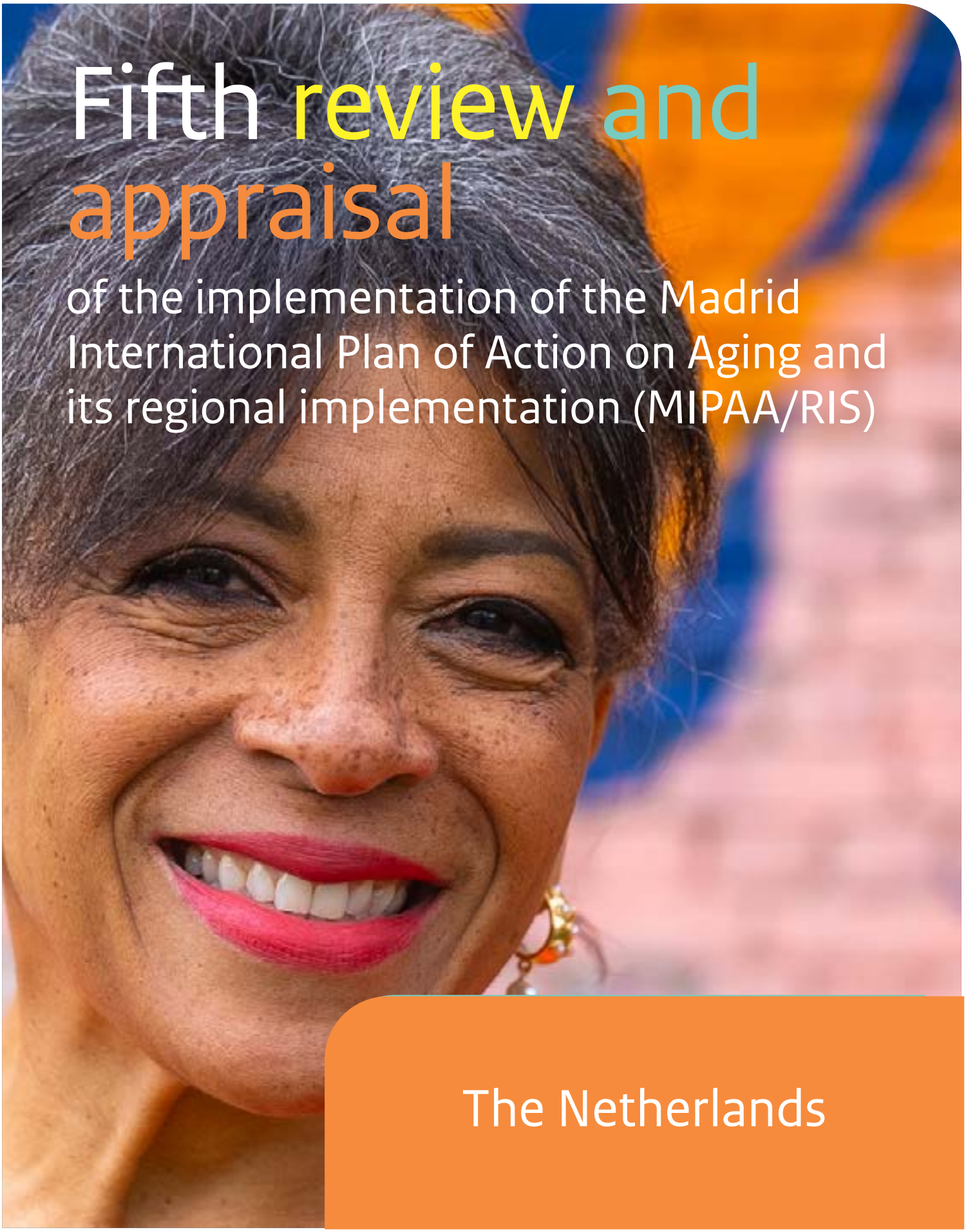
Ministry of Health, Welfare and Sport



Fifth review and appraisal

of the implementation of the Madrid International Plan of Action on Aging and its regional implementation (MIPAA/RIS)

The Netherlands

Colofon

Authors
Mirjam Kalisvaart (*kalisvaart@leydenacademy.nl*)
Miriam Verhage (*verhage@leydenacademy.nl*)
Dr. Jolanda Lindenberg (*lindenberg@leydenacademy.nl*)
Support
Jacqueline Leijs
Layout and design
Stephanie Hus

Leyden Academy on Vitality and Ageing

Commissioned by
The Dutch Ministry of Health, Welfare and Sport (VWS)
Contact person: Renske van Tol (*r.v.tol@minvws.nl*)

Executive Summary

This report presents the Netherlands' fifth review of progress under the Madrid International Plan of Action on Ageing (MIPAA) and its UNECE Regional Implementation Strategy. It assesses developments over the period 2022–2026, drawing on national data sources, a review of policy documents, policy evaluation and scientific literature, a survey and interviews among stakeholders and a participatory consultation. The review details progress on three policy goals A) Promote active and healthy ageing throughout life, B) Ensure access to long-term care and support carers and families, and C) Mainstream ageing to advance a society for all ages. Ten guiding questions guide the analyses (see Annex 3).

Over the past five years, Dutch ageing policy has undergone a clear shift from a focus on disease and care toward health, wellbeing, and prevention. Major policy frameworks, such as the Living, Support and Care for Older People programme (*WOZO*), the Integrated Care Agreement (*IZA*), and the Complementary Care and Welfare Agreement (*AZWA*), have reinforced this transition. Over the past five years, older adults and organisations representing them have become increasingly involved in the development, implementation and evaluation of ageing-related policies at national and local levels. Policies increasingly support participation through maintaining autonomy, vitality and independent living. Programmes addressing loneliness, dementia-friendly communities, social participation and community-based support have contributed to efforts to keep older people engaged in social and civic life. However, participation in cultural life received more limited attention.

A major policy shift has occurred from focusing primarily on disease and care towards health promotion, prevention, and wellbeing. Policies emphasise enlarging health, prevention, mental wellbeing, healthy living environments, social infrastructure and cross-sector collaboration. Yet sustainable, longer term support to achieve the full potential of these policy developments is still needed. The Netherlands continues on earlier long-term care reforms that decentralised responsibilities, promoted ageing in place and shifted care towards community settings. Evidence cited in the report indicates reduced nursing home admissions and slower growth in long-term care expenditure, although some costs may have shifted to other sectors. Recent policy programmes promote self-direction, home-based care, digital innovation and appropriate care. These reforms seek to improve quality of life while maintaining sustainable care systems. Housing has emerged as a central policy theme. National programmes aim to expand suitable housing options, stimulate clustered and community living arrangements and support ageing in place. Policies increasingly frame ageing as a shared societal responsibility, with greater emphasis on informal and community-based care. However, informal caregiver burden, with clear gender inequalities is considered a major concern. In addition, sufficient attention is needed to those groups where vulnerabilities or inequalities manifest themselves, such as groups with a lower socioeconomic position and poorer health literacy.

Some progress has been made toward integrating ageing across policy domains. Nevertheless, ageing policy remains largely sectoral, and the Netherlands lacks a comprehensive national framework for mainstreaming ageing across all policy areas.

Despite progress, several challenges remain. First, many programmes remain temporary and rely on short-term funding mechanisms. Stakeholders express concern that limited structural funding may hinder

sustainable implementation and long-term impact. Second, although ageing is increasingly approached from a life-course perspective, older people are often treated as a secondary target group within broader policies. As a result, age-specific needs and concerns may remain insufficiently visible. Third, cultural participation remains comparatively underrepresented. Fourth, although participation by older adults has increased, the structural integration of their voices into policy implementation remains limited, particularly outside the care and welfare sectors. Fifth, labour shortages in care and welfare remain a major concern. Stakeholders also highlight increasing pressure on informal caregivers and question whether current measures are sufficient to meet future demand. Sixth, suitable housing and community-based living arrangements have not yet developed at the scale required. Stakeholders identify this as a significant bottleneck for future ageing policy and care sustainability. Finally, achieving a fully integrated approach to ageing remains difficult. Fragmented governance structures, sector-specific funding streams and limited cross-ministerial involvement continue to impede progress.

Overall, policy developments in the Netherlands have been supportive of a reframing of ageing from care to society. Steps have been made to reorient policies from disease and care to health and wellbeing. Future priorities remain in reframing ageing across society. Ageing should be recognised as a societal responsibility shared across all age groups. This also requires stronger investment in prevention, and in supportive social infrastructure. Health and care systems should shift “upstream” by addressing root causes such as social determinants of health. This requires sustainable funding, governance, and institutional support, alongside life-course prevention involving workplaces and other sectors. Supporting community care and informal caregivers remains a priority as care moves closer to home. Policy must address workforce shortages, Improving integrated, cross-sector governance, across ministries, regions, and local levels.

Table of contents

1. Introduction

Generally speaking, in the Netherlands, 'older persons' are defined as persons aged 65 years and older, which is in line with the definition used by the United Nations [1]. We also use this age in this report, but specific ages or age ranges are mentioned where relevant to the findings.

1.1 National ageing situation

Demographic situation

As in many countries, the population of the Netherlands is changing, resulting in a growing proportion of older people relative to younger people. On 1 January 2025, the Netherlands had a population of 18,044,027 inhabitants, of whom 20.8% were aged 65 years or older and 5.2% were aged over 80 [2]. Data shows that from the age of 65 onwards, there are more women than men (Figure 1) [2,3].

The population is projected to grow by 8% by 2050; of the total population, 24.4% will be aged 65 years or older by 2050, and 9.9% percent will be over the age of 80 [3]. The projections for 2050 estimate that by then, there will still be more women than men aged 65 years and older (Figure 2) [3]. The age distribution of the population is thus changing, with the proportion of older age groups increasing, resulting in a rising average population age (Figure 3) [4].

In addition to the changing population, the life expectancy of older people is following suit. Amongst men, life expectancy at age 65 increased from 15.9 years in 2001 to 19.3 years in 2024. Amongst women, life expectancy at age 65 is higher than amongst men yet increased by 1.6 years over the same period [5]. As a result, the difference in life expectancy between men and women has narrowed over the period. Within the EU-27, the Netherlands has the smallest gender gap in life expectancy between men and women, at 2 years, while the EU-27 average is 3.4 years [6].

During the same period, life expectancy for people in self-perceived 'good health' rose from 9.2 years (2001) to 12.1 years in 2024 for men. The gap in life expectancy for people in self-perceived good health between men and women is smaller than for average life expectancy and increased from 10.4 years in 2001 to 12.7 years in 2024 for women. In 2024, this corresponds to a difference of 0.6 years in life expectancy for people in self-perceived good health between men and women (Figure 4) [5]. Life expectancy for people without physical limitations rose in a similar fashion to life expectancy for people in self-perceived good health, and health expectancy for people without chronic morbidity decreased slightly [5]. Overall, although women have a higher life expectancy, they have - from the age of 65 onwards - a relatively smaller proportion of their remaining life expectancy in self-perceived good health, without physical limitation or chronic morbidity. In 2023, The Netherlands was placed 15th within the EU-27 for life expectancy in perceived good health [6, 7].

These numbers hide a world of diversity. Several factors have been shown to be of influence on how people age well, including financial situation, level of education, marital status and living situation [8-10]. For example, data on the relationship between financial situation as defined by equivalized disposable income and health shows that when people have a lower income and less financial capacity, their life expectancy is lower in each category of life expectancy [8]; similar patterns emerge for a lower degree of education [9]. Also, 15.9% of people aged 65 years and over are at risk of poverty or social exclusion by age as based on risk of poverty, severe material deprivation and very low work intensity. Within the

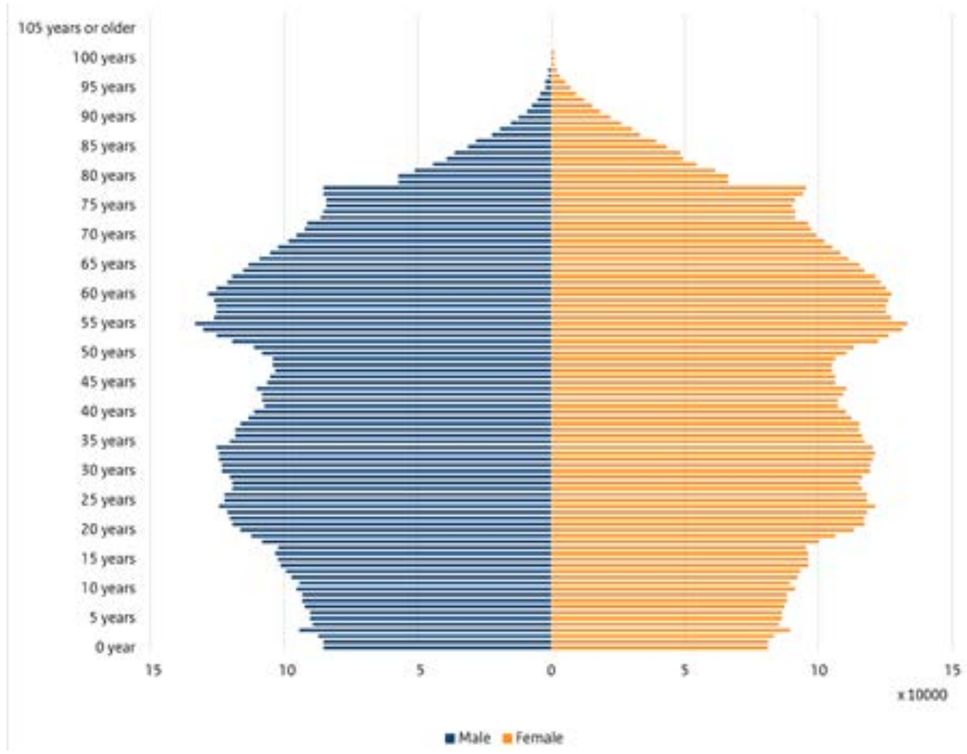


Figure 1. Population structure Netherlands 2025 [2]

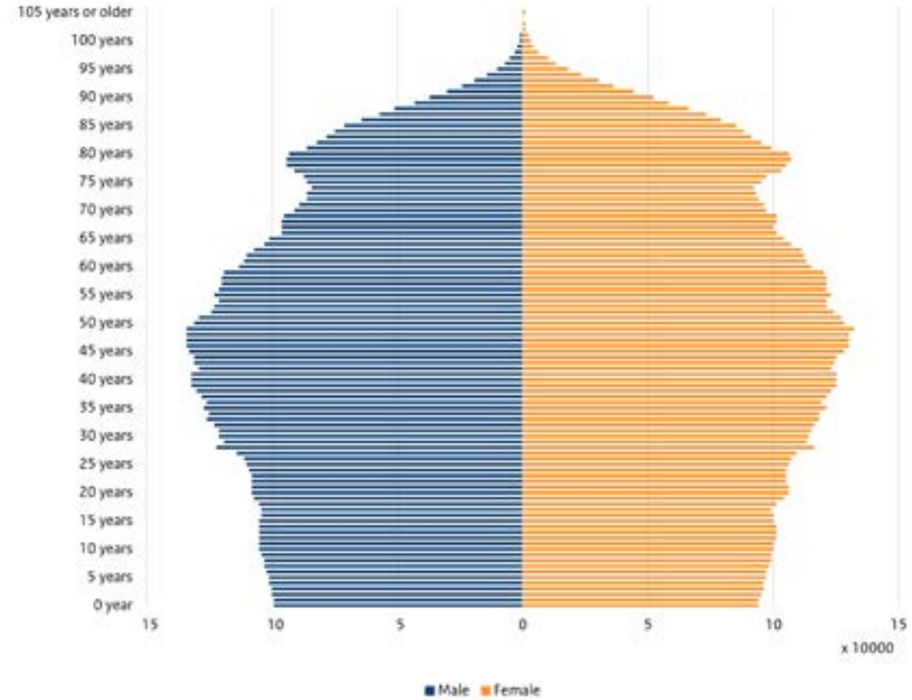


Figure 2. Population structure Netherlands 2050 (prognosis) [2]

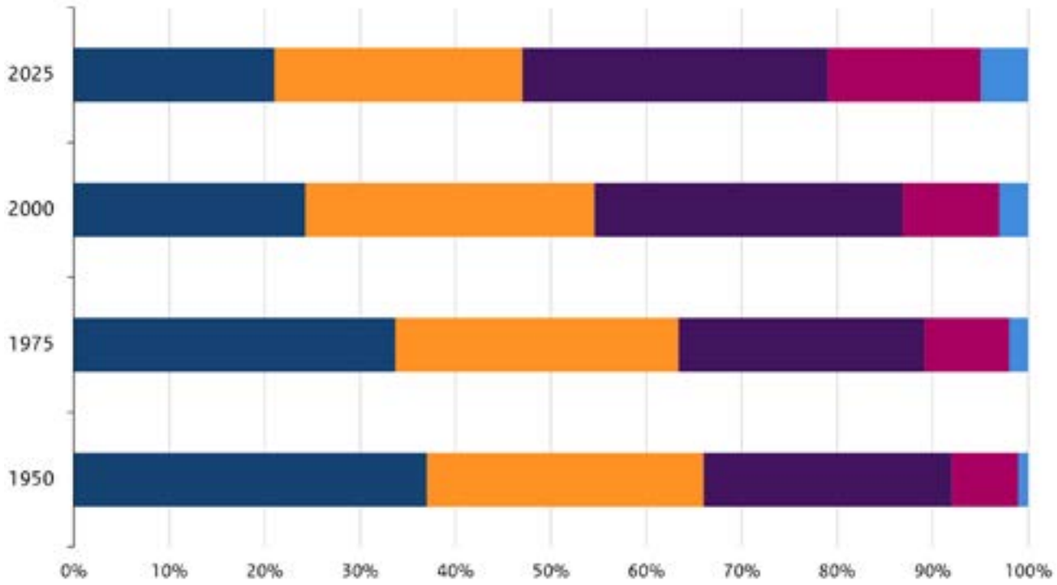


Figure 3. Population per age-group from 1950, 1975, 2000 to 2025 [4]

EU-27, The Netherlands is ranked 11th tied with Luxembourg among the best performing countries, at 8.5% and the EU-27 average at 18.8% [11].

