



# FAMILY MATTERS

Dutch policies and left-wing political discourse  
on citizens' responsibility for the care for their elderly relatives  
from 1970 until present

*by*

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*Two guardian angels floated alongside one another.  
'Busy?', asked the first angel. 'It keeps getting busier,' replied the second.  
The first said, preoccupied: 'Yet I still hear one human being after the other  
saying "you must take good care of yourself."'*  
*'Yes', came the answer, 'but then you forget to care for others.'*

(Emous, 2005, p. 5)



## **Abstract**

The Dutch government is currently in the process of implementing a major overhaul of the elderly care. It primarily aims to provide less care itself and rely more on the provision of informal care (*mantelzorg*). This study explores which role informal care provided by family members has played in Dutch elderly care policies since 1970. Moreover, it explores how the left-wing political discourse on this topic has developed in the same period. Lastly, it aims to analyze these two developments in the context of economic and social developments in the Dutch society. To these ends, seven major policy documents on elderly policies and discussions about them in parliament have been analyzed.

The study has found that whereas informal care played virtually no role in the policies of the 1970s, the Lubbers and Kok cabinets promoted and imposed the use of informal care in the 1980s and 1990s as a means to save money. In 2005 the second Balkenende cabinet placed more emphasis on enabling informal care through providing support for informal caregivers. This policy has largely been continued by the second Rutte cabinet.

Whereas the PvdA opposed the imposition of informal care by the Lubbers cabinets, it supported the Kok cabinets' policies and since then has always supported, along with D66, an increasing reliance on informal care. The SP, of which the opinions have been studied as of 2002, fiercely argued against the plans of 2005, but in 2014 seems to have implicitly accepted an increasing reliance on informal care as well.

All those developments took place in an increasingly individualized society with weakening family ties. It is likely in this light that in 2000 the government and political parties realized that maximum reliance on informal care is only possible with appropriate support for caregivers.



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# 1. Introduction

## 1.1 Topic introduction

70 years ago, the end of the Second World War marked the beginning of the Dutch welfare state. In 1945 the Van Rhijn Commission, charged by the Dutch government in exile with designing the 'blueprint' of the future Dutch social security system, formulated the idea underlying its plans as follows: "society, organized in the state, is liable for the social security and protection against want of all its members, on the condition that citizens themselves do all that can be reasonably expected in order to acquire such security and protection" (Van Oorschot, 2006, p. 59). In the decades that followed a wide range of social provisions was established at a rapid pace (Becker, 2000).

After the initial establishment of the welfare state, however, the Dutch social security system has seen various periods of reform and retrenchment (Cox, 2001). For instance, in 1994 the high percentage of citizens receiving some form of government support was seen as an unacceptable phenomenon. Whenever cuts in social provisions are implemented, it is inevitable that some groups in society are affected more than others, simply because of their higher dependence on these provisions.

Elderly people are such a group. They often depend heavily on the government for their income and a deteriorating health soon or later requires most of them to make frequent use of health care. Their situation becomes all the more interesting if one looks at how elderly are taken care of in societies without a welfare state: their communities, especially their families, are oftentimes responsible for taking care of them (Fafchamps, 1992). In case of a retrenching welfare state, it seems logical for a government to attempt to shift some of the state's responsibilities back to those people who were originally in charge.

This, in short, is also what is currently happening in the Netherlands. In September 2013, in his first speech to a joint session of parliament, King Willem-Alexander of the Netherlands spoke the following words on behalf of the government: (Troonrede 2013)

*It is undeniable that in our present-day [society] people are more empowered and independent than they used to be. Combined with the necessity to reduce the government's budget deficit, this leads the classical welfare state to gradually develop into a participation society. Everyone who is able to, is asked to take responsibility for their own lives and environment.*

This speech symbolized the major welfare state reforms that are presently being implemented in the Netherlands. Remarkably enough, however, a similar passage was already included in a letter from the first Den Uyl cabinet in 1967 – arguably the most left-wing cabinet the Netherlands has ever had (Putters, 2014). While it appears normal for liberal right-wing parties to focus on citizens' own

responsibility, this seems less logical for left-wing parties, which tend to emphasize the state's responsibility in care-related matters (Otjes, 2015). The letter from the Den Uyl cabinet suggests that in one way or another, also for left-wing parties self-help and own responsibility have been prominent topics in discussions about (elements of) the Dutch welfare state. This research thesis shall explore this phenomenon in the context of elderly policies.

## **1.2 Research questions**

This research thesis aims to explore how the balance between state responsibility and individual responsibility has been dealt with in Dutch elderly policies over the past decades. In addition, it intends to explore how left-wing political opinions on family members' responsibility towards the care for their elderly relatives have changed over time. Finally, it will relate those developments to contemporary developments in the Dutch society to analyze the interplay between the political developments in question and relevant economic and social processes.

This study covers a time frame of 45 years, starting with the very first comprehensive policy document on elderly policies in 1970 and ending with the present-day reforms in elderly care. This translates into the following research questions:

1. Which role has the responsibility of family members towards the care for their elderly relatives played in Dutch elderly policies from 1970 onwards?
2. How has the Dutch left-wing political discourse on this topic developed in that period?
3. How can the evolution of this discourse be related to relevant contemporary economic and social developments in the Dutch society?

For reasons of relevance and feasibility, the answers to the third question will mostly focus on factors directly or indirectly related to the family, such as weakening family ties and individualization.

## **1.3 Relevance**

While the third research question explicitly has an analytical purpose, the first two research questions are of a rather exploratory and descriptive nature. This mostly follows from the fact that very little is currently known about the topics in question, especially related to the left-wing political discourse, while they are highly relevant in the context of the Dutch welfare state overhaul currently taking place.

With the increased necessity for elderly to rely on informal care (*mantelzorg*), much is asked from the surroundings of elderly people (family members, neighbors, ...) but also from themselves (Putters, 2014). The willingness and ability of all those actors to provide or receive informal care is obviously bound by many practical factors, but also has an important personal element. Especially

for the care receiver, asking for a relative’s valuable time and resources without being able to give anything substantial in return can be a highly uncomfortable situation. As can be seen in Figure 1, in 2010 almost 80% of the Dutch elderly people indicated that they did ‘definitely not’ or ‘probably not’ find it natural to ask a relative for help with care.

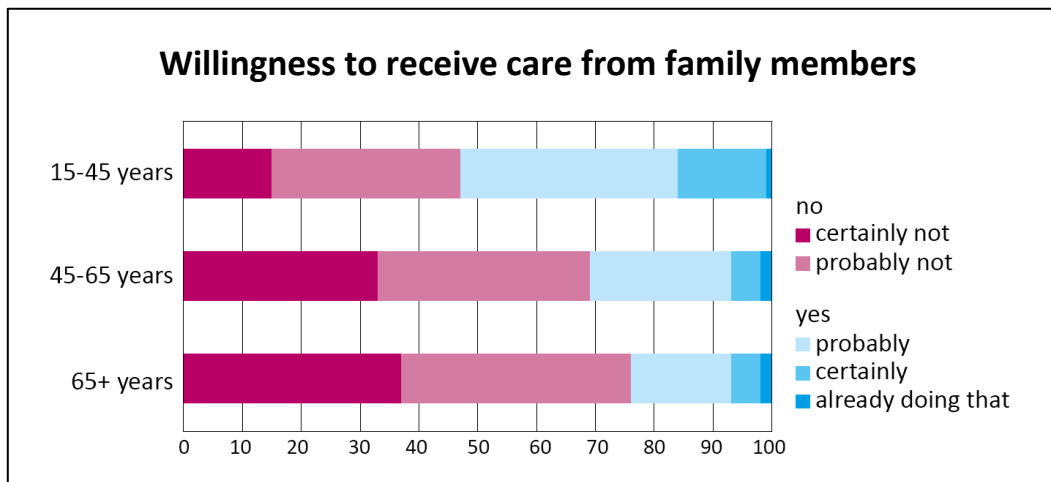


Figure 1: Willingness to receive personal care from family members in 2010, in percentages (source: Putters, 2014, p. 19)

It is also clear that there are significant differences between different generations in readiness to accept care from relatives. While this statistic may be influenced by the fact that for younger people receiving care is a less imaginable scenario, it nevertheless strongly suggests that there are generational factors that play a role. In this light, it becomes even more relevant to look at the historical importance of informal care provided by relatives of elderly people.

From a political perspective, as was briefly mentioned above, the opinions of left-wing parties are especially interesting. Health and care related matters are typically areas that left-wing politicians like the state to be responsible for, while it is more natural for right-wing parties to leave such matters to people’s own responsibility whenever they are able to. It is here that the question arises on what basis the Netherlands’ traditionally largest left-wing political party, the PvdA, supports the current retrenchment policies in the field of elderly care. Are they purely a political compromise or are they grounded in ideology? Is this a significant departure from traditional points of view, or it is it a logical next step in a gradual development of political thinking? And is it a purely party-related issue, or are the views more widely shared among left-wing parties? The same questions apply, albeit to a lesser extent, to other left-wing parties, as it will turn out that the support for more reliance on informal care is shared more widely. The answers to all of these questions are important to anyone who wants to study left-wing opinions on elderly care policies,

evaluate the current policies from this perspective, or think about possible logical future developments in left-wing discourse.

Unfortunately, so far the scientific literature seems to provide few answers to these questions. That is why this research thesis aims to give a thorough account of the developments in the areas in question. Hopefully the study presented below can make a contribution to the analysis of important present-day or future developments in the Dutch welfare state, and the role of left-wing parties in shaping those developments.

## **2. Methods**

### **2.1 Policy analysis**

In order to find out how the Dutch elderly people have been affected by government actions, this study looks at major policy documents that the government has produced throughout the years. This section shall firstly explain why it focuses on policy rather than legislation, and then focus on how it will analyze the policies in question.

#### **Policy or legislation?**

The Netherlands is a parliamentary democracy, with an elected legislative branch and an appointed executive branch. One could thus argue that the outcome of the democratic process is best studied by looking at the legislation it produces rather than the policy documents its appointed government publishes. Still, for the purpose of this study, it is more useful to look at policy documents.

In the Dutch political constellation, cabinets are usually supported by a majority coalition in the Tweede Kamer (Second Chamber), the most important chamber of the parliament. Major policy proposals from the government are usually an expression of agreements made between coalition parties and are thus likely to be supported by a parliamentary majority. It follows from this that final policy proposals, sometimes with slight modifications, are generally implemented (Andeweg & Irwin, 2009).

Legislation is one way of implementing such proposals. Agreements with municipalities are another, as well as executive decisions by cabinet members. All such measures usually fall under the umbrella of policies that were initially adopted by the cabinet and the parliament. Especially in the case of large categories of government actions, such as elderly policies, policy documents are generally used to give an overarching view of all government actions in that area. Therefore studying such documents is the most effective way of obtaining the information needed for the purpose of this study.

#### **Relevant parts of policy documents**

Over the past decades, the Dutch government has presented most of its elderly policies in comprehensive policy documents, sometimes as a background memorandum for a law, sometimes as a major memorandum outlining future policies. In all of these memoranda, three important elements are usually covered:

1. a factual assessment of relevant developments in society (e.g. demographic trends, specific problems in particular groups, ...);
2. a set of policy goals and intentions (e.g. less health problems, lower costs, more elderly living independently, ...);

3. specific policy proposals to achieve those goals.

The order of these elements is important as one element cannot be properly understood without having studied the preceding elements. A set of policy intentions can only be meaningfully analyzed when it is embedded in the status quo it is based on, and specific policy proposals cannot be fully understood without knowing which goals they aim to serve.

This study is mostly concerned with the second and third elements. The decision to give citizens responsibility for something can be an end in itself, e.g. when it follows from ideological reasons; in that case, it is part of the second element. It can also be a means to another end, for instance when making citizens individually responsible for something is simply the most effective way to reach a particular goal. Then it belongs to the third category. For these reasons, this study will consider both general goals and specific proposals. To make clear what these goals and proposals are based on, it will also pay attention to relevant developments taking place in the Dutch society.

It is important to note that sometimes family responsibilities in elderly care are not always explicitly mentioned in the documents in question. In such cases a more in-depth analysis has to be made of the assumptions that underlie some decisions, or of the consequences that follow from them. An enumeration of 'most important problems elderly are faced with', for example, directly implies an opinion about problems that are not part of that enumeration. Whenever such analyses are made, they will be explicitly justified.

## **2.2 Political discourse analysis**

This research thesis will analyze the development of the Dutch left-wing political discourse. This section will create clarity about the meaning of discourse in this context and outline the methods that will be employed to analyze the discourse in question. It will then proceed to present a working definition of *left-wing* political discourse and explain how exactly this will be studied.

### **Defining discourse and discourse analysis**

In the scientific literature the term *discourse* is used to represent many things, varying from "anything beyond the sentence" to the entire concept of language use (Schiffrin, Tannen, & Hamilton, 2001, p. 1). Similarly, the more precise term *political discourse* can be interpreted on the one hand as whatever is said by political actors and/or in a political context, or as anything that concerns power, conflict, control or domination on the other hand – and anything in between (Wilson, 2001). This underlines the need for a clear working definition.

This study aims to create insight into *how opinions of certain Dutch left-wing political parties about a particular topic have developed over time*. Therefore it takes a working definition of political

discourse as a set of opinions of a particular (group of) political actor(s). Consequently, considerations of a linguistic or semantic nature are to be avoided as much as possible.

It is not realistic, however, to assume that linguistic or semantic factors play no role whatsoever. Different words can have different meanings depending on the person who uses them or the ideological context in which they are used; Wilson (2001, p. 401) illustrates this with the term “social benefit”, which can mean something completely different for a socialist than for a conservative politician. In the subject area of this study, words such as “responsibility” and “solidarity” also need to be seen in this light. Apart from mere differences in interpretation, this kind of ambiguity can also deliberately be used as a political tool. Wilson: “To have others believe you, do what you want them to do, and generally view the world in the way most favorable for your goals, you need to manipulate, or, at the very least, pay attention to the linguistic limits of forms of representation” (p. 401).

All of this needs to be taken into account of this study’s analysis of political discourse. On a general level, this means that policy documents as well as parliamentary debates need to be interpreted in their own contemporary political context: the division of political power (e.g. the composition of the coalition), for instance, and more general trends in the Dutch welfare policies. More specifically, this means that important terms such as responsibility and solidarity need to be used with care and precision, and that their meaning needs to be made clear. This is done in the third chapter of this thesis on an abstract level, and specifically throughout the thesis whenever necessary. In addition to that, bureaucratic language used to cover up painful observations or harsh measures will have to be analyzed with a healthy dose of skepticism, in order to create clarity about the actual content which is being discussed.

Lastly, the term ‘discourse’ is often used in a Foucaultian context, i.e. in light of the mutually influential relationship between discourse formation and power relations (Scollon & Scollon, 2001). Notwithstanding the relevance of power relations in any analysis of political discourse, such use of the term is beyond the scope of this thesis.

### **Objects of analysis**

This study uses transcripts of debates in the Tweede Kamer (Second Chamber), the most important chamber of the Dutch parliament, as its main source for political discourse analysis. The most important reason for this is the relevance of parliamentary discussions for the study of specific policy proposals: because such debates are usually specifically about the proposal in question, the opinions voiced by Members of Parliament – mandated by their party to represent its opinions on that topic – generally relate very directly to the content of the policies. As such, they are the most straightforward source to consult for political parties’ opinions about particular subjects.

Due to absence of any parliamentary discussion about the memorandum in 2005 – confirmed by the staff of the Tweede Kamer's archives – an exception has been made for that year. The parliamentary discussion of a strongly related law has been used there. The justification for the use of that particular source will follow in the relevant section.

One important downside needs to be noted of the use of parliamentary transcripts. Because of parliamentary rules for the allocation of speaking times, small parties need to be much more concise in their contributions. In some cases this has made it difficult to extract opinions from them. However, when discussing memoranda in which informal care plays an important role, saying nothing about that can also be regarded as a sign when one considers the larger scope of a party's contribution. Therefore in nearly all cases, it has been well possible to draw meaningful conclusions about parties' opinions.

