

## **THE NETHERLANDS – Country Summary**

### **Introduction and Overview**

During the 1960s the Dutch constructed a strong European welfare state, above or at the OECD average in government involvement in social protection and in family programs.<sup>1</sup> When the traditional nuclear family was rocked by the shifts of the 1960s and 1970s, it was buttressed by an active family policy component of government social policy. However the perspective had gradually shifted by the 1990s. The diversity of family styles and the rise of cohabitation called for a broader reformulation according to Dutch experts reporting to the European Union's family observatory in 1990. Now, with the broad acceptance of "individualization, diversity, and pluralism...Dutch family law has become the most liberal family law in the EU countries and one of the most liberal in the world." Programs and policies are individualized.<sup>2</sup> Family life is nonetheless largely traditional.

According to Van Den Brekel and Van De Kaa, the Netherlands can no longer be described as having an explicit family policy. However, "this does not mean that there is no family-oriented policy at all. Implicitly there is such a policy, but oriented towards all private households, especially the most vulnerable, where one or two adults have to take care of one or more children."<sup>3</sup> But more is at stake. Netherlands has participated in the shift to later marriage ages, increased divorce/separation/non-marital cohabitation and thus declining fertility rates well-below population replacement, all in the context of what it calls "emancipation" of women (increased education and labor force participation) and cultural acceptance of diverse family forms and life styles. In 1998, an "official registration" was introduced as an alternative to marriage and to extend the legal advantages afforded married couples. Despite this, the overwhelming majority of couples chose to marry.

While not adopting a pro-natalist policy, the Dutch clearly are concerned now about birth rates. Family policy now attempts to offer opportunity for combining parenthood with non-traditional life style options, so that children will not be seen as an impediment and so that women, no longer "content to spend their whole life exclusively caring for the family" will be able to build "a career outside the home...in combination with parental responsibilities."<sup>4</sup> Parliamentary debates, Cabinet responses and official documents (the first in 1995-96), and media discussion suggest the "upbringing of children" as the core family characteristic. All of this has occurred during a prolonged belt-tightening period for social expenditures which began with the oil crisis of the early 1970s, only now relaxing somewhat with economic improvement (see below). It also has been accompanied by considerable devolution to municipalities, perhaps creating some unevenness of access and quality in social services.<sup>5</sup> Much of the social service delivery system, government funded, is assigned to the private sector (sectarian, or political, or labor, or other civic groupings).

### **Government Agencies**

In the 1960s, according to Van Den Brekel and Van De Kaa: "family policy functioned as an essential part of government welfare policy. In the 1960s there was a separate Directorate for Family Policy at the former Ministry of Culture, Recreation, and Social Work...currently named

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the Ministry of Welfare, Public Health, and Culture....At that time, the Directorate for Family Policy was a focal point for stimulation and coordinating the policy treatment of family-related issues in the entire government machinery."<sup>6</sup>

Now, there is no single focal or coordination point. Most of the child-youth-family programs now are in the province of either the Ministry of Social Affairs and Employment (maternity cash, invalidity, unemployment, income supplementation, survivor benefits, family allowances, social assistance and social minimum income for some groups). The Ministry of Public Health, Welfare, and Sport includes a Directorate for Youth Policy with a social service role and covers in-kind maternity benefits. Education is in a separate ministry. The social security program components are divided among general schemes and employee schemes organized jointly by both of the above ministries. Social assistance, state run, is managed by the municipalities.

### **Demographic and Other Social Trends**

The population of the Netherlands in 1999 was nearly 16 million. Its under-15s were 18.4 percent of the population in 1999, a bit above the European average. Its over-65 population is 13.4 percent compared to the EU average of 16.2 percent. Its total fertility rate of 1.6 is slightly lower than the EU average but it is similar to a number of European neighbors. Future population growth or decline would seem to depend on the volume of immigration.

Slightly under 85 percent grow up in families of two married parents. Less than two percent of children live in consensual unions.<sup>7</sup> Lone mothers headed 16 percent of families with children in 1995, not the highest rate in Europe but above some. Both unmarried mother and teen birth rates are low in country comparisons, its teen birth rate (6.2) ranks among the lowest in the industrialized world. The Netherlands long had low female labor force participation rates in all categories but has since grown above the EU average. In 1999, 55 percent of female employment was part-time work compared to a 30 percent EU average. However, if part-time work was recomputed into full-time equivalents, there are only two countries in the EU that have lower female participation rates, namely Italy and Spain.<sup>8</sup> Of the lone mothers in the Netherlands, 40 percent were employed compared with 62 percent of the married and cohabitating. Netherlands is clearly in transition.

The increased participation rates of women is considered critical to the continued economic growth of the Dutch economy, and part-time work for mothers is seen as a good solution to the problems of reconciling work and family responsibilities.