Healthcare expenditure, use and workforce

Healthcare expenditure provides insight into what share of money goes to healthcare and how this is divided between the different kinds of healthcare. Internationally, the SHA definition is used to compare healthcare expenditure, and includes only expenses directly aimed at improving, maintaining or restoring health [12]. Below, these outcomes are used to compare results; however, within the Netherlands, the share of healthcare expenditure will be higher as we rely on the broader definition used in the Netherlands, which also includes social care childcare, large parts of youth care, social assistance and some long-term care [13].

The Netherlands spent $8,436 per capita on health in 2025. This is 41.4% higher than the OECD average of $5,967. This spending is equivalent to 10.0% of Gross Domestic Product (GDP), slightly higher than the 9.3% on average in the OECD [14]. In 2023, The Netherlands spent 18.0% of its total health expenditure on inpatient care, placing the Netherlands at the lowest end in the OECD along with Canada (see Figure 5) [15]. This share was substantially lower than the OECD average of 28.0%. By contrast, countries with the highest proportions, including Greece, Poland and Costa Rica, allocated approximately 40% of healthcare expenditure on inpatient services [36]. For outpatient care - which is a broad category covering generalist and specialist outpatient services, dental care, home care and ancillary services, the Netherlands allocates a share similar to the OECD average – 33% [15]. However, the share of healthcare expenditure allocated to long-term care has steadily increased over recent decades and now stands at 14%, excluding home care, which is classified under outpatient care. This is much higher in The Netherlands and countries like Sweden and Norway, with formal long-term care arrangements: at around 30% [15]. In countries with more informal care arrangements, health expenditure for long-term care is around 5% or less (e.g. Southern, Central and Eastern Europe and Latin America) [15]. Collective services, health activities benefiting the whole population, consistently receive the smallest share of expenditure. An exception was observed during the Covid-19 pandemic, when spending on medical and collective goods (and to a lesser extent in-patient and outpatient care) increased. This decreased again in all categories in the period 2021-2023 [15]. For access and quality of care, the Netherlands performs better than the OECD average on 9 out of 10 key indicators (e.g. covered for a core set of services; availability of quality healthcare; financial coverage; unmet needs) [14].

Healthcare workforce

Like many other countries, the Netherlands faces labour shortages in the healthcare sector and a high turnover rate amongst (entry-level) professionals due to unsatisfied needs, including income, work pressure or contact with clients [17]. Despite labour shortages, the number of people working in the health and social sector has increased much more rapidly than in other sectors over the past few decades: in OECD countries overall, the number increased by 30% on average between 2013 and

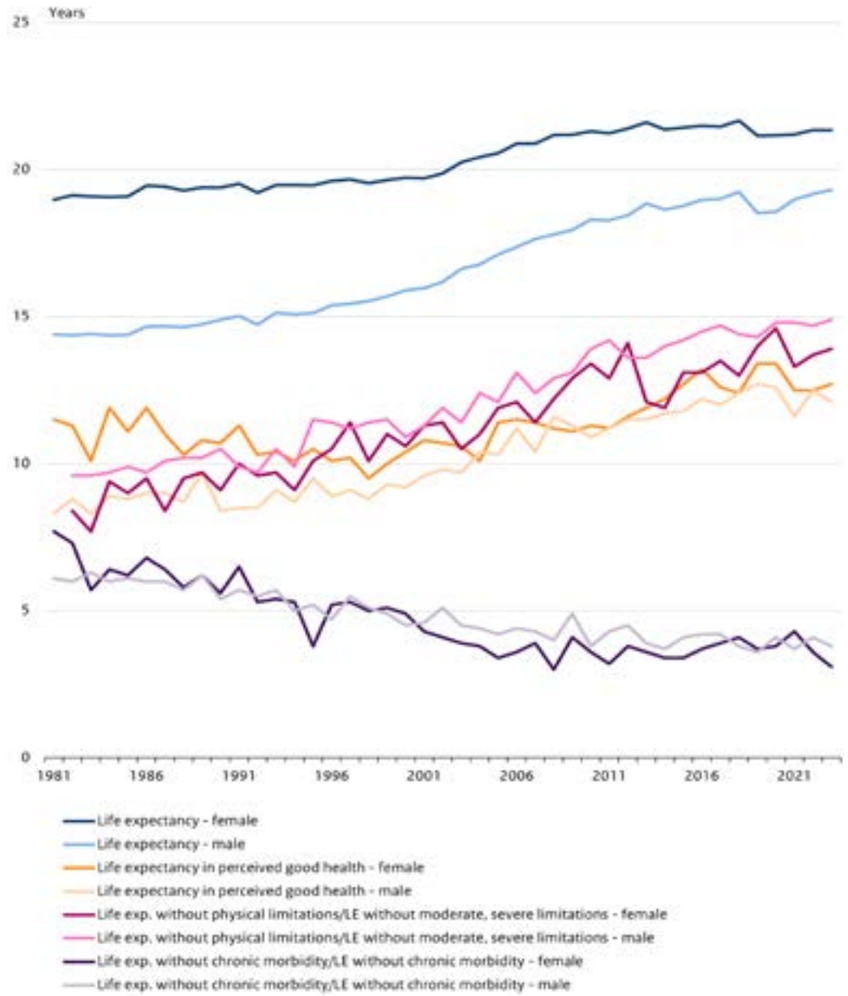


Figure 4. Life expectancy in self-perceived good health, without physical limitations, without chronic morbidity for male and female [5]

2023. This is twice the rate of overall employment growth [16]. In 2023, the OECD average score showed that one in nine jobs was in health or social care. The Netherlands, Norway, Finland, Denmark and Sweden, have the highest shares of people employed in health and social care, at around 16% of total employment [16]. Satisfaction and work pressure scores among health and social care workers fluctuated in the past years, with a decline in satisfaction in nursing and care homes; whereas the share reporting sufficient time for clients increased. In the final quarter of 2020, 80.9% of people working in nursing or care homes were satisfied with their work. Since then, scores have fluctuated between 68.1% and 73.5% with a satisfaction rate of 71.3% in 2025 [18]. In home care, scores have fluctuated between 73.8% and 82.1% since 2020, with a score of 77.6% in 2025. In nursing homes, 48.1% (+/- 9% over the past 5 years) find work pressure too high; within home care, this figure is 32.0% (+/- 8% over the last 5 years) [18]. The score for having sufficient time for clients increased in nursing homes from 27.9% in 2021 to 38.8% in 2025; in home care the figure increased from 48.4% in 2021 to 64.9% in 2025 [18]. This may reflect an aftereffect of the COVID-19 pandemic, but studies do not offer a clear explanation.

Over the past five years, greater attention has been paid to the role of informal caregivers in providing support [19]. However, among informal caregivers, the percentage reporting feeling overburdened increased from 14.0% in 2020 to 22.0% in 2024; while the number of informal caregivers remained stable (13.0-14.0%) [20].

Housing

Policy focuses on enabling people to remain in their homes for longer, both to reduce healthcare expenditure and to align with the preferences of older individuals [21]. This is reflected in a decline in the share of people aged 65 years and older living in institutional households, from 51.3% in 2020 to 47.1% in 2025 [22]. Since 2020, the number of single-person households has increased by 9%; within this group, the share of individuals aged 65 years and older has grown by 0.5% [23]. In addition, the number of multi-person households has increased by 2% over the same period. Within this total, the relative share of people aged 65 years and older has increased by 4.2% [23].

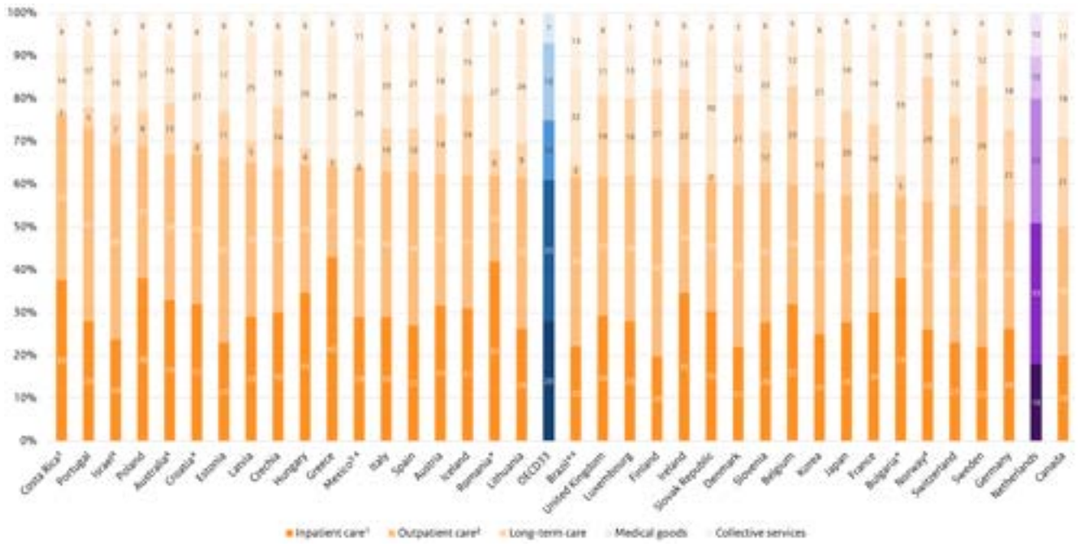


Figure 5. Health expenditure by type of service, 2023 (or nearest year) [15]
*Note: Countries are ordered by curative rehabilitative care as a share of current expenditure on health. 1. Curative rehabilitative care in inpatient and day care settings. 2. Includes home care and ancillary services. 3. Medical goods financed by government and compulsory schemes are included under inpatient our outpatient care. 4. 2022 data. *Accession/partner country. [15]*

In absolute numbers, most older people live in or around Amsterdam, Rotterdam and The Hague, but relative to the total population, most people aged 65 and over live in non-urban areas (Figure 6) [24]. Overall, older people seem satisfied with their home: 94.0% are satisfied with their home and 90.7% are satisfied with their living environment [25]. However, people are less satisfied with their home when they rent a house: 70.4% in the age group 65-75 years and 83.4% for the age group 75 years and older [25]. Since 2015, this has decreased for both the 65–75 age group, with a relative figure of 16.0%, and for those aged 75 years and older, with 7.2% [25]. PProximity to local facilities, such as supermarkets, public transport, and green spaces, plays an important role in supporting people to remain at home for longer [26, 27]. Sentiment tends to be more negative in non-urban areas, where relatively larger shares of older people reside [27].

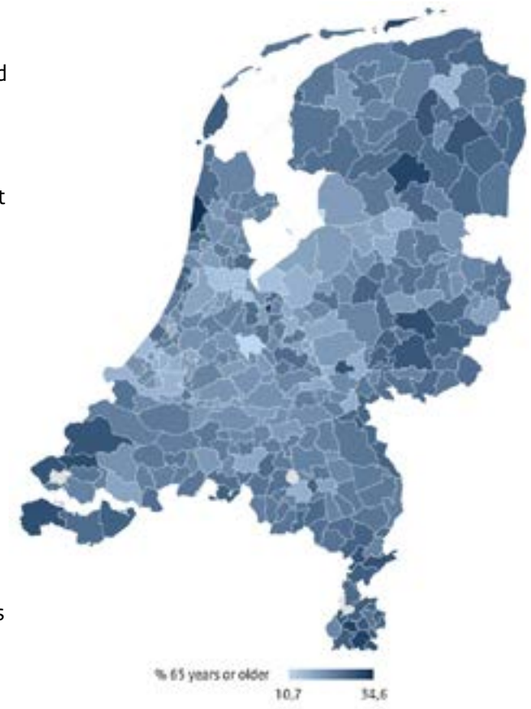


Figure 6. Relative number of people aged 65 years or older per municipality [24]

Participation in society

With the growth of older age groups and rising life expectancy, the ways in which older people participate in society are changing. Their participation in paid work is increasing. For the period 2025-2027, the statutory retirement age is 67 years and 3 months, a number that will continue to increase [28]. The average age at which people retire rose to 66 years and 4 months in 2025; 2.5 months later than in 2024 [29]. In the age group 55-67 years, prior to the statutory retirement age, 52.1% worked full-time (35 hours or more), with higher participation among men than women [30]. However, net labour participation has increased most among women in this age group [30]. In the 67-75 age group, net labour participation also rose from 9.1% in 2015 to 13.8% in 2025, an increase of 4.7 percentage points [29,30].

In addition to paid work, people over 65 also participate in volunteer work and/or provide informal care. In the 65-75 age group, 52.9% performed volunteer work in the past 12 months (2024) [31]. This percentage has remained almost constant since 2012 (47-52%), except for a small dip in 2020 and 2021, which can likely be attributed to the COVID-19 pandemic. Volunteer work in the group aged 75 and over has increased in the last two years; it fluctuated between 29% and 35% from 2002 until 2022 and increased to 43.0% and 46.4% in 2023 and 2024, respectively [31]. In 2024, 16.1% of people aged 65 years and older provided informal care for an average of 15.1 hours a week [32]. People aged 65 years and older participate in associations on a weekly basis at rates of 33–35% and on a monthly basis at 12–13%. These include different types of association, from sports clubs to political associations. 85.1% of people aged 65 years and older are satisfied with their social life. This is slightly higher than in other age groups (77-80%) [31]. Satisfaction with leisure time is also

higher than in other age groups, at 94.0% [31]. Satisfaction with educational opportunities has increased over the past 12 years, reaching 7.8 for those aged 65–75 (7.3 in 2013) and 7.4 for those aged 75 years and older (7.1 in 2013) [31].

Physical and mental health

The (experience of) physical and mental health influences how well people age [33]. For physical health, we focus on physical activities and other lifestyle factors (e.g. smoking, alcohol) as these can negatively affect health. In the Netherlands, a physical activity guideline has been developed, recommending moderately intense exercise for at least 150 minutes a week (cycling, walking) and doing bone and muscle strengthening exercises twice a week [34]. Balance exercises are recommended for people aged 55 and over. In 2025, 48.1% of those aged 65–75 met these guidelines, compared with 32.9% among those aged 75 years and older [35]. Most older people engage in physical exercise primarily through walking and cycling. Furthermore, the average time spent on sports among this age group has more than doubled, from 1 hour in 2001 to 2.6 hours on average in 2025 [36]. This is also reflected in increased sports club membership among this age group (gym, swimming pool and others) [35].

In addition to exercise, other lifestyle factors such as smoking, alcohol, and being under- or overweight can negatively affect health. In the age group 65 years or older, 10% of the population smokes, a figure that has fallen by 4.0% points since 2014/2015 [37]. The alcohol guideline recommends no more than one glass per day; 50.0% of those aged 65–75 follow this, compared with 65.5% of those aged 75+ (2025). This has fluctuated by about 5% over the past five years [35]. Measured according to the Body Mass Index (BMI), 1.1% (average) of people 65 years and older are underweight, while 57.9% are overweight (average). These numbers have also fluctuated over the past five years by around 5% [35]. Perceived physical health receives a score of 6.9 on a scale of 10 in the group 65 years and older [38].

In addition to physical health, more attention is paid to mental health over the past five years, especially to experiences of loneliness [39]. Satisfaction with mental health is high: 87.5% of people aged 65 years and older in the Netherlands report being satisfied, slightly higher than in younger age groups (72–82%). However, a closer look at loneliness reveals a different pattern. Since 2019, loneliness has been measured by Statistics Netherlands using the shortened version of the de Jong-Gierveld loneliness scale [40] measuring social and emotional loneliness. Social loneliness refers to having fewer social contacts than desired, whereas emotional loneliness reflects the absence of a close emotional bond with another person [41]. Data show that both social and emotional loneliness have increased across almost all indicators between 2019 and 2025, including both somewhat and strongly experiencing loneliness [42]. Among people aged 65 years and older, 42.6% experience social loneliness to some or a strong degree, compared with 36.0% for emotional loneliness [42]. These percentages are not much higher than in other age categories, and are even higher among younger people (Figure 7) [42]. According to a trend scenario from 2024, loneliness among the 75-plus age group will continue to increase [43]. At population level, it is known that certain characteristics contribute to the risk of loneliness, including living situation, poor perceived health and being born outside the Netherlands [42]. Studies suggest that these risk factors are also of influence on the risk of loneliness at a later age [44, 45].