Throughout the analysis, attention will be paid to the role of a party as a member of the parliamentary coalition or opposition. The Dutch coalition system usually forces parties to adopt a rather clear identity as coalition or opposition party. Coalition parties tend to adopt a favorable attitude towards government policies, whereas opposition parties are usually rather hostile (Tweede Kamer der Staten-Generaal, 2015); in both cases, the attitudes need to be taken with a grain of salt. Especially coalition parties may be forced to support policies as part of a coalition agreement while they are not actually in favor of them. The discourse analysis in this study will take this into account, and make explicit note of it whenever necessary.

## **2.3 Selection of sources**

### **Milestones in elderly policies**

This study is based on a limited number of milestones in the history of Dutch elderly policies. This allows for a relatively comprehensive analysis of the history of elderly policies without getting lost in the details of specific laws. The milestones have been selected on the basis of studies conducted by Prof. Robbert Huijsman, professor of management and organization of elderly care (1999, 2013). Of course, making a selection always implies that certain information needs to be left out. Smaller policy initiatives are not covered in this study, even though they have undoubtedly been introduced. Moreover, the study is very selective in presenting the content of the memoranda – the general aim of each memorandum is presented briefly, but only policies that have to do with informal care and/or family responsibilities are discussed in detail.

It is important to note that the different policy documents are not always consistent in their use of the term 'elderly'. It generally refers to people of 65 years and older, but in other instances younger people (e.g. 55+) are included as well. Therefore, whenever relevant, it will be mentioned if the term 'elderly' refers to another group than people of 65 years and older.



## **Selection of political parties**

Defining *left-wing* politics in the Netherlands is not easy – many parties do not clearly fit in one of the right-left-center boxes. It is, however, possible to create a good working definition of a left-wing political party by looking at their self-identification as left-wing or, alternatively, at a possible close alignment with clearly left-wing policies.

For the sake of clarity and feasibility, a political party will only be part of this study if it has attracted a large number of voters for a significant period of time, or if it has had substantial influence on government policies for a significant period of time, e.g. by being part of the coalition. This immediately excludes a large number of parties, such as CPN, PSP, PPR, Partij voor de Dieren, and so on.

From this starting point, and taking 10 seats in the Tweede Kamer as a minimum level of public support, the following (possibly) left-wing parties come into view.

- The Partij van de Arbeid (PvdA) or Labor Party has been the largest left-wing party since the Second World War and is therefore an obvious part of this study.
- D66<sup>1</sup> has often had many seats and has been part of multiple government coalitions, but there is no consensus about its left-wing signature. In the 1970s, however, D66 was closely aligned with the PvdA (Van der Land, 2014) and also in more recent times D66 is considered left-wing by some political scientists (Otjes, 2015). D66 is therefore part of this study.
- The Socialistische Partij (SP) or Socialist Party has had at least 15 seats since 2006 and had 9 seats in the four years before that. However, the party had no importance or influence before 2002; it is therefore part of this study from 2002 onwards.
- GroenLinks (GreenLeft), ChristenUnie (ChristianUnion) and DS'70 could all be seen as (partially) left-wing parties, and all of them either were briefly big in parliament or part of the government coalition. Given their short period of influence and relatively small size, however, they are not part of this study.

This study thus considers the opinions of the PvdA, D66 and from 2002 onwards the SP in its analysis of the development of Dutch left-wing political discourse.

## **2.4 Use of language**

Dutch policy documents, as well as discussions in the Dutch parliament, are obviously in Dutch. For this research thesis all terminology and citations have been translated to English, with the intention to convey the meaning of the original Dutch phrases as literally as possible. When introducing a translation of a specific term, the Dutch original phrase is always given as well, and sometimes repeated later on for clarity's sake. Abbreviations are never translated.

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<sup>1</sup> Until 1981 D66 called itself D'66; for convenience's sake, however, D66 will be used throughout this thesis.

In spite of all these efforts, however, it is inevitable that some meaning is lost in some cases. Most prominently, this happens with the difference between *oudere* and *bejaarde*, which both translate to *elderly person* in English. Although the meaning of the two Dutch words is virtually similar, the former refers to the word *oud* (having a high age) while the latter refers to the word *bejaard*, which means as much as 'being in the state of being old'. Because of this, the shift in terminology from *oudere* to *bejaarde* that took place in the 1980s is unfortunately lost in translation. In order to preserve as much meaning as possible for the Dutch-speaking reader, Dutch words have been mentioned in cases like this.

### **3. Conceptual and Analytical Framework**

#### **3.1 Analyzing welfare policies**

Studying political and policy-related developments in a welfare state requires an understanding of the general workings of welfare policies, as well as conceptual clarity regarding the institutions and subject areas involved. This section aims to provide this by looking at the mechanisms behind studying historical developments in welfare state and, subsequently, taking a more in-depth look at welfare state institutions and care policies.

#### **Historical developments**

This research thesis is mostly a historical case study (Amenta & Hicks, 2010). More specifically, it is largely grounded in the historical institutionalism as described by Pierson & Skocpol (2002) in its focus on a substantial development that impacts a large group in society, its focus on historical development in which time is a relevant factor, and in its analysis of combined effects of processes and institutions.

This historical institutionalism involves the study of path dependence, i.e. the self-reinforcing constraining influence of important political decisions on political decision-making processes later on. After the first steps in a particular policy direction have been taken, later on the number of political choices available regarding the design of the policies in question is limited, while it becomes increasingly difficult to reverse course and choose for a fundamentally different policy direction. Concretely, this means that policy decisions have to be understood in light of other major decisions that led up to them.

The combination of various causal processes is another feature of this historical study. Many processes contribute to policy formation, varying from social and demographic developments to the distribution of political power. Although causal relations between historical events are often mutual and difficult to isolate, this study will for analytical purposes attempt to explain political processes in relation to contemporary societal developments. Although no final claims can be made about the causality between one and the other, such an analytical distinction adds to the understanding of policy developments.

#### **Welfare policies**

In his classic work *The Three Worlds of Welfare Capitalism* (1990) Esping-Andersen distinguishes three types of welfare regimes: (1) the social democratic or Scandinavian model, featuring generous universal benefits and a strong role of the state; (2) the liberal or Anglo-Saxon model, with a focus on private welfare spending; and (3) the conservative/corporatist/Continental model with a moderate role of the state and an emphasis on subsidiarity and traditional family structures (Arts &

Gelissen, 2010). Arts & Gelissen explain how this is based on the observation, based on assumptions of path dependence, that “generally, welfare states with similar patterns of [power] resource mobilization, dominant ideologies, and political coalitions will have relatively similar institutional structures” (p. 571).

In other words: welfare states tend to have rather coherent regimes of social policy, rather than sets of unrelated policies for different areas. Although many variations on his typology are possible, Esping-Anderson’s categorization has been widely adopted by political scientists (Arts & Gelissen, 2010). Keeping in mind how different structures within welfare states usually form a coherent regime is useful when further analyzing the Dutch case, and makes clear how policies never develop in a vacuum but are always strongly related to the political and societal context they take place in.

### **The interplay between the state and the family**

In a follow-up book on *Three Worlds*, Esping-Andersen (1999) discusses the notion of *familiarism*: “a composite of the male bread-winner bias of social protection and the centrality of the family as caregiver and ultimately responsible for its members’ welfare (the subsidiarity principle)” (p. 83). In his view, familiarism is central part of the conservative welfare regime, where (ideal-typically) the state only steps in when the family is not able to provide the necessary care itself.

This notion has a number of consequences for the study of family obligations. Firstly there is the legal aspect: Are family members legally *obliged* to take care of each other? If so, what consequences does this have for the availability of state support? Secondly, there is a more traditional or cultural aspect: To what extent are family members willing to take care of each other? How much are people willing to receive care from relatives? These are all important dimensions.

Daly (2010, p. 149) identifies a number of factors that influence the state’s attitude towards the role of families:

- economic factors (e.g. market demand / supply of services);
- ideological / cultural factors (e.g. view of children’s roles, family philosophy, welfare ideology);
- political factors (e.g. social class tensions / orientations, engagement of political actors);
- social factors (e.g. new social risks, social integration, demographic renewal, gender norms).

This list shows the complexity of the field of family policies, and from that follows the difficulty one can have in making causal links between policy developments and underlying factors. As was said previously, it is not the main purpose of this thesis to make such causal analyses. Whenever appropriate, however, attention will be paid to factors that are likely to be related to developments in Dutch elderly policies.

### **3.2 The Dutch case**

The Dutch welfare state is full of peculiarities – in fact, in 2001 the Dutch Social and Cultural Planning Office concluded under the heading “Three worlds of welfare capitalism, plus the Netherlands” that the Netherlands is a ‘hybrid’ welfare state, a combination of the social-democratic and corporatist types, rather than one that well fits into one of Esping-Andersen’s categories (Wildeboer Schut, Vrooman, & De Beer, 2001). The country’s welfare tradition thus deserves specification.

#### **Context: the history of the Dutch welfare state in a nutshell**

Becker (2000) gives a clear overview of how the Dutch welfare state has developed since the end of the Second World War. It is useful to briefly summarize this here, together with its changing social context.

Initially the Dutch society was divided into vertical Catholic, Protestant, socialist and liberal pillars (the latter two sometimes seen as one ‘secular’ pillar). The pillars each had their own political parties, media outlets, meetings spaces, etc. and also solidarity was largely arranged within the organization of the pillars. When the Catholics and Socialists joined forces in the late 1940s to start the build-up of the welfare system, there was still a particularly strong idea that society was divided into families with the man earning the money. The initial social security measures were based on this notion, which can be seen in the emphasis on high unemployment benefits for families.

Pillarization began to break down in the 1960s, when the traditional Christian-conservative order was challenged by secular ideas in which this imposed restrictive organization of social institutions was no longer acceptable. It was in this period that the legal minimum wage was introduced and children from a lower background were given more chances to follow higher education.

The 70s were marked, as Becker puts it, by “a shift from the traditional Dutch family bias to the rise of individual welfare claims as the point of reference for social policy. For the first time, women were seen as individuals with the same rights as men” (p. 224). This shift was accompanied by a growing sense of entitlement and less regard for the obligations that come with social benefits.

At the end of the 70s and the beginning of the 80s, an economic downturn caused budgetary problems for the government. The term “Dutch Disease” was coined: generous social benefits combined with high unemployment and an uncompetitive economy. In 1982, the new Lubbers cabinet set “[improving] the competitiveness of the Dutch economy and [bringing] down the budget deficit” as its main priorities (p. 224). Individual responsibility became key, with a strong emphasis on subsidiarity.

In the 1990s, the first cabinet without the Christian Democrats came to power. Together the PvdA and right-wing liberal VVD pursued an agenda of privatization and stricter eligibility regulations

for social support schemes. Andeweg and Irwin write how this trend of welfare state retrenchment continued in the 2000s: “Measures were taken not only to reduce the amount of money that had to be paid out for various programs, but also to reduce the numbers of persons receiving benefits” (2009, p. 222).

Since 2010, both Rutte cabinets have again imposed strict austerity measures to fight the budget deficits resulting from the economic crises since 2007 (Rijksoverheid, 2010 & 2012), with the aforementioned proclamation of the ‘participation society’ by the King marking a new, intensified trend towards own responsibility and less social support.

### **Subsidiarity, responsibility and solidarity**

This overview shows that traditionally the Dutch welfare model was characterized by the principle of subsidiarity, which is the idea that “intervention should not take place at a level higher than necessary; when an individual is in need of care, help should be sought first from the family or local community, or from voluntary associations – the state steps in only as last resort” (Morel, 2007, p. 621). The importance of this principle, specifically in the context of the family, is illustrated by the fact that when the Netherlands was faced with labor shortages, it chose to recruit workers from abroad rather than employ its own female workforce. It was already mentioned that also social security was initially designed to support people through breadwinners.

This is how solidarity and responsibility were initially defined – as two sides of the same coin, to be applied mostly in one’s own social circles, supported by the government whenever necessary. Later, especially under the Den Uyl government (1973-1977), these notions shifted (Becker, 2000). The family-oriented conception of solidarity and responsibility was challenged by a more individualistic approach to government-provided state support. The Scientific Council for Government Policy (Wetenschappelijke Raad voor het Regeringsbeleid, 2006) describes this as ‘quantitative’ individualism, i.e. having the factual opportunity not to rely completely on others for your subsistence, as opposed to ‘qualitative’ individualism, which is the freedom to design your own life in whichever way you want. Whereas the welfare system already had some schemes based on quantitative individualism, such as the General Welfare Act (*Algemene Bijstandswet*) of 1964, as of Den Uyl’s cabinet it became a more central notion underlying social government policies.

Later on, however, as qualitative individualism began to play an increasingly prominent role, the Lubbers cabinets started to rely again on subsidiary policies to enable budgetary austerity (Becker, 2000). In the meantime, regardless of social government policies, the importance of the traditional family had not decreased substantially: in 1999 Esping-Anderson still classified the Netherlands as a familiarist nation (p. 86) and in 2007, Morel still spoke of “[no] substantial transformation of the male-breadwinner model” (p. 634).

It thus becomes clear that the meaning of solidarity and responsibility has developed in a rather meandering way since the 1970s. While they initially mostly applied to family situations, only to be effectuated through the government when no other options were available, government policies later on began to play a more important role in organizing solidarity. Later this trend was again changed in times of budget cuts. As things currently stand, subsidiarity again seems to be imposed by the second Rutte cabinet in order to cut on welfare schemes (Rijksoverheid, 2012).

This conceptual complexity is a core object of study of this thesis and can therefore not be addressed via straightforward working definitions. The same goes for the distinction between responsibility and solidarity – they are so interwoven, on the levels of the individual and the group, that there is no consistent way to treat them as completely separate concepts. Therefore, throughout this thesis the precise meaning of these terms will be explicitly addressed whenever necessary.

### **Informal care**

The type of informal care this study is concerned with is usually called *mantelzorg* in Dutch (literally translated: *cloak care*), a term coined by professor and hospital manager Hattinga Verschure as a metaphor for the warmth and attention from relatives (De Visser, 2006). Whenever this report uses the term ‘informal care’ it always refers to *mantelzorg*, unless otherwise specified.

The Netherlands Institute for Social Research<sup>2</sup> defines informal care as “the care given to a person in need of help by someone from their direct social environment” (*de zorg die wordt gegeven aan een hulpbehoevende door iemand uit diens directe omgeving*) (De Boer & De Klerk, 2013, p. 10). The help is by definition of a health-related nature, and provided by someone whom the receiver has a personal relation with. Whether the help is intense or not does not matter, and neither does the precise type of help.

Throughout the documents and debates that are studied in this thesis, the role of *family* in informal care provision is not always specified. After all, informal care can also be given by friends or neighbors. Because policies do not always make this distinction it is sometimes not possible to isolate the responsibility specifically placed on family members. This, however, is not a problem. Informal care is so often provided by family members that the term can never be used without being aware that it mostly concerns families – in 2008, for instance, a study found that only one-sixth of the informal caregivers in the Netherlands cared for someone else than a family member (De Boer &

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<sup>2</sup> In some earlier publications, the *Sociaal en Cultureel Planbureau* (SCP) calls itself the Social and Cultural Planning Agency. Throughout this thesis, the SCP will be referred to by the term that was used at the time of each respective study in question.

De Klerk, 2013). This makes it possible to draw meaningful conclusions about family members' responsibilities, even if this is not referred to explicitly.

Due to its informal nature, it is hard to obtain a clear picture of the number of informal caregivers or the work they do. This is also not necessary for the purpose of this study. Whenever policymakers base their plans on estimates of informal caregiving this will be mentioned, along with the limitations that were present at the time. Apart from that, presenting separate analyses of the magnitude or nature of informal care in the Netherlands is beyond the scope of this study – what matters is the intentions of the government and the political parties.



## **4. Policies and Discourse from 1970 onwards**

This chapter shall present the findings of this study. It will follow a chronological structure with one section for each decades. Important changes in Dutch elderly care will be discussed, each introduced by briefly discussing the political and social context of their time. For each period a discussion of the left-wing political discourse will follow.

### **4.1 1945-1970: Historical context**

The first 2.5 decades after the Second World War were marked a growing number of elderly people, as well as a significant increase in problems related to this. Yet, it would take until 1970 until the Dutch government would start to develop special policies for the elderly outside the realm of housing or income. In order to understand the developments taking place in the early 1970s, it is useful to give a brief overview of the period leading up to it.

