

# **What does the government do for older people?**

Information on government policy on older people

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## Foreword

The Dutch economy is thriving, and people are prospering. It is the mark of a civilised society that older people can lead independent lives and take part in the social and cultural life of their communities - both now and in the future, as the number of senior citizens continues to grow. The Netherlands needs the potential of older people: not just the many who continue to work beyond the age of 55 but also those who act as unpaid volunteers in many different sectors.

Older people in the Netherlands generally enjoy a high standard of living. However, over the next two decades, their number will rise dramatically, and life expectancy will also increase. Furthermore, they will have higher expectations.

The government is aware that it must prepare for these changes. Ageing is a factor it will have to take into account in many of its policies - on training and working conditions, for instance.

People often need care when they grow older. And if they become disabled, they will require specially adapted housing and transport. Demand for these facilities will rise over the next 30 years. The incomes of older people who are no longer working must also be maintained. The government is doing all it can, but cannot succeed without help. Local and provincial authorities, the private sector and older people themselves must all make a contribution, and that is precisely what they are now doing.

This brochure summarises the government's policy on older people. It begins with some statistics, then describes how ministries are going about the task of devising policy. This is followed by an account of measures and activities in individual policy areas. Each chapter opens with a little background information.

As the state secretary responsible for coordinating policy on older people, I commissioned this brochure to set out government policy for the benefit of organisations representing older people. That policy is still evolving. This spring, the Social and Cultural Planning Office (SCP) published a report entitled *Older People in 2001*. I am confident that it will help us to match our policy even more closely to the needs and wishes of older people.

Margo Vliegthart

State Secretary for Health, Welfare and Sport

## 1. Older people in the Netherlands

Older people in the Netherlands generally enjoy a good quality of life. They are living longer, their average incomes are rising and a growing number own their own homes. And over the past few years, more and more older people have been taking up sports and cultural activities (*Older People in 2001*, SCP).

There are several reasons why the government focuses special attention on older people. To begin with, most people over the age of 65 are no longer working and they therefore tend to lose the contacts they had when they were employed. Second, older people generally have lower average incomes. Third, people's health tends to deteriorate as they get older; the very old suffer more chronic ailments and physical disabilities than the rest of the population. Fourth, there are more single people among the elderly, especially among older women. And finally, people over the age of 80 tend to be less mobile and have fewer social contacts.

### What do we mean by 'old'?

You are, of course, as old as you feel. However, the government applies a variety of thresholds in its policy on older people. For example, you can join a senior citizens' association from the age of 50 onwards. The age at which a person is eligible for a state pension (AOW) - 65 - is another threshold. And if we were to define 'old' by the need for care, then the threshold would lie between 75 and 80, which is when demand rises sharply. This overview has taken 55 as the threshold.

Older people differ not only in terms of age, but also in terms of health, income, cultural background, lifestyle and living arrangements. Moreover, today's senior citizens are very different from senior citizens 20 years ago. They have experienced social emancipation and individualisation. They want to be in charge of their own lives. And they are often better educated and more physically mobile.

Though most older people enjoy a high standard of living, there are two groups who remain vulnerable: very elderly single people (mainly women) and people of ethnic origin. They often face three problems: poor health, low incomes and few opportunities to be part of the community in which they live.

### *Statistics*

There are 3.7 million people over the age of 55 in the Netherlands, of whom some 2.2 million are over 65 and 225,000 are over 85. The number of people over the age of 55 is expected to rise to 6.2 million by the year 2030.

The state pension (AOW) is the main source of income for three-quarters of the 2.2 million people over the age of 65. Only one in five people between the ages of 65 and 75 receives a supplementary pension over and above the state pension. This number will continue to grow by approximately 1 per cent a year.

Some 1.7 million, i.e. three-quarters, of the 2.2 million people over the age of 65 live independently in an unadapted home. In 1999, 41,000 homes were adapted for people over 65 with a grant from the Services for the Disabled Act (WVG) scheme. Some 310,000 people over the age of 65 live in retirement housing. And around 160,000 older people live in nursing and residential care homes.

People's health tends to deteriorate as they grow older. The 160,000 or so older people living in nursing and care homes have serious health problems. Some 60 per cent of people over the age of 75 who are living independently have one or more chronic illnesses or complaints. Over a third of all people aged over 80 enjoy relatively good health. Seventy per cent of those over the age of 85 have moderate or severe physical disabilities.

## **2. Government policy on older people**

The Charter of Fundamental Rights of the European Union states that: 'The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.' For many years now, successive Dutch governments have been taking measures to uphold these rights. For us it is the mark of a civilised society. But the government cannot do this without help, as the current government pointed out in its statement of policy on taking office: 'All citizens have a contribution to make, based on their own capabilities and responsibilities (...) The awareness of a shared responsibility, of a mutual interdependence between the individual and society, between the public and the private sector (...) should permanently guide our thoughts and actions.'

This brochure begins by explaining how the government sets about the task of devising policy on older people. It then takes a look at policy in individual areas.

### *2.a Looking ahead*

The growing number of older people, which is being accompanied by a proportional decline in the number of younger people, is having a significant impact on Dutch society. And not only are there more older people, but they are also living longer. Today's senior citizens have higher expectations and want to organise their own lives. Even a physical disability no longer prevents them from getting out and about. No one could have failed to notice how many walkers and motorised wheelchairs have appeared in our streets in recent years. It is a trend that is also having an impact on public transport, where many buses are now wheelchair accessible. The housing market is responding too, with more and more universal homes. There is a growing shortage of younger people on the labour market, and they are gradually being replaced by people over the age of 55.

A growing number of older people will need a higher level of care. The state pension and the care services will become progressively more expensive to fund. At the moment, much of this funding is covered by the contributions paid by the working population. In the long term, however, there will be fewer people in paid employment compared to the number of people over the age of 65. To provide for them, money will need to be invested and saved not only by the government but also by companies and individuals.

Nor is it only money that must be invested. If older people have to carry on working for



longer, we will continually have to invest in training and professional development. Homes must be built which are, and remain, suitable for all, including the elderly. After all the homes that are now being built will probably last for at least another 30 years. The design of nursing homes must take into account the privacy and comfort that people will expect in 20 years' time.

### *2.b Specific measures only where necessary*

The Dutch government makes policy for its citizens, and ministers try to make allowances for the differences between people. Generic measures should respect the interests of different groups. For example, older people often need a different type of home than families with children. This is an issue the State Secretary for Housing, Johan Remkes, addresses in his policy document *What people want, where people live - living in the 21st century*. Ministers and state secretaries take account of the age structure of the population when making policy and drafting laws and regulations that are applicable to all. Yet sometimes that is not enough.