### **Social Protection**

Classified among the continental, "conservative," corporatist welfare states, whose "social partners" (business, labor, government) strive for social and economic policy consensus, rather than conflict, the Netherlands has a social insurance, medical care, education, social assistance, and housing infrastructure which, in turn, sustains a comfortable standard for most residents. Economic fluctuations over the past half-century have occasioned policy shifts in the social field, and family policies have been responsive as well to changing demography. While not the most generous country in Europe in social benefits, the Netherlands is at or above the European Union

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or OECD average on most measures. Its poverty is relatively low, concentrated among single individuals and children. It is progressive in policies and programs and supportive of diversity and individuality.

Since the 1980s, the Dutch income transfer, tax, and medical care systems have been in almost constant "reform."<sup>9</sup> A social minimum concept anchored unemployment insurance, assistance, disability and other benefits until it created a cost burden that demanded reform in the 1980s. A flexible eligibility process for disability benefits and cash sickness benefits created un-matched and expensive caseloads as disability became a vehicle for early retirement. Social assistance rules which made no demands on recipients and did little to prevent fraud became a work disincentive, as did generous unemployment benefits. Reforms have included work incentives and minimum living standards.

In September 1996, the Cabinet issued its general principles on family policy matters in its "Family Document" (Notitie Gezin). Family was defined as "any private household consisting of one or more adults, being responsible for the care and education of one or more children."<sup>10</sup> The context for current family policy is European (including youth) employment, the relatively "small" percentage of the Netherlands working-age cohort in employment (85 beneficiaries to 100 workers), concern with social security costs as a drain on the economy, alleged overemphasis on income replacement over prevention and workforce reintegration, and easy fraud and system misuse. The solutions are seen in: a tightening of old age benefits; tougher unemployment insurance eligibility; major disability and sickness benefit reforms to restrict long-term disability (by tougher criteria), cut sickness absenteeism, and create incentives for employers to counsel, guide, and monitor by sharing responsibility and costs. Throughout the system, benefits are made less generous and more income-related. Social assistance is decentralized (but a national social minimum is retained).

The Dutch government expenditure (as a percent of GDP) on social benefits is characteristic of the well-developed welfare states - it equals the EU average of 26.5 percent. It is among the high taxers (especially via social security contributors) and above average GDP per capita. Public employment is low and it has the 9th lowest poverty rate (11.1 percent), using the U.S. poverty line (the U.S. comparable rate being 13.9). According to the more typical international calculation (below half the median income) the Dutch rate was 7.7 percent, the 8th lowest among the 19.<sup>11</sup>

For more information on the social security systems, labour market regulations, collective bargaining, social and family policies, see the International Reform Monitor.

### **Child, Youth and Family Policy Regimes**

#### Maternity, Paternity, Parental, and Family Leaves

The Netherlands has a 16-week maternity leave at 100 percent wage replacement to a specified maximum. Unemployed women have the right to a lower benefit. Four to six weeks must be taken prior to birth, and 10 to 12 weeks following birth. Each parent also has a right to three months full-time unpaid, job-protected leave or its equivalent. Parental leave may be taken until

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the child is 8 years old, an extension from 4 years in 1997. Parental leave is an individual entitlement, that until recently was not transferable between parents. Fathers are offered 2 days paid, paternity leave. Parents may also use up to 10 days family leave per year and an additional two days of emergency leave.

Early Childhood Education and Care (ECEC)

The growth in employment among mothers with young and school-age children has forced greater attention to the need for child care. Child care in the Netherlands is a combination of government, employer and private initiatives. Most of the child care centers are developed and operated under private initiatives, but the cost of care is shared among government, employers and parents. Local communities and employers purchase child care slots at centers, and parents often pay a fee based on family income. Employers receive a 30 percent deduction in payroll taxes for child care expenses incurred. Parents who purchase care directly are also eligible for deductions in personal income taxes owed. Although informal care is believed to be used extensively, but little information is available regarding patterns of use and the cost of this care.<sup>12</sup>

Lone mother employment rates are low and employment by married and cohabiting mothers is growing but still lower than in the Nordic, Anglo-American, and some continental countries (Belgium, France). But the Netherlands is not alone in its group. On the other hand, according to Schulze, only "five percent of all women with children work at a full-time job and only 29 percent of the Dutch believe that women should contribute to the family income, as opposed to 75 percent of all Europeans....Most women stop working when they have their first child; the rest when they have the second child". Schulze reports that only 4 percent of small children attend child care, but 95 percent of the 4's are in pre-school. (Compulsory education begins at 5).<sup>13</sup> Elementary schools have morning and afternoon sessions, so most students go home for lunch; in some places, parents organize in-school luncheon. According to an OECD review, 14% of under-4s were in early care and 98% of 4s by 1999.<sup>14</sup>

Family and Child Allowances

In the context of the history described above, financial support for the family was eroded in the late '70s and '80s but has gradually improved in a series of changes from the early 90s, but earlier generosity has not been recovered. The Netherlands is in the middle of the European Union "league."