#### **Most important policies**

Before 1970 a significant number of policies affected the elderly, some specifically, others as part of a bigger target group. Those initial policies can mainly be divided into two pillars: housing policies and income policies (Huijsman, 1999).

#### *Housing*

Due to the post-war housing shortage that the country was faced with, the government set up a large-scale program to build elderly homes (*bejaardentehuizen*). The intention was to have elderly people move to the new homes, thereby freeing up houses for the younger generation. A positive side-effect was that the young citizens, whose labor was badly needed for the reconstruction of the country, did not have to be occupied with caring for their parents.

The rapid development of a variety of types of elderly homes resulted in a need for more central coordination of elderly housing policies. This materialized into the Elderly Homes Act (1963), which, Huijsman argues, embodied a slight but important shift from mere housing policies to intramural elderly policies.

At the end of the 1960s, the following types of housing were provided specifically for the elderly: (Memorandum on Elderly Policies 1970, p. 14)

Type of housing	Dutch term	Description	Number of people (1969)
Elderly houses	Bejaardenwoningen	Independent houses or apartments with possible minor adjustments	87,000
Service flats	Serviceflats / servicewoningen	Apartments with basic special provisions available	15,000
Elderly homes	Verzorgingstehuizen <i>or</i> bejaardentehuizen	Large homes where standard forms of care are available	108,000
Nursing homes	Verpleegtehuizen	Large homes that provide intensive and long-term care	29,000
<i>Total</i>			239,000 (18% of all elderly)

#### *Income*

Whereas the elderly without sufficient money to pay for their living – a substantial number, given the lack of pension facilities or any other forms of support – used to be helped by government programs for poverty alleviation, the post-war decades gave birth to various support schemes specifically for the elderly (Huijsman, 2013). This included an insurance scheme for health care specifically for the elderly (1956) and a state-provided pension through the General Elderly Act (*Algemene Ouderdomswet* (AOW), 1957).

More general forms of financial support, not necessarily aimed at the elderly population, included the General Welfare Act (*Algemene Bijstandswet*, 1964) and the Insurance against Working Disabilities Act (*Wet op de Arbeidsongeschiktheidsverzekering* (WAO), 1966). It should not be forgotten that at the time, unlike today, it was not uncommon for elderly people to still work for their income.

## Demographic developments

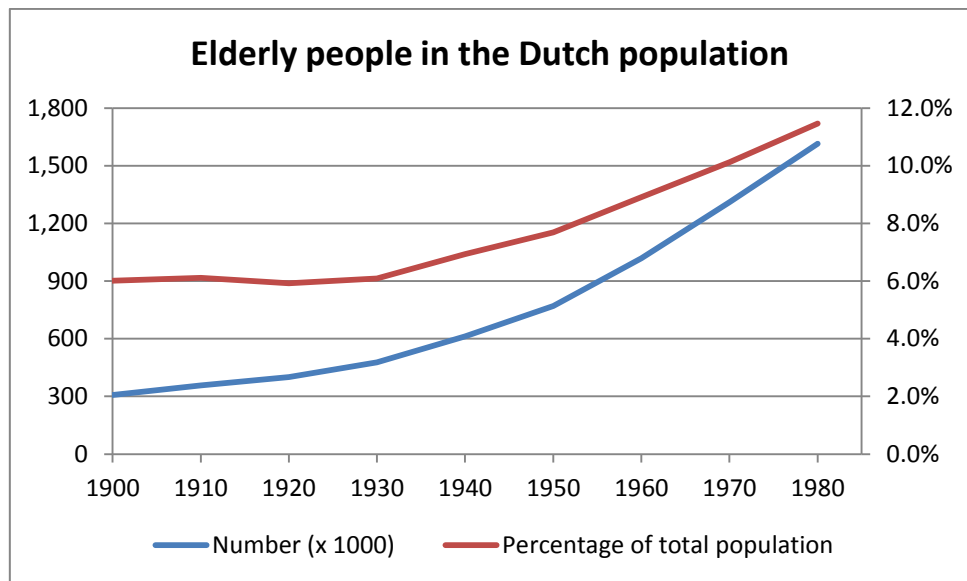


Figure 2: Elderly people in the Dutch population (source: Centraal Bureau voor de Statistiek, 2015)

The development of these elderly policies were a logical part of the general construction of the post-war Dutch welfare state, but emphatically also need to be seen in the light of enormous demographic changes in the Dutch society. As can be seen in Figure 2, the number of elderly Dutch people (65 years and older) rose sharply after the Second World War, both absolutely and as a share of the total Dutch population. Moreover, the share of people of 80 years and older in the total group of elderly people also rose significantly, from 13% in 1950 to almost 17% in 1970. The 'elderly problem' (*bejaardenprobleem*), as the government referred to it in 1970, thus become an issue the government urgently had to find a solution for.

### 4.2 The 1970s: The first elderly care policies

By the beginning of the 1970s the Dutch welfare state has grown dramatically. While government expenditures made up 20% of the national income in 1947, this has risen to 45% in 1971 and increases to an even higher 51% in 1975. This is made possible by a general feeling that this is justified, given the fact that laborers repeatedly have to sacrifice salary increases for the sake of the build-up of the welfare state. The fear of rising costs is mitigated by the high economic growth in the first decades of the welfare state (Prak & Luiten van Zanden, 2013, p. 250).

Initially the post-war situation was also marked by peaceful relations between groups in society. The different social pillars, institutionalized and organized in many ways, worked together in a cooperative manner to lead the country's reconstruction. This, however, broke down rapidly in the 1960s due to secularization and depillarization. Increasing prosperity and rising qualitative

individualism catalyzed the emancipation of groups within society, such as women and youth, but also the breakdown of traditional family values.

This progressive thinking materializes politically in the appointment of the left-wing Den Uyl cabinet in 1973, which presents an ambitious program based on increasing equality and a more balanced distribution of power, knowledge and wealth. However, suddenly increasing oil prices cause major economic problems from 1973 onwards. Increased polarization in society makes an effective political response difficult, and the rest of the 1970s is marked by economic stagnation. As a result, the cabinet is unable to fully achieve its ambitious goals.

That does not mean that no progress is made. In the realm of elderly policies, much emphasis is placed on the advancement of equality between elderly and non-elderly citizens. (Huijsman, 2013) At the same time, the economic difficulties create awareness that the welfare state cannot grow infinitely, so action is taken to prevent elderly care costs from rising too much by aiming to let elderly people live independently as long as possible. Plans for this are presented in the first two major comprehensive policy outlooks in the field of elderly care: the Memoranda on Elderly Policies of 1970 and 1975.

### **Memorandum on Elderly Policies 1970**

The pre-1970 government planning on the elderly was hindered by fragmentation of responsibilities among various government departments. By the end of the 1960s, three ministries were involved in elderly policies. The regular contact between these ministries is described by Blommesteijn “regulation of rivalry between government organs” (1999, p. 51). As a solution to these recurring tensions, the Interdepartmental Steering Committee for Elderly Policies is established in 1968. It is this group, for which the political responsibility is distributed over four ministers and state secretaries, that publishes the first Memorandum on Elderly Policies (*Nota Bejaardenbeleid*) in 1970.

#### *Equality between elderly and non-elderly citizens*

The introduction of the memorandum starts from the notion that elderly and non-elderly citizens ought to be equal. It identifies a number of areas in which this was not the case: (p. 4)

*In our society, as well as in similar western societies, the prosperity of the elderly part of the population lags behind the general prosperity in society. [...] No society, and certainly not the Dutch society, accepts too big a discrepancy between parts of its society in the long run.*

*In the material sense, the General Elderly Act (AOW) was established, while the introduction of the General Welfare Act appeared of great importance for elderly in designated homes.*

*In the non-material sense, the elderly profit from general provisions, but also here they are relatively behind, which is experienced ever more strongly and thus becomes ever less acceptable.*

Timmermans (1983, p. 12) summarizes the core of the memorandum of 1970 as follows: “The policies of the memorandum of 1970 aim to involve the elderly in life in regular communities, in a meaningful way.”

At the same time, the *raison d’être* of the memorandum is the acknowledgement that elderly and non-elderly people are not equal – at least not in the traditional sense. It aims to propose policies tailored to the needs of the elderly in order to create a more general level of wellbeing and prosperity, albeit in a different way than the working population. Various specific proposals – such as the creation of more elderly homes and specific service centers for the elderly – appear to show that the memorandum accepts that the elderly are not only a separate policy domain, but also form a separate group in society.

Still, the document does include various plans to enhance the integration between the elderly and non-elderly. The introduction specifically mentions the intention to “allow elderly, should they wish so, to participate in the cultural life of society” and accepts that “provisions for them will have to be implemented”. The memorandum only makes this specific in the context of direct social relations, which shall be discussed below.

The point where the plans become most specific is in the field of income policies. The memorandum refers to an already presented plan to structurally improve the funding of the AOW, which will decrease the prosperity gap between elderly and non-elderly citizens.

#### *Living independently as much as possible*

One of the main pillars of the actual policies the memorandum proposes is allowing and encouraging the elderly to live independently for as long as possible. The memorandum formulates this as follows: (p. 4)

*The health and the in the preceding life period obtained independence of the elderly ought to be preserved for as long as possible. This serves both their own interests and the society’s.*

*The society can help with this through:*

- a. giving future elderly the chance to prepare themselves for their elderly period;*
- b. meet the elderly in their needs in this respect.*

The rest of the document clearly shows the importance of this pillar – throughout the memorandum a wide variety of reasons is given for the need for independence, both from the perspective of the elderly as well as the society’s.

The report features an extensive analysis of expected demographic developments. In light of independent living, two anticipated trends are most important: a strongly growing number of elderly people, both absolutely and relatively, and a growing number of elderly without a partner. Both trends would place enormous pressure on the available facilities if policies were not changed; these demographic factors are thus mentioned as important drivers behind the need for comprehensive policy adjustments.

Another substantial factor, following from the aforementioned trends, is the increasing care required by the elderly. Two categories of care provision are identified, *intramural* and *extramural* care – the former being care provided in a designated living space, whereas the latter refers to care that is provided at the patient’s own place. The memorandum acknowledges the importance of limiting the use of intramural care as much as possible because of its enormous costs. Although it still projects a rise in the use of intramural care, simply caused by the rising number of elderly, it emphasizes measures that can be taken to provide as much care as possible extramurally. Examples include improved care in the neighborhood, service centers for the elderly and the construction of extra service flats, where elderly can live independently with all necessary facilities close by.

The memorandum presents these plans as a departure from previous policies. It says, among others, that “up to now, too big a part of the followed policies has been aimed at the no longer independently living elderly” and “until now too little attention has been paid to the independent elderly” (p. 16). Along with the increased emphasis on the equality of elderly and non-elderly, the independent living is the main pillar of the newly proposed policies.

#### *Social relations*

The memorandum presents a thorough analysis of the changing social relations in the Dutch society, and of the elderly in particular: (pp. 11-12)

*Until the beginning of the 19<sup>th</sup> century, many small Dutch provincial cities consisted of social units, which consisted of three or four generations and in which grandparents had great responsibility for the care and the upbringing of the children. More than now, they used to have authority and power and participated in the events in society.*

*Technical and social changes decreased the meaning of these social units. [...] The core family (which is the independent family of father, mother and some children) [...] does often not have a large group of relatives which commit themselves to what one could call social care, which makes it necessary that society creates institutions which take upon themselves the tasks of social service.*

*[...] it may be assumed that for considerable categories in the population – and the vulnerable group of elderly in particular – a large degree of loss of contacts, social relations and means of communication has occurred.*

After this initial analysis, the document continues to analyze the implications of these trends for two distinct groups: independently living elderly, and those who do no longer live independently.

Few words are spent on the social relations of the latter group, the elderly living in elderly homes or nursing homes. The memorandum not go much further than the observation that “for those living in elderly homes, new roles and relations appear difficult to establish” and that “even less is known about the role and social relations of the patients in nursing homes” (p. 13).

The analysis of the social situation of the other group is not much longer: “The fact that hardly any research findings are available may not lead to the conclusion that elderly do not have social relations. Observation proves the opposite: elderly fulfill many very important roles in our society. [...] The meaning of all these contacts will have to be studied more closely” (p. 12). The memorandum does, however, emphasize the importance of social contacts for access to institutions. Without contacts to help whenever there are problems, it also becomes difficult to find help from more formal sources – after all, people in trouble usually also have problems with taking the initiative to find help, especially when help is hard to find or requires a long procedure. The same goes for people who are not yet aware of their own problems, such as dementia: with less contacts, others are less likely to notice the need to call for help.

The memorandum shows little intention to reverse the trend of deteriorating social contacts. Sentences such as “[it is necessary to provide] continuous information about aid and service opportunities (which are no longer provided by interpersonal contexts, which used to be more numerous)” (p. 12) show an accepting attitude towards the continuing individualization or even isolation, regardless of its recognized negative consequences for the elderly.

### *Informal care?*

In part because of a lack of data, the memorandum spends virtually no words on informal care. References are implicit only, such as in one of the following points in the introduction: “Insofar as the aforementioned help and provisions [relating to money, social contact and physical and mental assistance] will weigh more than what the direct personal relations can bear, they will have to be organized by arrangements of individual citizens, churches and government, and also be financed for an important part.” (p. 4) This section acknowledges the existence and, to a lesser extent, the importance of informal care, but does not elaborate on it, nor does it make it an object of policy. In this sense it is exemplary for the rest of the piece: there are some references, but always implicit and never as part of any policies.

As for trends regarding informal care, the document is even more implicit. The only apparent information about this can be found in the analysis of the elderly's living situation, in the category "living with others at their place" (*inwonend bij anderen*). If this can be taken as a reference to a particular type of informal care, the trend is clear: compared to the total elderly population, this number decreased with 60%. Substantive conclusions regarding trends in informal care, however, cannot be drawn from any information in the memorandum.

Nonetheless, policy-related conclusions can to some extent be drawn from the aforementioned references to the elderly's social networks. The document adopts an accepting attitude in its description of the deteriorating social relations of elderly people. Based on this information, the only logical conclusion is that the government accepts the diminishing role of informal care and accepts that this will have to be compensated for by a variety of institutions. Clearly, as becomes clear from all its proposals regarding housing and care, the government is prepared to play an important role in this.

### **Memorandum on Elderly Policies 1975**

Five years after the first comprehensive Memorandum on Elderly Policies, the second edition is released. On the one hand, this document clearly builds upon the foundations of the initial memorandum: equality between elderly and non-elderly again is the explicit starting point, and letting the elderly live independently is again an important goal. At the same time the document is considerably longer and more detailed (200 pages, as compared to 40 pages in 1970), features much more precise analyses and more detailed proposals, and also presents some departures from earlier proposals.

#### *Continuation of policies of 1970*

The very first words of the memorandum of 1975 celebrate an important success of previous policies. Due to the proposals of the document of 1970, approx. 10% of the elderly was dependent on elderly homes or nursing homes instead of 12%, which would have been the result of unchanged policies. This was made possible by providing better housing and services for those still living independently. It was the perfect embodiment of the spirit of the policies of 1970: creating a better situation for the elderly while saving money for the government. For obvious reasons, this leads the government to continue with the policies that led to this result. This even more logical if one considers that the main foundation of the policies is left unchanged: (p. 4)

*We have now arrived at a phase where the accent lies on the equality of the human being, regarding sex as well as age, but also regarding income, influence, knowledge. It is this equality that has been taken as starting point and touchstone in the*



*Memorandum on Elderly Policies 1970. From that perspective various aspects of life are looked at. There the integration of the elderly in social life has become central.*

The policies that are intended to achieve this are largely unchanged as well. Housing the elderly in regular places increases their ability to interact with society, as well as having facilities close by and, if needed, having local personnel help them with small things.

The memorandum neither announces major changes in income policies. Also in this field it celebrates the success of earlier policies: between 1970 and 1974 the AOW increased with 27% in real terms, while the real national income increased with 8% – a considerable step towards income equality between the elderly and non-elderly. The government voices the intention to continue this line of policy. It sets the goal of a fixed-value pension (including AOW) of 70% of the last earned wage.