Occasionally, special measures are needed for older people. One example is the Old Age Pensions Act (AOW), which governs state pensions and applies exclusively to this age group. The State Secretary for Finance, Wouter Bos, has also introduced special tax facilities for older people under the new tax system. Margo Vliegenthart, the State Secretary for Health, Welfare and Sport, coordinates government policy on older people. She ensures that the various ministers and state secretaries correlate their policies on older people, and intervenes when she feels that ministers are not taking sufficient account of them in their policies.

### *2.c More responsibility for individuals and organisations*

The government accepts that it cannot do everything, and it also recognises that the public actually prefers things this way. People want to be in charge of their own lives, and older people are no exception. In fact, individual responsibility is a basic tenet of current policy: the government gives people the freedom to organise their own affairs and merely ensures that they are properly equipped to do so. It intervenes only where this is not possible and there is a risk of hardship or difficulty.

One way of encouraging individual responsibility has been through a shift in the pension system. The state-funded voluntary early retirement benefit (VUT) scheme is being replaced by a self-funded scheme. And patient fundholding, whereby people choose and purchase the care they want, has been introduced into the health care system. The

government is working towards a new balance between the responsibility of the state and that of individuals and organisations - between public and private initiative. This means fewer rules and regulations. And it means strengthening the position of older people as consumers.

All this requires sufficient funding, freedom of choice, information about possible options and more vocal consumer organisations. Current policy seeks to encourage and strengthen the voice of older people. Obviously, some older people are so vulnerable that the government must take action to protect them. This applies, for example, to individuals with advanced senile dementia. However, in cases where the government has to take the lead, it will ensure that action is taken as close as possible to the people themselves.

#### *2.d 'Grass roots' policy wherever possible*

Of the three layers of government in the Netherlands – the state and the provincial and municipal authorities - the municipalities are the closest to the people. Over the past 15 years, many central government tasks have been delegated to local level. It is the municipalities that now spend the budgets and decide how numerous schemes are implemented. Responsibility for implementing the Services for the Disabled Act (WVG) and for providing urban and regional transport, for example, has been decentralised, since it became evident that general regulations do not take account of differences in local needs. Large cities have different public transport requirements than rural areas and population profiles can differ significantly from town to town. These are factors policy must be able to take into account.

This summary shows that the municipalities play a key role in many areas, and that central government is seldom either able or willing to exert much influence. How does this work in practice? The Minister for Urban Policy, Roger van Boxtel, has concluded a set of voluntary agreements, known as covenants, with 25 large municipalities, in which they undertake to improve the quality of life in their cities, with measures generally aimed at improving public safety, economic output, training and sports facilities. Also included in the covenants are pledges to build apartments for older people and to install alarm systems in their homes so that they are not forced to move elsewhere. Each local authority is responsible for drafting its own multiyear programme.

The covenants also indicate how much money central government has agreed to allocate to these programmes and how much the cities themselves are investing. In fact, all the measures, including the covenants, agreed within the framework of urban policy are

supplementary agreements, since cities are faced with a combination of problems, such as drug use, relatively high rates of crime, large numbers of jobless people and run-down neighbourhoods and the municipalities and central government have now decided to make an extra effort to deal with them.

However, for many of the other things that affect people's lives, the municipality is the first port of call. The municipalities implement the Social Assistance Act and the Services for the Disabled Act. They are also responsible for welfare services and for drawing up land-use plans which set aside enough room to build retirement housing.

However, they also do much more. During consultations they notify health insurance funds, private medical insurance companies and patients' organisations of the care needs of local citizens. They can refuse licenses to some companies and allocate land to others which will bring certain types of jobs into the area. Older people should therefore not just look at the policy of central government, but also find out what their municipality does for them.

### **3. A summary of government policy on older people**

#### **3.1. Work and income**

Most people below the age of 65 derive the biggest share of their income from paid employment. However, a significant group aged between 55 and 65 are dependent on invalidity or unemployment benefit or voluntary early retirement benefit. Most people over the age of 65 derive their income from the state pension, a private pension scheme or private capital. Tax facilities also affect the net incomes of older people.

##### *3.1.a Paid employment for people between 55 and 65*

One in seven people aged between 60 and 64 and half of those aged between 55 and 60 are in paid employment. Government policy aims to encourage more people in the 55 to 65 age group to return to work. The number of people over 50 who are earning a living has gone up over the past six years.

The Dutch economy is thriving. Companies are recruiting extra staff, and this has led to a dramatic fall in the jobless figures in recent years. But there is still a severe shortage of manpower, and employers are finding it increasingly difficult to fill their vacancies. There is a huge demand for personnel and too few younger people for all the jobs on offer. It is therefore essential for people to carry on working after the age of 55 and, if they wish, to go on even beyond their 65th birthday.

The knowledge and experience of older workers is an irreplaceable asset. But it is also important for them to carry on working so that they can contribute to retirement benefits. State pension contributions, for example, are funded by the working population. If the number of retired people goes up, so will the level of the contributions. This is less of a problem for private pension schemes, since people have saved for them themselves. But progressively fewer working people will be paying state pension contributions for a proportionally larger population of pensioners, and this situation will become untenable in the long run.

Persuading more older people aged between 55 and 65 to go back to or stay at work is therefore an important way of using their knowledge and experience. It is also a springboard for economic growth, which is essential to cover the rising costs of health care, for instance. The government has set itself the goal of having half of all 55 to 65-

year olds in paid employment by 2030. That is almost twice as many as there are at present. Policy will initially target the post-war generation, who are now coming up to the age of 55, and those between 40 and 55, most of whom are currently employed. Keeping them in work and persuading them not to retire early is a first prerequisite. The government will then go on to consider ways of persuading older people who are not working to return to work.

The government has examined the reasons why older people want to stop working. It concluded that people find it financially attractive to do so by claiming voluntary early retirement benefit, invalidity benefit or unemployment benefit. The government has therefore devised and implemented various measures to reverse this trend.

### *3.1.b Preventing incapacity for work*

Employers are now required to pursue an active policy on illness and disability among their staff. Grants are available to help them. Older workers are at higher risk of becoming sick or disabled. If a heavy workload is causing illness or poor performance, this can result in complete or semi-invalidity. The employer must then provide suitable reintegration measures to adapt the individual's duties, working hours or workstation.

The Disability (Reintegration) Act (REA) gives employers financial help in implementing these measures. If a disabled employee has his earnings reduced because his working week has been shortened or his duties have been changed, his salary can be temporarily supplemented through a grant. If a large number of older employees become permanently incapacitated because the employer fails to take sufficient action to give the disabled members of his workforce more appropriate duties, his invalidity insurance (WAO) contributions will rise sharply.

The Sheltered Employment Act (WSW) offers employment to people who are capable of doing regular paid work in a specially adapted environment.

