

## **NETHERLANDS**

### **Part II: Non-discrimination**

1. On 1 May 2004, the Equal Treatment in Employment (Age Discrimination) Act entered into force, expressly prohibiting age-based discrimination. The purpose of the law is to ensure equal treatment and to combat and prevent age-based discrimination. Another aim is to contribute to the societal debate on age limits.

### **Part III: Autonomy and participation**

2. In the Netherlands the Dutch Association of Notaries has developed a register for 'living wills' (levenstestamenten). Whereas a conventional will regulates people's wishes and affairs after their death, a living will does the same for the living, in the event of incapacity. Generally, people draft a living will in order to authorise family members or trusted friends to make decisions on their behalf. Power of attorney may be granted to a trusted individual to make decisions concerning property, financial affairs or medical care, in accordance with the wishes set out in the living will.

3. As provided for in the Dutch government's action plan 'The Elderly in Safe Hands', a project to prevent financial exploitation will be launched in September 2013. Consisting of seven pilot schemes, the project is scheduled to run through 2014. The project aims to improve the detection of financial exploitation and devise new instruments for preventing and tackling the phenomenon if necessary. The results of the project will be disseminated via the municipalities and domestic violence advice and support centres.

### **Part IV: Protection from violence and abuse**

4. In the Netherlands the central government has provided funding for 35 larger towns and cities to develop domestic violence strategies. This is more efficient than asking all Dutch municipalities to develop such strategies individually. (Domestic violence also includes elder abuse.) For example, in Rotterdam the Municipal Health Services (GGD) published a set of guidelines for dealing with domestic violence and a code of conduct for reporting domestic violence. These are applicable to all health and social care agencies and other municipal services. Three key objectives of the guidelines are: (i) early detection and reporting: enhanced vigilance on the part of doctors, teachers, social workers and other professionals in order to recognise the signs of abuse; (ii) the establishment of a well-coordinated network of professionals, through multiagency networks known as Local Domestic Violence Teams; (iii) focusing more on prevention by developing a variety of programmes on the extent, frequency and severity of abuse. The code of conduct is a generic step-by-step guide for professionals from various fields for dealing with cases of domestic violence. Overall responsibility for addressing the abuse of seniors lies with the head of the City Team to Stop the Abuse of the Elderly (Stedelijk Team Ouderenmishandeling, STO). The team leader, who is a staff member of GGD Rotterdam-Rijnmond, works closely with local care networks connected to the municipalities that fall under that GGD district.

5. In the province of North Holland, a protocol was developed to combat the abuse of the elderly, for the use of individuals and businesses (e.g. hairdressers) who have occasional contact with older persons in residential care, in order to help them recognise signs of abuse in the course of their work. The protocol also gives advice about what to do if abuse is suspected and how to contact specific support centres in such cases.

6. On 1 July 2013 the Mandatory Reporting Code (Domestic Violence and Child Abuse) Act (Wet verplichte meldcode huiselijk geweld en kindermishandeling) entered into force in the Netherlands. This law also applies to the abuse of the elderly in a domestic context. The domestic violence and child abuse protocol helps professionals, for example family doctors, respond effectively to signs of violence. Studies have shown that professionals who work with a protocol are three times more likely to intervene than their colleagues who do not. Since 1 July 2013 professionals who suspect that domestic violence is occurring have therefore been obliged to report their suspicions using a special code. The act covers various fields, including health care, social support and the legal system. A five-step protocol describes what professional should do if they suspect violence.

#### **Part V: Social protection and employment**

7. The Dutch government provides substantive and financial support to the ‘Stay Mobile, Stay Safe’ programme, for the elderly. In the context of this programme, 10 organisations (Dutch Association for the Elderly (ANBO), Royal Dutch Touring Club (ANWB), Council for the Disabled and Chronically Ill People (CG-Raad), Dutch Cyclists’ Union, Dutch Association for the Hearing Impaired (NVVS), Dutch Sight Association, Protestant Union for the Elderly (PCOB), regional road safety agencies (ROV), Association of Catholic Organisations of Senior Citizens in the Netherlands (Unie KBO) and Dutch Road Safety Organisation) will work together at national level to encourage the elderly to remain mobile (and safe) for longer. This programme focuses in particular on cycling (including the use of electric bikes), the recruitment and engagement of ‘mobility ambassadors’ (who can lobby their municipalities for ‘senior-proof’ road design and adequate instruction for mobility scooter users), obtaining individual mobility advice – such as traffic accident analyses – from both paid and unpaid professionals, and renewed attention to pedestrian crossings.

#### **Part VI: Care**

8. The National Care for the Elderly Programme was developed at the behest of the Dutch government, with a view to improving care for older people with complex needs. Since the programme began in April 2008, numerous organisations have joined forces regionally and nationally to create a coherent array of care options which are better tailored to the individual needs of the elderly. For the elderly themselves, this programme will lead to greater freedom and independence. They will be less dependent on care services, and it is less likely that they will receive care and treatment that are unnecessarily burdensome.

#### **Part VII: Justice**

9. Demographic ageing is accelerating in the Netherlands. This means that the number of seniors in prison is also growing. The elderly often have special needs, and for that reason, customised care in custodial institutions is crucial. Every detainee has access to medical care (both physical and psychological) which is equivalent to care provided on the outside, but adapted to the limitations of a prison environment. Elderly prisoners are sometimes also patients who require special, high-quality care. It is possible to meet the special needs of elderly prisoners, by providing walking sticks, wheeled walkers, special reading lights and raised beds.