#### *Shift in emphasis*

The memorandum observes that after years of trying to lift the neediest part of the elderly to an acceptable level, the time has come to move on to a different approach: (p. 13)

*For years these policies (by necessity) concentrated on the situation of the most vulnerable group of elderly. Also the plans outlined in the Memorandum on Elderly Policies 1970 were based on that notion. [...] As the planned measures and provisions were realized, opportunities emerged for broader policies, i.e. aimed at the entire category of elderly.*

The report thus concludes that with regard to the policies aimed at elderly who live independently, and therefore do not belong to the most vulnerable group, there is “a shift in emphasis” (p. 13). In relation to this, the document presents extensive analyses and a number of concrete proposals. These are mainly aimed at improving the facilities and provisions for people living independently.

#### *Social relations*

Many pages of the memorandum are spent on ‘deprivation’ of elderly people, in various ways. One important type of deprivation that elderly face is ‘relational deprivation’: a lack of satisfying relations, be it an objective lack (a very low number of interactions with others) or a subjective lack (feeling unsatisfied with the existing relations). Fighting deprivation is considered a priority, on the basis of three consequences of improved social integration: increased happiness, faster detection of emergencies and improved health.

This section is one of the few places where the report refers explicitly to family members. Referring to having satisfactory social relations, the report notes: (p. 15)

*[Apart from general conditions that the government can create] the rest is individual responsibility [...]. This individual responsibility is not limited to the elderly themselves; there is also a task for the family of the elderly person involved. Research, in the Netherlands and abroad, shows that this responsibility is generally accepted and put into practice.*

The government's attitude that shines through these remarks is similar to the attitude shown in the memorandum of 1970: acknowledging the importance of social relations but completely leaving them to the individual's and family's responsibility, without any government intervention. The government sees its own role creating conditions where social contacts are not hampered and, whenever possible, stimulated. It aims to do this in collaboration with private initiatives, such as service centers social counselors and certain forms of family care.

It is in this context that the memorandum acknowledges that family relations have decreased in importance: (p. 105)

*There is a reduction of the number of people, whom one lives under the same roof with, whom one shares the household with and whom one lives with in a direct family context. [...] Now that this opportunity to maintain contacts with others (mostly family members) on the basis of living together has reduced so clearly, there is a need for more insight into the contacts and relations of elderly and their children.*

Here the report expresses the intention to first establish a possible need for improved relations, before it draws any policy-related conclusions of this. It presents results from a survey conducted in 1974, with some relevant statistics. Relevant figures include:

1. In the categories 65-74 and 75+ years, scores on 'satisfaction with family' are similar to the scores in the younger age groups.
2. 'Degree of isolation' is substantially higher in the 75+ category: 5,3% reports being 'isolated', meaning *never* being visited or never visiting anyone, compared with 2,3% in the 65-74 category. The latter is comparable to the average of the younger age groups.
3. In in all age groups respondents are substantially less satisfied with their friends and acquaintances than with their own family (11,9% versus 27,8% respectively for 'extremely satisfied').

The report warns that the results might have been influenced by a generally positive or negative attitude towards life in any particular group. Yet, even if one takes this into account, the conclusions seem clear: for both family and friends and acquaintances, the vast majority of the elderly seems to be satisfied with their social relations.

From all aforementioned observations, three conclusions can be drawn: the government considers social relations the responsibility of the individual elderly and their family; it does not take any meaningful measures to stimulate people to take this responsibility; in general, however, there seem to be few problems with the elderly's social situation. Further on in the report, though, the memorandum sees a role for government policies to partially make up for any social deficits that may arise, through family care: (p. 143)

*Many [...] still see family care as a service aimed towards the physical shortcomings of the households. [...] Practice shows, however, that the other aspects, especially the interpersonal contacts, help with physical care and the information and signaling functions, should be evaluated on an equal basis with this main element. They form an integrating element of this service provision.*

Regular interpersonal contacts are thus also considered to play an important role in family care. In this sense, the government sees it as a way to help those elderly who do not have access to sufficient social contacts with family or friends.

### **Political discourse**

The parliamentary discussion of the memorandum of 1970 takes place in 1972, in a plenary discussion. The second memorandum is discussed in 1976, in a committee specifically established for the memorandum in question. Although both Memoranda – especially the first one – are of a rather exploratory nature, the parliamentary discussions largely centers around specific policy proposals. Meta-discussions about the quality of the Memoranda – e.g. the level of detail, completeness, ... – are prominent as well, especially in 1972. This leaves little space for discussion of the foundations of and philosophy behind the proposed policies. Close reading of the relevant debate transcripts, however, does reveal useful information about this as well.

The PvdA is an opposition party during the publication and discussion of the first memorandum, whereas it is part of the coalition that publishes and defends the memorandum of 1975. D66 is an opposition party throughout the 1970s.

### *PvdA*

The 1970 document is criticized by the PvdA for not being comprehensive enough, as well as for disregarding the most important problems with elderly care. MP Cees Egas: “The memorandum is largely statistically and demographically descriptive, whereas in fact the deficits in wellbeing should have been central” (p. 2896). He also accuses the government of being too impersonal and business-oriented in its approach by reading aloud the following quote:

*“In our country there is a clear tendency that makes elderly care a business, in which loving, caring and nursing are products which ought to be produced as effectively and economically as possible, i.e. with professionals and high-grade material.”*

This, according to Mr. Egas, poses the risk of separation and alienation of the elderly. He places this in the context of a culture with a lack of respect for elderly people, and with a wide generation gap. The solution, Mr. Egas argues, is to be found in increased socio-cultural integration, stimulated through a special elderly passport that gives elderly people discounts for many socio-cultural activities. He also sees a role for public and private institutions such as community centers.

The direct social situation of the elderly, however, is not mentioned by Mr. Egas. In fact, he almost seems to explicitly disregard it: “It is clear that optimal health and wellbeing are strongly dependent on and linked to the residential and living environment (*woon- en leefmilieu*). This concerns housing in the wider sense. For the elderly, especially those who are retired, their existence is almost entirely determined by their residential situation” (p. 2899). Social relations and family relations, which clearly extend far beyond someone’s residential situations, are left unmentioned.

When referring to a perceived lack of resources for care for elderly still living independently, MP Gerda Brautigam concludes (p. 2905) that whenever help is necessary, elderly better hope that help will be available from a religious institution. She hereby either accepts that family is not a logical first place to go to for help, or finds family such a logical first place that she does not consider it worth mentioning. In both cases it is safe to conclude that she does not find family relevant in this context.

As for the memorandum of 1975, the PvdA’s attitude, now part of the coalition, is not much different. Although it is more positive about the quality of the memorandum, much of the criticism remains. The core of the PvdA’s own points of view remains largely unchanged as well – socio-cultural integrations remains an important means for social integration. References to family involvement are few and do not add anything to those made in the discussions of 1972. In these debates, the opinions of D66 are integrated in the PvdA’s contributions.

As for the PvdA’s opinions regarding the general picture painted by both Memoranda, and apart from the aforementioned points of criticism, there seems to be a general agreement with the government’s policy intentions – especially the importance of increased financial support and of living independently are emphasized. Criticism mostly appears to be aimed at the precise contents of policies rather than its goals.

D66

In 1972 MP Sef Imkamp indicates that his party largely agrees with the opinions brought forward by the PvdA. When referring to the memorandum's sections on social relations of elderly, however, Mr. Imkamp is remarkably firm in his criticism: "One of the misses that can be detected in the memorandum can be found in the section on social relations of elderly people. [...] This appears unworldly. One wonders whether the writers of the memorandum have truly understood the essence of the isolation of the elderly" (p. 2907). Although he does not make it explicit or elaborate on it, Mr. Imkamp seems to suggest that the problem of isolated elderly is substantial. Following the PvdA's opinion, he goes on to point at the prevalent societal attitude towards elderly as an important source of these problems. Concrete solutions, however, other than those suggested by the PvdA and presented in the memorandum, are not presented. No references are made to the involvement of family members.

In the discussions on the memorandum of 1975, D66's opinions were represented by the PvdA.

### **Synthesis**

The elderly policies of the 1970s very much testify that they are the first comprehensive elderly policies. They arise from the observation that it has not been possible so far to create a coherent set of policies on the one hand, while on the other hand they are based on the realization that demographic and societal changes require a new approach towards the elderly.

The societal changes underlie all others. The fact that elderly start to play a radically different role in society – they are less important in the lives of their children, and, in turn, their children are less willing to take care of them by e.g. letting them live in their household – is in itself an impactful development, as it forces the society at large to still involve its elderly in a way that is meaningful to all parties. The memoranda's emphasis on integration of the elderly in society seems a logical response to this, as well as their focus on providing housing and care, as all of those functions are no longer fully taken care of by the traditional institutions.

On top of that, the rapidly growing number of elderly people vastly increases the scale on which all of this needs to be done. Housing and care have to be arranged for such a large number of people that the previous solution, i.e. putting the elderly in big dormitories, no longer works. This is where the intended shift from intramural to extramural care is a logical step.

Altogether this seems to be a logical set of policies in a time in which both quantitative and qualitative individualization are a prominent goal, but where the government is simultaneously constrained by a struggling economy. It is also in the context of increasing individualization that it is not strange that both the PvdA and D66 do not find it worthwhile to pay much attention to informal

care. It fits within the philosophy of the time: people are free to do what they want, also in terms of care, but the government will in principle be there to care where others – for whatever reason – do not.

### **4.3 The 1980s: Austerity**

Whereas the recession in the mid-70s was largely contained through Keynesian economic policies and revenues of newly discovered natural gas, the economy is hit much harder by the recession of 1982-1983 (Prak & Luiten van Zanden, 2013). Because of already high government deficits, high interest rates and a lack of international competitiveness due to the high exchange rate of the Dutch guilder, the Lubbers cabinets address the problems through large-scale spending cuts.

Prak & Luiten van Zanden argue that the Lubbers cabinets' change of course has a clear ideological foundation: "less overhead – so liberalization, deregulation and privatization – were seen as the key to economic recovery" (p. 266), in line with the international neoliberal agenda initiated by Ronald Reagan (US) and Margaret Thatcher (UK). Although this agenda is pursued less radically in the Netherlands than in some other countries, a trend of welfare state retrenchment is set – while 71% of the national income is spent by the state in 1980, this would be reduced to 60% in 1990 (Rijksoverheid, 1989). The same trend is visible with regard to elderly care. After a decade of increasing state support for the elderly, the 1980s are a period of austerity.

Also from a social perspective the Dutch society undergoes drastic changes. One of the most relevant developments is the steep rise in single-person households: whereas in 1960 only 12% of the household was single-person, in 1970 this was 17% and in 1980 it is 22% (Centraal Bureau voor de Statistiek, 2015). The Social and Cultural Planning Office calls this the "surge of the singles": youths who leave their parental home to live on their own, single partners after a divorce, single elderly (Van Praag & Uitterhoeve, 1999, p. 15).

Looking at the first group, i.e. youths leaving their parents, reveals interesting underlying developments. A strong shift towards individualization becomes visible from the reasons why they leave their parental homes. Whereas in 1970-1979 13% of the men gave "wanting to be independent" as their primary reason, this number increases to 22% in the period 1980-1989, mostly at the cost of the number of people moving in with a partner or marrying (Van Lindenberg, 2008, p. 17). For women this number rises from 13% to 15%.

These numbers illustrate the decline of the family as important institution in society. Less and less people live together with others, and an increasing number of youths prefers living independently over having company of their parents. Paradoxically, it is in this context that the first Lubbers government introduces an elderly policy that significantly increases the importance of one's family and social network.

### **Building Blocks for Elderly Policies (1982)**

The next major policy document about elderly care policies (*Bouwstenen voor een ouderenbeleid*) was finished by the first, center-right Van Agt cabinet in 1981, but is sent to parliament by the second Van Agt cabinet in 1982. Its accompanying letter says that the cabinet “decided to send [parliament] this unchanged memorandum partly because it contains a particularly large amount of interesting material” and announces that it would send its opinions about the memorandum’s contents at a later stage. Due to the early death of the second Van Agt cabinet, however, the government’s views on the memorandum are only sent to parliament by the center-right first Lubbers cabinet in 1983. Still, taken together, the memorandum of 1982 and the letter with government views of 1983 paint a coherent picture of the status quo of elderly policies at the time.

#### *Financial hardship*

“The present financial-economic position of our country necessitates a reduction of the collective expenditures, also in the area of elderly policies.” It is with these words from its letter of 1983 (p. 3) that the Lubbers cabinet announces that also the elderly will experience the consequences of the government’s financial hardship.

The memorandum of 1982 already recognizes the problems with the Dutch economy. It gives them as a reason to maintain the relative level of facilities for the elderly rather than increase the standards. Still, due to the growth of the elderly population, it accepts that this implies increasing government expenditures, especially on the long term. The Lubbers cabinet’s opinion of 1983 is less positive: although it still accepts the inevitability of rising costs, it explicitly aims to reduce the growth as much as possible. It mostly does so via intensified substitution policies meant to stimulate the use of extramural care.

Most importantly, even in cases of unchanged policies, the cabinet emphasizes financial reasons for particular policies much more than before. Whereas the memorandum of 1970 mostly spoke of equality between elderly and non-elderly citizens in moral terms, financial reasons were much more prominent in the motives of the Lubbers cabinet. In relation to the independent living of elderly citizens, the cabinet argues the following: (p. 9)

*It has turned out that independent living is good for the mental, social and physical functioning of elderly people. Apart from considerations of a budgetary nature, it is mainly these considerations that necessitate the advancement of elderly people’s independent living.*

Although not presented as a primary reason, this makes clear how big a role financial reasons played in the policy decisions. Reading the entire letter reveals financial reasons as the primary motive for the new policies.

### *Continuation of policies*

It can already be inferred from the aforementioned fragment that the main pillar underlying all policies has not changed: the independent living of the elderly. Related to this is the emphasis on their participation, as part of the wider society as well as as an active player in designing their own life. The memorandum announces further investments in involving the elderly in the implementation of the new policies.

In fact, the entire memorandum builds very much further upon the policies set out in 1970 and 1975. It takes the measures taken in the 1970s as a given – in an apparently appreciative way – and sets a specific focus for the policies to be pursued in the 1980s: (p. 6)

*The memorandum [...] will mainly be aimed at the policy-related and financial consequences of the absolutely and relatively rapidly increasing number of people of 55 years and older.<sup>3</sup>*

Because of this main theme, major parts of the memorandum are concerned with technical consequences of specific financial arrangements. All of that is grounded in new, more advanced estimates of demographic developments. For obvious reasons, these new numbers enable more precise planning rather than that they lead to major new policy decisions; the important trends of a growing elderly population (absolutely and relatively) and an increasing number of elderly people living without a partner have not changed substantially. It is only in relation to the government's financial constraints that these trends become even more worrying than before.

In the field of income policies neither the memorandum nor the cabinet letter announce major changes. The memorandum celebrates the linkage of the AOW to the social minimum of 70% of the minimum wage – although at the same time, it gives no guarantee that this linkage will survive the looming budget cuts. Mostly it discusses the position of people aged 55-64 without access to the labor market.

With regard to housing, a shift in the use of elderly homes (*bejaardenorden*) is observed. Whereas these homes used to be used as a general housing facility accessible to anyone of the right age, earlier policy decisions resulted in a more restrictive policy aimed at people in need of intramural care. Elderly without a need for intramural care are expected to live independently, either in designated elderly houses or simply in another house of their own, or even with others. For them, care is given extramurally as much as possible.

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<sup>3</sup> The memorandum of 1982 involves everyone of 55 years and older because of the arbitrariness of defining the concept 'elderly'. This does not have relevant consequences for this study, for elderly policies target rather specific sub-groups (e.g. those who need to live in a nursing home) anyway.



### *Social relations and informal care*

Compared to the relative silence on the topic of informal care in the Memoranda of the 1970s, both the 1982 memorandum and (even more so) the cabinet letter of 1983 are remarkably vocal about the need for informal care. Whereas the memorandum of 1975 presented extensive data about the *satisfaction* of the elderly with their social situation, from which a rather positive picture emerged, the memorandum of 1982 contains specifics about what elderly people's social lives look like.