### *3.1.c Getting the unemployed back to work*

The Unemployment Insurance Act (WW) contains various measures designed to speed up the process of finding older job-seekers alternative work. The aim of this 'comprehensive strategy' is for everyone who loses their job to be given the opportunity within a year to perform activities which will lead them back to paid work. It specifically targets older job-seekers. To keep people in work for longer, the costs to the employer of training older workers have been made tax deductible.

The government, employers and trade unions have agreed that pension provisions discouraging 55 to 65-year olds from returning to work should be abolished wherever possible. Older people aged over 57-and-a-half who become unemployed have been legally obliged to register with an employment office since 1 May 1999. Finally, employers will no longer be allowed to target older workers when announcing mass redundancies. All these measures are part of the government's policy to increase the number of older people in paid employment.

The government is making it more attractive for employers to take on older job-seekers by reducing their salary tax liabilities and social insurance contributions. To encourage older people themselves to carry on working, the government will be offering them an additional tax rebate of EUR 226 for people aged 58 years, rising to EUR 680 for people aged 63 and older. It has also been suggested that employers should be allowed to pay their employees a tax-free bonus of EUR 226 for people aged 58, rising to EUR 680 for people aged 63 and older.

To discourage the laying off of older workers, the government wants to introduce a partial excess payment in the Unemployment Insurance Act for employers who dismiss people aged 57-and-a-half or older. It will not apply to workers hired by an employer after the age of 50. The government is also considering making it mandatory for unemployed people over the age of 57-and-a-half to apply for jobs from 1 July 2002.

#### *3.1.d Voluntary early retirement benefit and flexible pension schemes*

In addition to these measures to reduce invalidity and unemployment among older people, the government will also need to phase out the voluntary early retirement benefit (VUT) schemes. This is not to suggest that the government wants to make early retirement impossible. However, the voluntary early retirement benefit schemes contain a number of flaws which are becoming increasingly problematical as the average age of the population rises. In any case, the schemes were never intended to be more than a temporary provision to encourage older people to make way for younger workers at a time when unemployment among young people was very high. This situation no longer exists.

There are two reasons why a switch to pre-pension or flexible pension schemes is so important. The first has to do with the way in which the voluntary early retirement benefit schemes are financed. People who take early retirement have not saved for it themselves. The costs of the schemes are borne entirely by the working population. As the proportion

of older people continues to rise and the proportion of younger people falls over the coming years, the contributions that younger generations have to pay will increase sharply.

Under pre-pension and flexible pension schemes, people save up for their own early retirement. This is fairer, since those who carry on working for longer will be paid a higher pension. This allows older workers to weigh for themselves the costs and benefits of early retirement. Under voluntary early retirement benefit schemes, such a choice did not have to be made since the costs were largely borne by others. While the voluntary early retirement benefit schemes are being phased out, the government will be giving employers and workers the opportunity to replace them with agreements on pre-pension schemes.

### *3.1.e Changing people's attitudes*

However, these measures are not enough. Both employers and employees must be persuaded to change their attitudes to the concept of working beyond the age of 55.

Crucial to this change of attitude is an age-aware personnel policy, in which training is consistently updated throughout an individual's working life, not just when they turn 50. Preconceived notions about the productivity of older people and part-time work by more highly qualified staff must also be overturned. Extra attention is needed to improve working conditions to keep older people healthy and motivated. Employers should be encouraged to adapt the workplace, working processes and equipment to the 'design for all' principle. This means ensuring that they are planned and implemented in such a way that everyone - young and old, able-bodied and disabled alike - can use them. The Working Conditions Act should be used as the guideline.

At the request of the House of Representatives of the States General, the State Secretary for Finance, Willem Vermeend, appointed a Task Force on Older Workers to encourage a change of attitude among employers and employees. The task force was given three jobs: to foster a new attitude to older workers, to collect and publicise examples of good practice and to establish an information and advice centre primarily for employers and workers from small and medium-sized enterprises.

A number of successful temporary employment agencies have been set up for older people, for instance in Amsterdam, without any specific government incentive. As well as costing employers less in the first and second tax brackets, older workers are also seen

as more highly motivated, more reliable and less prone to absence from work through sickness.

#### *3.1.f State Pension Savings Fund*

The number of people claiming a state pension will almost double over the next 35 years to approximately 4 million. This will push up state pension contributions to 25 per cent. Expenditure on state pension provisions is expected to peak from 2020 onwards. A state pension savings fund was therefore established in 1998 to meet some of these projected costs. Following initial deposits of EUR 340 million in 1997 and EUR 1.95 billion in 1998, subsequent contributions will be increased by at least EUR 113 million a year. The interest on the capital saved will also be deposited in the fund. In 2001, that interest came to EUR 0.54 billion. The savings fund is expected to reach EUR 136 billion by 2020. This will secure enough future funding for the state pension.

#### *3.1.g Women and pension schemes*

In the past, married women and part-time workers were sometimes debarred from participating in their employer's pension scheme. This was outlawed by the European Court of Justice in 1994, and it is now illegal to exclude married women and part-time workers from company pension schemes.

#### *3.1.h Voluntary old age and surviving dependants insurance*

All residents of the Netherlands are in principle covered by the compulsory social insurance schemes: the General Old Age Pension Act (AOW), the Surviving Dependants Act (ANW) and the Exceptional Medical Expenses Act (AWBZ). These schemes also provide statutory cover for individuals who are not ordinarily resident in the Netherlands but who work and pay income tax here. Dutch citizens who move abroad can opt to pay voluntary contributions to the general old age pension scheme and the surviving dependants scheme.

Since 1 January 2000, people who leave the Netherlands to live abroad are no longer obliged to pay contributions under these schemes. The Ministry of Social Affairs and Employment allows these individuals to pay voluntary AOW and ANW contributions under certain conditions. People who move to the Netherlands can if they wish buy into the schemes by making contributions to cover the period prior to their arrival. The voluntary insurance can be taken out for a maximum uninterrupted period of 10 years.

#### *3.1.i Tax incentives*



In addition to the state pension (AOW) and private pension schemes, there are also special tax incentives and discounts on social insurance contributions for older people. Single people over the age of 65 are eligible for a supplementary discount of EUR 248. This discount is not subject to an income threshold.

People aged 65 or over with incomes of below EUR 27,704 can qualify for a EUR 235 tax rebate. Exceptional expenses can be offset by a senior citizens' rebate of EUR 707 for each taxpayer aged 65 and over. Older people also receive an extra bonus on income from savings and investments: the tax-free ceiling on unearned income is higher for those aged over 65, under certain conditions (below a specific income and capital threshold). These measures are designed to boost net incomes for older people on low incomes.

People over the age of 65 are generally no longer required to pay state pension contributions. As a result, the tax and social insurance contributions for older people in the first and second tax brackets are approximately 18 per cent lower than they are for other people.

### *3.1.j Other financial benefits*

Alongside these measures, which are designed to boost net incomes, the government has also created subsidy schemes to reduce outgoings for older people. Housing benefit schemes operate special rates for older people, while the Senior Citizens' Pass, which is funded by the Ministry of Transport, Public Works and Water Management, gives holders a discount on buses and regional transport.

