities for young and old to save with tax advantages in order to be able leave the work process temporarily. http://ec.europa.eu/social/main.jsp?catId=757&langId=en.

Today’s institutions in the Netherlands can be characterized as being friendly towards labour market participation. This is markedly different from the past. Indeed, retirement schemes have been made actuarially fair, which removed an important distortion in the labour-market for elderly. In fact, postponing retirement at old age is currently subsidized due to the way Dutch pensions are financed, an age-related tax credit for older workers, and deferred payment schemes. Substitution towards other retirement routes, such as disability schemes, is limited as the Netherlands has also reformed this scheme. Pressure on unemployment insurance as a substitute pathway into retirement may become more relevant in the future.

Although financial incentives for participation are large, several institutions distort the Labour market for elderly. Elderly workers are well protected by employment protection legislation. Moreover, relatively generous unemployment insurance with long duration causes high reservation wages. Workers also accumulate considerable wealth during their life via mandatory and subsidized savings for pensions. (“Rethinking retirement”, CPB,
**POLICIES ADOPTED TO ENSURE THE EQUAL TREATMENT OF MEN AND WOMEN BY THE SOCIAL PROTECTION SYSTEM**


**POLICIES ADOPTED TO ENSURE THAT SOCIAL PROTECTION SYSTEM SUPPORTS A BETTER RECONCILIATION OF WORK AND FAMILY RESPONSIBILITIES THROUGHOUT THE LIFE CYCLE (E.G. THROUGH SPECIAL LEAVE ARRANGEMENTS FOR WORKING PARENTS AND OTHER CAREGIVERS, OR SUPPORTIVE MEASURES SUCH AS RESpite CARE SERVICES — THAT IS, PROFESSIONAL CARE SERVICES PROVIDED ON AN AD-HOC BASIS TO GIVE THE REGULAR CAREGIVER SOME TIME OFF).**

These measures are part of the policy letter of 8 April 2011 (“The outlines of the Emancipation Policy 2011-2015”) in which the Rutte administration presented its emancipation policy for the coming years. See also: RIS commitment 8.
RIS Commitment 5: Enabling labour markets to respond to the economic and social consequences of population ageing

a) ACTIVE LABOUR MARKET POLICIES (JOB SEARCH ASSISTANCE, TRAINING, COUNSELLING, ETC.)

During the last years active labour market policies have been focused mainly on coping with the effects of the crisis. They have been aimed more and more at supporting labour mobility and employability, to make sure that people who lose their job will find a new job instead of permanently losing touch with the economic process. This is important since a tight labour market situation is expected in the (near) future and everybody will be needed. Below some important measures in this respect are described.

Mobility centres

In order to improve the matching of supply and demand on the labour market, the Government has created a system of mobility centres with nationwide coverage. These centres have been assigned the task to connect the regional network of work, education and income. In addition, better utilisation of the regional labour market information will improve efforts to match supply and demand.

Education and training

The Government has introduced several measures to improve the employability of employees and unemployed. To promote mobility and increase employability, the Government has introduced a retraining bonus (scholingsbonus) for employees who might lose their job at one employer and start working at another. The Government also has financially encouraged employers who have to dismiss personnel to acquire a certificate for Prior Learning Assessment and Recognition (EVC; erkenning van elders verworven competenties) for them. Furthermore, learning and working service desks (leerwerk loketten) have been created at 30 locations for work and income to improve the connection between education and the labour market.

b) ADAPTATION OF CURRICULA TO LABOUR MARKET NEEDS; MEASURES TO EASE THE TRANSITION BETWEEN FORMAL EDUCATION AND WORK

Crisis measures

In response to the economic crisis, in 2009 and 2010 the Balkenende IV Cabinet allocated extra funding for retraining and the issuing of experience certificates (EVCs) and experience profiles (EVPs). These measures were designed to ease the transition from one form of work to another. The training subsidy scheme meant that employers who took on and offered to train an employee facing redundancy elsewhere were entitled to a subsidy of up to 2,500 euros. Employers could apply to the Employee Insurance Agency (UWV) for this subsidy.

Employers who provided employees facing redundancy with an experience certificate or experience profile that identified their competencies were entitled to an allowance. Depending on the size of the
company, the allowance could be up to 600 Euros for an experience profile or 1300 Euros for an experience certificate. Employers could apply to the UWV or the regional mobility centre for these documents as the case applied. The additional allowances for experience certificates and experience profiles encouraged former employers to identify the competencies of employees facing redundancy. This gave the employees in question greater insight into their competencies and enabled them to present their competencies to potential new employers. (Both of these crisis measures have since been terminated.)

Provision of information and strengthening of the training infrastructure

During the period from 2008 to 2011 various measures were taken to improve the provision of information about training and to promote collaboration in this area. These measures were implemented by the interdepartmental Project Directorate for Learning & Working, which was set up by SZW and OCW and abolished on 1 January 2011. Incentive schemes were introduced to promote the creation of a regional infrastructure for lifelong learning and to strengthen the learning culture in the small business sector. Forty-four Learning & Working Centres were set up, so there is a single regional information centre that employers, employees and job seekers can turn to to inquire about mobility, learning and working. As part of the Iedereen Doet Mee [Everyone is Involved] Project, extra funding was allocated to promote lifelong learning. Provision of information by the government was improved via various websites (such as www.lerenwerken.nl) and several public information campaigns.

Structural measures

Prior to the economic crisis various measures were already in place to encourage people in and out of work to participate in training. Provided that the training is relevant to a (future) profession, training costs are tax deductible for individual employees, self-employed professionals and people claiming benefit.

The Salaries Tax and Social Security Contributions (Reduced Remittances) Act - Training (Wet Vermindering Afdracht (WVA)-onderwijs) provides various tax incentives for employers who invest in training. Employers who take on a previously unemployed person and train them so they obtain a basic qualification are eligible for a tax incentive that can amount to almost 6000 Euros per employee per year. Since 1 January 2009 employers are also entitled to tax relief of 325 Euros for every employee they issue with an experience certificate. The experience certificate identifies and provides examples of the employee’s competencies. This provides a clearer picture of the employee's work experience and can improve their position in relation to the labour market. It can also result in official recognition (the issuing of a certificate or diploma) and/or to possible exemption from certain learning requirements.

The life-course savings scheme allows employees to save for study and training leave. And credit in the employee’s salary savings account can always be used to finance training. As of 1 January 2007 this also applies to the cost of an experience certificate.

c) EFFORTS TO REDUCE NON-WAGE LABOUR COSTS WHILE PROTECTING WORKERS’ RIGHTS; EASING OF FACTORS REDUCING DEMAND FOR LABOUR (E.G. EXCESSIVE ADMINISTRATIVE REGULATIONS, ETC.).