The Netherlands has had a child benefit system since before the 1940s. Parents receive an allowance for each child, a higher allowance as the child grows older. These universal, government financed allowances are calculated annually to cover the real costs of rearing a child in each of the three age groups (0-6 years, 6-12 years; and 12-18 years). Child allowances can be extended to age 24 if the youth is in vocational training or further education and not entitled to student grants. The allowances are also extended to the age of 24 for those remaining in the parental household and not self-dependent. On the other hand a youth with "serious infirmity" receives the allowance to 17 and then shifts to the special grants for people who cannot work. A 1999 comparative study reported that child allowances cut child poverty by 6.7 percent in the Netherlands, an average result for Europe.<sup>15</sup>

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Child and Family Tax Benefits

With the exception of child care, in limited circumstances, and a lone-parent adjustment, the tax system has no special consideration of families.

Child Support

A new system was inaugurated in 1997. Non-custodial fathers are legally required to support their children, whether born in or out of marriage. Voluntary support agreements and automatic payments are urged but District Courts (guided by rather complex tables) set legally mandated support levels in the absence of agreements or regular payment. If necessary, an official agency undertakes collection and there are systematic mechanisms in place.

Other Child Conditioned Income Transfers

The survivor benefit under social security for full orphans or children reared by widows is income-tested for the mother, not the child. A General Welfare Act, offering generous levels of means-tested social assistance has been curtailed in recent years but still gives important support to single-parent families, the majority of whom receive social assistance. It is in conflict with new interest in encouraging work by this group. There are special, local school-expense benefits for the poor.

Child and Adolescent Health

There is full population coverage under an insurance system based in sickness funds, and both spouses and dependant children have the same coverage as employees. Higher-income people may opt for private insurance (about one-third). Insurance contributions are required from employer and employee, with the latter covering a far larger portion. Government votes an annual appropriation. The sickness funds contract for doctor, hospital, and druggist services of all kinds. Users are fully covered (with limited dental care). There is no limit on the duration of service but special insurance takes over after a year of hospitalization.

Child health services are not unlike the Nordic pattern. For the first four years children (and their mothers) are served in "maternity agencies" ("well-baby" clinics in the U.S. vocabulary). These agencies perform regular check-ups, provide nutritional and child rearing advice, administer the full course of vaccination. By the fourth year, if all is under control, there are semi-annual check-ups. Then there are periodic examinations in school by school doctors working out of the local authority health department. Until the age of 19, children and adolescents are called in for their periodic examinations and 90-100 percent respond.

The low poverty, good standard of living and health care system produce good results ("93 percent of all children up to the age of 14 can be considered to be in very good health and only 1 percent is classified as living in bad health").<sup>16</sup> All child health indicators are impressive and the child vaccination rate-like that in a large number of European countries-is exemplary.

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Youth are all covered by the insurance for general practitioner care. Whereas the boy-girl usage rates are identical to age 15, young women between 15-24 are heavier users (82 percent), a rate largely attributed to visits for contraceptive pill prescriptions (to 16 with parental permission and after 16 without it). Most recently the pill has been classified outside of standard provision and is paid for. In any case, experts reporting to the European Union attribute the low teen-mother rate in Netherlands to the "widely accepted use of contraceptives."<sup>17</sup>

School-Aged Children: Policies and Programs

School attendance is compulsory between ages 5-16 but virtually all children attend from 4. Moreover, those not continuing after 16 are required to attend school 1 or 2 days per week until 18. The school system assumes the presence of a mother at home. Schools adjourn for a long lunch break, closing between 3 and 4 P.M. daily and at noon on Wednesday. (Parent committees arrange lunch in some schools and officials do in others). Even secondary schools often have no luncheon service or provision for coverage when teachers are ill. The recent educational "debates" in Holland would be familiar to Americans: gradual decline in the country's educational attainment levels and educational spending compared to others in OECD; concern with rising juvenile crime. The preferred remedies are budget increases, more spending, rapid introduction of computers, more moral education in school. Moreover since children of migrants and of parents with low educational attainment do particularly poorly, there is targeted priority expenditure for them and a new emphasis on pre-school projects.<sup>18</sup> New York's Children's Aid Society reports substantial Dutch interest in and replication of its community schools model.

The rising labor force participation rates of mothers have increased the need for school lunch programs and after-school activities.

Those who continue schooling after 17 are entitled to a variety of grants.

Youth

There is a special unit for Youth Policy within the Ministry of Culture, Recreation, and Social Work. The "youth participation" theme is emphasized in family and civic matters.