### **3.2. Participation by older people in the community**

The first chapter showed how the lives of older people have changed in recent years. Fewer older people go to work and many very elderly people are on lower incomes and in poor health. The average age of senior citizens is also rising, as is the number of single people who have outlived their partners.

The government feels that older people should continue to play a role in society wherever possible. To do so, they need an adequate income, good health and suitable housing. The state plays an important part. But it is chiefly the municipalities that encourage the participation of older people in their communities through a wide range of services.

Sports facilities, adult education, urban and regional public transport and social work are all the responsibility of the municipalities. This is only logical, since it is the municipality that is most familiar with local circumstances and is therefore best placed to identify the needs of older citizens. The Netherlands Institute for Care and Welfare (NIZW) has set up many welfare projects in conjunction with municipalities and older people themselves. Similar initiatives have been launched for older people from ethnic minorities. The Ministry of Health, Welfare and Sport has subsidised many of these projects. The experience gained can now be used by other municipalities.

Municipalities often target their services at socially isolated or marginalised older people. There are also many trends which the government (state, province or municipality) can try to encourage but which are ultimately decided by the way older people influence market forces. Supermarkets are now producing more ready-made meals and bungalow parks are offering special discounts to people over the age of 65, because they want to attract more older customers. Business has discovered senior citizens and is now trying to exploit the potential they represent.

This is happening in two ways. First, companies develop special products and services for older people. Second, they notice that many of these products are also attractive to young people. They therefore realise that it is better to design products and services that can be used by everyone. Product designers refer to this as 'design for all'. The Ministries of Health, Welfare and Sport and Economic Affairs are fostering both developments by awarding subsidies to expertise centres and promoting innovation.

The government can encourage municipalities and the private sector to cater for older people by commissioning research and pilot projects, supplying information and in some cases concluding formal agreements. Sometimes it can also award subsidies or legally oblige municipalities or companies to provide an appropriate form of service that satisfies certain quality requirements.

It is very important for older people to continue participating in their communities and to avoid marginalisation. Many older people lead highly active lives. Almost half of all people over the age of 65 are involved in some kind of voluntary work. Older people provide around three times more informal care than young people and they are also more interested in cultural pursuits such as reading, visiting museums and going to the theatre.

### *3.2.a Tackling age discrimination and prejudice*

There are many people over the age of 55 in prominent positions, both in the Netherlands and in other countries. Given their insight and experience, they are particularly suited for this work. Examples include the prime minister Wim Kok and Queen Beatrix. This makes it all the more incomprehensible that older people are still regarded as less capable of taking a leading role in business, politics and administration at all levels.

The Task Force appointed by the Ministry of Social Affairs and Employment to encourage a change of attitude within business and industry is one way of tackling age discrimination. The ministry has also spent some time drafting a bill to prohibit age discrimination in staff recruitment and selection. It is now considering whether its provisions can be extended to other spheres of personnel policy.

Over the past few years, the Ministry of Health, Welfare and Sport has been urging the organisations it subsidises to remove all age bars from their constitutions. Many of these organisations were applying fairly arbitrary age ceilings as a condition for board membership. This campaign has been highly successful among sports and other organisations and is now being taken up by other ministers.

The Age and Society Expertise Centre (LBL), which is subsidised by the Ministry of Health, Welfare and Sport, has played a key role in these activities. In its contacts with the media, it has highlighted the limited coverage given to older people and the stereotypical way they are often portrayed.

### *3.2.b Voluntary work*

Many older people work as volunteers. People aged between 50 and 65 are slightly less active than those aged between 35 and 50. Most volunteers tend to be people who do not work and are also not claiming benefit. Sixty per cent of men and 64 per cent of women aged between 50 and 65 perform voluntary work. Involvement tends to decline after the age of 65. More male than female over-65s are volunteers (50 as opposed to 40 per cent).

Voluntary work can encompass a wide variety of activities, ranging from nature conservation (e.g. pollarding willows) and organising writers' groups for Amnesty International to committee work for a sports' club, care for the terminally ill and hospital visits.

Local voluntary work is financed by the municipalities. The State Secretary for Health, Welfare and Sport, Margo Vliegthart, encourages local voluntary work through the volunteer incentives scheme, an EUR 11 million a year cash injection for the municipal voluntary services.

Older people who are more active and energetic often want to make a useful contribution to society. Nonetheless, they do less voluntary work than younger people. The Ministry of Health, Welfare and Sport is promoting voluntary work among older people in three ways. First, it has launched a pilot scheme in Leiden to recruit older people as volunteers. Using a new approach, the project works with a campaign team and includes a special test. The recruitment campaign mainly targets 'younger' senior citizens. Second, the ministry is subsidising an intergenerational neighbourhood regeneration programme in which older and younger people are working together to improve the quality of life in their neighbourhood. These two initiatives can be used as demonstration projects to extend voluntary work to many other municipalities. Finally, the ministry provides a grant to fund an annual Guild Prize. Several municipalities run guild projects, many of them established by older people themselves. Two examples include guided city tours run by older people, for instance, in Amsterdam, and Dutch language lessons for older people from ethnic minorities. The prize is awarded each year to a particularly innovative project.

### *3.2.c Informal care*

In the last three years, an estimated two and a half million people in the Netherlands provided informal care. Much involved helping family or friends with household chores or giving them personal care. It also included care for the disabled, the chronically sick and the terminally ill. Four out of every 10 informal carers are over 60. Half are over 75. Twice as many women provide informal care as men. In total, informal carers provide more care than professionals.

Much of this informal care is given to older people, generally by their partners or children. This explains why so much informal care is provided by people over the age of 60. It is a case of the elderly caring for the elderly.

Informal care is frequently long-term, lasting months or even years. The individual's partner or chief carer is often so busy providing care that he or she is no longer able to lead a life of his or her own. Many informal carers need information, for example about the best way to lift someone, what signs to look for, where to obtain home nursing aids and how to call in professional help. Too often, there is no provision for respite care, in which the patient is temporarily moved into a nursing or residential care home to give the informal carer a break.

The Ministry of Health, Welfare and Sport subsidises approximately 80 support centres for informal carers. These centres provide carers with advice, information and emotional and practical support. They work closely with the voluntary home care coordination centres which can provide volunteers and coaching.

Many patients' associations offer support to families involved in providing informal care. These associations are subsidised by the Patient Fund, which is financed from the budget of the Ministry of Health, Welfare and Sport.

In 2001, the Ministry of Health, Welfare and Sport sent a policy document to the House of Representatives of the States General suggesting ways of improving support for informal carers.

### *3.2.d Sport and physical exercise*

The older people become, the less exercise they take. Swimming, cycling, walking and keep-fit are the most popular sporting activities among older people.