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The financial and economic crisis that began in 2008 led to an increase in unemployment in 2009. In 2010 this meant that businesses had to make higher contributions to the industry funds that finance the first six months of unemployment. To prevent a steep rise in labour costs, in 2010 it was decided that the increase in the contributions should be spread over a period of four years.

A number of measures were specifically designed to reduce the labour costs of groups with low labour force participation or a higher than average risk of unemployment. These measures include reduction of and exemption from contributions for older employees and reduction of contributions for the occupationally disabled. A so-called ‘small jobs scheme’ was also introduced in 2010 and will remain in place through to the end of 2011. The scheme is designed to reduce youth unemployment by granting employers exemption from the obligation to pay employee (health) insurance contributions for employees up to the age of 23 in a small job (earning less than 50% of the statutory minimum wage).

In addition to a general objective of reducing of administrative costs (by 25%), a bill on the introduction of a Uniform Wage Concept was first discussed during the previous Cabinet period. This bill introduces a uniform wage concept for the levying of payroll tax, national insurance contributions, employee insurance contributions and income-dependent health insurance contributions. The bill was approved by the Dutch House of Representatives on 12 April 2011. The bill will simplify administrative processes for businesses and make payslips clearer for employees.

d) MEASURES TAKEN TO IMPROVE THE EMPLOYABILITY OF OLDER WORKERS, E.G. THROUGH VOCATIONAL GUIDANCE AND TRAINING, PROMOTING LIFELONG LEARNING (DELIVERY OF JOB-RELEVANT TRAINING TO ENABLE WORKERS TO ADJUST TO CHANGING LABOUR MARKETS), IMPROVEMENT OF WORKING CONDITIONS.

The Netherlands does not have a national policy that is specifically designed to promote the training of older persons as such. Like all other groups within the labour market, older persons can make use of the generic measures described in response to question b). The ESF budget (2007-2013) includes scope for the equipment of and provision of mediation services for job-seekers who are further away from the labour market. Older persons (55+) are a priority group in this respect. When negotiating collective labour agreements, employers and unions also include agreements to improve the employability of older persons.

e) STEPS TAKEN TO RAISE PARTICIPATION RATES IN LABOUR MARKETS OF ALL WOMEN AND MEN, E.G. THROUGH REMOVING BARRIERS AND DISINCENTIVES TO STAY IN EMPLOYMENT

Various steps have been taken to raise labour force participation rates. These include both tax incentives and institutional reforms designed to promote the incentives of the social security system. The main steps are the following:

- An income-dependent income tax credit (IAK) was introduced on 1 January 2009. This has helped to make work pay better, especially for those at the lower end of the labour market.
- The Labour Force Participation Stimulation Act (Wet Stimuleren Arbeidsparticipatie (STAP)) was introduced on 1 January 2009. This Act increases the scope for municipalities to issue wage-cost
subsidies for welfare recipients and for the national manpower agency (UWV WERKbedrijf) to allocate so-called ‘participation placements’ for long-term unemployment benefit recipients.

- The concept of ‘suitable work’, as defined within the context of unemployment insurance, has been tightened. As of 1 July 2008, persons who have been receiving unemployment benefit for a year must accept any work they are offered. This measure includes a wage top-up arrangement (from 1 January 2009) which guarantees that, despite the lack of choice, persons receiving unemployment benefit will be better off as a result of accepting work.

- The Youth Investment Act (Wet Investeren in Jongeren (WE)) was introduced on 1 October 2009. The main aim of this Act is to get young people into regular work that results in lasting labour force participation. The Act gives young people the right to an offer of on-the-job training and means that municipalities are obliged to offer those under the age of 27 who apply for unemployment benefit suitable on-the-job training. In providing training (in the form of on-the-job training, trainee placements or work experience placements) municipalities can focus on the maintenance of existing occupational skills or the acquisition of new skills.

- The new Invalidity Insurance (Young Disabled Persons) Act (Wajong) is introduced per 1 January 2010. The amended Wajong Act aims to offer maximum support to young people who do have prospects of work (perhaps with a lower labour productivity), helping them find and keep jobs. The aim is to increase the flow of people who no longer need Wajong benefits and not to write off young handicapped people for life before they even have entered the labour market.

Crisis measures

- From 30 November 2008 to 21 March 2009 a special working hours reduction scheme (WTV) was reintroduced to help companies cope with a sharp reduction in demand.

- On 1 April 2009 the WTV was replaced by a temporary ‘part-time unemployment’ scheme, which makes it possible for employers to reduce an employee’s working hours by up to 50 percent, with the employee receiving unemployment benefit for the hours not worked. From 31 December 2010 the ‘part-time unemployment’ scheme is gradually being phased out.

f) SPECIFIC MEASURES TO INCREASE THE LABOUR FORCE PARTICIPATION OF WOMEN, E.G. THROUGH SUITABLE EDUCATION AND TRAINING, EFFORTS TO BROADEN THEIR JOB OPPORTUNITIES AND AVOID DISCRIMINATORY SITUATIONS IN RELATION TO PENSION BENEFITS OR PERSONAL INCOME.

Below several measures are mentioned that are aimed at increasing the employment rate and make it easier to combine work and care. Although these measures are available for both women and men, they are expected to influence the participation decision of women more since women on average have a lower employment rate, work less hours and respond more sensitive to financial incentives.

Fiscal measures

Fiscal instruments intended to increase labour participation are introduced. The aim of these measures is to make work pay, especially at the bottom of the labour market. The fiscal measures
taken are: the earned income tax credit (EITC), income-based supplementary combination tax credit (IACK) and the phasing out of the transferability of the general tax credit.

Part-time plus taskforce

A taskforce by the name “Taskforce part-time plus” was set up at the beginning of 2008. The taskforce was involved in the development of an integrated vision on how to increase labour participation in the Netherlands within the near future, in particular among women in small part-time jobs (less than 24 hours a week). An important aspect of this is to acquire an insight into obstacles to labour participation by women and the possibilities for removing these obstacles. This taskforce presented its final report in March 2010.

Child care

The use of child care allowances exploded during recent years. This caused budgetary shortages that needed to be fixed. The Government decided to change the structure of host parent childcare per 1 January 2010 to protect the system from fraud and improper use and make it financially better manageable. The system has been made more professional by stricter requirements for host parents.

Leave schemes

In order to make the combination of work and care more feasible, parental leave and the period during which the parental leave tax credit is available has been extended from 13 to 26 weeks for both partners per 1 January 2009. It also has become simpler for parents to claim the parental leave tax credit because they no longer have to fulfil the condition of participation in the life-course savings scheme.