The phrase "youth policy" in the Dutch literature refers to social services for children and adolescents, usually ages 0-18, covering all services related to problems and disabilities and secondary prevention under the heading "socio-cultural youth work." Various statutes and policy statements affirm the right of "youth" from age 12 to be heard in decisions about his or her care and to see the documentation (unless considered "incapable" of evaluating his/her interests).

There is growing concern that youth risk behavior such as smoking, drinking and drug use has increased over the years and is beginning at an earlier age. There are also indications that the number of youth involved in violent behaviors is on the rise, though violent juvenile crime remains a small proportion of total juvenile crime. Although dating starts at a young age in the Netherlands, over half of the Dutch youth postpone sexual intercourse until after their 18th birthdays.

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The typical education career of youth is quite long in the Netherlands. At age 23 years, half of the age cohort is still in full-time education. At the same time, there is a greater proportion of youth dropping out of school to join the full-time workforce than there has been previously.

Age and Rights: A chart of age scale for rights and responsibilities, hardly atypical, follows.<sup>19</sup>:

YEARS OF AGE	RIGHTS
4	access to primary education on a voluntary basis
5<16	compulsory education
12	member of the school council, passport application by oneself with parental consent, access to a judge concerning visiting rights following divorce, to have a say about where one lives, to be treated under the juvenile penal code
14	to do work in the framework of education applying Giro transfer slips with parental consent training for a gliding license
15	part-time and holiday jobs (in 1996 changed to the age of 13), entitlement to the legal minimum juvenile wage, independent application for a residence permit, deciding for or against adoption
16	partial compulsory education for two days a week, riding a moped, taking a gliding license, taking a tractor driving license, working for three days a week, starting one's own business, making a will, legally signing a donor card, visiting gambling halls
17	working for five days a week
18	license, applying for a right of abode (after a five year stay in The Netherlands), applying for Dutch citizenship, boys: enlisting for military majority: legally acting with parental consent, obtaining a basic grant for further education, eligible to vote, getting married, taking a driving service till 1 January 1997, to be treated under the adult penal code
23	minimum wage for adults

### Reconciliation of Work and Family Life

According to one Netherlands representative to the European Union's Family Observatory, there is no debate about reconciling family and work because full-time work for mothers is rare: "Most Dutch are relatively affluent and feel that the family is their private affair....Most educated women prefer to give up their gainful employment to stay home with their children." Thus parental leave is brief and infant/toddler care is rare. But, he adds, it is a "land of two faces." Many mothers do work, if part-time and many of the members of the government are pro-family: "Some ministers leave Parliamentary sessions early to be with their family."<sup>20</sup> The vast majority of mothers reduce working hours or leave gainful employment at the birth of the first or second child and most children are raised in family environments where there is a traditional division of roles.

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## Notes

<sup>1</sup> Kamerman and Kahn, "Investing in Children: Government Expenditures for Children in Western Industrialized Societies, 1960-1990," in Sheldon Danziger and G. Andrea Cornia, eds., *Child Poverty in Industrialized Societies* (Oxford, England: Oxford University Press, 1997).

<sup>2</sup> Presvelou and De Hoog. P.46.

<sup>3</sup> Van Den Brekel and Van De Kaa, 1995, p.225-6.

<sup>4</sup> Ibid, p.227.

<sup>5</sup> Hartog, op. cit. Also Presvelou and De Hog, p. 44.

<sup>6</sup> Van den Brekel and Van de Kaa, p. 225.

<sup>7</sup> Conference of European Ministers, Family Affairs, XXVI Session, Stockholm Conference: Towards a Child Friendly Society, 1999.

<sup>8</sup> Dobbelsteen, Gustafsson, and Wetzels, "Child care in the Netherlands between government, firms and parents. Is the deadweight loss smaller than in the public daycare system of Sweden?" April 2000.

<sup>9</sup> Groen, 1994.

<sup>10</sup> As quoted in Conference of European Ministers, Family Affairs, XXVI Session, Stockholm Conference: Towards a Child Friendly Society, 1999.

<sup>11</sup> Innocenti Report Card, No. 1, June 2000, Figures 1,2,3..

<sup>12</sup> Schulze, pp. 35-36.

<sup>13</sup> Dobbelsteen, Gustafsson, and Wetzels, 2000.

<sup>14</sup> OECD Country Note, Netherlands, pp.7-8.

<sup>15</sup> Immervoll, Sutherland, and De Vos, Table 2.

<sup>16</sup> Cuyvers and Schulze, p.184.

<sup>17</sup> Ibid., p.186.

<sup>18</sup> Cuyvers and Schulze, p.187.

<sup>19</sup> Schulze, p.35.

<sup>20</sup> International Reform Monitor, Issue 2, p. 28.

*(Last updated June 2002)*