In 1983, a quarter of all people over the age of 65 took part in some form of physical exercise. By 1999, this had risen to more than a third. This is a gratifying trend, since sport and physical exercise are a crucial part of staying healthy. Surprisingly perhaps, keep-fit classes are more popular among older people than they are among the young, who prefer fitness and aerobics. One in 20 people over 75 attends keep-fit classes.

Municipalities are responsible for providing sports facilities and for organising sporting activities. The Ministry of Health, Welfare and Sport helps via the Sport for all Incentive Programme, for which it set aside NLG 19 million in 2001 and NLG 30 million in 2002. Municipalities can apply for a grant under the programme to fund long-term projects promoting sport among older people.

The Ministry of Health, Welfare and Sport is also funding the development of new forms of sport. 'Keep fit' is a familiar campaign in many parts of the country. Depending on the facilities available locally, older people can be offered anything from keep-fit classes and folk dancing to aqua-gym. The 'Galm projects' are another new initiative. People over the age of 55 are invited to take a fitness test, then offered an introductory course to help them improve their physical condition. As well as becoming fitter, many older people appreciate the fact that sport brings them into contact with people of their own age.

### *3.2.e Education/ICT*

#### Getting qualifications

The Ministry of Education, Culture and Science funds courses that lead to diplomas and teach knowledge and skills that can be used later in paid employment. They are meant for people who have a job or want to return to work, so in this context for people in the 55 to 65 age group only. There have been more people in this age group in employment in the past five years, so the number attending such courses has also increased (to around 17 per cent in 1999). Older working women in particular have been taking part in more company training schemes. Compared to younger people, however, very few older workers attend training courses and those who do tend to take in-company courses that do not lead to formal qualifications.

The regional training centres (ROCs) also offer courses for adults. These include Dutch language courses, both for the indigenous population and for people of ethnic origin. They also provide junior general secondary education (MAVO), senior general secondary

education (HAVO) and pre-university education (VWO) for adults, with recognised national certificates or diplomas. This form of adult education is regulated by the Adult and Vocational Education Act and is administered by the Ministry of Education, Culture and Science.

#### Lifelong learning

There are also many courses designed primarily to foster personal development and to encourage the pursuit of hobbies. The regional training centres, adult education institutes and the welfare services offer a wide range of such courses. Many are subsidised by the municipalities. In 1999, nearly one in four people between 55 and 65 attended a course that did not lead to a formal qualification. This also applied to just under one in five people aged between 65 and 74, and to roughly 10 per cent of people over the age of 75. The better educated people are, the more often they attend courses. More women attend courses than men. The courses people opt for generally tie in with their hobbies and interests. More than 15,000 older people attend higher education courses for older people (HOVO).

#### Learning young

The better educated people are, the more likely they are to carry on learning as they grow older. Nowadays, young people have more opportunities to get an education, and for this reason alone, future generations of older people are more likely to want to carry on learning.

The government has also looked at the reasons why older people do not take courses. It found that five per cent would like to do so, but that the majority think they are too old and could not do a course because they are not used to learning. A small percentage are put off by the courses on offer, the costs involved or poor health.

There are two groups of older people who are at a serious disadvantage. One in five people over the age of 50 has difficulty reading and writing and doing simple arithmetic. These difficulties are experienced by four times as many older people of ethnic origin, four out of five of whom are illiterate.

#### *Computer use and the Internet*

Young people pick up computer skills either at school or at work. Many older people have never acquired these skills. There is now a wide range of courses that teach older people

how to use computers, and the Ministry of Health, Welfare and Sport subsidises various computer-related projects, such as Seniorweb, Internet cafés in care homes and courses organised by senior citizens' associations. Libraries, community centres, regional training centres and commercial agencies also organise computer courses for older people, and special computer manuals are now on sale. If older people are to become more computer-literate, hardware and software must not be made unnecessarily complicated.

Manufacturers are beginning to recognise older people as an important consumer group and some are using panels of older people to test new products. Ease of use is crucial, not just for older people but for everyone. The concept of 'design for all' should be more widely applied.

### *3.2.f Culture*

The Ministry of Education, Culture and Science does not pursue a specific policy on older people. However, senior citizens generally attend more cultural events than young people, presumably because they have more spare time. In the past 20 years, reading has become far less popular with the young, but has remained fairly constant among older people. Many older people with a basic or secondary education took up painting and drawing in the past 20 years (a rise of more than 25 per cent). Artistic activity among the young declined by more than 25 per cent in the same period. Visits to museums, theatres and concert halls by older people have also risen sharply. Many museums and theatres give discounts on tickets to senior citizen pass holders. These discounts are not subsidised by the government.



### 3.3. Housing

The quality of housing occupied by older people living independently improved between 1990 and 1998. Fewer senior citizens now live in one and two-room dwellings, and by 1998 their living rooms were, on average, larger. This is because some older people have moved into special retirement housing, most of which is newer. The supply of owner-occupied housing in this sector is limited, while demand is rising among people up to the age of 75. In 1998, some 50,000 people aged between 55 and 64, 120,000 people between 65 and 75 and 190,000 people over the age of 75 were living in retirement housing.

What do older people look for in such homes? To begin with, they must be accessible, with no stairs or raised thresholds, and fitted with alarms. Older people tend not to mind having fewer rooms, provided they have a large enough living room and a guestroom. Some older people prefer to live in a residential complex. An increasing number of elderly home-owners are looking for owner-occupied rather than rented accommodation.

#### 3.3.a Universal housing

The majority of older people live in accommodation that has not been specially built for them. This is particularly true of older people in the 'third age': the phase between 55 and 74, when their last child leaves home and they stop working. In this period, people's needs often change. They may not necessarily want to move house immediately, but they are thinking about it. Physical disabilities might make them want to move to places that don't have stairs or where they can use a wheelchair indoors; homes with wide doorways and more spacious bathrooms and kitchens. Universal housing of this kind also has to be capable of accommodating aids for people with disabilities, such as handrails next to the toilet. For many people, a home with a bedroom and bathroom on the ground floor is the ideal. Others feel safer in a first-floor apartment – provided there is a lift. According to Statistics Netherlands, while the number of people over the age of 70 will increase by half over the next 20 years, a fifth fewer will be living in care homes. Most over-seventies will be living independently.

The State Secretary for Housing, Johan Remkes, wants to conclude specific agreements with housing associations, municipalities and provinces about building universal and easy-access homes and adapting existing housing stock. Mr Remkes believes it would be reasonable for all new housing to be universal. According to the policy document *What*

*people want, where people live - living in the 21st century*, which he sent to the House of Representatives of the States General, such housing need not always be built in the form of 'stacked' apartments.

Individual homes can be adapted using a grant from the Services for the Disabled (WVG) scheme, which is administered by the municipalities.