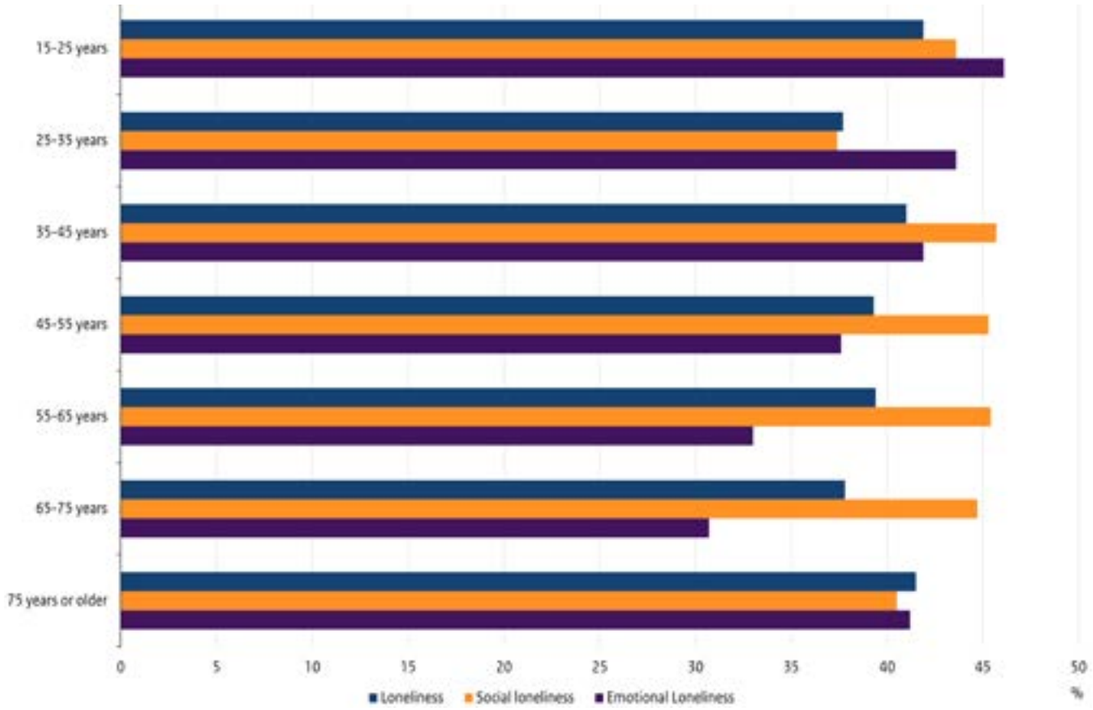


Figure 7. Loneliness, social loneliness and emotional loneliness per age-group for 2025 [42]

1.2 Methodology used in the national review and appraisal

Three-Phase Review Process

The review of the Dutch policy action taken towards the implementation of MIPAA/RIS and the three policy goals of the 2022 Rome Ministerial Declaration consisted of three phases.

In the first phase, the scope of this review as informed by the guiding questions was determined using two methods. First, a consensus meeting was organized, with members invited from several Dutch ministries. Five representatives from the Ministry of Health, Welfare and Sport participated. Over several rounds, participants identified key guiding questions for the policy evaluation. Second, a digital survey was distributed to the network of the organisation of the authors and on social media. The 107 respondents provided input on the key guiding questions and future policy priorities (see Annex 1 for details). The consultation meeting and the survey were used to determine the 10 guiding questions. All respondents provided written consent.

The second phase reviewed the national ageing situation and the policy developments over the last five years. For the national ageing situation, publicly available data sources were used to chart key demographic, economic, social and health developments. Most data were available through Statistics Netherlands. This was complemented by Eurostat and OECD data. To identify and review policy developments, academic and grey literature (e.g. government reports, working papers, policy briefs) as well as interviews were used. This was supported by a literature search. A search strategy

using three key words ‘older people’, ‘The Netherlands’ and ‘policy’ was performed on 28 April 2026 in several databases, searching for publications since 2021 (Annex 2 for full search strategy and databases). Academic literature relevant to the policy goals was selected and used for this review. For interviews, a variation of stakeholders was invited to participate. The interviews were guided by a discussion document and a semi-structured topic list. The discussion document showed the three broad goals with a summary of the guiding questions (Annex 3) and was sent to participants in advance. The topic list covered past policies and future priorities. In total, 21 interviews were carried out with 25 people with an average duration of 60 minutes (see Annex 1 for details). All respondents provided digital consent before their interview.

The third phase involved a consultation meeting. All people involved in policy development or practice for older people could participate in this consultation meeting. People were invited via the distributed survey, via the network of the organisation of the authors and using social media. A total of 23 people participated (see Annex 1 for details). After a brief introduction to MIPAA/RIS and the policy review results, a world café methodology was used to discuss the gaps between policy and practice and future priorities. All respondents provided written consent.

A draft report was written after collecting data from these three phases. Subsequently, the Ministry of Health, Welfare and Sport was approached to provide feedback on the draft report. This led to several additions and clarifications to the draft report. Close cooperation with the National Focal Point was maintained throughout the process of the review and appraisal.

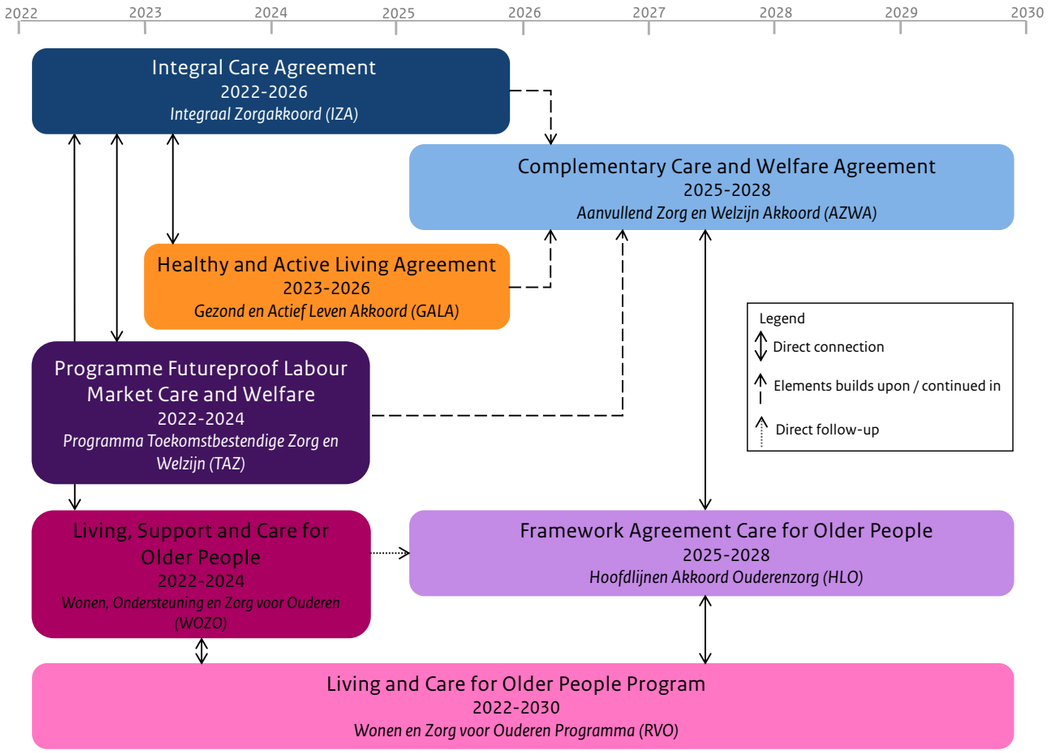


Figure 8. Overview of policy developments in the past five years in the Netherlands

2. Progress since 2022

At the fifth Ministerial Conference on Ageing held in Lisbon in 2022, representatives of the member States of the United Nations Economic Commission for Europe (UNECE) restated their commitments to fulfil the Regional Implementation Strategy (RIS) of MIPAA. The Lisbon Ministerial Declaration [46] sets three main policy goals for 2027:

A. Promoting active and healthy ageing throughout life

B. Ensuring access to long-term care and support for carers and families

C. Mainstreaming ageing to advance a society for all ages

Part II of this report discusses progress towards these policy goals. For each goal relevant policy developments and key trends are described. Illustrative and supporting examples are provided in textboxes throughout this part of the report. Within these three policy goals, the analysis is guided by ten guiding questions identified through the consultation meeting and stakeholder survey (see 1.2 and Annex 1).

2.1 Policy goal A - Promoting active and healthy ageing throughout life

In the period 2022-2026, there were several developments in the Netherlands to promote active and healthy ageing throughout life. Following the chronological order of the guiding questions, these developments can be roughly divided into three categories: 1) Involvement in policymaking (OP11); 2) Participation in social, cultural and civic life (OP13); 3) Promoting healthy lifestyle across the life course (OP14).

2.1.1 Involvement in policy making

The first sub-theme of the first policy goal A, promoting active and healthy ageing throughout life, addresses the question 'How have you involved older persons and their organisations in law- and policymaking processes at all levels to ensure that their rights, needs, and interests are considered?'

Over the past five years, older adults and advocacy organisations have increasingly been involved in the development, implementation, and evaluation of various policy memoranda, both at national and local levels. By way of illustration, the Senior Coalition [*Seniorencoalitie*] was consulted in the development of the Living, Support, and Care for Older People programme [*Wonen en Zorg voor Ouderen, WOZO*] – a national programme aimed at transitioning towards sustainable care for older people (2022-2025) [21]. This national alliance is a collaborative network of diverse interest organisations representing older people with varying orientations. It brings together the General Dutch Association for Older People and the Protestant Christian Association for Older People [*Algemene Nederlandse Bond voor Ouderen en de Protestants-Christelijke Ouderenbond, ANBO-PCOB*], Together for older people with a migration background in the Netherlands [*Samen voor Ouderen met een Migratieachtergrond in Nederland, SOMNL*], Union of Catholic Associations of Older People [*Unie van Katholieke Bonden van Ouderen, KBO*], Network of Organisations of Older People with a Migrant Background [*Netwerk van Organisaties van Oudere Migranten, NOOM*], and Umbrella organisation for Pensioners [*Koepel Gepensioneerden*]. In addition, a variety of other organisations that indirectly serve older adults, such as the Dutch Alzheimer Organisation [*Alzheimer Nederland*] and Better Old [*BeterOud*] a national knowledge network were closely involved [21]. At the time of the programme's development, the Senior Coalition [*Seniorencoalitie*] wrote a formal response to the policy plan and was also involved in monitoring [48]. In the most recent monitoring report, conducted by National Institute for Public Health and the Environment [*Rijksinstituut voor Volksgezondheid en Milieu, RIVM*], a number of older adults were interviewed to map the impact of the policy programme [49]. Interviews conducted for this report further confirmed that organisations such as the General Dutch Association for Older People, the Protestant Christian Association for Older People and the Network of Organisations of Older People with a Migrant Background have been involved in working groups on topics including societal and healthcare issues in relation to the newly established Framework Agreement on Care for Older Adults [*Hoofdlijnenakkoord Ouderenzorg, HLO*] [50]. The interviewees noted that there is increasing attention to the voices of older adults and their representing organisations when it concerns policies relating to older people. Moreover, several studies report on the engagement of older adults in policy development and in the identification of housing needs at regional and local level, with particular reference in urban housing development [51,52].

A concrete example of older adults' participation in the evaluation of a national policy can be found in the 'Ageing Strong, Talk Today About Tomorrow' [*Krachtig ouder worden, praat vandaag over morgen*] initiative [53]. This initiative of the Senior Coalition [*Seniorencoalitie*] supported by the Ministry of Health, Welfare and Sport encourages a societal dialogue about ageing in a changing society. In recent years, they have organised 22 regional meetings attended by 7,000 participants. The outcomes of these conversations are compiled and presented to, amongst others, the Ministry of Health, Welfare, and Sport, municipalities, and health insurers. In doing so, the Senior Coalition [*Seniorencoalitie*] supports the development of targeted policy for older adults.

Council of Older Adults

In addition to the representing organisations described above, the Council of Older Adults [*Raad van Ouderen*] constitutes another key advisory body engaged in ageing policies in the Netherlands. Since 2018, this Council has served as an independent advisory body to the Minister of Health, Welfare, and Sport on diverse topics from the perspective of older adults, providing both solicited and unsolicited advice. The Council is composed of older adults who are active in regional and national networks of older persons, with one representative drawn from each regional network in each province. They too regularly contribute to both national and regional policy. The Council has issued numerous advisory reports in recent years, including 'Making Space for Older Adults' [*Ruimte voor Ouderen*] on the desired living environment for older adults [54], and 'All Hands on Deck!' [*Alle hens aan dek!*] on clustered residential care facilities for vulnerable older adults [55]. These advisory reports were submitted to and taken into consideration by the Ministry of Health, Welfare, and Sport.

However, the Council of Older Adults has also voiced that meaningful policy participation by older adults deserves more attention and higher quality engagement than is currently the case [56]. Although older adults participate, the effective integration of their voices in policy implementation and practice deserves further attention. This was also highlighted in several interviews. While the involvement of older adults in policy processes is not yet a formal requirement, the Council has recommended that it be made mandatory. In addition, during the interviews various stakeholders expressed that they see added value in a more active role for older adults and advocacy organisations in government-related institutions such as the Social and Economic Council of the Netherlands [*Sociaal Economische Raad, SER*]; Council for Public Health and Society [*Rijksinstituut voor Volksgezondheid en Samenleving, RVS*]; Netherlands Institute for Social Research [*Sociaal Cultureel Planbureau, SCP*]; Council for the Environment and Infrastructure [*Raad voor de Leefomgeving en Infrastructuur, RLI*]. Some of these organisations already work closely with older adults, but not yet on a structural basis.

2.1.2 Participation in social, cultural and civic life

In this second sub-theme to policy goal A, we detail what measures are taken to facilitate older adults' participation in social, cultural, and civic life. Over the past five years, Dutch national policies have placed less emphasis on participation as a standalone objective, instead focusing on maintaining vitality for as long as possible to enable older people to participate and remain engaged in society [57,58]. Such policies frequently emphasise the importance of enabling older adults to maintain their autonomy and independence for as long as possible, including through support for ageing in place within (clustered) communities (for instance in the policy programme Living, Support and Care for older people [*Wonen, Ondersteuning en Zorg voor Ouderen, WOZO*], by strengthening personal autonomy through reablement (see Box 1) (Framework Agreement on Care for older people [*Hoofdlijnenakkoord Ouderenzorg, HLO,* 2025-2028]), and by supporting continued social inclusion for persons living with dementia (National Dementia Strategy 2021-2030 [*Nationale Dementie Strategie* 2021-2030]) [21,50,59,60].

Within or related to the broader policy memoranda, in recent years several programmes have specifically targeted the social participation of older adults (see Figure 8). In box 1, we highlight a few of them in relation to social, cultural and civic life.

Box 1. Reablement

According to Metzelthin [p. 709, 61] "Reablement is a person-centred, holistic approach that aims to enhance an individual's physical and/or other functioning, to increase or maintain their independence in meaningful activities of daily living at their place of residence and to reduce their need for long-term services."

Active for longer at home [*Langer Actief Thuis*] [62]
This programme is intended for individuals who require assistance with personal care, household activities, mobility, or leisure. Needs are assessed jointly by a community nurse and the older person. The programme has a maximum duration of 12 weeks and may involve support from a community nurse, physiotherapist, and occupational therapist, depending on individual needs. These professionals work together with the participant on personalised goals, such as regaining the ability to put on shoes independently or to visit the supermarket. Attention is also given to the home environment and how it can support independence [62].

Vitality for longer at home [*Langer Vitaal Thuis*] [63]
This programme is provided through a collaboration of several care organisations in the province of North Holland. In this programme, you explore what you need to be able to manage well (and continue to do so) together with a team of healthcare professionals. The programme concerns daily activities at home, but also social contacts and companionship. The programme is around 12 weeks [63].

Social life

In relation to social life, there is an increasing focus on participation and on the importance of fostering social connectedness and societal engagement in both the Healthy and Active Living Agreement *[Gezond en Actief Leven Akkoord, GALA*] [64] and in the Complementary Care and Welfare Agreement. The first agreement, for instance, promotes environments that stimulate movement and community interactions through strengthening the local social infrastructure and community facilities. The latter supports participation as part of health and wellbeing, enabling people to take part in society. It emphasises supporting wellbeing through core service functions within local social services, such as social prescribing [*welzijn op recept*, see Dubbeldedam et al. [66]], strengthening the basic social infrastructure and cross-sector cooperation between social and care domains. The agreement marks a clear shift towards well-being and underscores the important role of the social domain in active, engaged, and independent ageing. This shift is also reflected in stakeholder interviews, where professionals across healthcare, social care, and welfare domains highlight the growing recognition of social cohesion, environmental factors, and residents' initiatives in promoting healthy ageing and quality of life.