- In 2008 the parental tax credit was increased. This tax credit was intended to serve as an allowance for parents with young children. On 1 January 2009 this parental tax credit was replaced by an income-dependent combination tax credit (IACK), which makes work a more attractive option for single parents and lesser-earning partners with children since the combination tax credit increases in line with the number of hours that the lesser-earning partner works.

- As of 1 January 2009 the transferability of the general tax credit is being phased out over a period of 15 years. This means that the working partner can no longer choose to receive the general tax credit in the form of cash. Hence the acceptance of paid employment is likely to be a more attractive option from a financial point of view.

g) STEPS TAKEN TO INTRODUCE INCENTIVES FOR THE PARTICIPATION OF OLDER PERSONS IN THE LABOUR MARKET

Those above the age of 50 who lose their jobs often have difficulties to find a new one. An important goal of the Government is to increase the employment rate and to improve the labour market position of older workers. The Government used a variety of policy instruments to reach that goal; aimed at both the supply and demand side of the labour market.

Instruments which stimulate the demand for older workers include a premium exemption for employers who hire a former unemployed of 50 years or older or for the retention of workers aged
62 till 64 years old. The Government also introduced an arrangement to compensate employers who hire a former long term unemployed that gets ill for a longer period. These policy initiatives lower the total wage costs for older workers, which makes it financially more attractive to employ an older worker.

Also, measures are taken to make work financially more attractive for older workers themselves. In addition to the already existing higher labour tax credit, older workers are enticed to participate longer in the labour process by introducing a bonus (as from 1 January 2009) for people who continue to work after the age of 62. Furthermore the rules for accepting a job when receiving an unemployment benefit are changed and it is possible to supplement wage when a former unemployed accepts a job at a lower wage level.

- From 1 January 2009 people who continue to work after the age of 62 are entitled to a bonus in the form of a general income tax credit. The bonus varies with age and income, and is paid out at the end of every year of work that the employee completes after the age of 62. This encourages older workers to continue to participate in the labour force for longer.

- From 1 January 2009 employees over the age of 56 are entitled to a higher working person’s tax credit. This tax credit increases with age.

- On 1 January 2009 the exemption from contributions for employees over the age of 54 was replaced by a contributions credit for older employees. Employers who take on unemployed persons over the age of 49 or retain employees over the age of 61 receive this contributions credit.

- On 1 July 2009 a temporary compensation scheme designed to offset the risk of sickness absence when employing the long-term unemployed entered into effect. The compensation scheme consists of a no-risk policy for employers who take on persons over the age of 54 who have been unemployed for more than a year. The compensation provided by the scheme covers the obligation to continue paying the employee’s salary in the event of a period of illness that lasts for more than 13 weeks.

h) **ABOLITION OF INCENTIVES TO TAKE UP EARLY RETIREMENT**

Besides the capital funded occupational pensions there also exits private pay-as-you-go financed early retirement schemes, founded by the social partners in the aftermath of the first oil crisis. Around 1995 social partners started to reform those schemes with a gradual transition to funded early retirement schemes and an immediate application of more actuarial fairness in case of working longer. By 2006 the government ended the favorable fiscal treatment of the pay-as-you-go financed early retirement schemes with a transition period up to 2015. This reform forced social partners to integrate the early retirement schemes in the traditional occupational pension schemes. In response to the previous crisis most schemes shifted from final pay to average pay pension schemes

i) **MECHANISMS PUT IN PLACE TO PROMOTE A SMOOTH AND GRADUAL RETIREMENT.**

It is not possible, yet, to defer the basic old age pension scheme after 65. But it is possible to combine the basic pension receipt with work.
The rules on pension deferral vary between branches. It is possible to combine the occupational pension scheme with work. Some schemes even allow a member to draw a pension and continue to work with the same employer. There is no legislation regarding this issue.

**Employment of older persons**

The Pension Agreement (agreement between government and labour unions and organizations of employers) must ensure that people continue to participate in the labour force for longer. This objective will not be achieved simply by raising pension entitlement age: at the same time employees and employers must both demonstrate their willing to raise retirement age, which in reality is under the age of 65. We also need to ensure that as many people as possible remain as healthy as possible and continue to participate in the labour force for as long as possible, until they are 66 or 67 or older, or until they retire.

Labour force participation and labour mobility of older employees must be increased for the Pension Agreement to be really effective.

In other words, the Pension Agreement is not purely concerned with pensions, but also with working conditions in a general sense. (See RIS 4f.)

Parliamentary bills and proposals to raise pension entitlement age and link it to life expectancy have been submitted to the Dutch House of Representatives. Like the ‘Vitality Package’ these proposals suggest specific measures that will encourage more people to remain in employment for longer.

The Cabinet wishes to forge ahead with these proposals. Time is of the essence. The ageing of the population means that we are confronted with increasing scarcity in the labour market and an increasing imbalance in the numbers of those paying contributions and those drawing pensions. The continuing uncertainty in the financial markets and the slackening economic recovery also make it increasingly urgent for us to start revising our pension system.
RIS Commitment 6: Promotion of life-long learning and adaptation of the educational system in order to meet the changing economic, social and demographic conditions

a) STEPS TAKEN TO ADJUST EDUCATIONAL INSTITUTIONS TO THE NEEDS OF PERSONS IN RETIREMENT

The needs of persons in retirement who take courses at educational institutions do not require actions from the government. An important performer in this field is HOVO-Nederland. HOVO-Nederland’s objective is to promote the participation of older people in education of all sorts, but especially in higher education. HOVO-Nederland stimulates the institutions of higher education to create organizations for the higher education for older people and to support these organizations effectively. On a national level HOVO-Nederland tries to bring Higher Education for older people to the attention of the Ministry of Education and Science in order to have its position in ‘Lifelong Learning’ both acknowledged and established.

b) INITIATIVES UNDERTAKEN IN RELATION TO PRE-RETIREMENT PROGRAMMES

Educational pre-retirement programs are still quite common in all major branches. However, since the policy promoting early retirements changed to a policy of the stimulation of staying longer on the labour market for older employees these “Pension in sight” courses are less self-evident as they used to be. In 70% of the Collective Labour Agreements clauses exist about staying at work after 65. In all branches the issue of “age awareness” as part of the personnel management is gaining more and more attention. It is even mentioned in the Policy and Tolerance Agreement for the Coalition Government-Rutte.

c) LEARNING METHODS DEVELOPED TO TEACH OLDER PERSONS THE USE OF NEW INFORMATION TECHNOLOGIES

A major player in this field is the not for profit organization SeniorWeb (http://www.seniorweb.nl/english/). The mission of SeniorWeb is to stimulate participation and self-development of all seniors in the information society. SeniorWeb encourages everyone who was not brought up with the computer to experience the possibilities of the computer and internet for themselves. An important premise is that this should be carried out for and by senior citizens.

d) ADAPTATION OF EDUCATIONAL CURRICULA TO PREPARE PEOPLE FOR LIVES OF CONTINUOUS CHANGE AND TO EQUIP THEM WITH THE NECESSARY SKILLS AND ATTITUDES FAVOURING FLEXIBILITY; PROMOTION OF NEW DIDACTIC METHODS IN THIS REGARD.