It acknowledges the importance of contact with children, but also emphatically notes – based on research – that other family members, neighbors, friends and other acquaintances can play an equally important role. Still, children seem to play a pivotal role in many respects: (p. 64)

*With regard to the functions that contacts with others can have for the elderly, the function of help (hulpverlening), if necessary, appears to be offered mostly by children and neighbors. If there are no children (close by), help is more often received from other family members. [...] Leisure activities are mostly undertaken with (one of the) children or with friends and peers.*

The document goes on to look at the role of various actors in 'daily living operations' (*dagelijkse levensverrichtingen*), such as washing and dressing up, and household-related work (p. 67). It turns out that children play a role in this for approximately 33% of all elderly people, and family members in the broader sense in 42% of the cases.

Although the memorandum already identifies the possibility to increase these numbers to decrease the use of government-offered services, it is especially the cabinet letter of 1983 that aims for substitution by informal care as much as possible, in addition to the use of volunteers. In the context of limited availability of government support, it addresses it as follows: (p. 12)

*Even more attention will have to be paid to the activation of the environment and volunteers. Through good information provision self-care and informal care (mantelzorg) will gain meaning.*

The letter is very explicit in its discussion of the consequences of the financial problems: the government will not be able, so it says, to let the amount of available care grow as fast as the number of elderly people. It thus relies on volunteers and informal care to maintain the level of service provision: (p. 19)

*The deeply far-reaching measures in the mostly collectively financed [care-related] sectors do not necessarily have to lead to an equal level of deterioration of the help available to elderly if alternatives within the professional provision pattern can be developed. Alternatives in that realm will have to be accompanied by stimulation of self-care, informal care (mantelzorg) and voluntary work. If both realms, i.e. the collectively*

*financed and private realms, are mutually supplemental, the necessary budget cuts do not have to lead to a fundamental decline of the level of care.*

*This cabinet strives to shift the accent from the anonymous, collectively financed solidarity that threatens to become unaffordable as a result of the budgetary situation and demographic developments, to solidarity experienced individually and in the community, executed personally, and based on inter-human relations.*

Despite the convoluted language, this passage clearly entails a government-imposed shift back to a subsidiarity-based organization of solidarity. The government explicitly moves parts of the responsibility it had taken on itself for the care for elderly people back to smaller institutions in society, such as the family. The text seems to imply that if someone's social environment does not take this responsibility, the respective elderly citizen could indeed experience "a fundamental decline of the level of care."

Given the aforementioned importance of children in informal care provision, and the fact that children can most clearly be held responsible for the wellbeing of their closest relatives (as compared to e.g. neighbors), this implies that children are given significant extra responsibilities for their elderly parents' care.

### **Political discourse**

The memorandum of 1982 is written by the first Van Agt cabinet, a coalition of the Christian-democratic CDA and the right-wing liberal VVD. The cabinet letter of 1983 comes from the first Lubbers cabinet of the same composition. The PvdA and D66 are thus part of the opposition in the relevant periods of time. The opinions below are expressed in a meeting of the Welfare and Culture committee of the Tweede Kamer, which revolves around both documents in question.

#### *PvdA*

On behalf of the PvdA, MP Elske ter Veld adopts a highly critical attitude of the government's plans. She expresses doubt about the government's willingness or ability to provide funding: "The minister is still not able to explain how he will legally and financially substantiate his intended policy to enable people to take care of their own lives as long as possible" (p. 25-1). Although she supports this intended policy, she is skeptical about whether it will be effectuated. Additionally, as a reaction to the minister's remark that "the incomes of the elderly are under pressure" (p. 25-4) fiercely argues against policies that could result in elderly people's incomes.

More importantly, she is critical of the cabinet's emphasis on subsidiarity and its call for more informal care: (p. 25-6)

*I find that the minister's plea for the caring society gives almost too positive a view of the situation of the past. [...] In my view, the reality is that especially when people are in need of care and can no longer be included in an appropriate [extramural] provision, the voluntary care will fail at that moment. One cannot even blame the volunteers for that. As a society, however, one has to provide professional care. Even there where help is voluntarily arranged by the family, society still has to take its responsibility.*

On behalf of her party, Ms. Ter Veld expresses that she believes the government has the duty to provide professional care when it concerns a relatively large amount of care: (p. 25-6)

*When it concerns long-term help, much household-related work, many caring activities and perhaps also simply unkind elderly people – after all, why wouldn't they exist too – then one cannot be dependent on volunteers, and professional help is appropriate. The continuity of the care provision is otherwise not guaranteed; the elderly person is constantly dependent, must say thank you and cannot make any demands towards the caregiver.*

Although this is no outright rejection of the notion of family responsibilities, it is certainly a plea for strong government involvement in elderly care provision.

At this point, however, one must keep in mind the PvdA's position as an opposition party. A status as opposition party often makes it vocally critical of cabinet proposals, even if it agrees with important parts. While her contribution is almost entirely critical, a remark by Ms. Ter Veld during the second part of the debate seems telling: (p. 25-53)

*The caring philosophy of the minister worries me, but the direction of the policies, based on allowing elderly people to live independently as long as possible and to participate in society, absolutely appeals to us. Now I fear, that is why the caring philosophy worries me, [...] that the minister's philosophy could lead to [...] the motto: if there is no money for it, the same work can be done by volunteers or by others.*

Because of its nuance, this quote is likely to capture the true opinions of the PvdA. Although she does not spend much time on praising the direction of the policy – after all, she represents an opposition party, so her prescribed role is to be critical – she concedes that she agrees with it. It is the execution, based on substituting paid care with unpaid care, that she criticizes. Based on this, one can conclude that apparently the PvdA was negative about expanding the role of informal care for elderly. Although it did not disapprove of the phenomenon in general, it argued that it should never be a necessity.

D66

MP Gerrit Mik shares the PvdA's criticism of the financial implications of the cabinet proposals for individual elderly people. "A terrible situation for those among us who have given our society its prestige of prosperity, and are twice as vulnerable against a trend of budget cuts because they have been through the crisis before the war. We deem this unacceptable" (p. 25-24) It praises, however, the continued trend towards extramural care provision.

Unfortunately Mr. Mik does not specifically address the increased demand for informal care. This makes it difficult to assess D66's opinions on this matter.

### **Synthesis**

The elderly policies of the 1980s seem to have been approached in a rather technocratic and depoliticized way. Whereas the policies of the 1970s were mostly approached from the perspective of the elderly people themselves – how do they become more integrated? how are they best taken care of? – the Lubbers cabinets take the perspective of the policy maker in financial trouble: what do we spend most of our money on? how can we take care of more elderly people with less money?

One could even argue that these motives are considered more important than the actual consequences for the elderly people themselves. Phrases such as "[if people are supported by their environment, then] the necessary budget cuts do not have to lead to a fundamental decline of the level of care" imply that a fundamental decline is accepted in case someone's environment does not offer support. Especially in times of accelerating individualization, with more and more children wanting to live without their parents, such an approach seems rather detached from the social reality in society.

The PvdA's attitude seems ambivalent. The party defends the notion that the government needs to strongly protect those who do not have access to sufficient informal care. It argues for a relatively high minimum level of care that everyone should be able to receive. In relation to cabinet policies, it accepts the memorandum's emphasis on letting elderly live independently. However, the PvdA opposes the proposals' reliance on informal care. The party explicitly disagrees with the intention to have work currently done by the government, eventually done by informal caregivers or volunteers. As such, it wants to preserve government-provided care as a right for citizens, regardless of their own social environment.

Drawing conclusions about D66's opinions on informal care is not possible, as the party did not comment on it in the discussion of the policy document in question.

#### **4.4 The 1990s: Strict substitution**

Prak & Luiten van Zanden (2013, p. 270) call the 1990s “perhaps the most careless [years] for the Dutch [...] economy.” After years of severe budget cuts, the third Lubbers cabinet (1989-1994, CDA & PvdA) can again invest in social progress in addition to its economic policies (Parlement & Politiek, 2015c). Further into the 1990s the tide turns further and the two Kok cabinets (1994-2002) are able to invest heavily in employment creation throughout the rest of the 1990s (2015b).

That does not mean, however, that the welfare state is not reformed in other ways. Especially Kok’s second cabinet (1998-2002) attempts to counteract a perceived growing lack of social cohesion and solidarity in the country. Schnabel (2001, p. 12) formulates this as follows:

*The balance between individual self-actualization and the preservation of the principles of social justice has turned out to be precarious. [...] Government policies now revolve around the concern, broadly shared in society, about a growing deficit of social safety and a societal sense of responsibility.*

Whether or not everyone evaluates this continuing individualization as problematic (elsewhere Schnabel (2004, p. 7) compares being against individualization as opposing bad weather, and argues that “individualization is by itself not a good or bad development”), it is undeniable that the process continues at a rapid pace. In the 1980s the share of one-person households increases from 22% to 30% (Centraal Bureau voor de Statistiek, 2015) and after in the 1980s men increasingly left their parents’ home for the reason of being independent, in the 1990s it is the women who show a sharp rise in this number, from 15% in 1980-1989 to 21% in 1990-1994 and 26% in 1995-1999 (Van Lindenberg, 2008, p. 17).

Bussemaker (2004) discusses the distinction between ‘individualization’ and ‘individualism’, made by Prime Minister Kok in 1998. Kok described individualism as “an above-average tendency to think really very much about your own interest and little about what we stand for together”, while he considers individualization as a process without that negative connotation, although individualization can become a problem if it extends too far (p. 85). It is with this distinction in mind that one should look at the Kok cabinet’s intentions to enhance social cohesion.

A possible early sign of this can possibly be found in the memorandum The Elderly Matter of 1990, which makes the integration of elderly citizens even more a priority than before.

#### **The Elderly Matter (1990)**

Whereas the previous memorandum and cabinet letter mostly focused on the financial consequences of demographic developments and the increasing demand for care, the memorandum The Elderly Matter (*Ouderen in tel*) presents itself emphatically as a departure from that. “This memorandum [...] revolves around the theme of integration and covers a much larger area than

previous memoranda. [...] In this memorandum integration is defined as the ability to fully participate in society. Important instruments for integration lie in three areas of participation: labor participation, social participation and educative participation” (p. 8). Subsequently the report moves on to discuss an array of measures to improve the integration and participation of elderly people in those areas.

Nevertheless, the memorandum still pays significant attention to demographic developments and increasing care demands. On these topics it continues in the direction that was chosen in the previous memoranda – it again proposes more substitution of intramural care with extramural care, albeit not necessarily through more imposed informal care.

### *Informal care*

It seems that there is one kind of extramural care that the memorandum pays more attention to than was done before: self-care. “The cabinet wants to prioritize the strengthening of elderly people’s home situation. Better opportunities for self-care, such as compensation of functionality loss or optimization of the living situation, are a requirement for this” (p. 32). This thus seems to be a next step in allowing and stimulating the elderly to live independently.

Care provision by one’s social environment is addressed as well. For the first time, the government speaks of informal care not in terms of (increased) responsibility, but rather as something the government can support: (p. 34)

*Volunteers play a key role in care provision. For many older elderly people (hoogbejaarden, i.e. 55-75) and younger elderly people (jongbejaarden, i.e. 75+) with a handicap, their ability to live independently depends entirely on the availability of informal care.*

*The desirability of care leave and financial compensation of the costs of care leave has been raised on multiple occasions. It can be a topic of discussion between employer and employee [...].*

The use of terminology does not seem very consistent – care leaves are not taken by regular volunteers, who have no personal bond with their clients, but mostly by family members. Still, this passage rather clearly implies that the government does not only continue to acknowledge the importance of informal care, but also thinks it deserves more formal support. Later on in the relevant passage, it announces that arrangements regarding care leave are being looked at by the government itself as well.

Obligations of family members are discussed explicitly as a response to a proposal to introduce an obligatory children’s contribution. The memorandum acknowledges the existence of a legal maintenance obligation of children with regard to their parents, but declares it obsolete due to

the introduction of the General Elderly Act (AOW) and comparable benefit schemes. For that reason it does not want to make children *formally* responsible for the care for their own elderly parents.

### **Modernization of Elderly Care (1995)**

With regard to substitution, the policies of 1982/1983 essentially required citizens to offer and accept informal care, while only in 1990 the government expressed the intention to also *support* informal care provision. The first Kok cabinet's elderly care strategy, however, outlined in the memorandum Modernization of Elderly Care (*Modernisering ouderenzorg*) of 1995, no longer shows much intention to provide support to caregivers. Instead it introduces rather radical further substitution measures.

#### *Substitution and informal care*

The cabinet proposals of 1995 are largely based on the advices of the Committee for the Modernization of Elderly Care (Welschen, 1994), mostly referred to as the Welschen committee. Its report predicted a continued vast increase in spending on elderly care for the years to come, resulting in an untenable situation for the long term. As a solution, it proposed radical substitution measures (p. 51):

*In the demographic scenario [i.e. unchanged policies] the number of clients making use of home care will increase to 375.000. At this moment, however – strictly speaking – 31 percent of the clients do not need home care, because their need for care is marginal. Their care can be left up to family, neighbors and friends.*

The substitution went further than that. A quarter of the inhabitants of nursing homes had to move to regular elderly homes and half of the inhabitants of elderly homes had to live independently and depend on home care. This was expected to result in a stable demand for intramural care, rather than a consistent increase. The committee proposed to make this change gradually so that nobody would be forced to move, but only new cases would be assessed according to the new substitution criteria. Altogether this was expected to result in a yearly growth of 1% in elderly care expenditures, instead of 1,5% in case of unchanged policies.

The 1995 memorandum takes these proposals as a starting point and accepts the need for large-scale substitution as a given. Although it makes more conservative assumptions about the effects of the substitution policies – it does not believe, for example, that the demand for intramural care will not grow at all – it fully accepts that more involvement of neighbors and family members will be required.

It is interesting to note that all of this is discussed in purely financial terms, without any references to an underlying vision or ideology about family members' responsibilities. Only in its

financial paragraph does the memorandum make the extent of the increased reliance on *mantelzorg* explicit: (p. 20)

*[The Welschen committee] indicated that the consistent growth can only be reduced by maximal substitution, with a far-reaching reliance on informal care (mantelzorg). [...] Only then can a real growth of 1% of the financial volume for elderly care be sufficient. The cabinet regards the numbers in the committee's report as targets for the long term.*

The memorandum makes no references to the implications of this policy for elderly people or their environment, and neither does the committee's report.

#### *Technical overhaul*

Substitution plays a major role in the memorandum, but most of the attention is directed towards a major overhaul of the technical structure of all elderly care policies. Whereas elderly policies used to be part of a larger number of laws and regulations, resulting in complex rules and inflexible money flows, the cabinet now wants to bring this all together in the (already existent) General Act on Exceptional Medical Expenses (*Algemene Wet Bijzondere Ziektekosten (AWBZ)*).

Although the technicalities of these complex reforms are beyond the scope of this study, one element is relevant to highlight. Part of the substitution policies is a decentralization of care provision, in the sense that elderly receive more authority to decide which care they receive from whom. One of the instruments to achieve this is the Personal Care Budget (*persoonsgebonden zorgbudget (PGB)*). After having received such a budget on the basis of certain objective need-based criteria, this allows elderly people to hire and pay their own caregivers. At the moment of introduction, however, there are limited funds available for this program, and it seems that it did does play a major role in the reforms.

The memorandum does not mention immaterial subjects such as integration, which played a major role in previous memoranda. This is probably due to the limited intended scope of the memorandum. Based on the materials studied, it is unclear whether the cabinet addresses these issues elsewhere or whether they are taken off the agenda.

#### **Political discourse**

The Elderly Matter (1990) is written by the third Lubbers cabinet of the PvdA and the Christian-Democratic CDA. In 1994, the first Kok cabinet is installed, consisting of the PvdA, D66 and the right-wing liberal VVD. The Modernization Elderly Care memorandum is written as a specification of the coalition agreement.



## *PvdA*

On behalf of her party, MP Jacqueline Beijlen-Geerts expresses her approval of the intentions presented in the memorandum of 1990 and its focus on the integration of the elderly in particular. Neither she nor her colleague Gerrit-Jan van Otterloo mention anything regarding informal care; nothing about their opinions on the cabinet proposals regarding the support of voluntary work and informal care can be inferred from their contributions.