Particularly prominent focus in terms of social participation is the Dutch government's attention to loneliness in the period 2018-2021 [66]. During the review period, this was followed by a broader, age-independent programme, the Action Programme One Against Loneliness [*Actieprogramma Eén tegen Eenzaamheid,* 2022-2025] [67]. This latter programme formulates three action lines: 1) greater awareness in society about loneliness, 2) more societal initiatives against loneliness, and 3) a local approach against loneliness in all municipalities. The three action lines are intended to strengthen and deepen the previous programme [67,68]. It aims to strengthen social initiatives through the National Coalition Against Loneliness (Nationale Coalitie Tegen Eenzaamheid), mobilise all relevant sectors, and enhance knowledge exchange among initiatives, fostering the shift from pilots to projects while emphasising looking out for one another. It stimulates scientific research to better understand loneliness [68]. Moreover, it raises awareness through a public campaign to break the taboo on loneliness and by organising the 'Week Against Loneliness' [Week Tegen Eenzaamheid] [69. Monitoring of this programme shows a slight decrease in loneliness among older adults, from 49.1% in 2022 to 47.2% in 2024, but little change for those feeling very lonely [70,71]. The public campaign was launched in 2024; although it did not reach its primary targets [72,73], it did lead more people, including those experiencing loneliness, to engage in social activities. In addition, a toolkit was launched on the One Against Loneliness platform [*Een tegen Eenzaamheid platform*], which was visited by 417,000 people [69]. The Week Against Loneliness brought together 800 participants at a conference in 2025, launched the "Join Us" package – which was ordered 760 times and resulted in the participation of 55,000 people [70]. In cooperation with the 'Orange Fund' [*Oranjefonds*], a national foundation supporting social initiatives, between 75 and 100 initiatives were supported with €4.9 million over the period 2023-2028. Eighty percent of municipalities participating in the National Coalition Against Loneliness have developed a local strategy to address loneliness [70].

A strategy that specifically aims to contribute to the participation of older adults with dementia is the National Dementia Strategy [*nationale dementiestrategie*] [58,59]. In addition to investments in research on the prevention, treatment, and cure of dementia, the goal of this strategy is to make society more dementia-friendly. This involves recognising and building on the capabilities of people living with dementia and raising awareness in society about how to interact with people with dementia. By 2030, 80% of people living at home should have access to daycare in their neighbourhood [58,59]. Together, the Dutch Alzheimer organisation [*Alzheimer Nederland*] and the Ministry of Health, Welfare, and Sport launched the initiative 'Together Dementia-Friendly' [*Samen Dementie Vriendelijk*]. This platform and network aim to spread knowledge about dementia and ensure that the Netherlands becomes more inclusive toward people with dementia [74]. By 2025, the aim was to have 750,000 dementia friends – people who follow the online training on the platform to become more dementia friendly – in October 2025 there were 700,000 dementia friends [75]. Another aim was that by 2025 there would be greater attention to the talents and capabilities of people with dementia. Monitoring showed that the

strategy did lead to numerous community-based initiatives to allow older people with dementia to (continue to) participate in the community [75]. Thirty-five local development projects have been initiated for daycare, including a learning community for these initiatives. Ten additional Odense Houses have started: information, advice and meeting places for people with dementia, informal caregivers and their families and friends. The number of meeting centres has increased by 27% [75]. To further support these meeting centres, an online course has been launched, along with a guidebook, a national centre for knowledge dissemination [*Landelijk platform ontmoetingscentra*] [76], a scientific book, and conferences to support dissemination. The eight pilots using a social approach to dementia have been shown to be more cost-effective than regular care [75,77]. These first steps demonstrate efforts to enhance the participation of older people with dementia; but integration challenges remain, and sustained efforts are still required to address them [78].

Cultural life

In the area of cultural life, no distinct national policy programmes have been established in recent years. However, various broader cultural participation programmes have emerged that also include provisions for older adults [79, 80] These are largely public-private partnerships supported by various ministries, such as the Ministry of Health, Welfare and Sport and the Ministry of Education, Culture and Science. Programmes supporting active cultural participation in later life include, for example, the Long Live Art programme [*Lange Leve Kunst programma*] [81] and the four-year Cultural Participation Programme [*Programma Cultuurparticipatie*] [82,83]. These programmes aim to make cultural life accessible to all and to bridge the gap between the cultural sector and social domains, including care, welfare and social support. Within these programmes, older adults were also explicitly included, notably through the Age Friendly Cultural Cities programme, which ran between 2016 and 2021 [84]. Through this scheme, the fund stimulated cultural participation among older adults by working closely with municipalities, cultural organisations and social (care and welfare) organisations. Ultimately, a total of twenty-three municipalities participated [82,83]. Since the scheme ended, organisations can apply to the 'Making Culture Together 2022-2024' [*Samen Cultuur maken* 2022-2024] grant scheme to carry out cultural projects together with citizens [82,83].

In addition to the programmes mentioned above, the Ministries of Education, Culture and Science and Health, Welfare and Sport have joined forces with, among others, the RCOAK Foundation and the Sluyterman van Loo Fund to initiate the programme Art and Culture in Long-Term Care and Support [*Kunst en Cultuur in de Langdurige Zorg en Ondersteuning*] [85]. This programme is carried out by the Netherlands Organisation for Health Research and Development [*ZonMw*] and encourages cultural organisations, knowledge institutions and care organisations to explore the role that art can play in (long-term) care and wellbeing of older adults [85].

As confirmed in the interviews, the impact of these projects is already felt, primarily at the local level. Art generally has a positive impact on the wellbeing and quality of life of older adults [86,87]. At the same time, interviewees noted that the links established between the cultural sector and other domains through these programmes remain limited. There is therefore a call for more structural funding, as well as clearer policy recognition of the positive effects of cultural inclusion for older adults

Civic life

With regard to civic life, since 2018 several national programmes have supported a reframing of ageing as valuable, and full of opportunities. After the campaign 'the valuation of life' [*Waarde van ouder worden*] [88], which was part of the policy programme Alliance for care for older people [*Pact voor de Ouderenzorg*], a second government-supported policy programme reoriented narratives of ageing [89]. The action programme Talk Today About Tomorrow [*Actieprogramma Praat Vandaag over Morgen*] is a collaboration between the industry association for care organisations, Actiz, and the Ministry of Health, Welfare, and Sport and was established in 2019 [90] as part of the Living, Support and Care for older people [*Wonen, Ondersteuning en Zorg voor Ouderen*] [21]. The programme encourages citizens to engage in timely discussions on topics such as care, housing, and maintaining good health. Components of the programme include conversation cards that invite people to engage in dialogue with others; a national public campaign, 'Talk Today About Tomorrow' [*Praat vandaag over morgen*] [91], featuring television commercials and radio advertisements centred around the question "What matters to you for later?"; and an in-depth study specifically examining communication about the topic of later life aimed at people with a lower socioeconomic status [92–94].

In collaboration with this programme, the Senior Coalition [*Seniorencoalitie*], the Senior Network Netherlands [*SeniorenNetwerkNL*], the industry association for care organisations ActiZ, and national association for informal care [*MantelzorgNL*] organise various activities and gatherings to engage people in conversations about their future (in 2024, 60 conversations were held, see for an overview [95]).

In addition, in 2023, although not a policy, the new retirement law was introduced, after employers, employees and the government reached an agreement in 2019. The Future of Pensions Act shifted the pension system from defined benefit to defined contribution and linked pensions more directly to investment returns and economic conditions. The law indirectly drives policy changes, including increases to the state pension age, the redesign of pension schemes between employers and employees, the introduction of more flexible financial frameworks, and the alignment of fiscal policy. The most tangible impact on civic participation is how this is reflected in higher rates of labour participation at later age [29, 96].

Several of the policies mentioned above also highlight specific groups that require additional attention, and the participation-related inequalities that may arise for people in vulnerable situations. This concern is not unfounded. Although poverty rates among older people are generally low in the Netherlands [97], they are higher among the oldest old [98] and pension gaps persist, particularly for people with a migrant background [99]. These disparities can contribute to social exclusion. At the same time, interviewees indicated that these issues are increasingly recognised, with ongoing ministerial-level discussions about measures such as improving access to the Income Support for people of pension age *[Inkomensvoorziening Ouderen, AIO*]. At the same time, inequalities in social and civic participation extend beyond migration-related disparities and include gender differences in participation [100].

2.1.3 Promoting healthy lifestyle across the life course

Within this third subtheme of Policy goal A, we investigate what concrete policy measures were adopted to promote active and healthy ageing throughout the life course and ensure the full enjoyment of human rights by older people. This includes activities and strategies to promote a healthy lifestyle, including physical activity, healthy nutrition, preventive health interventions, and mental health. We also detail what societal actors are involved in these efforts.

In the Netherlands, public health care is a joint responsibility of the central government and municipalities. The central government sets the statutory and policy frameworks, while municipalities are responsible for the implementation of public health care tasks, largely through Municipal Health Services [*Gemeentelijke Gezondheidsdiensten, GGDs*] organised under the Public Health Act [*Wet publieke gezondheid*]. The sub-article 5a of this Act describes healthcare for

older people and includes the monitoring of health, the identification of needs, prevention, early detection, providing advice and information, and formulating measures against health threats [101]. Within this structure, municipalities, GGDs, and care and welfare partners collaborate on prevention, health promotion, and strengthening the social foundation in joint arrangements. For quite some time now, the Dutch government has focused on supporting health and healthy lifestyles [102,103]. Over the past five years, several major policy agreements and strategies have been added (see Figure 8), each focusing on healthy lifestyles in its own way, for example nutrition, exercise and mental health. Within these agreements, ageing is often a sub-theme, and older people, rather than being a primary target group, appear to be less explicitly addressed in the national policies [104].

A first such measure in which the focus on healthy lifestyles is present, and older adults are mentioned as a sub-target group, is the Healthy and Active Living Agreement [*Gezond en Actief Leven Akkoord*] that came into effect in 2023 and runs until the end of 2026 [64]. This agreement was signed by the Association of Dutch Municipalities [*Vereniging van Nederlandse Gemeenten, VNG*], the Dutch healthcare insurers association [*Zorgverzekeraars Nederland, ZN*], the umbrella industry organisation of municipal health services and medical assistance organisation in the region [*Gemeentelijke Gezondheidsdienst en Geneeskundige Hulpverleningsorganisatie in de Regio, GGD GHOR*] and the state secretary of the Ministry of Health, Welfare and Sport. The agreement has seven shared goals: reducing health inequalities; a healthy physical environment; strengthening (the connection with) the social service infrastructure; enabling a healthy lifestyle for all; strengthening mental resilience and mental health; ageing well (vital ageing); and a domain overarching (cross-sector) regional prevention infrastructure [64]. This was financed through Specific Programme grants [SPUK] for municipalities [*Brede SPUK GALA*] amounting to around €300 million per year for the period 2023-2026 [64,105]. The allocations depend on municipality size and demographic composition (for instance socio-economic disadvantage) to some degree. To monitor progress existing data, alongside questionnaires distributed to health insurers and all municipalities, as well as qualitative interviews with stakeholders were used. The National Institute for Public Health and the Environment [*Rijksinstituut voor Volksgezondheid en Milieu, RIVM*] monitors the progress through the Healthy and Active Living monitor [49]. This agreement has resulted in several chain approaches [*ketenaanpakken*]: Promising start [*Kansrijke start*] (focusing on the first 1000 days); fall prevention for older people (see box 2); overweight and obesity – particularly for children; Combined lifestyle intervention [*Gecombineerde Leefstijlinterventie, GLI*] for older adults; and social prescription [*welzijn op recept]* [99]. The mid-term review showed that out of the 342 Dutch municipalities, 70% of municipalities have started with each of the chain approaches and regional agreements have been made. In more detail, 229 municipalities have started with *CLI*, 292 with social prescription, 309 with Promising start and 234 with Child to healthier weight [*Kind naar gezonder gewicht*] and 312 with Fall prevention [49]. The sustainable embedding of these chain approaches at the municipal level is lower, 51% of the municipalities had a long-term strategy and 59% had an individual coordination. At the time of monitoring, 26% of municipalities had a monitoring plan [49]. The target of the Healthy and Active Living agreement *GALA*] is to have a full prevention infrastructure by 1 January 2025 [64]. The mid-term review shows that progress has been made towards achieving this target, but further development is still required, especially in relation to cross-sector, long-term collaboration – something that is considered essential to build-up strong health promotion [49,107], for instance in reducing health inequities, and making the healthy choice the easy and logical choice. The Healthy and Active Living Agreement [*GALA*] sets out a long-term, cross-sector, integrated approach in which municipalities are encouraged to create optimal living circumstances for citizens to live healthy lives [108]. |
Following the Healthy and Active Living Agreement, a similar ambition is outlined in the recently published Integrated Prevention Strategy [*Samenhangende Preventiestrategie*] [109] – a long-term framework supporting the aim of a healthy generation by 2040, but with a more integrated and environmental focus. This strategy outlines an approach that has also shifted emphasis; the guiding principle is not to impose measures, but rather to make healthy choices more attractive, simpler, and more intuitive. Yet this strategy primarily focuses on youth and their caregivers, and when possible and needed on adults and older people [109].

A third measure that addresses healthy lifestyles is the Integral Care Agreement [*Integraal Zorgakkoord*], a policy agreement signed by the Ministry of Health, Welfare and Sport, health insurers, hospitals and care providers, municipalities and patients and professional organisations [110]. This programme started in 2022 and runs until the end of 2026. Where the Healthy and Active Living Agreement commits on a broader level to a healthy generation by 2040, the Integral Care Agreement focuses specifically on future-proofing healthcare, with one of its action lines being the shift from illness to promoting health and prevention strategies [64,110]. The Integral Care Agreement calls on the healthcare sector, among others, to seek cross-policy solutions to help people adopt a healthier lifestyle. The Complementary care and welfare agreement [*Aanvullend Zorg en Welzijn Akkoord, AZWA*] [65] builds further on this shift by reorganising how professionals work so that capacity is deployed more efficiently and care needs can be met sooner, outside of more intensive care settings; by strengthening relationships and cooperation between the care and social domains to identify health problems earlier, reduce health inequalities, and prevent the escalation of care needs [65]. To this end, attention is focused on the regional infrastructure within the social domain, such as community teams, meeting centres and regional networks [65]. A clear role is reserved for municipalities that can finance integrated projects through the Specific Programme Grants [SPUK], €2.8 billion and SPUK-Integral Care Agreement, adding up to €150 million per year [110].

In line with the measures mentioned above, we also identified developments around healthy lifestyles and prevention in the National Health Policy Memorandum 2020-2024 and 2025-2028 [*Landelijke nota gezondheidsbeleid* 2020-2024 and 2025-2028] [111,112]. TThe focus of these memoranda is on recognising the social and structural determinants of health and addressing them through a positive health lens [113]. Key priority areas include healthy living environments, reducing health inequalities, addressing mental health pressures among youth and young adults, and promoting healthy and vital ageing. For this latter objective, emphasis is placed on increasing awareness of and preparation for ageing, with the living environment playing a central role [109],aligned with the Integrated Prevention Strategy (IZA). [109]. These ambitions are consistent with the previously mentioned Healthy and Active Living Agreement and are illustrated by, for example, the fall prevention programme described below (see Box 2).

The overarching theme across these measures and memoranda is a shift from a focus on disease and care to one on health and well-being, while seeking collaboration across policy domains and paying greater attention to positive health, the living environment, and societal context [111]. This movement toward broader attention to healthy ageing across the life course is also widely identified among the stakeholders interviewed. Various organisations (including the Municipal Health Services [*Gemeentelijke Gezondheidsdienst, GGD*], the Council for Public Health and Society [*Raad voor Volksgezondheid en Samenleving, RVS*], and the national trade organisation Social Work the Netherlands [*Sociaal Werk Nederland*] indicate that healthy ageing is about more than just care. It also

Box 2. Chain approach to fall prevention

A concrete example of a programme to support healthy lifestyles specifically aimed at older adults in the policy measures and frameworks described above is fall prevention. Municipalities and health insurers are responsible for structuring an integrated approach to fall prevention. Transpiring from Integral Care Agreement and Healthy and Active Living Agreement, this is funded through Specific Programme grants [*SPUK*] at the community level through applications by municipalities. The chain approach assists municipalities in a stepwise approach [114]. This targets:

- Identifying older people and assessing their risk of falling;
- Providing information to and supporting informal caregivers in identifying and supporting older people with an increased risk of falling;
- Offering recognised fall-prevention physical activity interventions;
- Partially compensating older people who require home adaptations;
- Financing coordination to set up the integrated chain approach within the municipality;
- Involving at least health insurers and relevant (care) professionals.

Identification and assessment of risk of falling can be paid from the basic health insurance package if a care professional is involved and there is a heightened risk. Personal advice and some interventions are also reimbursed [114].

In 2024, 272 of the in total 342 municipalities (79.5%) offered fall prevention according to the chain approach. In 265 of these, a recognised intervention programme was offered. 76% of the participating municipalities used a risk assessment [115]. In 2024, at least 50,000 assessments were made. This is still below the target of 14% of all community-dwelling older people (approx. over 500,000) [115]. From the monitor, it becomes clear that older people with high risk of falling and underlying health conditions are assessed the least frequent [115]. Care professionals can play an important role in this assessment. Yet, outcomes of the monitoring showed that stakeholders indicated that it was challenging to determine who should assess this fall risk [115]. It remains unclear whether individuals participating in a fall prevention programme continue to exercise afterwards and follow-up remains an obstacle [115]. Collaboration agreements between stakeholders in different domains are often lacking, moreover agreements made are often hard to realise in practice [116].

involves themes such as meaning and purpose, autonomy, the living environment, social inclusion and housing [103]. As repeatedly emphasised in the interviews, this applies across the entire life course and requires sufficient attention to those groups where vulnerabilities or inequalities manifest themselves, such as those with a lower socioeconomic position and poorer health literacy. Younger generations need to be made more aware that the choices they make today also have implications for their lives later in life. The ongoing demographic changes, associated with the changing population composition have broad societal implications and affect the lives of all residents in the Netherlands, not solely those aged 65 years and older.