See: The Netherlands Education Council (HTTP://WWW.ONDERWIJSRAAD.NL/ENGLISH/FILES/LIFELONG-LEARNING/ITEM2552).

e) STEPS TAKEN TO ESTABLISH CLOSER LINKS BETWEEN EDUCATIONAL INSTITUTIONS AND EMPLOYERS AND TO ENCOURAGE EMPLOYERS TO PROVIDE ON-THE-JOB TRAINING FOR WORKERS OF DIFFERENT AGES, INCLUDING OLDER WORKERS

See: “Education and training” at point “a” by RIS Commitment 5 of this report.
f) DEVELOPMENT AND/OR PROMOTION OF SPECIAL PROGRAMMES TO FACILITATE THE REINTEGRATION INTO THE LABOUR MARKET OF THOSE WHO LEFT THE FORMAL EDUCATIONAL SYSTEM EARLY

See: “Education and training” at point “a” by RIS Commitment 5 of this report.

g) STEPS TAKEN TO MAKE FORMAL SCHOOLING MORE GENDER-SENSITIVE, E.G. THROUGH THE INTRODUCTION OF GENDER-SENSITIVE CURRICULA, SPECIFIC PROGRAMMES FOR GIRLS AND WOMEN, AND SPECIFIC PROGRAMMES FOR OLDER WOMEN TO HELP THEM RE-ENTER THE LABOUR MARKET

In the sixth Emancipation Monitor (2010) of the Netherlands Institute for Social Research (SCP) (http://www scp nl/english/dsresource?objectid=27643&type=org) it is stated, that the emancipation process in the Netherlands is continuing to develop in the direction envisaged in the government’s emancipation policy. In particular, the labour participation rate of women and their economic independence have increased, despite the credit crisis. The number of women in senior civil service positions has also grown strongly. The Rutte government presented its emancipation policy for the coming years in a policy letter of 8 April 2011 (“The outlines of the Emancipation Policy 2011-2015”). To improve the labour participation of older women the government will focus on cooperation with the business community.
RIS Commitment 7: Striving to ensure quality of life at all ages and maintain independent living including health and well-being

a) ACTIONS TAKEN TO INTEGRATE AGEING ISSUES INTO SECTORAL POLICIES. TARGETED MEASURES TO REDUCE INEQUALITIES IN ACCESS TO HEALTH AND SOCIAL SERVICES, INCLUDING FOR PEOPLE IN RURAL AND REMOTE AREAS

As part of the Coalition and Tolerance Agreement of the present government, the cooperation between housing associations, homecare agencies and other civil society organizations will be promoted by the elimination of regulatory hurdles. Since (in 2010) 493 Dutchmen have to share 1 square kilometer one can image that there are hardly real remote areas in this country.

b) INITIATIVES TO IMPROVE LONG-TERM CARE SERVICES FOR OLDER PERSONS, IN PARTICULAR COMMUNITY-BASED SERVICES THAT ARE NEEDED TO OVERCOME THE MISMATCH BETWEEN THE HOMEBASED SERVICES THAT ARE USUALLY DESIRED AND THE RESIDENTIAL CARE SERVICES THAT ARE IN FACT SUPPLIED

In accordance with the Coalition and Tolerance Agreement, long-term care accommodation and care will be separated. Residents in institutions will hereby be given greater freedom of choice and care institutions will be better able to aim at clients’ accommodation wishes through the ability to offer different varieties of accommodation. People with a need for care who choose to live independently at home can be helped better thereby. The cabinet will be deploying better basic care closer to home in that way. Particularly for the elderly and those people with a more complicated need for care, the need for support close to home is great. This concerns a good balance and collaboration between the district nurse, home help, the GP, carers, the pharmacy, the municipal authority, as well as the hospital and other care providers. The district nurse can form a link between the client, family, carers and the various different professionals. How the local/regional housing associations and municipal authorities will be able to facilitate this movement is still an issue of consideration and negotiation. The aim is, that a follow-up of the programme ‘Better at home in the neighbourhood’ can contribute to this. (Program letter long term care 1 June 2011).


c) ACTIONS TO IMPROVE THE COORDINATION AND INTEGRATION OF SERVICES PROVIDED TO OLDER PERSONS (E.G. THROUGH CASE MANAGEMENT SYSTEMS)

Bearing in mind the necessary chain of care, good collaboration between healthcare insurers and municipal authorities is important. Based on good examples (chain of care for dementia, supervision, living accommodation areas and stimulation of health), the Netherlands Healthcare Insurers and Association of Netherlands Municipalities have developed a guideline for municipal authorities and insurers (toolkit) that offers methods and good practices that can be used to promote good collaboration.
In order to be able to continue to guarantee good care for those people who are dependent on such, the Coalition and Tolerance Agreement accommodates a balanced package of measures, which provides for a change in long-term care. Special attention is given thereby to intensive care for the elderly, especially for those who are dependent of residential care, particularly bearing in mind the considerable increase in the number of elderly people and those with dementia due to the ageing population. The cabinet is succeeding, even in this time of cutbacks, to reserve means for an annual growth in long-term care of 2.5%, but also to provide EUR 852 million structurally on top of that to invest heavily in extra personnel and training in order to improve the quality of care (of the elderly). The care will also be arranged differently and better. Steps are being taken in the direction of a system that is aimed more at the client instead of what is on offer. The regulations will also be simplified or scrapped where possible and clients in institutions will gain a stronger position via the framework Care Institutions Act.


d) INITIATIVES CONCERNING SPECIAL NEEDS IN CASE OF DEMENTIA AND ALZHEIMER’S DISEASE
EFFORTS TO IMPROVE THE TRAINING OF CARE PROVIDERS: PROFESSIONALS, VOLUNTEERS AND FAMILY MEMBERS

There are courses and trainings for all these care providers. Unfortunately all the information is in Dutch. The EU ‘Joint Programming Initiative on Neurodegenerative Diseases, especially Alzheimer’s Disease’ has opened a first round in which shared research proposals concerning Alzheimer’s disease can be presented. This first round is aimed at research into (harmonization of) the use of biomarkers. Biomarkers are ‘measurable’ changes in the body that can help to give a better diagnosis in cases of dementia.

e) EFFORTS TO IMPROVE THE SKILLS OF OLDER PERSONS IN TERMS OF SELF-CARE, HEALTH PROMOTION, PREVENTION OF DISEASE AND DISABILITY.