Universal and adapted housing is not just important for older people, but also for younger people with a disability. In other words, universal housing is for everyone. Here, too, the 'design for all' concept is a basic guiding principle.

### *3.3.b Clustered housing*

Even if they live in universal homes, some older people need to feel more secure and require more social contact. Several centuries ago, the Dutch began building courtyards surrounded by clustered dwellings in which elderly people were able to feel secure as part of a small community. And because they were all living in the same complex, they were able to meet other residents very easily. Modern versions of these courtyard dwellings consist of groups of houses for older people known in the jargon as 'clustered housing'. Residential complexes for elderly people are another variant. Under certain conditions, people living in clustered housing and in residential complexes can apply for housing benefit from the Ministry of Housing, Spatial Planning and the Environment.

Older people can opt to live in a shared residential environment, in which each individual has his or her own apartment or house in a larger complex but can also meet with other residents in communal areas. This is a specific choice for a particular lifestyle in which people can interact socially.

Some older people from ethnic minorities also prefer to live in forms of clustered housing. Residential complexes have been created for specific groups such as the Chinese community in Rotterdam and Surinamese Hindus in The Hague. Usually, however, older people themselves take the initiative to develop their own clustered housing by applying for permission from municipalities and housing associations to carry out a specific housing project.

### *3.3.d Sheltered housing*

Residents of universal or clustered housing can of course arrange for home care. But if they require a high level of care or want to be sure that it will be available when they need

it, they will move to sheltered housing. Occasionally they may require a medical letter of referral indicating the type of care they need.

Another new initiative is the 'sheltered housing zone'. Specially adapted independent homes for people who need a high level of care are distributed throughout a neighbourhood yet fairly close to each other. The idea will be piloted in IJburg and Leidsche Rijn, two large housing estates which are being built in Amsterdam and Utrecht.

Nursing and residential care homes are intended for people who need constant care. These individuals are unable to live independently, and both the housing and the care are funded from the Exceptional Medical Expenses Act. In recent years, however, many of these homes have been converted into sheltered housing complexes in which each resident has his or her own separate accommodation. In future, older people will probably want to choose the type of accommodation they live in, even if they need a high level of care. The Ministries of Health, Welfare and Sport (VWS) and of Housing, Spatial Planning and the Environment (VROM) are therefore looking at new ways of combining housing and care. One possibility, which may be piloted in 2002, is to issue vouchers which people can use to pay for housing, care and services. See also the sections on 'Personal budgets' and 'Combining housing, care and services' in the chapter on Care.

#### *3.3.d Home aids*

Various products have come onto the market in the past few years to make life easier in the home for people with a disability. Many of them – raised toilets, folding shower seats, extra handrails for the toilet or shower, stairlifts, bar handle rather than rotary knob taps and remote controlled lighting – are sold by home improvement centres. And new products are appearing all the time. Video systems with in-built automatic door openers, movement sensors which turn on the lights – all are widely available and easy to install. The latest innovation envisages a new role for the personal computer in the home of the future. By linking a wide range of equipment in the home to the PC and making it possible to communicate with the PC outside the home, the lives of older people can be made much easier. They can automatically alert their carers in an emergency, order their shopping on-line or adjust their thermostats when they are not at home. Obviously, appropriate phone lines will need to be installed in the home and connections will have to be faster and more reliable than they are at present using existing telephone lines and television cables. Systems like this are likely to be developed in the next few years. The Ministries of Housing, Spatial Planning and the Environment, Economic Affairs (EZ) and Health, Welfare and Sport are most closely involved in the project. The Ministries of

Transport, Public Works and Water Management and of the Interior and Kingdom Relations are also taking part. The Care at Home Incentive Scheme, which is administered by the Ministries of Housing, Spatial Planning and the Environment and of Health, Welfare and Sport (see the section on 'Combining housing, care and services' in the chapter on Care), also provides grants to fund home aids.

### *3.3.e Freedom of choice and affordability*

The housing benefit system operates a separate table for older people which allows them to apply for a grant above the standard maximum threshold. People with disabilities may also qualify for increased housing benefit if they do not live in fully independent accommodation. A scheme was introduced on 1 January 2001 to issue home purchase grants to lower income groups under the Home Ownership Act. Applications must be submitted to the Ministry of Housing, Spatial Planning and the Environment.

The Ministry of Housing, Spatial Planning and the Environment is also looking at the possibility of issuing housing vouchers to replace housing benefit or home purchase grants. The vouchers can be spent on whatever type of accommodation people want to live in and are not directly linked to the rental or purchase of a specific home.

### **3.4. Care**

#### *3.4.a More care for more older people*

The phrase 'the burdens of old age' may be generally applicable but it is by no means true of all older people. The 160,000 or so elderly people living in nursing and residential care homes have serious health problems. Some 60 per cent of people over the age of 75 who live independently have one or more chronic illnesses or complaints. Over a third of all those over 80 are relatively healthy. Some 70 per cent of people over the age of 85 have moderate or severe physical disabilities.

The costs of health care for people aged between 65 and 85 are almost three times the average and almost ten times the average for people of 85 and older. Treatment for victims of senile dementia and strokes accounts for most of these costs, because they require long-term care and, more often than not, admission to a nursing home. The sum involved is approximately EUR 54,453 per patient per year.

The number of older people with severe physical disabilities is likely to rise by 210,000 between 1995 and 2015 (an increase of 1.1 per cent a year). This growth is attributable not only to an overall increase in the number of older people but also to the fact that their average age is rising.

In the coalition agreement, the government agreed a EUR 2.57 billion increase in health care spending between 1999 and 2002. This extra allocation covers all aspects of health care. The government has since set aside an extra EUR 1.57 billion for the period up to and including 2002, not only to fund nursing and residential care homes and home care but also to pay for hospitals, GPs and medicines.

EUR 0.91 billion of this EUR 2.57 billion was earmarked to reduce waiting lists and to ease the workload in home care and nursing and residential care homes between 1999 and 2002. An additional EUR 81 million has since been set aside to meet higher performance targets. If more performance-related agreements can be concluded to reduce waiting lists, more funding will be set aside to help achieve the targets agreed. This extra funding has led for the first time in many years to a reduction in waiting lists for home and residential care. Between May 2000 and April 2001, the waiting list fell from 102,000 to 82,000, while demand rose by eight per cent. Waiting lists for home care in particular got shorter. However, it will be several years before this extra funding

substantially reduces waiting lists for nursing and residential care homes. New complexes need to be built and this takes time. In the meantime, 50,000 of the 82,000 people on the waiting lists will be offered a form of interim care, such as home nursing.

The number of hospital operations required by older people is also growing. Demand for complete hip and knee replacements has risen by 10 and 37 per cent respectively since 1997. The number of eye operations has risen by half – an increase of 48,000 – mainly for the removal of cataracts, which affect many older people.