2.2 Policy goal B - Ensuring access to long-term care and support for carers and families

Over the past five years, the Netherlands has initiated a range of policy developments aimed at ensuring access to long-term care and support for carers and families. Following from the identified guiding questions, we give an overview of three aspects: 1) strategic planning for long-term care services (OP23, OP29); 2) employment, working conditions and skills and competence development of care and social workers (OP30); 3) Support for informal and family care (OP34).

2.2.1 Strategic planning for long-term care services

Within this subtheme, we give an overview of what measures are taken to prepare for the anticipated increase in demand for long-term care services (OP23) and to increase, in cooperation with local governments and stakeholders, the development and improvement of long-term care systems (OP29).

In 2015, long-term care services were drastically reformed within the Netherlands, as described in the previous MIPAA/RIS review and in the appraisals of 2017 and 2022 [117–119]. In brief, the Long-term care reform fundamentally reorganised care by decentralising social care to municipalities (Social Support Act [*Wet maatschappelijke ondersteuning, Wmo*]), shifting community nursing to health insurers and restricting institutional care to individuals with highest care needs (Long-Term Care Act [*Wet langdurige zorg, Wlz*]) [102]. This reform was initiated to support financial sustainability, further decentralisation, and deinstitutionalisation (also known as 'ageing in place'). To support this change, one of the programmes initiated in 2018 by the Alliance for care for older people [*Pact voor de ouderenzorg*], a broad national partnership, was the Programme Longer at home [*Programma langer thuis*] [89,120], which aimed to facilitate ageing in place and support the continued autonomy of older persons; the programme concluded in 2021. Among stakeholders interviewed, the reform was widely regarded having played a significant role in decentralisation of long-term care and care for older people, shifting responsibilities from the national government to municipal authorities. Municipalities were viewed as being more responsive to local needs and better positioned to accommodate citizen-led initiatives [120]. However, some stakeholders noted that the national government may, at times, needs to assume a stronger and more enabling role in supporting municipal authorities.

Studies investigating the effects of the reform on long-term care show that it has shifted care to home [121,122] and reduced nursing home admissions [122]. Although, hospitalisations among older people increased right after the reform, this has since stabilised, although average length of stay in hospital is still higher than before the reform [123] . Most studies find that it has reduced the growth of long-term care costs [123], but others suggest that costs are shifted to other care sectors and domains [122,124,125].

In 2022, a new programme was introduced: Living, Support and Care for older people [*Wonen, Ondersteuning en Zorg voor Ouderen, WOZO*] [21]. This programme focused on effecting a shift towards sustainable care for older people, guided by three principles: 'do it yourself if possible' [*zelf als het kan*]; 'at home if possible' [*thuis als het kan*]; and 'digital if possible' [*digitaal als het kan*] [21]. 'Do it yourself if possible' refers to the principle that older people will retain as much self-direction as possible over their life and care. 'At home if possible' emphasises organising care and support at home, including treatment and palliative care, to enable older people to remain in their own homes for longer. 'Digital if possible' focuses on the use of technological and digital innovations to enhance the accessibility and efficiency of care [21]. Comparative policy analyses show that a dual goal of cost reduction and improvements in quality of life is evident in these policy approaches [126]. The Living, Support and Care for older people programme ran until 2025 and was followed by the Framework Agreement on Care for older people [*Hoofdlijnenakkoord Ouderenzorg, HLO*] in July 2025 (runs until 2028 and beyond). In this agreement, more concrete action points are formulated to move forward from the earlier programme [50]. The Complementary Care and Welfare Agreement [*Aanvullend Zorg en Welzijn Akkoord, AZWA*] is intended to build on this agreement [65]. Both agreements are related to the Integral Care Agreement [*Integraal Zorgakkoord, IZA*], which focuses on appropriate care [110]. All three agreements, as already outlined in the first theme, show a shift away from a focus on disease and care towards health and wellbeing.

The National Center Public Health and Environment (*Rijksinstituut voor Volksgezondheid en Milieu, RIVM*) concluded in 2025, based on indicators used to monitor the Living, Support and Care for older people programme, that no clear societal shift was evident with regard to the principles 'self-direction if possible' and 'at home if possible' [49]. The percentage of older people living at home has remained stable over these years – more than 80% of people aged 80 and above. Despite little measurable statistical change to date, as discussed in greater detail below, experts and stakeholders do observe emerging developments in housing and living. For the third principle of the Living, Support and Care for older people programme, digital accessibility and innovation, a slight positive development is visible in the use of digital care. The use of digital self-help and care applications is also increasing, although a considerable proportion of older people do not make use of it [49]. Examples include applications for digital triage and consultation preparation within general practice. The development of these applications remains in its early stages, as was noted in interviews, and is not (yet) considered desirable in all situations; nevertheless, their use is increasingly shaped by prevailing financial incentives and structures [127]. Therefore, careful attention is required to ensure that these developments do not produce counterproductive effects. In particular, older persons of advanced age, those living alone and those with lower incomes report lower self-rated health, experience lower levels of social cohesion, demonstrate lower self-reliance and make less frequent use of digital support [49].

We highlight four developments that were central in the Living, Support and Care for older people programme [*WOZO*] and continue to play a role in the Framework Agreement on Care for older people [*HLO*] and the Complementary Care and Welfare Agreement [*AZWA*]: promoting suitable housing for older people, digital innovation, quality of care and appropriate care and cross-sectoral collaboration.

Development 1: Stimulating suitable housing for older people

Housing is an important theme that has gained considerable attention in recent years, both in terms of enabling people to live at home for longer, including those with care needs, and in relation to the growing population of over-65s and the housing shortages in the Netherlands. It is often argued that demand for suitable housing is increasing, while limited residential mobility and a lack of appropriate housing place additional pressure on the housing market (see for instance [128]). Research has shown that new housing models are needed for older adults, such as lifetime-proof homes, multigenerational housing, and clustered living arrangements [55,129–131].

This sub-theme is addressed in two broader government programmes. It features as action line four of the Housing, Support and Care for Older People programme [*Wonen, Ondersteuning en Zorg voor Ouderen, WOZO*] (led by the Ministry of Health, Welfare and Sport), now still operating under Framework Agreement on Care for older people [*Hoofdlijnenakkoord Ouderenzorg*]), and as the sixth programme of the National Housing and Building Agenda in the Housing and Care for Older People programme [*Wonen en Zorg voor Ouderen Programma*] [132]. The latter is a joint undertaking led by the Ministry of the Interior and Kingdom Relations in cooperation with the Ministry of Health, Welfare and Sport. The two programmes are complementary and work together to address the challenge of creating suitable homes for older people, as the number of over-65s in the Netherlands continues to grow. Many older people currently still live in a home that will not be suitable once they face declining mobility or an increasing need for care. In addition, half of all older people live too far from essential facilities such as a supermarket or public transport [132].
The Housing and Care for Older People programme has roughly three main objectives, for which three lines of action have been defined [132]:

1. Building at least 290,000 homes for older people (as part of the broader vision of building 900,000 homes by 2030). To achieve this objective, the focus is on accelerating housing construction. Of these homes, 170,000 should be step-free, single-level dwellings. In addition, 80,000 homes in clustered housing forms (such as courtyard housing, sheltered housing complexes and senior flats with communal meeting spaces) and 40,000 care-suitable homes are on the agenda. With these homes, the government hopes to compensate for the shortage of nursing home places and to ensure that older people can, in principle, continue living at home until the end of their lives, regardless of their care needs. In 2025, all 35 regions had a living deal. These deals establish the housing challenge per region [132].

2. Enabling older people to move on more effectively to suitable homes. This not only helps older people live in a more future-proof way, but also triggers a reaction across the entire housing market. Each move by an older person generates three subsequent moves elsewhere [132]. To achieve this objective, the Ministry of Health, Welfare and Sport and Ministry of the Interior and Kingdom Relations primarily focus on disseminating knowledge and providing tools to partners such as housing associations, mortgage providers, and interest groups enabling them to deliver high-quality information to older people. Examples include national information campaigns (in collaboration with advocacy organisations for older people [*KBO, ANBO-PCOB*] and the Dutch Homeowners Association [*Vereniging Eigen Huis, VEH*] and a financial action plan for the mortgage sector [132].

3. Creating a living environment that encourages physical activity and social interaction [133]. Besides suitable homes, it is also of critical importance that the living environment of older people enables them to age actively, healthily and comfortably. This encompasses sufficient benches in the neighbourhood, proximity to facilities, and meeting places, especially for those in more vulnerable circumstances [134–136]. For this line of action, close cooperation is undertaken with municipalities to integrate clustered living and the living environment into their housing and care vision and strategies [131]. In addition, concrete designs and examples of exemplar neighbourhoods are being developed together with the Chief Government Architect [*Hoofd regeringsarchitect*] and the Council for Public Health and Society [*Raad voor Volksgezondheid en Samenleving*] [103,132].

The interviews conducted for this review indicate that the need to develop housing for older people – while also taking the living environment into account to support active ageing and social participation– has increased significantly in recent years. Parties such as housing associations and investors seem to underscore the importance of this, which is seen as a positive development compared to five years ago. At the same time, this also presents a challenge: to keep the issue high on the agenda and fostering a shared sense of responsibility. Although a shift is noticeable, the actual number of homes built still falls short of the targets, due to a range of factors, including financing constraints and implementation complexity. Building clustered housing or places where the living environment – such as walking routes and wider gallery corridors along apartment buildings that encourage social interaction– requires more time and entails higher costs. Although the national government may play an incentive role, it is for housing associations and municipalities to determine whether this becomes a priority [137]. One of the action points in this regard is incorporating the housing and care vision into the new Act on Strengthening Control over Public Housing [*Wet Versterking Regie Volkshuisvesting*], which is planned for later in 2026 [137].

In addition, various incentive measures have been

established to support housing for older people:

1. Incentive measures for Meeting Places in Housing for older people [*Stimuleringsregeling Ontmoetingsruimten in Ouderenhuisvesting*] [138]. €26 million in 2022 and €28 million in 2023 for supporting meeting places where older individuals can come together, socialise, do activities and remain socially connected. In total, 99 housing associations, care institutions, private sector actors and citizens' initiatives have received funding to create 195 additional meeting spaces for older people. In total, this has created meeting places in 19,000 living places [139].

2. Incentive measure for Housing and Care [*Stimuleringsregeling Wonen en Zorg, SWZ*] (2019) [140]. This policy encourages the creation of new clustered housing options driven by residents-led initiatives and social entrepreneurs, predominantly for people aged 55 and over, €1.5 million in 2023 for feasibility research and €21 million for plan development. See box 3, 4 and 5 for examples of these kinds of living arrangements.

3. Incentive measure for care-suitable homes [Stimuleringsregeling zorggeschikte woningen] [141]. This measure is intended to create more homes suitable for older people who require intensive care (Long-Term Care Act indication). These homes meet the wishes of many older people to continue living at home longer and can address the shortage of nursing home places arising from the growing number of older adults. First round (2025): €125 million.

4. The last incentive measure focused on intergenerational housing (until 2025). This measure (part of action line four of the Living, Support and Care for older people programme) was intended for care organisations and housing associations to convert their residential facilities into places where young and old can live together with a maximum of €1 million per organisation. This social interaction and cohesion can contribute to older people remaining vital and living at home for longer [142].

Beyond the aforementioned support measures, research shows that the fostering suitable housing for older people may require additional considerations. Several studies show that instead of practical considerations, older people may be driven by other motivations to change their homes.

Box 3. Example of Knarrenhof® [145]

A Knarrenhof® is a courtyard development for people aged 45 and older, primarily designed to provide age-friendly co-housing for older adults. This creates informal communities that help each other out from time to time, but without the obligation to do so. It supports safe living with privacy while providing the benefits of living together. Instead of building first, the Knarrenhof® starts by creating a community of like-minded individuals who are committed to be nice neighbours for each other. This contributes to social cohesion, while maintaining small-scale and privacy. Development trajectories can take a long time – five to eight years – and currently available Knarrenhoven can have long waiting lists. Establishing a Knarrenhof® requires close collaboration with the municipality, a project developer or housing association, and other stakeholders and can therefore be a complex process. Initial research shows that explicit commitment and a careful intake process during development support the envisioned caring communities of this type of clustered housing [146].

Box 4. Example of Long life at home flats [*Lang leven thuis flats*] [143]

In a 'Long life at home' apartment building, older people live independently and comfortably for as long as possible. Buildings are senior-friendly through close collaboration between residents, a housing association, a welfare organisation and a care provider. Each building has a dedicated team of care, welfare and housing professionals who provide care and support. This is paid for through the Social Support Act [*Wmo*] (municipality) and Health Care Act [*Zvw*] (community nursing) or the Long-Term Care Act [*Wlz*]. Long life at home buildings are physically accessible, safe, with tailored care and community activities. Most of these are existing buildings that have been made senior-friendly. Each building has a 'longer at home' coach, who signals, connects and organises activities, and is currently funded through Specific Grants for Cross-Sectoral Collaboration [*Specifieke uitkering domein overstijgend samenwerking (SPUK-DOS)*] and from 2026, partly by health insurance. Currently, 21 of these buildings, comprising more than 3,300 homes, have been developed in Amsterdam and 30 of these buildings should be available by 2030.
A recent report evaluating these flats show that caring communities do not emerge spontaneously. Professional support, low-threshold contact between residents, attention to social diversity, and collaboration between housing associations and care and welfare organisations are important prerequisites [144].

Box 5. Example of Precautionary circles [*Voorzorgcirkels*] [147]

Small-scale networks of 10–15 neighbours, often including older people, who help one another with small chores, care for one another, and keep one another company. Members live in the same street or neighbourhood. They agree to and are committed to looking out for each other; although participation is voluntary, their commitment is expected to be genuine. Precautionary circles are seen as contributing to more caring communities based on the principle that each individual can meaningfully contribute and participate. Precautionary circles were initially started by Henk Geene, but are now for instance being rolled out by health insurer VGZ through a subsidy of €300,000 that aims to have 300 precautionary circles by 2025 [147,148]. At the time of writing, as far as we know, information regarding the actual achievement of this objective is not available.

For instance, Druta et al. [149] found that changes aimed at improving housing suitability are often guided by value frames around the good life, such as relationality, proximity to family, hobbies and comfort, while Ossokina et al. [150] demonstrate that people tend to prefer remaining in a similar living environment.

Moreover, at the regional and municipal level, the availability of land and market interests may compete with and increase the complexity of building suitable housing and the effectiveness of policies in this regard [128,151].

Development 2: Stimulating digital innovations

In the past five years, care organisations and other relevant entities have been able to apply for subsidies through various schemes to stimulate digital innovation [21]. For example, Stimulation measurement E-health at home [*Stimuleringsregeling E-Health Thuis, SET*] (152 applications to develop a vision, 154 additional requests for application in total, expected to be completed in 2026) [152]; implementation and/or coaching for scaling up innovations to enable people to live at home for longer (100 vouchers in 2023); upscaling e-health technologies within care organisations (€12.5 mln in 2022); and through the Stimulus Programme for Technology-Supported Care [*Stimuleringsregeling Technologie in Ondersteuning en Zorg, STOZ*] (€54 mln in 2024 and 2025; €27 mln still available in 2024) [21,153].

The interviews reveal that, although there remains substantial untapped potential in the field of digital innovation, a gradual shift is underway in which an increasing number of older people, care staff and significant others are experiencing digital support as useful – accelerated by the COVID-19 pandemic. Technology is increasingly being embraced, although adoption among healthcare professionals, spread and sustainability is still challenging [154,155]. Examples include smart sensors and watches for nursing home residents that enable both the older adults and their care providers to work more effectively within the framework of the Care and Coercion Act. Among older adults, despite high and increasing rates of use, persistent inequalities remain that may further exacerbate existing disparities [156,157].

Development 3: Stimulating quality of care and organising appropriate care

Third, for stimulating quality of care and organising appropriate care long term care a shift is made from focusing on care to quality of life of older people [158]. Within Living, Support and Care for older people, the programme Dignity and Pride on Location [*Waardigheid en Trots op locatie*] was organised to stimulate this movement. In this programme, 516 out of over 2300 nursing home locations are supported to increase quality of care and skills of care professionals [159]. This programme is followed by the Dignity and Pride for the future programme [*Waardigheid en Trots voor de toekomst*], part of the Framework Agreement on Care for older people [*HLO*], in which five themes are formulated: collaborating with informal care; long-term home care; labour market: working differently together; working on quality; technology and digital care [160]. Within these themes, best practices are collected, meetings are supported and learning together is facilitated, and organisations are supported in a group-setting via Learning-Do-Share-tracks [*LeerDoeDeel-trajecten*], online care communities [*zorg communities*] or more intensively, through tailored support [*maatwerkondersteuning*] [161]. At the end of 2025, 169 healthcare organisations (around 14% of the total) will take part in these trajectories [162].

With the introduction of several Dutch policies outlined above, appropriate care has become a guiding principle. The conceptual foundation for this is outlined in the Framework appropriate care [*kader passende zorg*] [163]. Appropriate care is seen as care that is both effective and cost-efficient. It focuses on health and functioning and shared decision-making, and is delivered close to the patient. The framework provides four principles comprised of twelve concrete starting points [163].