At this moment the various courses and training programs, that deal with self care and independent living of vulnerable older persons (75+), are object of a study carried out with support of the National Program Care for the elderly. Result will be expected in 2013. See:

f) STEPS TAKEN TO ENSURE EFFICIENT, EQUITABLE AND SUSTAINABLE FINANCING OF HEALTH AND SOCIAL SERVICES FOR PERSONS OF ALL AGES.


g) MEASURES UNDERTAKEN TO FACILITATE THE ADOPTION OF HEALTHY LIFESTYLES (E.G. INFORMATION CAMPAIGNS).

Basically the preservation of a healthy lifestyle is of course a personal responsibility for everyone. VWS finances the ‘KiesBeter’ [Choose Better] website (www.kiesbeter.nl/medische-
informatie/leefwijze/) which provides information about healthy lifestyles. As in previous years, the number of people who visited the healthcare portal, kiesBeter.nl, continued to increase: from more than 4.3 million in 2009 to more than 4.9 million in 2010.
RIS Commitment 8: Mainstreaming a gender approach in an ageing society to support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members

In recent years various laws and regulations have been enacted to promote gender equality, including:

- Leave schemes.
- Legislation concerning equal treatment at work.
- Regulations concerning the advancement of women to more senior positions.
- Regulations against sexual harassment, aggression and violence.

The main principles of Dutch gender equality policy are enshrined in the Equal Treatment Act (Wet Gelijke Behandeling) and the UN Convention on the Elimination of All Forms of Discrimination against Women.

In the Netherlands these actions are part of the work program of the Netherlands Institute for Social Research | SCP. (http://www.scp.nl/english/).

The Emancipation Monitor 2010 published by Statistics Netherlands and the SCP shows that a higher percentage of women are engaged in the workplace. The percentage of women who are financially independent increased from 42 to 48 percent from 2005 to 2009. And it is also increasingly common for women who have children to keep working.

The Netherlands is at the top of the world gender equality list that forms part of the United Nations Human Development Index. According to this Index, the gender equality differences between men and women in the Netherlands (as measured in terms of education, participation in politics and female health) are the smallest in the world. Given the reasonably positive results of the Emancipation Monitor, we can acknowledge that we are achieving more than ever before in this respect.

See RIS commitment 4 a point “g”.

- MEASURES TO ENCOURAGE AND FACILITATE EQUAL SHARING OF FAMILY AND CARE RESPONSIBILITIES
BETWEEN WOMEN AND MEN.

These measures are part of the policy letter of 8 April 2011 (“The outlines of the Emancipation Policy 2011-2015”) in which the Rutte administration presented its emancipation policy for the coming years.
RIS Commitment 9: Support for families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members

a) ADJUSTMENTS MADE TO FAMILY POLICIES IN VIEW OF CHANGING DEMOGRAPHIC CIRCUMSTANCES


b) POLICIES AND PROGRAMMES ADOPTED TO RESPOND TO THE NEEDS OF FAMILY MEMBERS OF DIFFERENT AGES


c) SPECIFIC ELEMENTS INTRODUCED IN THESE POLICIES AND PROGRAMMES TO PROMOTE EQUALITY BETWEEN MEN AND WOMEN

See RIS Commitment 8 at “c”.

d) AWARENESS-RAISING MEASURES ON THE CONTRIBUTION OF OLDER PERSONS TO FAMILY, COMMUNITY AND SOCIETY AT LARGE

The promotion of active citizenship has been made the responsibility of the municipalities by the Social Support Act. See the publication “Core functions Local voluntary work support and Family care” http://english.minvws.nl/includes/dl/openbestand.asp?File=/images/core-functions-local-voluntary-work-support-and-family-care-_tcm20-190083.pdf

e) MEASURES ADOPTED TO HELP FAMILIES DEAL WITH THE GROWING RESPONSIBILITIES OF CARE FOR THEIR OLDER MEMBERS


f) MECHANISMS PUT IN PLACE TO STRENGTHEN THE ROLE OF COMMUNITIES, ORGANIZATIONS AND ASSOCIATIONS IN PROVIDING SUPPORT AND CARE TO OLDER PERSONS.

This commitment is worked out at other places in this report.

g) SUPPORT TO CARE-GIVING FAMILIES, FAMILY FRIENDLY POLICIES AND SERVICES

See in the publication “Core functions Local voluntary work support and Family care” http://english.minvws.nl/includes/dl/openbestand.asp?File=/images/core-functions-local-voluntary-work-support-and-family-care-_tcm20-190083.pdf the part “Family care” (pages 16 – 31). Since the introduction of the Social Support Act in 2007 the municipalities are in charge for this kind of support
activities. The Social support act has been evaluated over the period 2007 – 2009. The report in question points out: “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”. See an English summary of the report at http://www.scp.nl/english/dsresource?objectid=24052&type=org.

h) ADAPTATION OF THE INFRASTRUCTURE OF TOWNS TO THE NEEDS OF FAMILIES, AND IN PARTICULAR THE NEEDS OF YOUNG AND OLDER PERSONS, TO ENSURE THAT GENERATIONS CAN LIVE TOGETHER; IMPROVEMENTS IN PLANNING OF SERVICES.

The government will produce proposals creating greater scope for flexible housing, temporary housing for people needing to be close to an informal carer, and multi-generational housing. (Coalition and Tolerance Agreement of the present government)

Mobility is important to older people. It keeps them active in the field of social/recreational activities and healthy because of the physical efforts it requires. At the same time older people are physically more vulnerable in traffic and have a relatively large share of road fatalities. The aim of the national road safety policy is that as many people as possible travel and return home safely without interfering in their freedom.

An infrastructure that is more considerate of the impairments associated with aging, can contribute to a reduction in crash involvement of older people. The measures must of course be focused on the accident types that are most common among the elderly; in fact, turning left and accidents at the crossings of roads.

Road authorities are responsible for safe roads. They gain their knowledge through guidelines and tools provided by institutions such as CROW and SWOV. These institutions did produce fact sheets on behalf of municipalities and other stakeholders, like "Elderly and infrastructure" and "Elderly in the traffic".