The contributions of MP Margo Vliegthart in the debate about the 1995 memorandum are more telling, even if its references to informal care are mostly implicit. She mentions the following as one of her main points in the debate: (p. 4)

*The policy should be aimed at the lightest form of care, which adequately guarantees the independence of elderly: substitution.*

She thus seems to follow the government's approach to substitution, i.e. treating it as a de-politicized means to achieve certain ends, rather than an ideologically inspired idea based on the notion of subsidiarity. In one instance, where she discusses a rather technical aspect of the AWBZ reforms, she expresses her approval of a certain proposal because "it enables the realization of more coherence and substitution" (p. 4)

This is telling. While in 1983 her party argued against imposed informal care ("[this] philosophy could lead to [...] the motto: if there is no money for it, the same work can be done by volunteers or by others" – see above), the PvdA now accepts it as a given and puts no effort into justifying it. Ms. Beijlen-Geerts does not even present substitution as a necessary evil, which suggests that the PvdA has apparently overcome its objections against the idea that people can indeed be given serious responsibility for the care for their elderly family members.

It is relevant to repeat here that the Welschen committee speaks of substitution not only as the replacement of formal care by informal care. It also refers to e.g. living in an elderly home rather than a nursing home. Still, that does negate the fact that the term also emphatically includes the necessity of informal care. The fact that Ms. Beijlen-Geerts makes no such distinction and speaks positively of substitution in general, suggests that she also approves of increased levels of informal care in particular.

## *D66*

With regard to the memorandum of 1990, the attitude of D66 does not differ much from the PvdA's. MP Machteld Versnel-Schmitz supports the notion of increased integration, although her tone is more critical of the specific policies the memorandum proposes. She makes no references to informal care or anything related to that.

In 1995, MP Roger van Boxtel supports the main point of the memorandum about modernization of the administrative arrangement of elderly policies. He pays particular attention to its incorporation into the AWBZ and spends few words on substitution. From the fact that he agrees with the document's policy intentions, however, it can be concluded that he accepts the substitution policies.

At the same time, Mr. Van Boxtel is critical about the feasibility of the cabinet's ambitious goals regarding informal care: (p. 13)

*The Social and Cultural Planning Office [i.e. SCP] observed already in 1994 that the assumption in the Welschen report of 1% was already low, considering the overburdened informal care (mantelzorg). The SCP report of 1994 literally states: this assumption seems not realistic, given the already existing bottlenecks in the informal care.*

This seems to imply two things. Firstly, also D66 accepts substitution and increased informal care as a given. Secondly, it has explicit regard for the limitations of this policy. As he moves on to his questions to the cabinet, Mr. Van Boxtel asks for justification of the cabinet's targets in light of these limitations.

All of this suggests, along the same lines as the PvdA's views, that D66 sees substitution as a means to an end, rather than an ideological thing. As long as it is an effective means, D66 apparently supports it.

### **Synthesis**

The government's approach to informal care shows a notable change of course in the 1990s. After a decade of imposed substitution, inspired apparently not by ideology but purely by financial reasons, the third Lubbers cabinet finds the opportunity again to invest in social progress. This is visible in its memorandum *The Elderly Matter* of 1990, in which it takes break from reforming and instead promotes an immaterial agenda which aims to support informal caregivers more in their work. It even explicitly rejects the idea to make children formally responsible for their parents' care, thereby taking a firm stance in favor of the state's responsibility.

In 1995, however, the first Kok cabinet takes a radically different approach. On the basis of research that warns for future financial difficulties in elderly care, it adopts an even stronger substitution policy than in the 1980s. Nothing is left of the intention to alleviate the burden on informal caregivers. This is remarkable – the Kok cabinets came to power in times of growing economic prosperity and made much money available for social initiatives such as employment creation programs. The second Kok cabinet, with an unchanged composition, even made enhancing the social cohesion in society one of its priorities. In such a context, technocratic cuts in elderly care

without regard for the pressure it puts on social institutions are not an obvious thing to do, to say the least.

In line with what was said above about the policies of the 1980s, it seems detached from the social reality in society to simply let elderly people depend more on their social network in times where those networks become increasingly loose. In this context the support-oriented approach of 1990 seems more logical – it is based on the notion that the effective provision of informal care is not a given, but needs to be stimulated. From this perspective, the policies of 1990 seem to fit better in the contemporary society than those of 1995.

The PvdA, part of all cabinets in the 1990s, seems to have internalized the notion that substitution is right and necessary. Whereas in 1983 it still criticized the idea that elderly were required to rely primarily on informal care from their own environment, it now accepts even more far-reaching proposals in that direction. It does so in a depoliticized manner: justification is given in financial terms, the policies are presented as a necessity, and ideological references to subsidiarity are not made.

The response of coalition partner D66 to the memorandum of 1995 is very similar to the PvdA's. It shows acceptance of substitution, justified by financial reasons. In contrast with the PvdA, however, it questions the feasibility of the cabinet's ambitions and worries about the pressure that is placed on informal caregivers. Its request to the cabinet to take this into account shows that it has explicit regard for the limitations of substitution policies. Still, also D66 accepts substitution as a given and does not question its validity.

Because of the general agreement of the PvdA and D66 with the second Kok cabinet's substitution policies, the aforementioned analysis about the social context applies to the parties' opinions as well.

#### **4.5 The 2000s: Supported substitution**

In 2002, after the Kok cabinets have governed for eight years, Dutch politics goes through a turbulent period (Parlement & Politiek, 2015d). After the assassination of the popular politician Pim Fortuyn, his party (LPF) wins the elections and becomes part of the first Balkenende cabinet. Already after a few months, however, internal fights in the LPF cause the premature end of the cabinet. New elections are organized in 2003, which result in the formation of the second Balkenende cabinet, a coalition of the Christian-democratic CDA, the right-wing liberal VVD and D66. This cabinet governs until 2006, after which the fourth Balkenende cabinet, consisting of the CDA, the PvdA and the small ChristianUnion, eventually takes over in 2007.

Faced with a problematic economic situation, the center-right second Balkenende cabinet follows a policy of austerity (Parlement & Politiek, 2015a). Increasing unemployment and rising

pressure on the government's finances lead the cabinet to implement wage restraints and budget cuts in social security. In addition, in light of increasing effects of ageing, the cabinet reduces the opportunities for workers to retire early. Although some measures, e.g. the wage restraints, are done in collaboration with workers unions and other social organizations, many other policies result in firm opposition from parties in government.

Meanwhile the trend of individualization continues, but not as strong as before. The aforementioned indicators of children moving out of the parental home no longer change significantly (Van Lindenberg, 2008) and the growth of single-person households flattens somewhat (Centraal Bureau voor de Statistiek, 2015). That does not mean, however, that nothing changes anymore. The Scientific Council for Government Policy, for instance, identifies a gradual shift in people's approach to receiving care: "There is a continuous process of searching for how the *client* can get a more adequate position in their care and treatment. [...] Good professional care increasingly becomes a coproduction with the care receiver" (Wetenschappelijke Raad voor het Regeringsbeleid, 2006, p. 126) – a clear example of qualitative individualization.

These developments suggest that whereas the fast speed at which the Dutch society individualized has somewhat reduced, it is still ongoing and takes on more institutionalized forms as well. This is also the case for the emphasis on informal care in elderly policies. The trend of substitution continues, perhaps with less radical ambitions than in the 1990s, but with an increased degree of formalization.

### **Ageing and the Integral Elderly Policies (2005)**

Whereas the 1995 memorandum's focus on substitution relied on informal care somewhat implicitly, it is a main theme in the in the main elderly policy memorandum of the second Balkenende cabinet, Ageing and the Integral Elderly Policies (*Vergrijzing en het integrale ouderenbeleid*). This memorandum marks the beginning of major new reforms in elderly care policies, including a gradual shift of responsibilities in the AWBZ to the new Societal Support Act (*Wet Maatschappelijke Ondersteuning (WMO)*), to be introduced in 2007. (Huijsman, 2013)

#### *Individual responsibility*

Core element in the new policies is an individually oriented approach of tailor-made care solutions for the elderly. Individual responsibility plays a key role, as becomes clear from the following passage in the introduction: (p. 2)

*People are primarily responsible themselves for compensating for the loss of resources (hulpbronnen) in their later life stages. Everyone hopes to become old, so nobody can say that they could not foresee this. For those who are unable to make individual*

*provisions for later life stages, solidarity from society is necessary to guarantee the sovereignty of every elderly person with respect and dignity.*

Additionally, for those people who are unable to take care of themselves or with regard to provisions one cannot make individually, such as health care, the memorandum places responsibility “at the lowest possible level in society” for each particular case.

Illustrative of the far-reaching decentralization of responsibilities is the newly introduced notion that that elderly, after their retirement, are still expected to contribute to society. “Citizenship and own responsibility mean that a productive contribution to society may be asked through a longer active life stage, either via paid labor or thereafter via voluntary work or informal care” (p. 35). In virtually all of the proposed policies, the rule that “the public contribution is supplementary to one’s own private responsibility, not the other way around” (p. 35) is clearly the underlying principle.

For those who are in need of government-supported care, the Personal Care Budget (PGB) is given a more prominent role. Although citizens can still opt for care provided directly by government-paid professionals, they can also choose to receive money that they can spend themselves. This gives them more freedom and power over the type of care they receive, and from whom.

#### *Informal care*

In order to meet the increasing demand for care, the memorandum relies on three pillars: “innovation and increased labor productivity; education and task reallocation; strengthening of the position of informal care” (p. 57). In relation to the latter pillar, it elaborates as follows: (p. 59)

*Fortunately, there are many who are prepared to take on caring tasks for a partner, parents or relatives, even though it is not always experienced as a voluntary choice, but often as a moral duty. Those valuable feelings must be preserved. Continuing monetization of care is no feasible option from the perspective of flexibility, foreseeable tightness on the labor market and manageability of collective expenses. The supply of collectively provided care in the area of the AWBZ will not be possible to grow along with the demographic demand. That is why it is of the utmost importance that the large role of informal care (mantelzorg) is preserved.*

Similar to the memorandum of 1990, informal care is discussed in a bureaucratic, non-politicized manner. It is seen as an economic necessity rather than a political choice. It is in the same manner, namely “to prevent overburdening informal caregivers”, that the memorandum announces that it intends to offer support specifically for informal caregivers. By referring to this overburdening, however, the government acknowledges that providing informal care has become increasingly

difficult – not only because of demographic developments, but also as a result of weaker family ties. Providing support to informal caregivers is seen as a means to overcome those challenges.

To this end, the Societal Support Act (*Wet Maatschappelijke Ondersteuning* (WMO)) is introduced. This new act is the legal embodiment of the philosophy of decentralized responsibility and subsidiarity – its main aim is to let people participate independently in society, primarily with help from their own social environment (Posthumus, Van Houwelingen, & Dekker, 2013). Specifically, it makes municipalities responsible for a variety of care-related tasks. One of those tasks is the provision of respite care, which temporarily alleviates the burden on informal caregivers and has been proven, according to the memorandum, “to reduce the overburdening of informal caregivers by half or even by two-thirds” (p. 59).

Informal caregivers are identified in the memorandum to be mostly partners or children. The cabinet realizes that not all partners or children will be able or willing to provide substantial informal care. In that case, they are expected to pay for external help if they can: (p. 29)

*Children will make a considerate choice between their own productivity and the costs of shifting their responsibility to paid caregivers (het afkopen van hun verantwoordelijkheid) when their parents gradually run out of money. We produce and provide care in between, or we outsource the care to lower educated service providers.*

This clearly puts a rather heavy burden on people’s social environment. The implication of this is that only when elderly, their partner and their children are objectively unable to either provide or pay for care themselves, the government is willing to take care of it.

Although the memorandum does not propose any informal care policies that are significantly different from previous memoranda’s substitution plans. One technical detail, however, though, is another sign of the changing attitude towards care. Whereas citizens have a legal *right* to receive care that is provided through the AWBZ, the WMO does not officially state that citizens have such rights. Rather, it defines a *duty* for the municipalities to take good care of their citizens. This can result in different decisions of municipalities regarding care provision; if someone is already taken good care of by their environment, for instance, there is no duty for municipalities to provide extra care, whereas this could have been different if citizens had been entitled to care.

### **Political discourse**

No parliamentary debate about the memorandum of 2005 is held, neither with the cabinet nor only within the parliamentary committee on Health, Welfare and Sport. In fact, there is no general discussion about the elderly policies at all in the years 2005-2008. This makes it difficult to know what political parties’ opinions are about the specific content of the memorandum.

However, given the memorandum's focus on supporting informal care through the new WMO (also in the opinion of Huijsman (2013)), the parliamentary discussion of the WMO is a useful alternative source. According to its Memorandum of Understanding, the WMO primarily aims to institutionalize and decentralize support to people who voluntarily care for others, be it in the field of sport, welfare, care, and so on. Informal care is emphatically part of the law. On the basis of this discussion, it turns out to be well possible to find out what political parties thought of the role of informal care in those days, and by extension also of the role of informal care in elderly care.

Both the memorandum and the WMO are introduced by the second Balkenende cabinet, of which D66 is part, as well as the Christian-democratic CDA and the right-wing liberal VVD. The SP and the PvdA are thus opposition parties at the time.

#### *PvdA*

MP Gerdi Verbeet is critical of the new WMO, mostly because she finds it too technical and not specific enough about what exactly municipalities are expected to do. "Actually this is not more than a law about processes and procedures, which entails that municipalities are obliged to make policies in particular fields, discuss those with relevant parties and present results every year. Period. So these policies can also be: 'we do nothing'" (p. 13). In particular, Ms. Verbeet perceives a lack of vision when it comes to the role of the WMO in the future of the AWBZ – the law does not specify its announcement that more care-related tasks will someday be moved to the WMO.

Regardless of this criticism, Ms. Verbeet seems to agree with the intention of the law: decentralize care-related tasks to the municipalities and make citizens more responsible themselves. She mentions the abolishment of the citizen's legal rights to care, but does not criticize it.

References to informal care are hardly made. Although Ms. Verbeet addresses the problems of overburdening of caregivers, she seems to accept their role in the new WMO: (p. 16)

*Informal caregivers (mantelzorgers) and volunteers can only function optimally when they are supported by professionals. [...] Unfortunately, the [government] still does not regard informal caregivers as full partners [in decisions about care entitlements]. Informal caregivers provide care [which one can be formally entitled to], so in that case they should also have the right to support, for instance through respite care or exchange of care.*

The PvdA thus argues that this right to support should be defined more clearly in the WMO, rather than be left up to the judgment of individual municipalities.

More specific references to informal care are not made. One can infer from the aforementioned statements that the PvdA's opinions about the role of informal care have hardly

changed – it agrees with its importance, it accepts that the government demands its use, but also emphasizes the need for support of informal caregivers.

D66

MP Bert Bakker, representing the coalition party D66, presents an ambivalent view towards the new WMO. He starts by saying how his party substantially influenced the law when it was still in development, through forcing the government to transfer less care-related tasks from the AWBZ to the WMO. He does support the transfer of household-related care to the WMO, though – according to Mr. Bakker, D66 already wanted that in the 1990s.

Mr. Bakker's speech is technical and includes very opinions on the law's underlying philosophy. This, along with many approving signs throughout his talk, implies that he supports this philosophy. He primarily presents the WMO as a means to give people more influence on their own life and care.

Also with regard to informal care, Mr. Bakker's attitude is ambivalent. On the one hand, he is very positive, and argues that the law enhances an already positive role of informal care in many people's lives: (p. 45)

*[...] many people don't want anything but provide informal care (mantelzorg) when they are confronted with the need for it. These people don't want matters to be transferred to the formal circuit; they want to do it themselves for as long as possible. Colleagues have talked about the possibilities for supporting them, for instance through regulations for respite care. I support that, because the intentions behind these proposals are certainly good.*

At the same time, he is afraid that formalization of informal care might tempt municipalities to put pressure on people's environment to provide informal care: (p. 45)

*I continue to be worried that strengthening the position of informal care through formal legislation and regulation will lead policymakers or aldermen with a financial problem to use that strengthened position as an argument to ask for more informal care.*

Mr. Bakker thus requests the government to ensure that people will always be able to provide informal care "out of love" and not to unburden the government.

These opinions suggest that D66 has an two-sided opinion about informal care. On the one hand, it sees it as a popular means of citizens to support each other, offered voluntarily and done happily. On the other hand it is afraid that its formalization via the WMO could put pressure on citizens to provide informal care when they would actually prefer not to. This leads to a conception of a WMO that supports citizens who like to be supported, but ideally does not come with significant duties or burdens.