Currently, many government bodies support the move towards appropriate care, for instance through assessing which treatments are included in the basic health insurance, by setting conditions for whom and by whom care is delivered, incentivising appropriate care through contracting and purchasing, and by analysing, collecting good practices and sustainability trajectories [164]. The framework also funds scientific research into appropriate care [165]. As part of the Integrated Care Agreement, 400 agreements have been made to work towards appropriate care. A monitor has been developed to track progress towards appropriate care [166]. The only available monitor at this time, covering 2022 to 2023 (the first year of the agreement), showed no difference in outcomes as yet [166]. In various studies, it becomes evident how policies can guide healthcare practices and can support ageing in place and appropriate care [167–169]. The optimisation of healthcare costs inherent in these processes however also require careful consideration, and perhaps societal discussion, of the trade-offs between inclusivity, care sufficiency, cost-saving and standardisation [57,170,171]. In view of the diversity in preferences, for instance, a future increase in demand for home care and personal care budgets [persoonsgebonden budget, *PGB*] among older people with a non-Dutch background can be expected [172].

Development 4: Stimulating cross-sector collaboration

Fourth, cross-sector collaboration is needed to support healthy and independent living in later life. The healthcare and social domains (for example, municipalities, care providers, and social workers) must collaborate effectively to enable living well in the community. In support of this, care providers, municipalities, and insurers establish agreements on the regional level. These agreements cover topics such as opportunities for a good start in life [*Kansrijk opgroeien*], healthy lifestyle, and vital ageing and concern for instance, places where people can easily find help, and close cooperation between general practitioners and neighbourhood teams. To support cross-sector collaboration, several subsidies were available and the programme Regional strength in care [*Regiokracht in Zorg*, 2023-2026] is organised. A subsidy for cross-sectoral collaboration was introduced in 2025 [*SPUK-DOS*] (€27 million). This programme allowed local municipalities to apply for subsidies to support integrated, cross-sector, cooperation between municipalities, care offices, health insurers and care and welfare organisations in their communities to support, reduce and prevent long term care needs. Together with partners, municipalities could apply with a plan, which was then assessed and granted (until 31 December 2025). In 2023, twenty municipalities requested this subsidy; in 2024, this had grown to 38 networks [173].

The programme Regional strength in care [*Regiokracht*] in care follows the earlier Dignity and Pride in the Region [*Waardigheid en Trots in de Regio*] programme and is working to accelerate the transition needed to keep support and care accessible for older people, among others [174,175]. The programme does this by providing support to regional partnerships and disseminating the knowledge gained, it is part of the Living, Support and Care for older people programme [*Wonen, Ondersteuning en Zorg voor Ouderen, WOZO*] and aligned with the Framework Agreement on Care for older people [*Hoofdlijnenakkoord Ouderenzorg*]. Long term care knowledge centre Vilans coordinates the programme that aims to support care purchasers, healthcare executives and regional programme managers to develop strong and sustainable collaboration on four themes: 1) cross-sector collaboration, 2) technology and innovation, 3) housing and care, and 4) modern employment practices [174–176].

On 1 January 2026, the Act on cross-sector collaboration came into force [177]. This Act promotes collaboration between the Social Support Act [*Wmo*], the Health Insurance Act [*Zvw*] and the Long-Term Care Act [*Wlz*] [177]. It aims to

strengthen care at home and prevent the use of more costly long-term care. Temporary funding schemes, such as Specific Funding Scheme for Cross-Sectoral Collaboration [*SPUK-DOS*] have since then been discontinued. The law enables investment in welfare and prevention through long-term care purchasing offices [*zorgkantoren*] and aligns with the strategic direction of the Living, Support and Care for older people programme [*WOZO*] and the Framework Agreement on Care for older people [*AZWA*].

A positive development that has emerged from the Specific Funding Scheme for Cross-Sectoral Collaboration [*SPUK-DOS*] funding, as indicated in the interviews, is the growing social and interdisciplinary perspective on ageing. As described in theme 1, there is increasing societal attention, and certainly also within the care domain, for what people still want and are able to do. There is a growing awareness among staff as well as among significant others that life is about more than just care. This endorses a shift toward self-direction and the personal goals of the older adult. The overall aim of policies is to postpone entry into the Long-Term Care Act [*Zvw*] for as long as possible and to place quality of life at the top of priorities. Stakeholders also note that it is a slow process, systems are still geared toward care recipients, and bringing together various partners proves difficult and time-consuming. It takes considerable time to develop a shared language. Nevertheless, various promising, mostly local initiatives have emerged, such as reablement (see Box 1) and social arranging [*Sociaal arrangeren*]; in which one professional becomes the point of contact for an older adult and acts as a key figure between all other care and wellbeing professionals surrounding that person [178]. In this way, the older adult can continue to live independently at home. Several scientific studies, that research these kinds of initiatives for care and prevention at home, such as reablement [179] and acute care at home [180], describe how stakeholders do find that integrated payment such as through bundled or population-based payment could support systemic and sustainable cross-sector and integrated initiatives. In addition, several studies show through various intervention studies, that intersectoral collaboration requires government and policy support [179–182] and clarity on collaborative scope [183].

2.2.2 Employment, working conditions, skills and competence development of care/social workers

In this sub-theme we describe what steps have been taken to improve the terms of employment and working conditions of health and social workers, including staffing, occupational health and safety, and access to education and training (OP30). We also describe what measures are being taken to develop the skills, competences and continuing professional development of health and social workers in geriatric, gerontological and digital skills to meet evolving needs for quality and innovation in care (OP33).

Within several policies, a focus is placed on reducing labour market shortages (e.g. staffing) and increasing collaboration between the health and social care sectors [50,64]. We describe a programme aimed at reducing administrative burden and a programme focused on enhancing professional autonomy [*zeggenschap*] for care professionals. More in general, we outline what topics are addressed in the promotion of lifelong learning.

Reducing administrative burden

Since 2018, efforts in the Netherlands have been focused on reducing the administrative burden across the entire healthcare sector, with the aim of maintaining job satisfaction and increasing time available for care tasks. In 2018, the [De]regulate Healthcare 2018-2021 [[*Ont]regel de zorg* 2018-2021] programme was established by the Ministry of Health, Welfare and Sport. This was evaluated and continued in the [De]regulate Healthcare 2022-2025 [[*Ont]regel de zorg* 2022-2025] [184,185]. Around half of the care professionals are familiar with this programme [186].

This follow-up programme has the same ambition (and intends to go a step further), translated into four action lines: 1) policy aligning with practice, which means that new policy should not lead to more administrative burden; 2) national actions to improve administration; 3) a national information desk; and 4) local initiatives to improve administration burden (e.g. e-learning, subsidies, learn network for local 'disruptors' [*ontregelaars*] and for managers) [187]. The programme is regularly monitored and updated on progress (e.g. [188,189]) In 2023, Movisie – a Dutch institute specialising in social issues – noted that administrative burden is underexposed in the social sector [190]. In 2025, six organisations have worked together with Regioplus – a national association of 12 employment organisations – to organise six '[De]regulate Healthcare' [[*Ont]regel de zorg*] networks in which 104 organisations take part. An evaluation report indicated that progress is slow and requires active support; organising commitment continues to be a challenge and that growth depends on active engagement and support from management [191].

In 2023, the Ministry of Health, Welfare and Sport intensified the programme through several actions: greater focus on administrative burden in legislation and regulations; establishing a steering group under the Integral Care Agreement programme [*IZA*], with two independent envoys appointed for greater impact; and an annual focus on a specific care sector [192].

This programme has been continued and described in the Complementary Care and Welfare Agreement *[Aanvullend Zorg en Welzijn Akkoord, AZWA*] [65]. In this agreement, the goals for reducing administrative burden in healthcare have been further refined. This agreement sets a target of a 20% reduction in regulatory burden by the end of 2030 and states that healthcare providers may spend a maximum of 20% of their total working time on administration [65]. The Steering Group for Tackling Administrative Burden [*Regiegroep Aanpak Regeldruk*] manages this; in collaboration with various parties, they maintain control over administrative burden in the different branches within the healthcare sector [193]. Also, the national centre of expertise for long-term care in the Netherlands, Vilans, places tools and best practices on their website and organises training labs for deregulating [194]. Research of the Nivel research institute shows that only one third of care professionals are familiar with this goal and only a small group considers it realistic (2%); more information about the programme, along with support and training, is needed [195]. In 2025, the Ministry of Health, Welfare and Sport outsourced a study to conduct a field research among healthcare professionals with the aim of mapping out what they consider to be meaningful and meaningless administration [196].

Programme to increase professional autonomy in care

In addition, a National Action Plan for Professional Autonomy and Resilience [*Landelijk Actieplan Zeggenschap*] was established [197]. The programme aims to strengthen the professional autonomy and influence of healthcare professionals and to give them a stronger voice in decision-making. It aims to improve quality of care, job satisfaction and staff retention. The action plan provides funding, tools, knowledge and training and promotes shared governance to start a national movement. In 2022, €2.5 million was made available for the implementation of activities organised by the Plan to promote employee participation in healthcare and welfare. Part of this budget was used for training employees on exercising influence. Examples included in this programme are the e-learnings Boss over your own work [*Baas over eigen werk*] and Participation: a strong professional identity as a foundation [*Zeggenschap: een sterke professionele identiteit als basis*], a monitor and several tools (e.g. conversational cards). Alongside this, €50,000 was provided to each of 136 organisations through the Resilience and Professional Autonomy Subsidy Scheme, enabling them to initiate

employee participation at the organisational level [198,199]. In 2024, 130 organisations engaged in this plan. The midterm evaluation (mid 2023) showed that there is growing awareness, attention for and knowledge about professional autonomy. Most of the measures are implemented at the organisation level and require a longer term to show effect. Education and development is seen as an important way to develop professional autonomy and supervisors play an essential role in this, facilitating and supporting professional autonomy [197,200]. Several studies show that macro-level incentives may be strengthened by bottom-up organisation of role-distinctions, for instance among nurses [201–203].

Promoting lifelong learning

To retain care and welfare professionals within the sector and to increase the inflow of new professionals, policy is focused on initial, follow-up and strategic training for increasing the craftsmanship, and offering attractive career prospects [65]. Also, improving digital skills is part of this strategy.

The third programme line within the programme Future-proof Labor Market in Healthcare & Welfare [*Programma Toekomstbestendige Arbeidsmarkt Zorg & Welzijn, TAZ*] from 2022-2025 was called: Space for learning and development. Covering training for shortage areas in specific sectors and under-resourced regions; adequate guidance in a safe and inspiring work and learning environment; and the right conditions for lifelong learning [204]. For this, subsidies were available via *SectorplanPlus*; €136 million were available for 2024-2025. With the conclusion of Future-proof Labor Market in Healthcare & Welfare per 1 January 2026, these subsidies also ended [205]. The Complementary Care and Welfare Agreement (2025, [AZWA]) builds on the previous programme by focusing on initial, follow-up and strategic training for increasing craftsmanship and offering attractive career prospects. Within this programme, a subsidy programme on strategic education in care and welfare has been launched end 2025. A pilot version of a personal career trajectory platform has been launched March 2026. A monitor and evaluation platform is being developed and will be launched mid 2026 [65].

In addition to these developments, a focus is placed on community nursing, digital skills, and collaboration between domains. First, with the move from care in nursing homes to care at home, the role of the community nurses has become more important. In line with this, attention was paid to training and education in community nursing. From 2023 till 2026 €150 million were available for developing a regional training programme that shapes and substantiates education and training in community nursing in an innovative, future-proof, and efficient manner [198,204]. Second, in line with advances in innovation and technology, greater emphasis has been placed on developing the digital skills of care professionals. Third, training for collaboration between formal care and social domain and between formal care and informal care is further developed (see next theme).

2.2.3 Support for informal and family care

Within this subtheme, we provide insight into what measures are taken to support informal and family carers balance paid work, care and private life and more equally share care work between women and men. Following the Informal Care Agenda 2023-2026 [*Mantelzorgagenda* 2023-2026] informal care is defined in this review as:

> *"Informal care concerns all care that is not provided within a professional framework and for which no remuneration is paid. This involves family caregivers, an active social network, citizen initiatives, and volunteers. The constant challenge is how these informal care providers can collaborate effectively with each other and with formal care services. This ensures that the client receives the care, and that informal care providers do not become overburdened." (p.5 [19]).*

Someone who provides informal care is often called an informal or family carer [*mantelzorger*]. The following definition of this kind of carer is used by the Informal Care Agenda 2023-2026 [*Mantelzorgagenda* 2023-2026] [206,207], following the Netherlands Institute for Social Research:

> *"We define informal care as all assistance provided to a person in need by someone from their immediate circle. This therefore concerns intensive and less intensive, short-term and long-term assistance to housemates and to relatives, neighbours, or friends living elsewhere, to people living independently, and to residents of care institutions." (p.5 [19]).*

Informal and family care is described in several (broader) policy documents, such as Framework agreement care for older people, Healthy and Active Living Agreement [*GALA*] [64], and Complementary Care and Welfare Agreement [*AZWA*] [65]; often in relation to formal care and the focus on the network around and the social infrastructure supporting older people. In the Informal Care Agenda 2023-2026 [*Mantelzorgagenda* 2023-2026] specific action lines are formulated around informal and family care, building on the previous initiative Together strong for informal care [*Samen sterk voor mantelzorg*] in 2020 [19].
In the Generic Compass [*Generiek Kompas 2024*] on the quality of long-term care for older people, the informal carer is also recognised as an important actor in the care relationship between client, care professional, and informal carer [158]. As the tension between the demand for and supply of caregivers continues to grow [57]. Overall, three themes are central in these policy documents: recognition of (working) informal caregivers, collaboration between formal and informal care; organising respite care.

First, recognition of (working) informal carers. The goal is to increase awareness and provide more information on combining work and informal caregiving, as well as on the role of employers [19]. Several activities were organised: a study was conducted by the Social and Economic Council of the Netherlands [*Sociaal Economische Raad, SER*] to advise on the role of informal care in relation to work [21,208]. This research was published in February 2026 and is used to formulate further actions [207]. A support programme was also developed for employers and managers on the combination of work and informal caregiving. Supporting webinars were organised, with 200-500 attendees. The signatories of the informal care agenda are working towards the designation of 'informal care-friendly employer' [50]. Additionally, a campaign called 'Informal care is here' [*Mantelzorg is hier*] was organised to improve awareness [209], followed by a new campaign: 'Seeing that they are there for someone' ['*ZIEN dat zij er voor iemand ZIJN*'] (see Box 6). Furthermore, The Participation Act in Balance [*Participatiewet in Balans*] will enter into force in January 2026. The law provides more scope for informal care [206].
Studies however also show that informal caregiving in the Netherlands is primarily demand-driven – when there is a need people provide care [211,202], provided they are able to do so [203]. Thus, an increase or decrease in leisure time does not result in increasing time providing care, but does for instance impact time spent on volunteer work. Post-retirement work does not only impact volunteer work, it also plays a role in the experience of caregiving burden [211], which increases with post-retirement work. Importantly, women still provide more care than men [212,213]. Women also

Box 6. A campaign about informal care [200]

The campaign '*ZIEN dat zij er voor iemand ZIJN*' (February 2026) initiated by the Ministry of Health, Welfare and Sport in collaboration with MantelzorgNL – an interest group of informal caregivers – aims to acknowledge and increase awareness on the important contribution of informal caregivers. The general public is also asked to show (small gestures) of support to informal caregivers. The campaign comprises six stories of informal caregivers in different situations and with different backgrounds. The campaign consists of videos, social media and campaign materials [210].

care longer term, more hours, and more frequently provide personal and emotional care [212,214,215].

Second, collaboration between formal and informal care concerns a commitment to a shift from 'caring for' [*zorgen voor*] to 'ensuring together that' [*samen zorgen dat*], in which collaboration between formal and informal care is emphasised [19]. Several activities are performed to strengthen this collaboration. One of these activities is developing training for informal and formal caregivers. The interest group for informal caregivers, MantelzorgNL, and the trade organisation for care providers, ActiZ, will collaborate with the National Care Class (Nationale Zorgklas) to develop these types of training programmes [19]. Qualitative research shows that informal caregivers play a central coordinating and managing role in this collaboration [216]. In an effort to reduce administrative burden and complexity for both formal and informal caregivers, one of the targets in the Complementary Care and Welfare Agreement [*AZWA*] is to simplify processes [217].

Third, organising respite care is central to the Healthy and Active Living Agreement [*GALA*], as part of the social base, and to the Informal Care Agenda 2023–2026 [*Mantelzorgagenda*]. The aim is to make respite care more accessible by offering 'lighter' forms of support within neighbourhoods and strengthening links with volunteer services, as these approaches have been shown to reduce caregiver burden and help prevent the need for more costly care [19,218]. Regional pilots are also being developed to organise respite care for more complex needs [19]. Furthermore, a Respite Care Knowledge Network brings together municipalities, providers and field professionals to pool existing knowledge, composite approaches and good examples [19]. Municipalities will support the informal carers in carrying out care tasks using the additional funds from the specific grant [*SPUK*] [64,105]. Additional attention is given to greater alignment of informal care support and respite care across municipalities [50,219,220]. Respite care can be requested at the municipal level. Yet, in practice, it is still financed through several different legislative acts and varies by municipality. As a result, there have been recent calls from politicians for a more nationally coordinated approach to ensure equal access across municipalities [221].

All in all, policies strongly emphasise the need and potential of informal caregiving. Yet the known burden on this group of people [214,216], also makes the respondents interviewed for this review cautious about this policy direction. They highlight that we need to be careful with what we ask of informal carers. The potential overburdening of informal carers has been a topic of discussion since the 1990s. However, informal carers are now being asked to take on an increasing number of responsibilities. Studies also show that these concerns are not unjustified. Among working carers, informal caregiving reduces time spent at work, and these productivity losses are estimated to result in a 2–3% loss in Gross Domestic Product [222].