The program “Stay Mobile in a safe way”, supported by the Ministry of Infrastructure and Environment (I & M), helps older people to be aware and safe during traffic participation by concrete activities (such as cycling, scooter-training, mobility advice and grants). These activities are carried out by civil society organizations, like senior citizens' associations and organizations of automobilists, cyclists and walkers/hikers.
RIS Commitment 10: Promotion of the implementation and the follow-up of the Regional Implementation Strategy through regional cooperation

a) ACTIVITIES UNDERTAKEN BY YOUR COUNTRY TO STRENGTHEN COOPERATION AMONG UNECE MEMBER STATES IN THE FIELD OF AGEING (E.G. PARTICIPATION IN MEETINGS OF THE UNECE AND THE ECV, EXCHANGE OF INFORMATION WITH MEMBER STATES AND WITH THE UNECE SECRETARIAT)

The Netherlands participates in the Working Group on Ageing of the UNECE. With regard to the issue of human rights for older people The Netherlands emphasizes the need of cooperation with regard to items on the agenda of the Open Ended Working Group on Ageing of the UN, primary between member states of the EU. Recently exchanges on the level of ministries did take place with France and Germany. Also with representatives of other governments in the UNECE-region exchange of information and policies did take place, but in those cases the policy for older people was part of the content.

b) OPPORTUNITIES PROVIDED FOR CIVIL SOCIETY TO COOPERATE IN THIS PROCESS

See: RIS Commitment 1 ad “e”.

c) ASSISTANCE REQUESTED/RECEIVED FROM THE UNECE SECRETARIAT AND/OR OTHER ENTITIES OF THE UNITED NATIONS SYSTEM IN THE IMPLEMENTATION OF RIS (IF SO, CONSIDER PROVIDING A BRIEF EVALUATION)

Not applicable.

d) POSSIBLE NEEDS FOR ASSISTANCE.

Not applicable.
4. Conclusions and priorities for the future

1. Because of the shrinking workforce and the growing number of people over the age of 65, it is now necessary for people to work longer. This is the only way not only to keep the state old-age pension (AOW) on a firm financial footing, but also to prevent major staff shortages in areas of the public sector like education and care, as well as in the private sector. The state pension age will be raised to 66 in 2020 and is expected to rise to 67 in 2025.

2. A robust and future-proof pension scheme requires greater expertise, stronger internal supervision, and transparent investments and pension accrual. Pension contributions will not automatically be reduced during an economic upturn and increased during a recession. The measures must make pensions more resilient in the face of the ageing of the population and fluctuations in the financial markets.

3. We want far more carers, more initial and further training, more patients' rights, more and better quality standards, a stronger Healthcare Inspectorate (IGZ), lower overheads, less regulation, more community care, smaller care institutions and more measures to prevent abuse of the elderly.
Annexes

A. Care of the elderly as part of the Policy and Tolerance Agreement for the Coalition Government-Rutte (since 14 October 2010)

Ever more people are now living longer and enjoying good health further into old age. While this is a positive development, it does mean that the population of elderly people is growing and sooner or later they will need care. They look to their social networks and to community care services to provide it. The care system is under pressure. Costs are rising and staff shortfalls are growing. We owe it to the older generation, who made our country what it is today, to provide a comfortable old age with accessible, high-quality care. And that means drastically reducing the incidence of dehydration, malnutrition, pressure sores and round-the-clock use of incontinence pads. To achieve this, we have put together a compact, high-quality programme for elderly care. We want far more carers, more initial and further training, more patients' rights, more and better quality standards, a stronger Healthcare Inspectorate (IGZ), lower overheads, less regulation, more community care, smaller care institutions and more measures to prevent abuse of the elderly.

The elderly, chronically ill and disabled require special attention from the healthcare services. These are people who depend on care, either in their own homes or in residential institutions. Their wishes, abilities and limitations and those of their social networks should be the paramount consideration. People need care at district and neighbourhood level. The family doctor and district nursing service are the key providers. Institutions should be more human in scale. Elderly care institutions will be given greater financial leeway and will once again be able to invest in the quality of care and care staff. This will encourage them to meet high quality standards. The IGZ will clamp down on institutions which fail to do so. The rights of patients in institutions will be broadened.

Better elderly care

The government will strive to improve the quality of elderly care. Almost 1 billion euros will be set aside for this. The standard care needs packages and associated training will become self-financing. This will give care institutions greater financial elbow room, which they can use to employ 12,000 extra staff for the routine care of our elderly and disabled. Investments will also be made in the quality of care and personnel.

Quality of elderly care institutions

To improve the quality of institutions, efforts to establish standards and exchange best practices will be supported. Peer review will be encouraged. A quality standards institute will be set up to help care institutions in this respect. Standards applied in quality programmes of proven value, such as those relating to pressure sores and malnutrition, will be extended to the entire sector by integrating
them into the IGZ quality standards. In future, standards developed in new quality programmes should likewise be integrated into the IGZ quality standards as soon as they have proved their worth.

Patients' rights

The rights of patients will be broadened. Individual patients must be able to exercise their rights but, at the same time, there need to be guarantees that the fulfilment of individual rights will be reasonable and fair. This will be facilitated by new legislation on the rights of care service clients. In addition, there will be a specific framework act for residential care institutions setting out the concrete rights of residents, such as the right to a daily shower and to spend some time each day in the open air if they so wish.

Healthcare Inspectorate (IGZ)

New arrangements will be made for the inspection of elderly care institutions. Management boards will be made explicitly responsible and accountable for what happens in the institutions under their responsibility. The IGZ will require less paperwork and carry out more physical inspections in the workplace. Appropriate sanctions will be imposed when irregularities are observed. In addition to its existing powers to impose fines, the IGZ will be given the power to issue legal orders where structural failures in the standard of care place clients at risk.

Where institutions perform well, it will be sufficient for the IGZ to oversee institutions’ own internal quality assurance systems, which provide constant feedback on the quality of the institution. Complaints can be handled by the institution itself, for example through an external complaints committee.

The IGZ will closely monitor institutions which are performing less well or indeed poorly. It will carry out physical inspections on the ground, sometimes unannounced and perhaps using ‘mystery guests’. In addition to the usual right of complaint, there will be a right to take serious complaints about personal care and staff-patient interaction directly to the IGZ. In the case of very serious complaints, the IGZ will take immediate action (and not wait for a pattern of complaints to emerge). Finally, clients whose individual rights have been violated will always have recourse to the courts.

Community care

Homecare is facing serious problems, including declining quality, demographic aging, rising costs and personnel shortages. Community care does not express targets in terms of productivity or hours of care provided, but in terms of long-term outcomes: health benefits, solutions for the client, quality of life and personal independence. An important part of community care is coordination with other care professionals. The family doctor and the district nurse are the key links in the chain. They know what is going on and keep a close eye on the situation. Community care is more effective than the homecare system, it requires fewer hours per client per year, it is faster and it reduces the amount of unplanned care. Community care is therefore not only better, it is also cheaper.

Smaller care institutions

The government will encourage a move towards smaller care institutions. Optimising the size of care institutions will result in greater efficiency, lower costs, more integrated care, higher client
satisfaction and better care. The government will ensure that the size of care institutions is optimised and oppose the emergence of vast care organisations.

**Measures to promote down-scaling will include:**

The application of special fusion criteria by the IGZ and the Dutch Healthcare Authority (NZA) in advance of any possible merger investigation by the Dutch Competition Authority (NMA).