Looking at the increasing emphasis on informal care in Dutch policymaking since the 1980s, this is a very interesting opinion. Whereas the WMO's primary aim is indeed not to increase people's reliance on informal care, it is implicitly and explicitly presented in a context of a growing reliance on informal care, for social as well as budgetary reasons. In this sense, D66's claim that it does not want the government to pressure people's environment to provide informal care does not seem to be entirely in line with its support for the new law.

Therefore, while in its rhetoric D66 is at least partially critical about the increasing importance of informal care, this criticism is not materialized in its voting behavior. This makes it difficult to draw final conclusions about D66's precise position on this matter.

*SP*

On behalf of the Socialist Party, MP Agnes Kant strongly condemns the proposed law. She argues that household-related care should stay in the AWBZ and thinks that less responsibility should be imposed on citizens. She questions the cabinet's reasons to introduce the law and expects bad results: (p. 27)

*When it concerns care, this cabinet has one clear goal: less responsibility for the national government and especially less collective expenses. This largely happens under the umbrella of own responsibility. That is also the reasoning for the WMO: you first need to prove that your environment cannot give you help before you can receive professional help and support. This goes at the costs of informal caregivers (mantelzorgers) and people who need care. People already provide a lot of informal care (mantelzorg en informele zorg). Don't suggest that you can get much more out of it! [...] Let's be honest: this law is just a budget cut.*

Ms. Kant repeatedly mentions the abolishment of the right to receive care as a major objection. She states that under the WMO, citizens will be "subjected to the arbitrariness of municipalities" (p. 28) when they are in need of care. Furthermore, she is afraid that by giving municipalities the opportunity to charge an 'own contribution' from citizens who receive care, the accessibility of care is limited. "Municipalities could use this as an instrument: the higher the own contribution for particular provisions, the less people will make use of it, not because they don't need it but because they cannot afford the own contribution" (p. 29). The SP therefore thinks that municipalities should not be made in charge of this.

In general, although Ms. Kant does not refer much to informal care, all of this shows that the SP is opposed to the imposed use of informal care. This is partly because of practical reasons, i.e. the fact that some people might not have sufficient access to it, but also for ideological reasons. It clearly thinks that people should be entitled to care, regardless of their own social situation. She

mentions it in her closing words (p. 33): “If the right to care becomes a favor, this is not a step forward but a step backward.”

### **Synthesis**

The Societal Support Act (WMO) of 2007 marks a new approach to substitution policies. Whereas the government initially imposed informal care with little regard for the situation of the caregivers, the WMO takes the opposite approach and tries to promote informal care by supporting caregivers. This is done in a decentralized way, with the municipalities being responsible and citizens having the freedom to opt for the type of care they want themselves.

In a way, the WMO is an embodiment of institutionalized individualization. Although at the beginning of the 2000s the society was no longer individualizing as rapidly as before, the process went on int.al. in the government’s approach to care. Citizens’ primary individual responsibility for their own care was reconfirmed, but also enabled through formalized caregiver support and the provision of PGBs to citizens to arrange this themselves.

Though not openly ideological in its tone, the memorandum of 2005 is not driven by budgetary reasons as much as its predecessors. It still recognizes the importance of substitution in light of the sustainability of elderly care, but it is mostly grounded in the belief that citizens are able to take responsibility for themselves as much as possible, and can also be expected to do so.

The PvdA and D66 subscribe this notion. Both underline the importance of informal care and support the WMO’s instruments to support it. Whereas the PvdA does not go much further than this, D66 moves on to voice concerns about the imposition of informal care, which it considers unacceptable – D66 finds that informal care should always be a free choice, made without outside pressure. Its general acceptance of the law and support for previous law, however, are reasons to question to what extent D66 really thinks that informal care should never be a requirement.

The Socialist Party, a left-wing party that has gained influence and importance since the 2000s, has a radically different view on the WMO and, by implication, the cabinet’s elderly policies. The SP categorically opposes the idea of required informal care, and argues for more government involvement in care provision – in the SP’s opinion, citizens who need it should always have the right to receive care, without regard for the informal care that may be available to them. As such, it rejects the government’s substitution policies.

The 2000s did not bring major social developments in society with regard to family support and so on. It is line with this that apart from the increased support for caregivers, there are no major changes in the government’s attitudes towards the responsibility of elderly citizens’ social environment. The same goes for the opinions of the PvdA and D66. The emergence of a new left-wing party, however, does significantly influence the left-wing discourse on this matter. No longer

do all major left-wing parties continuing substitution; there is now a clear voice that argues against it.

#### **4.6 From 2010 onwards: The formalization of informal care**

The worldwide economic crisis that started in 2007 hit the Netherlands as well. Initially the economy seemed to be harmed less than other countries (nrc.nl, 2009), but as the economic problems continue, more and more people are affected by it (Trouw, 2013). Both Rutte cabinets respond with strict austerity measures, resulting in budget cuts of tens of billions of euros affecting large parts of the Dutch population (Rijksoverheid, 2010 & 2012).

Consequently, the political discourse is dominated by the cabinets' economic policies. One of the major operations of the second Rutte cabinet is the decentralization of three large government tasks: youth care, work and income, and long-term care including elderly care (Putters, 2014). It is a large-scale project, involving a large amount of actors and a large sum of money – and, in fact, large budget cuts. Elderly policies are part of this operation.

With regard to social developments, the most important studies on the country's social situation by The Netherlands Institute for Social Research pay remarkably little attention to individualization and related factors, such as the importance of the family as a social institution (Bijl, Boelhouwer, Pommer, & Sonck, 2013; Bijl, Boelhouwer, Cloin, & Pommer, 2011). This suggests that no highly impactful developments in this field have taken place in the last years. This hypothesis is supported by Eisinga, Scheepers and Bles (2012), who show that familial values have not meaningfully decreased in importance since the 1990s.

At the same time, informal care (*mantelzorg*) is increasingly an object of study. This could be seen as an indicator for the ever growing role it plays in government policies. Indeed, the elderly policies introduced as part of the decentralization project rely more on it than ever before.

Between the definitive introduction of the WMO in 2007 and its overhaul in 2015, the scope of the WMO was expanded multiple times. Whereas it initially covered only household-related care for the elderly, it has gradually come to include all non-medical care provisions for the elderly (Huijsman, 2013). It is in this context that the overhaul of 2014 must be studied.

#### **Memorandum of Understanding of the Long-Term Care Act (2014)**

Five years after the introduction of the Societal Support Act (WMO) in 2007, the newly appointed second Rutte cabinet announces yet another major overhaul of the elderly care policies. Again the AWBZ and WMO are the main parts of this overhaul – in fact, the AWBZ is abolished and replaced by the Long-Term Care Act (*Wet Langdurige Zorg* (WLZ)) while important parts are moved to the WMO,

which is named WMO 2015. These changes are outlined in the Memorandum of Understanding (*Memorie van Toelichting*) of the WLZ, which will be the basis of this discussion.

The general intention of the reforms is formulated as follows: (p. 3)

*[The] cabinet wants to create a change in the long-term care towards more customization, more care in the neighborhood, more collaboration between the different providers, but also sustainably financed provisions, so that later generations can use them as well. The reform has not been caused by the current economic situation, but has received an extra impulse because of it.*

The latter sentence seems to be much reflected throughout the memorandum. Although the new laws are implemented with considerable budget cuts, the reforms appear to be more ideologically motivated than previously. This becomes visible in the section on the necessity for changing the AWBZ: (p. 4)

*The government has three motives to revise the long-term care system: improving the quality of support and care, increasing the involvement of the society (taking more care of each other) and the financial sustainability of the long-term care.*

The first motive is mainly inspired by the need to provide more customized care to individual elderly people, while the third is substantiated along the same lines as before, i.e. mostly the ageing population and increasing care demands. The second motive lies at the very core of the reformed system – informal care is given a radically more important role than before.

#### *Taking care of each other*

Ever since its reintroduction in the area of elderly policies, the subsidiarity principle appears to have been used as an instrument to save money rather than an ideologically inspired idea about how solidarity should be organized in a society. This seems to be different, however, in the case of the new WLZ. The memorandum presents the following vision: (pp. 4-5)

*In the government's opinion, formal care is used more than necessary. Moreover, the opportunities to improve the wellbeing of people are not used optimally. Informal caregivers (mantelzorgers) and volunteers can, both inside and outside an institution, give an important impulse to this wellbeing, among others by counteracting loneliness. It is therefore desirable that informal caregivers and volunteers remain closely involved, also when someone leaves their own environment to live in a more protected environment such as an institution. [...] There where the government takes its responsibility, there still needs to be space for the social environment. Through that, solidarity is established more via an involved society than via an 'insurance society'.*

This clearly shows that the government does not only aim to achieve spending reductions by promoting informal care, but also actually intends to improve elderly people's social situation. Whereas in 1970 deteriorating social relations were still discussed with an accepting attitude, the WLZ clearly does not, and has concrete plans to address it.

In this sense, the government speaks of "a break in the trend of the past" (p. 7). It wants to "tell the new story of the long-term care" and "appeals to insurers, care providers, implementing organizations and also clients and their social environment to contribute to the culture change that is necessary to reform the long-term care."

#### *Concrete role of informal care*

The specifics of the informal care policies build very much further upon the policies of 2005. The starting point is formulated as follows: (p. 6)

*When support is necessary, one's own social network and the financial possibilities of people involved are looked at first, and help is organized closed by. For those who – also with support of the environment – can no (longer) be self-reliant, there is always support (aimed at participation) or appropriate care.*

The memorandum emphasizes that even if government support is necessary, either on the basis of the WMO or the WLZ, the principle still is that "this support is mostly aimed at strengthening the informal circuit, rather than replacing it" (p. 6)

The WMO and WLZ are seen as a continuum. The former concerns extramural care provided by individual municipalities, either directly to the client (e.g. by sending a professional to help with household-related tasks) or indirectly via informal caregivers. This can be done through financial compensation but also through respite care. The bottom line is that anything is done to allow the elderly person to live independently. The WLZ, in turn, comes into play when a person needs 24 hours of care per day – usually this means that living independently is no longer possible. Based on independent assessments an elderly person can be entitled to WLZ-related care, which often equals moving to an elderly or nursing home. Still, as mentioned above, informal care remains important for those persons too.

Informal care is formally incorporated into the policies mostly via the 'caring plan discussions' (*zorgplanbesprekingen*) which are held with any person receiving care through the WLZ. It is a standard part of those discussions and of the caring plans themselves, and caregivers are usually involved in the development of those plans. This enables the government to make as much use as possible of any informal help available in one's social circle. However, the amount of informal care this circle can offer does not have influence on decisions about the formal, government-provided care one is entitled to.

The policies of the WLZ and WMO 2005 thus seem a logical continuation of previous policies. Yet, the fact that they are grounded in such a different theoretical and societal framework cannot be ignored. Rather than a financial measure with social implications, the reforms are presented as a deliberate reintroduction of subsidiarity in the elderly care system. As such, they are an interesting, almost paradoxical combination of continued and intensified policies based on a different framework of solidarity.

### **Political discourse**

The new WLZ and WMO are introduced by the second Rutte cabinet, a coalition of the PvdA and the right-wing liberal VVD. Technically, this makes D66 and the SP opposition parties. Due to the lack of a governing majority in the Eerste Kamer, however, the cabinet has made agreements with other parties, including D66, regarding health reforms. (NOS, 2014) The reform in question is part of those agreements. In these discussions, D66 therefore also bears political responsibility for it.

The discussion of political opinions below is based on the plenary parliamentary discussion of the WLZ proposals in 2014.

#### *PvdA*

The PvdA supports the proposed reforms, both regarding the WLZ and the new WMO. MP Ottowin van Dijk approves of the WLZ's general mission: (p. 107-8-20)

*For the PvdA, the current changes in care are most importantly about substantive changes, a change in culture. We have made things very complicated in our country, and sometimes impersonal too. [...] We have to create space for the client, space for the craftsmanship of the care provider and space to get from systems to people.*

Mr. Van Dijk stresses the importance of the influence of care receivers themselves, of improving the quality of care, of a logical organization, of decreasing bureaucracy and pressure from rules, and lastly about guiding the transition to a new system without too much uncertainty.

With specific regard to informal care, the PvdA talks about the "special position of informal caregivers (*mantelzorgers*)" (p. 107-8-26), mostly because of their heavy responsibilities. That is why it proposes to place more emphasis on informal caregivers in the process the caring plan discussions. In these talks, not only the needs of the client can be discussed, but also those of the caregiver.

In line with the PvdA's contributions in earlier discussions, the party seems to approve of the increased need for informal care. It mentions no explicit approval or rejection of this, regardless of its prominence in the newly proposed law. Mr. Van Dijk's contribution mostly focuses on details of the law's execution rather than any fundamental discussion of its principles.

D66

Compared to the PvdA, D66 talks about the newly proposed WLZ more critically. MP Vera Bergkamp officially approves of the law, but has hesitations about its specific implementation: (p. 107-8-8)

*[...] we had expected more of this law and of this state secretary. His vision letter is called "from systems to people", but the law is still very much focused on the system. Perhaps it is difficult to have an entirely different world tomorrow, but we still think that the law is too much focused on the supply side instead of the demand side. I find this a missed chance.*

In order to attain this increased focus on the demand side, D66 argues for even more influence of individuals on their own care plans. Among others, Ms. Bergkamp proposes that every individual who makes use of the law should have a personal case manager who can assist with formalities and procedures. She also wants to reduce the number of rules in the system, in order to give more responsibility to individual care givers and receivers and allow (groups of) people to come up with their own innovative care solutions.

With regard to informal care, Ms. Bergkamp addresses D66's concern that not everybody might be able to rely as much on informal caregivers as the WLZ presupposes. "Do people have enough informal caregivers? Is the informal sector large enough?" (p. 107-8-9). Although it asks the cabinet to comment on this possible problem, it does not disapprove of the law's general reliance on informal care. In this sense, the analysis given above for the PvdA applies to D66 to the same extent.

SP

On behalf the Socialist Party, MP Renske Leijten speaks of the "Destruction of Long-Term Care Act". She is highly critical of the law, which, according to her, will reduce the number of people entitled to care from 800.000 under the AWBZ to 200.000 under the new WLZ. "How can you increase the involvement of society if you simultaneously cut so drastically?" she asks (p. 107-4-2). She calls the law "a bureaucratic monster" (p. 107-4-3). Ms. Leijten places the WLZ in a larger trend of more market and less government.

Interestingly, she condemns the cabinet's plans as management policy rather than ideologically driven reforms. "[The state secretary] uses management language and carefully avoids terminology that could suggest that the demolition of the AWBZ is ideologically motivated" (p. 107-4-4). She accuses him of talking too much about efficiency. No references are made to the Memorandum of Understanding's passages about the desired culture changes in society, based on 'taking more care of each other'.

With regard to the substitution of formal by informal care, Ms. Leijten voices two main concerns. The first one is about the capacity of informal care to make up for the cuts: (p. 107-4-9)

*A social network, family, is not always close by. Neighbors are often already occupied or overburdened, as well as family. The chance that elderly become lonely, neglected and dirty is big.*

Secondly, she denounces the expected dismissal of large numbers of professional caregivers as a consequence of this substitution. Interestingly enough, however, the SP makes very few references to the ideological notion of subsidiarity – it does not argue that care should be provided primarily by the government instead of one's environment. Rather, it mostly denounces the law on the basis of specific (expected) consequences of the new law.

Part of Ms. Leijten's tone can be explained by the fact that she represents an opposition party – it is thus in her interest to contrast her opinions as much as possible with those of the coalition parties. If one analyzes her speech from this perspective, it seems that even though the SP's opinions about the WLZ specifically are very different from the PvdA's and D66's, its underlying opinions about informal care do not seem to be fundamentally different. Ms. Leijten fiercely attacks the WLZ's implementation of the subsidiarity principle, but not the principle itself, even though it plays a prominent role in the cabinet's memorandum. This suggests that on this level, there is no important disagreement between the SP and the government.

Therefore, whereas the usually rather moderate PvdA stopped categorically denounced the reliance on informal care decades earlier, in 2014 even the traditionally strongly left-wing SP has apparently stopped as well.