2.3 Policy goal C - Mainstreaming ageing to advance a society for all ages

This last theme addresses the question: What steps have you taken to develop or strengthen a national strategic framework for mainstreaming individual and population ageing? Mainstreaming individual and population ageing means that the changing population composition and growing number of older adults is not just a matter for policy on ageing or one specific domain, but is integrated into all policy areas at all levels. In other words, policy that takes ageing into account across all areas [223].

The Netherlands does not yet have a roadmap or national strategic framework for mainstreaming ageing across all policy areas and policy levels. Mainstreaming ageing is not yet high on the agenda; however, other themes have been approached in a similar way and may enhance prospects for mainstreaming ageing. As an example, interviewees mentioned the Health in all Policies [*Gezondheid in alle beleidsterreinen, GIAB*]. This acknowledges that health is not just determined by care, but also by other factors such as the social and physical environment, education, and socio-economic circumstances. The aim of Health in all Policies is to improve health for all, particularly for people in more vulnerable positions, and to reduce health inequities. The approach involves government, municipalities, employers, social organisations and citizens, focusing on four key themes: 1) income security and work; 2) a healthy generation; 3) a healthy physical environment; and 4) from care to health [224]. Based on the Public Health Forecast Study, Broeder et al. [57] suggest that a whole-of-society approach requires first that people and communities are put at the heart of all policies and second that companies and civil organisations are included in action.

However, various sectoral programmes do exist that address ageing, including those described above. These most often concern care-related programmes such as the Framework agreement care for older people and Strengthening primary care, and legal structures such as the Social Support Act [*Wmo*], the Health Insurance Act [*Zvw*] and the Long-Term Care Act [*Wlz*].

In the Netherlands, we identified programmes that tke a broader view of ageing, with the Living and care for older people programme [*WOZO*] being the most prominent example, bringing together a wide range of parties for the future sustainability of care for older adults in the Netherlands. Within the programme, collaboration was sought with various stakeholders, among others, with, the Senior Coalition [*Seniorencoalitie*], trade and/or advocacy associations for social work [*Sociaal Werk Nederland*], for nurses and caregivers in the Netherlands [*beroepsvereniging voor verpleegkundigen en verzorgenden in Nederland, V&VN*], for care providers ActiZ, for Dutch healthcare insurers [*Zorgverzekeraars Nederland, ZN*], for General Practitioners [*Landelijke Huisartsen Vereniging, LHV*] and for Specialists in Geriatric Medicine [*Vereniging van specialisten in ouderengeneeskunde, Verenso*], to work out various issues concerning older adults, (in)formal care, technology, and financing together with the Ministry of Health, Welfare and Sport [21]. Characteristic of this programme is its focus on both care and housing. By bridging these two themes and seeking collaboration between the Ministry of Health, Welfare and Sport and the Ministry of the Interior and Kingdom Relations – a connection to be further extended through the Housing and Care for Older Adults programme [*Wonen en Zorg voor Ouderen Programma*] – a step was taken towards a more integrated approach to ageing [132]. However, this does not yet constitute a whole-of-government strategy, but still rather a sectoral policy.

The Complementary Care and Welfare Agreement [*AZWA*] also represents a cautious step towards a more integrated approach to ageing, combining care and welfare. Within this agreement, ageing is incorporated as one of the life domains, marking a shift from a purely medical perspective towards a more integrated approach that includes the social domain. With this movement, the Complementary Care and Welfare Agreement takes a historic step that fits within the broader transformation from care to welfare [64]. This positions ageing as a broader societal issue that needs to addressed by multiple stakeholders – including actors in care and welfare. If we examine the underlying rationale, however, the focus remains on care and thus on sectoral policymaking [225].

With regard to other developments that relate to ageing policies, such as age-friendly cities, an age-friendly labour market, or ageism, we primarily observe local initiatives taking steps towards mainstreaming ageing; however, these are not structurally embedded in national policy. An example of how ageing is approached in an integrated way at the local level is given in Box 7.

Integrated collaboration

The latest Healthy and Active Living Agreement [*GALA*] monitor showed that regional cooperation, with a clearer cross-domain approach, has improved [227]. Themes such as health, lifestyle and loneliness are increasingly being addressed from multiple perspectives. This is also reflected in the preceding chapters. Regarding policies on older people, a more integrated and cross-sectoral approach is needed, as was also confirmed in the interviews with stakeholders. Interviews indicate that, as discussed in more detail in Part III, a sectoral approach to ageing in national policies does not always align well with practice. Various stakeholders indicated that ageing affects the entire population and various domains and stakeholders – from access to healthcare and suitable housing to pensions and intergenerational solidarity. Cautious steps are being taken in this area as well, such as in the Complementary Care and Welfare Agreement [AZWA], which attempts to bridge care, social care and housing sectors, but practice often remains resistant, partly because the various domains speak different languages and the system is still in its foundation designed to address sectoral issues. The government could play a role in this, as is also described in the latest Healthy and Active Living Agreement monitor, for example through a clear coordinating role and structural funding. At the same time, various advisory reports (such as the Ripple Effect [96]) suggest that an excessive focus on integrated policy can be counterproductive. Involving too many actors can slow down policy development, thereby impeding progress in practice and limiting positive outcomes for citizens.

Box 7. Age-Friendly Societies

The Netherlands currently has six officially registered World Health Organisation (WHO) age-friendly cities, an example is The Hague. In 2025, they introduced the Action Programme Senior Friendly The Hague 2025-2030 [*Actielijn Seniorvriendelijk Den Haag*]. With this programme, the city aims for seniors to live independently and participate fully. The programme focuses on prevention, social participation, housing, care, and mobility. In doing so, the city not only adopts an integrated approach but also looks at the approach of older adults across various policy areas. The goal is improving accessibility and inclusion of society for older residents. Among other things, measures include strengthening collaboration and local support services. Continuous monitoring and co-creation with older residents are central to the programme. Special attention is given to older adults with a migrant background, older adults with low literacy levels, and older adults in a disadvantaged socioeconomic position [52,226].

3. Key findings

The fifth review of the implementation of the Madrid International Plan of Action on Ageing and its UNECE Regional Implementation Strategy in the Netherlands shows that driven by policy-frameworks and in conjunction with societal developments, there have been significant shifts in the approach of ageing and its embedding in policy programmes. We outline five key achievements and five key challenges.

3.1 Key achievements and challenges

The first key achievement is how Dutch policies on promoting active and healthy ageing have initiated a shift away from disease and care towards health and wellbeing. Such an approach moves away from focusing on limitations and towards maintaining health and living well in line with a person's capabilities and possibilities, while also providing a more sustainable approach. Policy programmes and agreements supporting prevention, reablement and healthy ageing across the life course, amongst others, are evidence of this. Stakeholders interviewed for this review, as well as those who participated in the consultation of the findings, identified and endorsed this shift. The larger policy frameworks in particular, such as the Framework Agreement on Care for Older People (*HLO*) and the Complementary Care and Welfare Agreement (*AZWA*), as well as the earlier Living, Support and Care for Older People (*WOZO*) and Integrated Care Agreement (*IZA*) (see Figure 8) have been supportive of such a shift.

This gave rise to a second achievement, related to increasing health and wellbeing in later life. We found that various policy measures have stimulated independent living amongst older people in the community, alongside various policy efforts to strengthen community-based initiatives and informal and formal care in the community. Stakeholders interviewed recognise and support this shift as desirable, yet one that comes with challenges as outlined below. These programmes serve a dual purpose of enabling older people to live and participate in the community in later life, whilst also – in the long run – reducing healthcare costs and demands, particularly in long-term care.

An aligned, third, achievement is visible in (long-term) care, where increasing emphasis is placed on quality of life and appropriate care in efforts to ensure access to long-term care and support for carers and families. Encompassing cross-sector agreements (such as in *Regiokracht in de Zorg* and various chain approaches) [174,175] and transformation plans [*Integraal Zorgakkoord, (IZA*) and *Hoofdlijnenakkoord Ouderenzorg, (HLO)*] [50,110], have endorsed a shift towards self-direction, personal goals and tailored care. This movement was also confirmed by various stakeholders in the interviews and consultation, although implementation in care organisation and practice can still be difficult. Examples of supportive programmes are the National Dementia Strategy [*Nationale Dementiestrategie*] [59,60] and Future-Proof Labour Market Care and Welfare (*Toekomstbestendige Arbeidsmarkt Zorg en Welzijn, TAZ*) [198]. Since the previous review, we have identified a stabilisation in increasing costs for long-term care. In addition, we have observed an increasing emphasis on informal caregiving and community-based care, shifting ageing from a care-problem to a societal question in line with the achievements above.

An accompanying, fourth achievement are the first steps towards a more integrated approach to ageing. This is illustrated by programmes in which several policy areas work closely together, for instance in The Housing and Care for Older People programme (Ministry of Health, Welfare and Sport together with the Ministry of the Interior and Kingdom Relations).

Finally, a fifth, cross-cutting achievement is the increasing stakeholder involvement across policy programmes, measures and monitoring. As outlined in this review, these have involved key stakeholders such as interest and advocacy organisations for older people, trade organisations, health insurers, the Association of Netherlands Municipalities [*Vereniging van Nederlandse Gemeenten (VNG)*] and societal partners, such as the Dutch Alzheimer Association, Beter Oud, MantelzorgNL and many more. In the interviews, these stakeholders recognise their increasing involvement and are appreciative of this development.

These achievements do not take away from the fact that, similar to other countries, the Netherlands faces several areas of concern. On top of this, not all achievements have reached their full potential. An important limitation is that many policy programmes and measures are limited in time and supported by stimulation and incentive programmes with shorter term budgets – most of these ranging between 1 to 4 years and thus lack structural embedding.

In terms of Promoting active and healthy living across the life course, the first policy goal, although the shift towards health and wellbeing is recognised, it remains at a relatively early stage and calls for further development. A key challenge is addressing ageing as a cross-cutting societal issue. This is illustrated by various points for attention that transpired from this review. First, a notable tension is that, in many of the described policies in this review, older people are positioned as a sub-target group or are only explicitly addressed when identified as an area of concern. On the one hand, such an approach supports a life-course perspective on ageing and frames later life as a broader societal issue, thereby avoiding setting them apart as a distinct group. On the other hand, this also means that older people are rarely the explicit focus of policy, with their specific needs and concerns often remaining implicit. Second, cultural life appears to be relatively underrepresented within current policy approaches. Third, although older adults increasingly participate, are represented and involved in policy, the effective structural integration of their voices into policy implementation remains more limited, especially in sectors beyond care and welfare, as highlighted in interviews.

For achieving the second policy goal of this review, Ensuring access to long-term care and support for carers and families, particularly pressing are labour shortages in care and welfare and in conjunction with this, increasing demands on informal caregivers. Although initial steps have been made to respond to these challenges and various measures are in place, interviewed stakeholders consider the challenges ahead large and not yet sufficiently addressed. A key issue highlighted by stakeholders is that suitable housing and community-based living have yet to materialise substantially, representing a major bottleneck.

With regard to the third policy goal of this review, Mainstreaming ageing to advance a society for older ages, we have identified that a sustainable and integrated approach has not yet fully developed. The involvement of several ministries and cross-sector collaboration is still challenging. Interviewed stakeholders recognise this as one of the greatest challenges. An integrated approach in healthcare, for instance, is hampered by the, in its foundation, sectoral design of the healthcare system, where, despite efforts, fundings streams and service provision remain fragmented across domains. Moreover, in contrast to the shifts described above, older people and ageing are still strongly linked to care. Both during the interviews and consultation, this persistent linkage was considered associated with (implicit) ageism, whereby the capabilities, contributions and potential of older people are insufficiently acknowledged and utilised, therewith jeopardising a life course approach and societal integration of later life.

Finally, a challenge cross-cutting the policy goals is a concern about widening inequalities that may be exacerbated and insufficiently addressed. This challenge is present in informal caregiving, which is disproportionally impacting women. It is also relevant for areas such as prevention, housing, digitalisation, and appropriate care, where individuals in more vulnerable circumstances may be at risk of greater disadvantage.

3.2 Regional and international cooperation and ageing

The Netherlands tackles these challenges, besides in bilateral engagements, in various regional and international cooperations. Internationally, besides those outlined in the previous chapters, the Netherlands participates in the WHO European strategy on ageing 'Ageing is living' (2026-2030) [228], which is closely in line with Dutch policy developments. The Netherlands also actively participates in the OECD, in international research networks, analyses and networks. An example is the OECD report on The Economic Benefit of Promoting Healthy Ageing and Community Care [229]. At EU level, the Netherlands cooperates with relevant Directorates, the Council and the Parliament and inter-group on Ageing and several relevant councils, such as Employment, Social Policy, Health and Consumer Council, working groups, committees and Joint Actions such as EU4Health. Additionally, on the regional and municipal level, the Netherlands is involved in various Interreg and EU cooperations, such as ACTAge and LONGEVITY, Eurocities and international networks, for instance the WHO Global Network of Age Friendly Cities and Communities (GNAFCC). Finally, bilateral innovation missions on topics related to ageing have been organised with support of the Netherlands Enterprise Agency (RVO)

3.3 Related policy agendas

The Dutch policy developments over the past five years align with the four priority areas of the United Nations Decade of Healthy Ageing that aims to improve the lives of older people, their families and their communities. The ongoing transition towards the community visible in the Netherlands is in accordance with fostering age-friendly communities. The initiation of two public campaigns, the Value of ageing and Talk today about tomorrow campaigns, is in line with the first theme of the UN Decade of Healthy Ageing, combatting ageism. The shift towards appropriate and tailored care as well as the stronger focus on health and wellbeing are in accordance with two of the priority areas of the UN Decade's collaboration, namely integrated person-centred primary care and sustainable, high quality long-term care. In addition, to support the evidence metrics to these priority areas, the Netherlands National Institute for Public Health and the Environment (RIVM) hosts a World Health Organization Collaborating Centre providing data and knowledge to the life course and health and functioning as a liaison to the WHO.

Furthermore, in terms of the transformative promise of the UN 2030 Agenda for Sustainable Development to 'Leaving no one behind' to "eradicate poverty in all its forms, end discrimination and exclusion and reduce inequalities and vulnerabilities" [230], the Netherlands is doing comparatively well, ranking 6th in Europe [231]. For example, the Netherlands introduced a new Action agenda for integration and an open and free society [232] and supports various programmes that enhance the position of women [233]. The Dutch platform organisation for development cooperation, Partos, has developed a 'Leave no one behind' platform to support exchange, development and promotion of knowledge, solutions and policies that support this commitment.

Finally, in monitoring the progress towards the 2030 Sustainable Development Goals (SDGs) as part of this transformative promise, the last national report [234], the continuous monitor, and the 2026 monitor of Wellbeing and SDGs of Statistics Netherlands [235] show that all in all, the

Netherlands is doing well and policy efforts progressing in the direction of the SDGs. Dutch people are on average prosperous and satisfied, yet they experience more stress, are concerned about their financial future, and face difficulties to find suitable housing. Moreover, rates of social contact, volunteer work and informal caregiving are declining [235]. In international comparison, the Netherlands scored similarly in 2025 as in 2024, yet has dropped from place 18 to 24 in the international ranking. Developments towards achieving the SDGs are comparatively positive on SDG 1 (no poverty), SDG 8 (decent work and economic growth) and SDG 9 (Industry, innovation and infrastructure). The 2025 report showed that the Netherlands is falling behind in developments on SDG 2 (zero hunger), SDG 5 (gender equality), SDG 6 (clean water and sanitation), SDG 10 (reduced inequalities), and those aiming for sustainability in consumption, production and climate (such as SDGs 11, 12, 13, 14, and 15) and the negative spillover effects that other countries may experience as a result of the Dutch developments (see also Rijksoverheid). Since 2025, more positive developments were found on SDG 5 (gender equality), SDG 1 (no poverty), SDG 2 (zero hunger), SDG 13 (climate action), yet the Netherlands is not on course for achieving the SDGs by 2030.

3.4 Main lessons learned and priorities for the next five years

In analysing the progress of the Netherlands on the three policy goals of the MIPAA, A) promoting active and healthy ageing throughout life; B) ensuring access to long-term care and support for carers and families; and C) mainstreaming ageing to advance a society for all ages, it becomes clear that overall national ageing policies are contributing to progress towards developing a society for all ages. Strengthening this development would be the overarching priority for the next five years. More specifically we distinguish six national ageing policy priorities.

The first priority would be to further strengthen the shift from an approach to ageing as predominantly associated with care to one that impacts all domains of society. According to stakeholders in the interviews and consultation meeting, an important starting point is the framing of ageing: moving farther away from a problematic development to a positive reality that offers opportunities, and represents a life phase with both potential, and challenges inherent to a meaningful life. As part of this, arbitrary barriers and processes of exclusion that may invertedly reduce older adults' opportunities for participation, engagement and wellbeing, as well as attention to purpose and meaning in life [*zingeving*] are needed in policy, education and practice. This will, according to interviewed stakeholders, also help move away from a divisive framing of ageing as 'us-versus-them', fuelling intergenerational tensions. Strengthening the role, participation and mandate of older people's voices in policy design, implementation and evaluation could further support this.