Giving the IGZ the power to split up a care institution to improve the quality of care. This will require changes to the relevant legislation (including the Care Institutions (Quality) Act and the law on legal personality).

**Reducing overheads**

The government will strive to achieve substantial reductions in health service overheads. Targets will be set for each sector. The main focus in the healthcare field should not be on management, but on those delivering patient care and services. Staff should be able to make a successful career out of the practical delivery of care. Nurses and carers should be able to concentrate on what they are trained to do without any unnecessary burden of administration. The government also intends to launch an experiment with low-regulation care institutions. To this effect, a survey of health service regulations will be conducted to identify those which can definitely be scrapped or which are of doubtful necessity. The money saved by reducing overheads will be fed back into the care institutions concerned.

**Stop elder abuse**

The government will take extra measures to combat abuse of the elderly, including a compulsory certificate of good character for paid carers. In addition, guidelines will be issued on elder abuse, the Stop Elder Abuse project will continue and a duty to report elder abuse will be introduced.

**Changes in the system for long-term care**

Change from service delivery funding to outcome funding for long-term care provided under the Exceptional Medical Expenses Act (AWBZ)

The present method of input funding will be changed to one of funding by results. This will shift the main focus to patients’ needs, leading to more innovation, less workplace bureaucracy (such as minute-by-minute time recording), better quality and greater efficiency.

**Placing personal budgets on a statutory footing**

Personal budgets offer clients substantial freedom to organise their care the way they want it. To guarantee this right, the present non-statutory subsidy scheme will be abolished and personal budgets will be placed on a statutory footing, taking due account of current financial frameworks.

**Separating accommodation from care**

In long-term care provided under the AWBZ, accommodation will be separated from care, giving residents greater freedom of choice. Care institutions will take more account of client preferences regarding accommodation. To compensate for the extra cost of accommodation, the present intramural personal contribution will be reduced. Residents unable to pay the extra amount will be eligible for housing benefit. Conditions for the introduction of the new system will be that the
partner who remains behind should not be financially worse off than under the present system and that sufficient single rooms are available.

Transferring day care and support to the Social Support Act
Arrangements for day care and support can best be made locally, close to the patient. It is therefore more appropriate to cater for them under the Social Support Act (WMO), which is administered by local authorities, than under the AWBZ. The local municipality knows the people and their situation better than a huge, bureaucratic regional care administration office. Day care and support services will therefore be transferred from the AWBZ to the WMO.

Reform of the AWBZ
A number of reforms will take place within the AWBZ system but personal care, nursing, intramural mental health care and care of the disabled will all remain within it. At the moment, the system is run by regional care administration offices. Their tasks and the associated risks will be taken over by the health insurance companies. Patients will then have a single contact point for all their medical care. The change will also promote efficiency, since health insurance companies will monitor the efficiency of the institutions and the quality of the care they provide.
B. Demografie van de vergrijzing (The Demography of ageing)

C. Answers questionnaire HCHR 2011/02/04

Reference: Ageing/2011/CM/JS/is

1. Please provide information on the current situation of the human rights of older persons, including particular challenges and threats that may prevent the full realization of their rights.

Article 1 of the Constitution of the Netherlands

"All persons in the Netherlands shall be treated equally in equal circumstances. Discrimination on the grounds of religion, belief, political opinion, race or sex or on any other grounds whatsoever shall not be permitted."

Dutch equal treatment legislation stipulates that unequal treatment is unlawful in specific fields and on a limited number of grounds.

The Act Municipal Antidiscrimination Provision from 2009 offers a easily accessible assistance on local level for everybody who has complaints about discrimination or equal treatment.

See also: http://www.minbuza.nl/en/Key_Topics/Human_Rights/Dutch_Human_Rights_Policy

2. Please provide information on existing legislation, policies and programs to protect and promote the human rights of older persons.

a. Existing legislation

1) See http://www.cgb.nl/english/legislation

2) The Netherlands is bound by the requirement of equal treatment contained in article 26 of the ICCPR, which is enshrined in article 1 of the Dutch Constitution and elaborated in the Equal Treatment Act. The 12th Protocol to the ECHR makes no difference to national legislation or to the government’s existing commitments. The Protocol does mean that it is possible to submit an application to the European Court of Human Rights citing discrimination on one of the grounds specified. A judgment by the Court of Human Rights is binding and must always be followed.

b. Policies

Dutch policy aims to create equal opportunities and to encourage people to seize such opportunities and so to overcome disadvantages.

c. Programmes

1) See http://www.art1.nl/artikel/73-English

2) The Complaints Office Discrimination on Internet (MDI) judges reports about discrimination within the Dutch part of internet. If a reported manifestation of discrimination is liable to punishment according to the MDI, the complaints office will first send a request to remove that manifestation or expression. In exceptional cases the complaints office will directly report the manifestation as a
crime at the police. To report an incident of discrimination at the internet one can send an Email to the MDI.

3. Please provide information on existing legislation, policies and programmes to address discrimination against older persons, including measures to address multiple discrimination (e.g. discrimination based on age and gender).

a. Existing legislation

On 1 May 2004 the Equal Treatment in Employment (Age Discrimination) Act (Wet gelijke behandeling op grond van leeftijd) came into force. The Act addresses the fight against age discrimination and is intended to set up a general framework for equal treatment in employment and occupation.

This Act bans age discrimination in employment, occupation and vocational training. Discrimination on grounds of age is only permitted if setting an age limit can be objectively justified. The ban on age discrimination applies to all areas of employment, from recruitment and selection and job placement to conditions of employment and terminating an employment relationship. It also applies to vocational training, vocational guidance, careers advice and membership of employers’ organizations and trade unions or professional or occupational associations. The Act specifies that the Equal Treatment Commission (Commissie Gelijk Behandelen) is to monitor the ban on age discrimination and can initiate an investigation when a complaint is made. If a distinction on the grounds of age is made in advertising a vacancy, the reasons for doing so must be stated clearly. It is only possible to specify an age limit if it can be objectively justified. The Act also contains provisions on protection against victimization (not only for employees, but also for witnesses) and against dismissal on grounds of age. Any conditions that are in breach of the Act are invalid. Finally, the Act bans harassment and instructing others to discriminate.

b. Programmes

The Ministry for Social Affairs and Employment also provided a grant for the ‘Vacatures voor alle leeftijden’ (‘Vacancies for all ages’) project, run by the LEEftijd Expertise Centre and the Equal Treatment Commission. The project aimed to combat unjustified age discrimination in job advertising. Where a justifiable age limit applies to a particular post, the employer must give the reasons for this in the vacancy. A checklist to this end was developed during the project.

