

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 (Kammerman & Kahn, 1997). 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 acceptance of individualization, diversity, and pluralism. Dutch family law has become the most liberal family law in the EU countries, programs and policies are individualized, and yet 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." (Van Den Brekel & Van De Kaa, 1995, p.225-6). 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 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 93 percent of all couples chose to marry although 27 percent of young couples (16-29 year olds) live in consensual unions (Table 2.16).

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." (Van Den Brekel & Van De Kaa, 1995). 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 (Hartog, 1999). 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 (1995): "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 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."

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, child care, 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. The municipalities manage social assistance.

Demographic and Other Social Trends

The population of the Netherlands in 2001 was nearly 16 million. Its under-15s were 18.6 percent of the population in 2000, a bit above the European average. Its over-65 population is 13.6 percent compared to the EU average of 13.2 percent. Its total fertility rate of 1.69 is higher 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.

Nearly 85 percent of the children grow up in families of two married parents. Less than two percent of children live in consensual unions (Conference of European Ministers, 1999). Lone parents headed 13 percent of families with children in 2001, not the highest rate in Europe but above some (Bradshaw & Finch, 2002). 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. By comparison to its northern neighbors, the Netherlands long has low female labor force participation rates but has now grown to above the EU average. In 2000, 65.2 percent of women were employed compared to the EU average of 60.2 percent. The percent of females working part-time has grown in recent years to 76.2. 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 (Dobbelsteen, Gustafsson, & Wetzels, 2000). Unlike other countries in which the labor force participation rates of lone mothers exceeds that of married mothers, the employment rates of married and lone mothers in the Netherlands is nearly equal.

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.

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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 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" (Groen, 1994). 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*, and charged the Dutch Family Council with the responsibility of preparing a report on the family every two years. Family is defined as "any private household consisting of one or more adults, being responsible for the care and education of one or more children (as quoted on the Conference of European Ministers, 1999). 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), immigrant needs, rising social security costs, 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 have been 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 – at 27.4 percent it is now well-above the EU average of 22.9 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 one of the lowest poverty rates (UNICEF, 2000).

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.

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Each parent also has a right to three months full-time unpaid, job-protected leave or its equivalent. Parental leave may be taken until the child is 8 years old, an extension from 4 years in 1997. In the case of multiple births, there is a separate entitlement for each child. 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.

As of January 2001, employees are allowed to set aside up to 10 percent of their gross annual income and/or the equivalent number of working hours to finance a period of leave of a maximum of 12 months.

Early Childhood Education and Care (ECEC)

According to an OECD review, 14 percent of under-4s were in early care and 98 percent of 4s by 1999 (OECD, 1999). Compared to its northern neighbors, in particular, the growth in ECEC was relatively late. Over the last decade, however, the child care capacity in the Netherlands has increased five times over largely due to the growth in employment among mothers with young and school-age children. The periods of maternal and parental leave are of short duration when compared to other countries, increasing the importance of non-parental care for parents. The Work and Care Act of 2001 increased child care options for parents by increasing the period of paid maternal and parental for birth and adoptive parents, and introducing partner leave.

Child care in the Netherlands is a combination of government, employer and private initiatives. Most of the child care provided in the Netherlands remains informal (relative care or child-minders), however parents are increasingly seeing formal care as an attractive option. Centers are developed and operated under private initiatives, but the cost of care is shared among government, employers and parents. Under the recent change in government, federal responsibility for child care was moved to the Ministry of Social Affairs and Employment. 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 (Schulze, 1999). Part-time employment reduces the need for child care, since many mothers try to work during school hours. As more mothers work more hours, however, the need for out-of-school child care has grown and the government is supporting the limited expansion of these options. Compulsory education begins at 5 (Dobbelsteen, Gustafsson, & Wetzels, 2000). Elementary schools have morning and afternoon sessions, so most students go home for lunch; in some places, parents organize in-school luncheon.

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).

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, stepparents and foster parents receive an allowance for each child, a higher allowance, as the child grows older. There is a slight variation in the allowances that children receive in they were born prior to or after 1994, the allowances for children born prior to 1994 being more generous. The universal, government financed allowances for children born in 1995 or after, 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.

A youth with a serious disability will receive the allowance to age 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 (Immervoll, Sutherland, & De Vos, 2000).

Child and Family Tax Benefits

Several child-related tax benefits exist. A children's tax credit and a additional credit for low-income families with children available to families who have children 16 years or younger living with them; the lone-parent tax credit is for single-parent families whose children are under age 27 and living with the parent; and there is a tax credit for couples with children age 12 or younger living in the household. Parents using child care are also entitled to a tax credit.

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. There is no guaranteed child support.

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

The goal of the Dutch health care system is to guarantee access to quality health care for everyone. The system has evolved in response to social changes over the last several decades. Almost 70 percent of the population are covered by national health insurance and the remaining 30 percent, typically of higher income, have opted for private insurance. 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") (Cuyvers & Schulze, 1998). All child health indicators are impressive and the child vaccination rate-like that in a large number of European countries-is exemplary.

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). 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." (Cuyvers & Schulze, 1998).

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 (Cuyvers & Schulze, 1998). New York's Children's Aid Society reports substantial Dutch interest in and replication of its community schools model.

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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.

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.

Reconciliation of Work and Family Life

As the majority of mothers who reduce working hours or leave gainful employment at the birth of the first or second child and raise children in traditional family environments decreases, the importance of balancing work and family life is growing in importance. The Parliament has commissioned a Task Force to explore and support innovative ways of reconciling work and family responsibilities, including a media campaign to increase awareness and the support available. These demonstration projects will be evaluated in the near future.

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