#### *3.4.b A demand-led system*

The Exceptional Medical Expenses Act (AWBZ) was no longer meeting current needs. It involved too many rules and procedures which were preventing the introduction of new forms of care. In 1999, the government therefore decided to modernise the Act, based on the premise that wherever possible older people should decide for themselves what type of care they want and who should provide it. Bureaucracy will be kept to a minimum. A bill proposing new legislation to this end has been submitted to the House of Representatives of the States General.

#### *3.4.c Personal budgets*

The biggest change to the Exceptional Medical Expenses Act is that people may be allocated a personal budget (PGB) by their health insurer, based on a formal assessment of their care needs, so that they can purchase their own care. The government is hoping to introduce this system for home care in 2002. The existing personal budget schemes will be simplified. The new system will leave people free to arrange their own contracts with care providers, specifying costs and forms of care. They can either do so with a care institution or with an individual care provider, in which case they will become an employer and must therefore satisfy all the relevant requirements.

Those who prefer not to arrange their own care will still be able to obtain care 'in kind'. Patients will not buy care themselves, but will leave that to their insurer or care administration office. However, the care institution must consult the patient on the form of care to be provided. If they do not accept what is being offered, they can transfer their budget to another institution which also has a contract with the care administration office.

#### *3.4.d Information and advisors for older people*

Personal budgets will give older people more control over their own care, as long as they have the information they need to make informed choices. The policy document on patient

policy, which the Ministry of Health, Welfare and Sport presented to the House of Representatives of the States General in spring 2001, addressed the need to improve the supply of information to patients. Advisors working for senior citizens' associations, and the welfare and care services can help older people to find the best care provider to meet their needs.

A programme subsidised by the Ministry of Health, Welfare and Sport and run by the Netherlands Institute for Care and Welfare (NIZW) explains the different types of advisors available for older people.

#### *3.4.e Care for older people from ethnic minorities*

The Ministry of Health, Welfare and Sport has subsidised initiatives including brochures, videos and courses to provide information on care and facilities specifically for older people from ethnic minorities. The Pendula project appoints women from specific target groups to act as intermediaries for older women of non-Dutch origin. The Netherlands Islamic Union for Older People, which is subsidised by the Ministry of Health, Welfare and Sport, funds advisors for non-indigenous older people. Programmes have also been launched to provide care institutions with better information about the growing number of clients from ethnic minority backgrounds.

The Topaz project, which ran from 1995 to 1999, encouraged the recruitment of ethnic minority staff for the care services and promoted intercultural management of care institutions. Approximately 12,000 staff from ethnic minorities were taken on during this time. The Ministry of Health, Welfare and Sport is currently working with employers and trade unions to explore ways of combining integration programmes for people of ethnic origin with guidance on the care services available in the Netherlands. In February 2001, the government appointed a committee to study opportunities and obstacles encountered by women from ethnic minorities in securing jobs in the care and welfare sector. The Ministry of Health, Welfare and Sport has signed an employment covenant with employers and trade unions to increase the number of care workers from ethnic minorities. The findings of the aforementioned committee will be used to help draw up the covenant's annual plans for 2002 and 2003. It is an important source of reassurance for older clients of ethnic origin if nursing staff and care workers share their cultural background.

#### *3.4.f Care programmes and care networks*

People with health problems usually go to see their GP. If necessary, he or she will refer them to a specialist. After that, the patient may be sent to a hospital to be examined by

other doctors. Once the treatment has been completed, the patient may be transferred to a nursing home or given home care. Referrals do not always proceed smoothly. The network of care institutions does not always interface as well as it should and the patient often has to wait. The government is now working hard to devise care programmes in which the various institutions are asked to conclude clear reciprocal agreements on how best to work together to treat specific health problems.

One example is the care programme for treating cerebro-vascular accidents or strokes (CVAs). The successful care of stroke patients requires their swift admission to hospital to receive treatment. However, this must be followed as soon as possible by rehabilitation in a nursing home. While patients are still convalescing, arrangements must be made for them to receive home care as soon as they are discharged. The Ministry of Health, Welfare and Sport has set aside extra funding for this purpose. In one or two regions, similar agreements have been concluded for the treatment of diabetics and some cancer sufferers.

#### *3.4.g Geriatrics*

Older people with chronic physical disabilities often suffer a range of health problems. This is known in medical terminology as 'co-morbidity'. It is particularly common among people over 80, many of whom suffer both physical and mental health problems. Specialists and GPs often lack sufficient expertise in all these areas to make a full diagnosis and recommend appropriate treatment. Geriatrics is a fairly new medical discipline which focuses specifically on combinations of physical and mental infirmities that typically affect older people. Despite the increase in the number of geriatric specialists and geriatric units in hospitals over recent years, there are still not enough. The number of training places for clinical geriatricians was expanded sixfold in 1999.

Geriatric networks were established in some regions in 1997 to familiarise doctors and nurses with the physical and mental illnesses to which elderly people are prone, and to broaden the knowledge they have acquired. Doctors working in nursing homes are often members of these networks. The initiative has been successful, and similar networks are being set up in other regions. In recent years, the Ministry of Health, Welfare and Sport has subsidised experimental geriatric networks and university chairs in geriatrics.

#### *3.4.h. Mental health*

The most common mental illness among older people is senile dementia. Experts predict that in the Netherlands it will affect one in seven people over the age of 65 and one in



three people over the age of 85. Roughly half of all those with the condition live in nursing or residential care homes. One in five is given care at home.

The loss of a partner or child or the deterioration of health frequently leads to anxiety among older people. This does not apply to all illnesses but if older people have several chronic complaints there is certainly a greater chance of anxieties developing. A more serious mental illness is depression, which often occurs in combination with anxiety. Depression has an extremely disruptive effect on the day-to-day lives of older people, their sense of wellbeing and their health. Many older people who suffer depression become less mobile and are less able to take care of themselves.

Mental health institutions and institutions providing nursing and residential care for older people are working together to develop programmes to accelerate and improve the diagnosis and treatment of mental health problems among older people. The Ministry of Health, Welfare and Sport sets aside EUR 9.8 million each year to fund them.

#### *3.4.i. Combining housing, care and services*

Many people with physical disabilities need a combination of adapted housing, care and services. If they are still capable of living independently, they face the problem of having to apply separately to several different agencies for accommodation, home aids, housing benefit, care or other services such as 'meals on wheels'. And because each sector applies its own rules, people run the risk of falling between two stools. Older people require practical solutions to their problems; they are not used to thinking in terms of rigid structures and financial regulations. For example, when people move into a residential care home, the costs are financed from the Exceptional Medical Expenses Scheme. However, they also have to pay a contribution based on their income. However, if they move into a sheltered housing complex, they have to pay rent and, if necessary, apply for housing benefit. They receive home care for which they are required to pay a lower contribution than they would in a care home. In an independent residential care complex, they can order 'meals on wheels', for which they have pay. In a care home, meals are included. All this is not just confusing for older people but also for the institutions themselves, which also have to deal with many different laws and regulations.