### **Synthesis**

Based on what happened in the 1980s, one would perhaps expect the Rutte cabinets, faced with big budgetary problems, to present elderly policies comparable to the first Lubbers cabinet's: substitution for budgetary reasons. Although the second Rutte cabinet indeed again takes substitution to a new level, its reasons are more outspoken ideological, with the financial situation being presented as a catalyst rather than a primary motivator.

The government indicates that informal care is useful for more parties than only the government. It sees it as a way to improve elderly people's wellbeing and fight their loneliness. Furthermore, it makes them a formal part of care provision; each client's personal care plan takes informal care into account, and is preferably drafted with the caregivers involved. Government support, provided either via the new WMO 2005 or the new Long-Term Care Act (WLZ), must be seen as a means to strengthen someone's informal support, rather than as a replacement of it.

Although the cabinet's memorandum does not prominently talk about money, it is important to keep in mind the contemporary political reality of the second Rutte cabinet. The new elderly policies involve significant budget cuts and are thus an important part of the cabinet's overarching



ambition to tens of billions of euros. To what extent the substitution policies are truly inspired by financial reasons is unknown, but there are good reasons to assume that money plays a bigger role than the memorandum suggests.

In essence the responses of the PvdA and D66 are virtually similar to those to the new WMO in 2006: they both accept the substitution policy and D66 is concerned that the new law will put too much pressure on informal caregivers, but still supports the law. The SP strongly condemns the new policies, mostly because she fears for the quality of the care and the fear that not everyone will have sufficient access to an informal network. However, even the SP does not explicitly condemn the law's ideological foundation, namely the notion that elderly care should become more dependent on informal care for reasons of responsibility and wellbeing. In this sense, even the SP seems to buy into the cabinet's return to subsidiarity, even if only to a small extent.

## **5. Conclusion and Discussion**

This study aimed to answer the following research questions:

1. Which role has the responsibility of family members towards the care for their elderly relatives played in Dutch elderly policies from 1970 onwards?
2. How has the Dutch left-wing political discourse on this topic developed in that period?
3. How can the evolution of this discourse be related to relevant contemporary economic and social developments in the Dutch society?

In order to answer these questions, comprehensive policy memoranda and transcripts of parliamentary debates have been analyzed to extract the information for the first two research questions. For each decade, this information has been analyzed in the context of contemporary societal developments in order to answer the third research question.

This conclusion shall give an overview of the main findings of this study for each research question. Subsequently it will discuss some major limitations of this study and lastly, on a final note, it will assess the possible ramifications of the research findings for future developments.

### **5.1 Elderly policies**

In the 1970s the first comprehensive elderly policies were introduced as a response to a rapidly increasing number of elderly people, both absolutely and relatively, and a changing position of elderly people in society. Together these developments necessitated a government response in order to provide appropriate care to the elderly, as well as support to let them integrate in society and ensure equality between elderly and non-elderly citizens. At the time, informal care played no role in elderly policies. Although its existence was acknowledged, and there was a general awareness of the importance of elderly people's social environment for their own wellbeing, it was apparently not considered part of official government policies.

This changed drastically when the first Lubbers cabinet came to power. As a response to economic difficulties this cabinet launched a program of vast spending cuts, which the elderly policies were affected by as well. Substitution, i.e. prioritizing extramural over intramural and informal over formal care, became a main policy goal. Informal care provision was one of the primary ways to reduce spending on elderly care. All of this was apparently inspired by financial rather than ideological reasons.

Early in the 1990s the third Lubbers cabinet presented a more holistic view of elderly policies, again aimed at further integration of the elderly in society. In 1995 however, the first Kok cabinet presented plans that relied more heavily on substitution than ever before – its ultimate aim was to replace almost one-third of the government-funded home care with informal care. Again,

these plans were presented as a technocratic solution to the inevitable problem of costly elderly care.

In 2005, the planning of the Societal Support Act (WMO) by the second Balkenende cabinet marked a further reliance on informal care, but simultaneously acknowledged the importance of providing care to caregivers as well. Municipalities were made responsible for giving appropriate assistance to caregivers, such as providing respite care whenever necessary. Although this was a continuation of the trend policy-wise, it was presented more as an ideological project than as a means to save money. This indicates that imposed reliance on formal care had not only become an accepted part of the government's bureaucratic toolbox, but also of its ideology regarding elderly care provision.

This was taken to an even higher level in 2014, when the second Rutte cabinet introduced the new WMO and the new Long-Term Care Act (WLZ) under the umbrella of a "culture change" inspired not only by the ongoing economic and fiscal crisis, but also by the idea that reliance on solidarity from relatives would positively contribute to elderly people's wellbeing. More substitution was implemented, and informal care was formalized as part of individual caring plans for elderly citizens.

Throughout these memoranda, it is clear that informal care is mostly provided by the partners or children of elderly citizens. From the 1970s until 2014 it is clear that informal care played an ever more important role, first as a measure to save money for the government, later as part of a new vision on the role of the state, and eventually also in order to promote the elderly citizens' wellbeing.

## **5.2 Left-wing political discourse**

Initially the big left-wing parties in the Netherlands had little regard for informal care, in line with the government's lack of attention for it. Both the PvdA and D66 supported the overarching ambition to integrate elderly more into society, and more specifically the intention to let elderly live independently as much as possible, preferably receiving extramural rather than intramural care. Specific references to informal care were not made, but the importance of elderly people's families in their wellbeing was already acknowledged.

When the Lubbers cabinets started heavily promoting informal care in the 1980s, the PvdA was highly critical. It considered care the responsibility of the government, not of citizens' social environment. "As a society [...] one has to provide professional care. Even there where help is voluntarily arranged by the family, society still has to take its responsibility," it said in 1983 – the PvdA opposed imposed substitution. D66 did not voice any relevant opinions at the time.

In the 1990s the discourse started to change. Whereas the first memorandum of that decade had no ambitions to further promote informal care, in 1995 the second memorandum did have them, and coalition parties PvdA and D66 bought into them. Imposed substitution was not even presented as a necessary evil anymore; it was accepted as a given. D66 voiced concerns about the limits of informal care, but this did not decisively influence its judgment. Both parties were rather technocratic in their reasoning; whenever they justified their reliance on substitution at all, they mostly did it on the basis of money.

After the 1990s the opinions of the PvdA and D66 did not change much anymore. Their support for substitution remained, and so did the absence of ideology as a reason for their support. It would take until 2014 for the PvdA to declare their support for subsidiarity: “The current changes in care are most importantly about substantive changes, a change in culture. We have made things very complicated in our country, and sometimes impersonal too.”

In the 2000s, however, a third left-wing party started to gain importance: the Socialist Party. The SP voiced a radically different sound: it did not believe in the substitution policies and opposed most of the elderly care reforms. About the introduction of the WMO in 2006, it said that “people already provide a lot of informal care. Don’t suggest that you can get much more out of it!” It wanted to preserve all care as a right for all citizens, regardless of the availability of informal care.

Eight years later, however, even the SP’s opinion seemed to have shifted. Although it opposed the new government laws regarding elderly care, its objections against more reliance on informal care were based on practical arguments, e.g. the lack of a social environment for some elderly, rather than on the ideological reasons it still had in 2006.

The left-wing political discourse about family responsibilities thus seems to have gradually shifted from a full focus on government responsibilities in the 1970s to an acceptance of a prevalence of informal care, mostly provided by relatives, over government care across the left-wing spectrum in 2014. Objections remain, in all parties and most prominently in the SP, but the notion of subsidiarity – i.e. place the responsibility at the lowest possible level, preferably the family – currently seems to be subscribed by all major left-wing parties.

### **5.3 Relation with economic and social developments**

Already before 1970 the Netherlands went through a period of profound social change. Changing demographics, depillarization, the diminishing importance of the institution of the family and other developments had impactful consequences for the relations between citizens. The Memorandum on Elderly Policies 1970 discussed how this had impacted elderly people: “it may be assumed that for considerable categories in the population – and the vulnerable group of elderly in particular – a large degree of loss of contacts, social relations and means of communication has occurred.”

In this light, the initial memoranda's focus on integration of elderly people in society seems logical. Government and left-wing political parties agreed that isolation of elderly needed to be counteracted. At the same time, all parties realized that demographic developments, most notably the gradual ageing of the society, forced the government not to take more responsibility than necessary. Initially this resulted in the promotion of independent living.

In the 1980s economic problems forced the government to cut on social provisions. Throughout the decade financial reasons were given for an increasing demand for informal care; ideological analyses were apparently not made, and neither did the government explicitly link its emphasis on elderly citizens' social environment to the ever increasing individualization of society. The relation between this individualization and government policies is thus difficult to pinpoint.

For the 1990s this relation seems easier to identify. The Kok cabinets felt the need to counteract a perceived growing lack of social cohesion and solidarity in society. In this light, it might seem logical to encourage citizens to care for their elderly relatives. Although such a tone was adopted in 1990, right before the first Kok cabinet came to power, the Kok cabinet itself did not justify its substitution policies on the basis of these concerns. Like the first Lubbers cabinets, it only gave financial reasons. Therefore, again, a precise relation seems difficult to establish.

The elderly policies of the Balkenende and Rutte cabinets had more regard for the changed relations in society. The WMO acknowledged that providing informal care increasingly came with challenges and intended to mitigate those challenges by supporting caregivers. From this perspective, the WMO appears an inevitable consequence of the choice to pursue substitution policies – in a society in which taking care of relatives is no longer an obvious thing, support for caregivers is necessary if one wants substitution to take place.

Although this was all implicit in the initial discussions about the WMO, the second Rutte cabinet made it more explicit in 2014. It presented subsidiarity as a means to counteract loneliness and alienation between elderly people and their relatives. In this sense, the WLZ and the WMO 2015 – regardless of their practical implementation – seem a logical tentative result of forty-five years of individualization, substitution and the complex interaction between them.

The relationship between individualization and substitution is inherently paradoxical. The more individualized a society becomes, the more difficult it is to ask citizens to provide informal care to their elderly relatives. At the same time, assuming that strong social ties between relatives are desirable, substitution is a means to counteract the negative consequences of individualization.

#### **5.4 Limitations**

This study has a very specific scope and uses precise working definitions of elderly policies and left-wing political discourse. One therefore must be aware of some important limitations of this study.

Firstly, this study does not pay attention to the importance of gender roles in informal care provision. Traditionally care-related tasks are mostly provided by women; even in 2003, the percentage of women providing informal care was almost twice as high as that of men (Wetenschappelijke Raad voor het Regeringsbeleid, 2006). The provision of informal care, or society's attitude in that respect, may well be influenced by evolving gender roles and attitudes.

Furthermore, immigrants form a very specific group when it concerns family dynamics (De Boer & De Klerk, 2013). Family ties are often traditionally much stronger in immigrant environments, which comes with impactful consequences for care relations. Research and government policies paid some attention to this fact in the last few decades; including that in this report was beyond the scope of this study.

It must also be noted that although this study links policy and discourse developments to particular developments in the Dutch society, it does not consider the broader field of government policy and political discourse. Specific elderly policies and parliamentary contributions are certainly an important source of information on themselves, but they can even better be interpreted and understood in their broader context. For obvious reasons, this study does not pay attention to this.

Finally, one must not forget the difference between policy intentions, actually implemented policies and policy results. This study almost exclusively focuses on the former. Given the ambitious intentions of some proposals, e.g. achieving high levels of substitution, it is not unlikely that many policies did not fully achieve their goals. This hypothesis is reinforced by the fact that almost every memorandum from the 1980s onwards proposed further substitution measures – if e.g. the goals of the Kok cabinets had been reached, this would probably not have been necessary anymore. Looking more closely at the success of substitution would have provided useful insights into citizens' willingness to indeed care more for their relatives.

## **5.5 Outlook on the future**

The concluding section on the relations between the developments in policy, political discourse and society seems to imply that the current policies are a logical consequence of an individualized, ageing society. Sustainable elderly care provision is impossible without relying on family members, so support for caring family members is thus needed to create sustainable elderly care.

The sequence of events, however, does not necessarily make sense. It appears more logical to provide support for caregivers as soon as you start relying heavily on them, instead of waiting multiple decades with providing meaningful support such as respite care. This could be a reason that after three decades of striving for substitution, in 2014 the government still concluded that “formal care is used more than necessary.” You simply cannot *force* citizens to care for their relatives,

especially not if society in general does not expect them to. Looking at the introduction of the WMO, this seems to be something that the government has increasingly realized since the 2000.

It is also in this realization that the key to success lies for the current policies. The desired culture change might be possible to achieve, but only if the government realizes it has to fight *individualism*, to speak in Prime Minister Kok's terminology, not *individualization*. Policy makers need to accept the fact that asking people to make significant sacrifices is not realistic in the present-day society. If it asks, however, for a contribution to the care for elderly relatives for reasons of isolation prevention and so on, people will probably be willing to do so – as long as they are not overburdened and receive appropriate support.

Governments should not be blinded by the need to save money and thus shift as much responsibility as possible to citizens. This will not only cause overburdening of caregivers but also create resistance in society to actually provide the care. Acknowledging the agency of caregivers, supporting them where necessary, responsibly giving them responsibility but not dumping it on their doormats, those are all ingredients for a successful transition to more family-provided elderly care. Theoretically speaking the second Rutte cabinet seems to be on the right track. Practically speaking, e.g. with all the budget cuts involved, this remains to be seen.

Already in 1976, the left-wing Den Uyl cabinet observed that the welfare state alienates people from each other. In a parliamentary letter it stated the following (Putters, 2014, p. 8):

*No matter the importance of all that the welfare state has achieved, it threatens to make the people disempowered and dependent. The people have largely lost the direct involvement in their own and the other's welfare.*

After forty-five years of elderly care policies, often containing increasing demands from citizens but hardly ever grounded in a thorough societal analysis, the government has started a new offensive to fight this alienation in the field of elderly policies. Regardless of practical differences in opinion, also left-wing parties agree on the necessity of this offensive. One can only hope that the government has learnt its lessons from the past and will achieve success in a way that is respectful towards the elderly people themselves as well as their caring and not-caring relatives.

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1972	Verbatim reports 1971-1972	Handelingen 1971-1972	
1975	Memorandum on Elderly Policies 1975	Nota bejaardenbeleid 1975	13 463 nr. 2
1976	Special committee for the Memorandum on Elderly Policies 1975 – Report 2nd Meeting	Bijzondere commissie voor de Nota Bejaardenbeleid 1975 – Verslag 2de Vergadering	
1982	Building Blocks for Elderly Policies	Bouwstenen voor een ouderenbeleid	17 393 nr. 2
1983	Building Blocks for Elderly Policies – Letter	Bouwstenen voor een ouderenbeleid – Brief	17 393 nr. 6
1983	Regular committee for Welfare and Culture – Report 25th meeting	Vaste commissie voor Welzijn en Cultuur – Verslag 25ste vergadering	
1990	Elderly policies 1990-1994	Ouderenbeleid 1990-1994	21 814 nr. 2
1991	Regular committee for Welfare and Culture – Report 26th meeting	Vaste commissie voor Welzijn en Cultuur – Verslag 26ste vergadering	
1995	Modernization of Elderly Care	Modernisering ouderenzorg	24 333 nr. 1
1995	Verbatim report of a general meeting of the regular committees for Health, Welfare and Culture and for Housing, Spatial Planning and the Environmental	Stenografisch verslag van een algemeen overleg van de vaste commissies voor Volksgezondheid, Welzijn en Cultuur en voor Volkshuisvesting, Ruimtelijke Ordening en Milieubeheer	24 333 nr. 3



2005	Ageing and the Integral Elderly Policies	Vergrijzing en het integrale ouderenbeleid	29 389 nr. 5
2006	New regulations regarding social support (Societal Support Act) – Report of a meeting on legislation	Nieuwe regels betreffende maatschappelijke ondersteuning (Wet maatschappelijke ondersteuning) – Verslag van een wetgevingsoverleg	30 131 nr. 98
2014	Regulations regarding the insurance of care for people who need long-term care (Long-Term Care Act) – Memorandum of Understanding	Regels inzake de verzekering van zorg aan mensen die zijn aangewezen op langdurige zorg (Wet langdurige zorg) – Memorie van toelichting	33 891 nr. 3
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