

**Sharing our best practices , an old tradition
between Japan and The Netherlands**

The power and potentials of the elderly



1. The Netherlands as a welfare state

- ❑ Before 2007
 - ❑ Dutch national character

1.1. What was the Netherlands like as a welfare state before 2007?

□ The economy

- ✓ unlimited growth of social welfare
- ✓ financial support for extended social services
- ✓ no critical analysis of the costs and results of welfare services
- ✓ most services are completely professionalized. For example: child care and child protection in 1907 only volunteers, in 2007 only professionals

1.1. What was the Netherlands like as a welfare state before 2007?

□ The civil society

- ✓ 85% of cure/care is still informal, 15 % is professional
- ✓ Cure has more status than care, care has more status than welfare
- ✓ Doctors are focused on traditional medication
- ✓ There is an big gap between cure/care on one side and welfare on the other site. This cap is partially caused by separate financing

1.1. What was the Netherlands like as a welfare state before 2007?

☐ The elderly

- ✓ The elderly is independent and when one is very ageing, one does not want to live-in at the childrens' home
- ✓ The intention is to claim all rights and financial support possible
- ✓ The intention is to register for a nursing home quite early
- ✓ A nursing home does not ask a financial contribution

1.2. What is the Dutch national character/trait like?

- ✓ Dutch people are wanting to be independent
- ✓ Dutch society is the most individualized of Europe
- ✓ There is a long tradition of volunteering among all ages
- ✓ 35 % is volunteering
- ✓ The taxes and social welfare is the highest in Europe
- ✓ One is thrifty
- ✓ One is tolerant
- ✓ One is no-nonsense
- ✓ One has oneself to force to some national pride, one is not very chauvenistic

2. The major reform in the system to support older people in the Netherlands

- More focusing on duties than on rights
- Going to a nursing home becomes an exception
- Critical analysis of the results of cure and care and welfare
- Retirement is postponed from 60 to 67
- Seniors are feeling young

Being old than and nowadays

1900:



2000:



2.1. The transition financially cure and care

- ✓ Total budget is too expanding (AWBZ= general law special curecosts)
- ✓ Part of AWBZ with cutbacks goes to local WMO (= law of social enterprise)
- ✓ Part of AWBZ with cutbacks goes to ZvW (finances by insurancecompany)
- ✓ Purpose is that local municipality is more capable of assessing urgency
- ✓ Results after two year: not an exceeding of the budget from 4 % but 1 % , from € 100.000.000 to € 25.000.000 budget exceeding.

2.2. Local cutbacks on housework assistance and day care services under the new WMO do have results. Impacts financially (reduction of 25 %) and purpose (stimulating independency and duties in stead of rights

Impacts on:

- ✓ Municipalities
- ✓ Professional organizations
- ✓ Citizens/informal sector

3.1. Municipalities:

- ✓ Tendency local civil servants: everything must be changed, innovation is hot, traditional products and services are out of date
- ✓ Budget reduction can be stimulating
- ✓ Welfare needs a more important and central function in the whole system of cure and care and welfare
- ✓ Social neighborhood teams have to be the new centre and have to assess parts of cure/care
- ✓ Active citizens and volunteers are hot
- ✓ Special budgets are created to stimulate innovation

3.2. Professional Organizations

- ✓ Organizations in cure and care and welfare are more inclined to work together, to exchange their localities and professionals
- ✓ Cure and care organizations have more an eye for the importance and skills of social welfare organizations
- ✓ Welfare has always had an eye for the informal society, for volunteers, for participation of citizens and family in the organization, now cure and care organizations are getting this eye as well: active citizens and volunteers are hot and a possibility for budget reduction
- ✓ Professional organizations are more focused on the results of their work, are analyzing what is efficient, what is expensive and are valuing more the price-product-result relations.

3.3.Citizens = informal sector

- ✓ Volunteers and caretakers (care within the family) have misunderstood they have to work harder
- ✓ The society is stimulating citizens who are not yet active (persons on social security, unemployed persons, baby boomers, psychiatric patients etc.)
- ✓ Especially elderly have become to understand that special services as being washed at home, will be always done by professionals, not by volunteers or neighbours
- ✓ More citizens (social-economical higher stratification) want to take initiatives to start social experiments but need some facilities of welfare organizations
- ✓ More citizens (social-economical lower stratification) want to become volunteer but within professional organizations.

4. Some observations of the director of welfare organization Radius 70 professionals, 700 volunteers and 7000 clients.

Possibly for Japanese elderly interesting experiences from Dutch elderly



4.1. Elderly: from service provision to self help and network building

- ✓ Small villages in the province Groningen exchange with a regional oriented website their experiences with initiatives of elderly check www.allesisgezondheid.nl/pledge/groninger-dorpen
- ✓ A website on living comfortable at home stimulates elderly to contact each other and exchange experiences with staying home longer check www.mijnhuisopmaat.nl
- ✓ A group of citizens in Oegstgeest has created a platform for elderly joining each other and supporting each other without professional organizations check www.langerzelfstandiglevenoegstgeest.nl
- ✓ High educated and experienced citizens in a neighbourhood in Leyden make a extended brochure of all services and products for elderly and offer volunteers to vulnerable elderly check <http://ouderencontactprofburgwijk.nl>

4.2. Welfare visit 75+

- ✓ The municipality provides under strict privacy instructions the addresses of all 75+ elderly
- ✓ Radius send them in a cycles of every three year an invitation of a visit by a trained volunteer
- ✓ 30-40 % of the 75+ is visited
- ✓ The trained volunteers have an extended interview/conversation about mobility, contacts, independency, need for participation, need for social support on administration or paperwork etc.
- ✓ From all the visits will almost 40% lead to a reference to a social professional
- ✓ These welfare visits are a realistic form of precautionary and early “observing”.

4.3. Innovation by Radius is always with other organizations or groups of citizens or internet

- ✓ Family doctors contact a social professional of Radius or colleague organization when patient is suffering from psychosomatic diseases because of loneliness, isolation, widowhood and depression. One starts to participate in social groups, or in the neighborhood. Check “welfare on prescription” <http://zorgenz.nl/nieuws/nu-ook-in-leiden-welzijn-op-recept>
- ✓ The pilot of Pien Lambermont supported by Radius, neighbor visiting each other with an offer of support
- ✓ Eating together in the neighborhood, the cook checks the internet, the elderly eater is represented by Radius on internet check www.bijzonderthuisafgehaald.nl
- ✓ Neighbours find each other on the internet for contact, garden support, goods etc , elderly with fear for internet are supported by Radius volunteers check www.BUUV.NU

The Japanese elderly are powerful