The Ministries of Housing, Spatial Planning and the Environment, of Health, Welfare and Sport and of Social Affairs and Employment are looking at ways to simplify and coordinate regulations so that people and institutions – the customers and providers – can organise more appropriate combinations of housing, care and services. It is important for older

people to be given a genuine choice so that they can obtain the combination that best matches their personal needs. For many older people, this will mean living independently in their own homes for as long as they are able. For others, it may mean moving to specially adapted accommodation where care can be provided more easily. The Ministries of Housing, Spatial Planning and the Environment and of Health, Welfare and Sport have introduced an independent residential care incentive scheme to promote new combinations of housing, care and services which will enable older people to live independently for longer. The ministries have set aside approximately EUR 59 million for the scheme. Proposals can be submitted until October 2003.

As the number of sheltered housing complexes grows and people are able to pay for their housing and care separately, some of the services that older people are automatically offered in residential care homes will inevitably disappear. For example, people will now have to arrange and pay for their own meals, possibly through the subsidised 'meals on wheels' service. Visits by social workers and communal recreational activities will no longer be an automatic feature of these complexes. Yet some older people will still require these services.

If people continue to live independently for longer, they will not know which services for the disabled – such as home aids or special transport – or which welfare services – such as activities at the community centre or going to an advisor for older people – they are entitled to. There are also major disparities between the services provided by different municipalities. The government will therefore be considering the introduction of new legislation to improve the way some of the existing services for the disabled and municipal welfare services are provided.

Finally, there are plans to introduce a municipal one-stop-shop where people can go for information about and access to housing, care and services. This ties in with ongoing developments in the regional medical referral boards, a growing number of which are issuing medical referrals under the services for the disabled scheme and the exceptional medical expenses scheme as well as for welfare services (policy of the Ministry of Health, Welfare and Sport), and with the move to set up the government one-stop-shop 2000, which is being coordinated by the Ministry of the Interior and Kingdom Relations.

### **3.5. Public transport**

#### *3.5.a Access*

Older people rely on continued access to public transport, even if they have a physical disability. The same applies to younger disabled people. It is not simply a matter of being able to get in and out of trains and urban and regional buses, trams and metros. Stations and their surroundings must also be accessible to all.

However, accessible public transport is about much more. Traffic calming measures and mini-roundabouts, for example, can be a problem for buses with low floorpans. Pedestrian routes leading to and from public transport must be made more user-friendly, as must bus and tram stops.

The technology for making buses, trains, metros and trams more accessible and for ensuring that travel information is also available to visually impaired and deaf people already exists or can be readily developed.

Making all forms of public transport accessible is very costly. It is therefore unrealistic to ask public transport operators to replace rolling stock or equipment which has not reached the end of its useful life. The government's target is for all buses to be fully accessible by 2010.

#### *3.5.b Urban and regional transport*

The Ministry of Transport, Public Works and Water Management has been earmarking EUR 8.62 million each year since 1992 to finance urban and regional public transport. This can be used to purchase wheelchair accessible buses and to make bus and tram stops more accessible. Raised platforms at bus stops will make it easier for people to board buses. The money can also be used to improve the travel information system.

Since 1998, the municipalities have been responsible for urban bus services and the provinces for regional bus services. The ministry will therefore consult the municipal and provincial authorities to see whether firm agreements can be made to guarantee accessibility. To assist the municipalities, provinces and transport companies, the ministry has asked the National Accessibility Unit to issue information leaflets on city buses, bus stations, trams and travel information that are accessible to all.

#### *3.5.c Rail travel*

The Ministry of Transport, Public Works and Water Management has signed a performance contract with Dutch Railways (NS) in which both parties promise to work towards greater accessibility. They are now developing an appropriate strategy.

New stations and existing station buildings that are undergoing major renovation work will be designed to guarantee accessibility. The Minister of Transport, Public Works and Water Management wants to adapt the construction and design of all rail-based rolling stock (trains and trams) to make them more accessible.

#### *3.5.d The Services for the Disabled Act and the National Transport Plan*

The government cannot create a more accessible public transport system overnight. The Minister of Social Affairs and Employment has therefore signed an agreement with a major public transport company to make life easier for people with disabilities registered under the Services for the Disabled Act. Operating under the name TraXX, the company coordinates interregional public transport and provides assistance for passengers in boarding and disembarking from trains.

Access is an important element in the government's National Transport Plan (NVVP). The Transport Planning Act allows the Ministry of Transport, Public Works and Water Management to issue directives to the provincial authorities when they are drawing up their transport plans, and the provincial authorities to issue directives to the municipalities. This will promote a joint approach to accessibility.

#### *3.5.e Affordability*

The Senior Citizens' Transport Pass gives people over the age of 65 a discount on urban and regional public transport. To cover the costs of this scheme, the Ministry of Transport, Public Works and Water Management pays the urban and regional transport companies a subsidy of between EUR 31.76 and EUR 45.38 million each year. The exact amount varies depending on use. Dutch Railways (NS) offers people over the age of 60 a special off-peak travel card. This scheme is not subsidised by the government.

## USEFUL ADDRESSES:

### GOVERNMENT MINISTRIES

For information on all government policies, products and services: [www.government.nl](http://www.government.nl)

Ministry of the Interior and Kingdom Relations (BZK)

Postbus 20011

2500 EA DEN HAAG

( [www.minbzk.nl](http://www.minbzk.nl) )

Ministry of Economic Affairs (EZ)

Postbus 20101

2500 EC DEN HAAG

( [www.minez.nl](http://www.minez.nl) )

Ministry of Finance (Fin)

Postbus 20201

2500 EE DEN HAAG

( [www.minfin.nl](http://www.minfin.nl) )

Ministry of Education, Culture & Science (OC&W)

Postbus 25000

2700 LZ ZOETERMEER

( [www.minocw.nl](http://www.minocw.nl) )

Ministry of Social Affairs and Employment (SZW)

Postbus 90801

2509 LV DEN HAAG

( [www.minszw.nl](http://www.minszw.nl) )

Ministry of Health, Welfare and Sport (VWS)

Postbus 20350

2500 EJ DEN HAAG

( [www.minvws.nl](http://www.minvws.nl) )

Ministry of Housing, Spatial Planning and the Environment (VROM)

Postbus 30941

2500 GX DEN HAAG

( [www.minvrom.nl](http://www.minvrom.nl) )

Ministry of Transport, Public Works and Water Management (V&W)

Postbus 20901

2500 EX DEN HAAG

( [www.minvenw.nl](http://www.minvenw.nl) )

Much of the background information in this brochure is taken from *Older People in 2001*, published by the Social and Cultural Planning Office.