4. Please provide information on existing legislation, policies or programmes to address violence and abuse against older persons in the private and public spheres.

a. Existing legislation

By introducing a separate law, the Government intends to create ways of imposing temporary restraining orders for perpetrators of domestic violence in situations where there is an acute threat to victims and/or any children. This new piece of legislation, will allow mayors to impose a ten-day restraining order. In practice, they will authorize an executive police officer to use this power. The court can test the order within three days after its commencement date. After the ten days, the mayor may decide to extend the order by another four weeks. The restraining order from entering a house may also apply for child abuse cases. The people involved will receive professional help during
the ten-day restraining order. The preparations for the entry into force of the act started a long time ago. The www.huisverband.nl website contains all the information on the restraining order (in Dutch).

b. Policies

The government will promote equal opportunities. Violent crimes with a discriminatory background or motive should be punished more severely. The Public Prosecution Service will take this into account when demanding sentences.

In 2006-2007, a campaign to stop elderly abuse distributed a leaflet entitled ‘You only have see it once to believe it’. The number of Dutch municipalities that have a contact point for information and referral concerning abuse of the elderly increased from 31% (150 municipalities) to 94% (416 municipalities) during the campaign period. One third of all municipalities now have professional help networks and there are agreements with cooperating organizations on combating elder abuse. The government is currently looking into ways of incorporating the results of the campaign in their policy.


c. Programmes

The government will take extra measures to combat abuse of the elderly, including a compulsory certificate of good conduct for paid carers. In addition, guidelines will be issued on elder abuse, the Stop Elder Abuse project will continue and a duty to report elder abuse will be introduced.

The present coalition government launched a new program against elderly abuse at April 1th 2011. A letter was sent to parliament at March 30th 2011. The program will run from 2011 – 2014 with a budget of € 10 million. A plan of action of 10 points goes along with the program.

5. Please provide information on existing legislation, policies and programmes addressing old age-sensitive services and facilities, such as those related to mobility, age-adequate design, long-term care, primary health care and adult and continuous education.

a. Existing legislation

For primary care see http://www.nivel.nl/pdf/HIT-rapport-Netherland.pdf


b. Policies

The rights of patients, including those of elderly patients, will be broadened. Individual patients must be able to exercise their rights but, at the same time, there need to be guarantees that the fulfillment of individual rights will be reasonable and fair. This will be facilitated by new legislation on the rights of care service clients. In addition, there will be a specific framework act for residential care institutions setting out the concrete rights of residents, such as the right to a daily shower and to spend some time each day in the open air if they so wish.
c. Programmes

The government will strive to improve the quality of elderly care. Almost 1 billion Euros will be set aside for this. The standard care needs packages and associated training will become self-financing. This will give care institutions greater financial elbow room, which they can use to employ 12,000 extra staff for the routine care of our elderly and disabled. Investments will also be made in the quality of care and personnel.

6. Please provide information on existing legislation, policies and programmes concerning social protection measures as well as right to social security with regard to older persons.

a. Existing legislation

The General Old Age Pensions Act (AOW) is a basic pension for people aged 65 and over. In addition, the AOW grants a supplementary allowance to people entitled to an AOW pension whose respective partners are under the age of 65 and have only limited or no incomes.

Everyone living legally in the Netherlands is insured by law under the AOW between the ages of 15 and 65. No distinction is maintained between men and women or the employed and unemployed. You are insured even if you do not live in the Netherlands but work in the country and, as a result, are subject to its wage tax.

b. Policies

See more in http://english.szw.nl and then for Social assistance (in the site) at Benefits.

In addition to the basic state pension, the Minister of Social Affairs supports the pensions system that social partners have set up per industrial branch by issuing decisions that make the contributions to these pension funds obligatory.

As a result of this system over 90% of the workers in The Netherlands have a supplementary pension that can add up to 70% of the last or average career wage.

7. Please provide information on existing legislation, policies and programmes to systematically collect, update and analyze information disaggregated by age.

Elderly Policy Monitor 2008: Values on a grey scale

At the request of VWS the Netherlands Institute for Social Research (SCP) examined the results of the policy on the elderly over the last two years and explored how the results of that policy might be periodically monitored in the future.

8. Please provide information on existing legislation, policies and programmes to enhance participation and active engagement of older men and women in community, political and cultural life.

a. Existing legislation

On 1 January 2007 the Social Support Act (Wet maatschappelijke ondersteuning, Wmo) came into force in all municipalities in the Netherlands.
Under the Act, the municipalities are now responsible for setting up social support. The introduction of the Wmo offers an opportunity to improve the service provision to citizens and clients.

The aim of the Social Support Act is participation of all citizens to all facets of the society, whether or not with help from friends, family or acquaintances; the perspective is a coherent policy in the field of the social support and related areas.

Municipalities now have the opportunity to develop a cohesive policy on social support, living and welfare along with other related matters.

The Wmo puts an end to various rules and regulations for handicapped people and the elderly.

b. Policies

To support municipalities with implementing the Social support act in general and volunteer policy in particular, a number of initiatives has been taken; one of these being the development of so-called core functions for family care and voluntary work.

See (for example):

Core functions Local voluntary work support and Family care Documentation | 20 November 2009 | pdf, 34 pag., 382 kB

c. Programmes

Implementation is at the municipal level.

9. Please provide information on existing legislation, policies and programmes to ensure access to justice and judicial remedies for violations of the rights of older persons, including references to specific mandates of institutions such as national human rights institutions to address their rights.

a. Existing legislation

See the answers on question nr. 1.

b. Policies

Anyone who feels he or she has been treated unequally, can request an opinion of the Dutch Equal Treatment Commission (CGB). When the CGB receives a petition for an opinion, it investigates whether the equal treatment law has been violated. The CGB can only investigate petitions on the grounds of differentiation described in the equal treatment laws.

When the CGB receives a petition for an opinion, it investigates whether the equal treatment law has been violated. The CGB can only investigate petitions on the grounds of differentiation described in the equal treatment laws.

The CGB does not have to wait for petitions to be filed. It is also entitled to investigate on its own initiative in specific areas where systematic or persistent patterns of discrimination are suspected.

c. Programmes
The Dutch Equal Treatment Commission is an independent organization that was established in 1994 to promote and monitor compliance with this legislation. The Commission also gives advice and information about the standards that apply. Everyone in the Netherlands can ask the Commission for an opinion or advice about a specific situation concerning unequal treatment, free of charge.

The Act Municipal Antidiscrimination Provision from 2009 offers a easily accessible assistance on local level for everybody who has complaints about discrimination or equal treatment.
D. The value of silver in figures

Civic engagement of senior citizens in the Netherlands

http://www.movisie.nl/Publicaties/2008/123355/Ouderen%20en%20maatschappelijke%20inzet%20Engelstalig%20voor%20WEB.pdf
E. A short survey of Social Security in the Netherlands (June 2011)