A second policy priority concerns fostering a society-wide recognition and endorsement of ageing well within the community. This can contribute to more sustainable ways of living longer at home, particularly for those living in more vulnerable circumstances. Attention is therefore needed to the influence of an ageing society on all age groups, reinforcing the understanding of ageing as a societal question, rather than a problem confined to older people. A life-course approach, the first steps of which are already visible, can be further strengthened. Age-friendly cities and communities, while already a shared development across many Dutch municipalities, may offer further potential in this regard and could be supported through an overarching framework, and involved policy bodies and organisations (such as the GGD, VNG, supported by ministries and knowledge centres), as supporting age-friendliness for all generations. This may also contribute to the shift towards (long-term) care at home. Within this priority, the shift from care towards health and wellbeing calls for increased investment, greater societal engagement and a stronger focus on meaningful living, supported by corresponding policy frameworks and sustainable financing mechanisms to strengthen the social domain and support its expanded role, as highlighted by interviewees.

A third priority is that moving care upstream, through prevention, early intervention and addressing causes in the environment – among them social determinants, needs to be accompanied by resources that match the shifting demand. Stakeholders emphasis the need for sufficient capacity, policy support and guidance, and sustainable financing to support (long-term) care, informal caregivers and the ongoing transition towards the social sector. Life-course prevention could be further strengthened, with stakeholders suggesting involving employers and the workplace. Prevention and early intervention for older people currently lack governance and financial structures in practice. Some stakeholders also suggest that the Municipal Public Health Service [*Gemeentelijke Gezondheidsdiensten, GGD]* may play a stronger role in this. Interviewed stakeholders note that this service is currently involved only to a limited extent in health promotion and prevention for older people, despite the Public Health Act providing a general mandate for such activities Stakeholders suggest that the national government may endorse this with institutional follow-through and dedicated funding to emphasise prevention across the life course.

Since care is increasingly shifted closer to home, as a fourth policy priority, community care and informal caregivers require consistent attention. Persistent focus is needed for labour shortages and the demand on informal caregivers. As discussed above, in the past five years this has definitely been amongst the priorities of policies, yet, stakeholders voice concern. Recently commissioned research [236] investigates the bottlenecks and may assist in identifying potential policy pathways to address these. Stakeholders mention a need for genuine participation of informal caregivers, and call for increased investment in informal caregiving. To support informal caregivers, close collaboration with cross-sector stakeholders is needed, including amongst others employers, trade unions and health and social care. Alongside this, caring communities are currently gaining increasing prominence. While stakeholders involved in this review consider this a positive development, they also express concern regarding the societal readiness for this transition, pointing out barriers that may hinder progress, such as housing regulations, and financial and environmental complexities. Stakeholders mention learning from good examples of community living, for instance in various initiatives in housing (see Part II) as well as from diverse experiences, including those of people with different migration backgrounds. Policy analyses and measures are needed to carefully navigate this change.

A fifth important cross-cutting policy priority is a balanced integrated approach to ageing. In the policy implementation and monitoring of the past five years, we observe initial steps in this direction - for instance in the healthy living environment programme [*Programma Gezonde Leefomgeving*], both the Ministry of Health, Welfare and Sport and the Ministry of Interior and Kingdom Relations worked together, and in the Informal Caregiving Agenda [*Mantelzorgagenda*] the Ministry of Social Affairs and Ministry of Health, Welfare and Sport were involved. To resolve various issues at play, including the complexities of decentralised governance, competing budgets and priorities, and the need for a life-course, society-wide approach towards ageing, it is important to continue fostering collaborations and to strengthen these through more active and shared involvement of all partners. A long-term, cross-departmental and integrated approach to ageing, involving multiple ministries. may be considered. Such an approach is equally relevant at regional and local levels. Moreover, such

a cross-sector commitment is also deemed essential for effective practice at the community-level. It also a key enabler for sustainably addressing societal questions related to ageing and older people. Such an approach may be furthered advanced through supportive national policy choices. Yet, care must be taken to ensure that this does not come at the expense of taking action, as this can potentially undermine effective integrated collaboration. As stakeholders caution, large-scale involvement may slow down and hamper policy processes. The challenge for policy is to bring the right people together at national, regional and local levels.

Finally, a sixth priority is enabling long-term policies with clear and secure funding. Many of the current programmes and measures are limited in time – and some stakeholders argue with rather limited budgets. These programmes thus may work rather as temporary incentives and create uncertainties, rather than enabling sustainable change. Long-term visions with matching policy programmes and most importantly accompanied by sustainable budgets will further support a strong repositioning of ageing and older people from care to society.

References

[1] United Nations. Political declaration and Madrid international plan of action on ageing. New York: United Nations; 2002. Available from: https://www.un.org/esa/socdev/documents/ageing/MIPAA/political-declaration-en.pdf

[2] Centraal Bureau voor de Statistiek. Bevolking; geslacht, leeftijd en nationaliteit op 1 januari. Den Haag: CBS. Available from: https://opendata.cbs.nl/statline/#/CBS/nl/dataset/37360ned/table?fromstatweb

[3] Centraal Bureau voor de Statistiek. Dashboard bevolking, bevolkingspiramide. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/bevolkingspiramide

[4] Centraal Bureau voor de Statistiek. Dashboard bevolking, leeftijdsverdeling. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/leeftijd/bevolking

[5] Centraal Bureau voor de Statistiek. Health expectancy; since 1981. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/en/dataset/71950eng/line?ts=1777625370980

[6] Eurostat. Mortality and life expectancy statistics. Luxembourg: European Commission. Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mortality_and_life_expectancy_statistics#Life_expectancy_at_age_65

[7] Eurostat. Healthy life years at age 65 by sex. Luxembourg: European Commission. Available from: https://ec.europa.eu/eurostat/databrowser/view/tepsr_sp320/default/table?lang=en

[8] Centraal Bureau voor de Statistiek. Gezonde levensverwachting; inkomen en welvaart. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/85445NED/table?ts=1777627629539

[9] Centraal Bureau voor de Statistiek. Gezonde levensverwachting; geslacht, leeftijd en onderwijsniveau. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/cijfers/detail/84842NED

[10] Centraal Bureau voor de Statistiek. Bevolking; herkomstland, geboorteland, leeftijd, regio, 1 januari. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/85458NED/table?ts=1776674325844

[11] Eurostat. People at risk of poverty or social exclusion by age. Luxembourg: European Commission. Available from: https://ec.europa.eu/eurostat/databrowser/view/tepsr_lm411/default/table?lang=en&category=tepsr.tepsr_spi.tepsr_spi_hi

[12] Organisation for Economic Co-operation and Development, Eurostat, World Health Organization. A System of Health Accounts 2011: Revised edition. Paris: OECD Publishing; 2017. https://doi.org/10.1787/9789264270985-en

[13] Volksgezondheid en Zorg. Kosten van ziekten | Methode. Available from: https://www.vzinfo.nl/kosten-van-ziekten/methode

[14] Organisation for Economic Co-operation and Development. Health at a Glance 2025: OECD Indicators. Paris: OECD publishing; 2025. https://doi.org/10.1787/8f9e3f98-en

[15] Organisation for Economic Co-operation and Development (2025), Health at a Glance 2025: OECD indicators, chapter Health Expenditure by type of service. Paris: OECD publishing; 2025. https://doi.org/10.1787/8f9e3f98-en

[16] Organisation for Economic Co-operation and Development (2025), Health at a Glance 2025: OECD indicators, chapter Health and social care workforce. Paris: OECD publishing; 2025. https://doi.org/10.1787/8f9e3f98-en

[17] European Labour Authority, Fondazione Giacomo Brodolini. Report on labour shortages and surpluses 2023, Publications Office of the European Union, 2024, https://data.europa.eu/doi/10.2883/526154

[18] Centraal Bureau voor de Statistiek. Werknemers; tevredenheid en psychosociale arbeidsbelasting. Den Haag: CBS. Available from: https://azwstatline.cbs.nl/#/AZW/nl/dataset/24126NED/table?ts=1777967589139

[19] Ministerie van Volksgezondheid, Welzijn en Sport. Mantelzorgagenda 2023-2026. Den Haag: VWS; 2023. Available from: https://open.overheid.nl/documenten/b4028ad7-aa52-45c1-9cc2-a083b5892db5/file

[20] Rijksinstituut voor Volksgezondheid en Milieu. Stapeling van zorgen zorgt voor overbelasting mantelzorgers. Bilthoven: RIVM; 2026.

[21] Ministerie van Volksgezondheid, Welzijn en Sport. Programma Wonen, Ondersteuning en Zorg voor Ouderen (WOZO). Den Haag: VWS; 2022. Available from: https://www.rijksoverheid.nl/documenten/2022/07/04/wozo-programma-wonen-ondersteuning-en-zorg-voor-ouderen

[22] Centraal Bureau voor de Statistiek. Personen in institutionele huishoudens; geslacht en leeftijd, 1 januari. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/82887NED/table?ts=1776853972527

[23] Centraal Bureau voor de Statistiek. Particuliere huishoudens naar samenstelling en grootte, 1 januari. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/37975/table?ts=1777897383531

[24] Centraal Bureau voor de Statistiek. Jongeren en ouderen per gemeente. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/visualisaties/dashboard-bevolking/regionaal/jongeren-en-ouderen

[25] Centraal Bureau voor de Statistiek. Woontevredenheid; kenmerken huishouden, woning. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/84569NED/table

[26] Volksgezondheid en Zorg. Leefomgeving | regionaal | tevredenheid. Bilthoven: RIVM; 2025. Available from: https://www.vzinfo.nl/leefomgeving/regionaal/tevredenheid

[27] Ministerie van Binnenlandse Zaken en Koninkrijksrelaties. Leefbaarometer [Internet].

[28] Rijksoverheid. AOW-leeftijd 2025-2031. Den Haag: Rijksoverheid; 2025. Available from: https://www.rijksoverheid.nl/themas/belastingen-uitkeringen-en-toeslagen/algemene-ouderdomswet-aow/aow-leeftijd

[29] Centraal Bureau voor de Statistiek. Average retirement age rises to 66 years and 4 months. Den Haag: CBS.

[30] Centraal Bureau voor de Statistiek. Dashboard voor arbeidsmarkt, werkenden. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/visualisaties/dashboard-arbeidsmarkt/werkenden/arbeidsparticipatie-naar-leeftijd-en-geslacht

[31] Centraal Bureau voor de Statistiek. Sociale contacten en maatschappelijke participatie. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/cijfers/detail/85541NED

[32] Centraal Bureau voor de Statistiek. Gezondheidsmonitor; bevolking 18 jaar of ouder, regio, 2024. Den

Haag: CBS. Available from: https://www.cbs.nl/nl-nl/cijfers/detail/86137NED

[33] World Health Organization. Decade of healthy ageing: baseline report. Geneva: WHO; 2021. World Health Organization. Available from: https://www.who.int/publications/i/item/9789240017900

[34] Gezondheidsraad. Beweegrichtlijnen 2017. Den Haag: Gezondheidsraad; 2017. Available from: https://www.gezondheidsraad.nl/documenten/2017/08/22/beweegrichtlijnen-2017

[35] Centraal Bureau voor de Statistiek. Leefstijl; persoonskenmerken. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/85457NED/table?ts=1777633397048

[36] Rijksinstituut voor Volksgezondheid en Milieu. Sport en bewegen in cijfers, beweegrichtlijnen. Bilthoven: RIVM; 2025. Available from: https://www.sportenbewegenincijfers.nl/kernindicatoren/beweegrichtlijnen

[37] Centraal Bureau voor de Statistiek. Leefstijl; geslacht, leeftijd, persoonskenmerken. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/85464NED/table?ts=1777635109597

[38] Centraal Bureau voor de Statistiek. Welzijn; kerncijfers, persoonskenmerken. Den Haag: CBS. Available from: https://www.cbs.nl/nl-nl/cijfers/detail/85542NED

[39] Weiss RS. Loneliness: The Experience of Emotional and Social Isolation. Cambridge (MA): MIT Press; 1973.

[40] Centraal Bureau voor de Statistiek. Eenzaamheid; persoonskenmerken. Den Haag: CBS. Available from: https://opendata.cbs.nl/#/CBS/nl/dataset/85766NED/table?ts=1777636046657

[41] De Jong Gierveld J, Van Tilburg T. The De Jong Gierveld short scales for emotional and social loneliness: tested on data from 7 countries in the UN generations and gender surveys. Eur J Ageing. 2010;7(2):121-130. https://doi.org/10.1007/s10433-010-0144-6

[42 De Jong Gierveld J, Van Tilburg TG. A 6-item scale for overall, emotional, and social loneliness: confirmatory tests on survey data. Res Aging. 2006;28(5):582-598. https://doi.org/10.1177/0164027506289723

[43] Van der Lucht F, Den Boer G, Buijs M, Deuning C, Hilderink H, Plasmans M, Poos R, Zwakhals L, Couwenbergh C. Trendscenario Volksgezondheid Toekomst Verkenning 2024. Bilthoven: RIVM; 2024. Available from: www.volksgezondheidtoekomstverkenning.nl/vtv-2024/trendscenario

[44] Fokkema T, Das M. Marokkaanse en Turkse migrantenouderen zijn eenzaam ondanks sociale contacten. Demos. 2021;37(6):5-7. Available from: https://nidi.nl/demos/marokkaanse-en-turkse-migrantenouderen-zijn-eenzaam-ondanks-sociale-contacten/

[45] Ten Kate R. Understanding loneliness among older migrants [dissertation]. Groningen: University of Groningen; 2023. https://doi.org/10.33612/diss.630715375

[46] UNECE. Lisbon Ministerial Declaration A Sustainaible Society for All Ages: Realizing the potential of living longer'. 2017. Available from: https://unece.org/DAM/pau/age/Ministerial_Conference_Lisbon/Documents/Conference_Proceedings_Lisbon_Ministerial_Conference.pdf

[47] Ministerie van Volksgezondheid, Welzijn en Sport. WOZO Programma Wonen, Ondersteuning en Zorg voor Ouderen. Den Haag: 2022. Available from: https://www.rijksoverheid.nl/documenten/2023/01/31/gala-gezond-en-actief-leven-akkoord

[65] Ministerie van Volksgezondheid, Welzijn en Sport. Aanvullend Zorg-en Welzijnsakkoord. Samen sterker voor zorg en welzijn. Den Haag: 2025. Available from: https://www.rijksoverheid.nl/documenten/2025/08/31/aanvullend-zorg-en-welzijnsakkoord-azwa

[66] Dubbeldeman EM, Kiefte-De Jong JC, Ardesch FH, Boelens M, van der Velde LA, van der Steen SGL, et al. Intervention Characteristics and Mechanisms and Their Relationship with the Influence of Social Prescribing: A Systematic Review. Health Soc Care Community 2024;2024:5597259. https://doi.org/10.1155/2024/5597259.

[67] Ministerie van Volksgezondheid, Welzijn en Sport. Actieprogramma. Eén tegen eenzaamheid. Den Haag: 2018.

[68] Ministerie van Volksgezondheid, Welzijn en Sport. Eén tegen eenzaamheid. Actieprogramma 2022-2025. Den Haag: 2022. Available from: https://open.overheid.nl/documenten/ronl-056852de24cfc57b55dd6528f76937b99d3704e7/pdf

[69] Een tegen Eenzaamheid. Week tegen Eenzaamheid | Eén tegen eenzaamheid n.d. (accessed June 2, 2026).

[70] Ministerie van Volksgezondheid, Welzijn en Sport. Laatste Voortgangsrapportage Een tegen eenzaamheid en Aanpak Een tegen eenzaamheid 2026. Den Haag: 2025. Available from: https://www.eentegeneenzaamheid.nl/gemeenten-en-organisaties/deelnemen-aan-het-actieprogramma

[71] Advies Wetenschappelijke adviescommissie Eenzaamheidsbeleid. Den Haag: 10-04-2025. https://www.eentegeneenzaamheid.nl/documenten/2025/04/10/advies-eenzaamheidsbeleid

[72] DVJ Insights. Campagne effectonderzoek Eén tegen Eenzaamheid 2024. Den Haag: 2025. Available from: https://www.rijksoverheid.nl/documenten/2024/12/31/campagne-effectonderzoek-een-tegen-eenzaamheid-najaar-2024

[73] Verion Validations. Rapport CEO Eén tegen Eenzaamheid 2025. Den Haag: 2026. https://open.overheid.nl/documenten/99fe0991-2c2d-4545-b31d-2985dcfd9ae0/file

[74] Alzheimer Nederland, Ministerie van Volksgezondheid, Welzijn en Sport. Word jij ook dementievriendelijk? | Samendementievriendelijk n.d. https://www.samendementievriendelijk.nl/ (accessed June 2, 2026).

[75] Berenschot. Tussentijdse evaluatie van de Nationale Dementiestrategie. Utrecht: 2025. Available from: https://open.overheid.nl/documenten/89148a83-ff4f-4cab-89cd-a96881d6e7f0/file

[76] LPOCD. Landelijk Platform Ontmoetingscentra Dementie Nederland (LPOCD) n.d. https://ontmoetingscentrademente.nl/nieuws/ (accessed June 2, 2026).

[77] Ministerie van Volksgezondheid, Welzijn en Sport. Voortgangsbrief Nationale Dementiestrategie. Den Haag: 2025. Available from: https://www.rijksoverheid.nl/documenten/2025/09/02/kamerbrief-over-voortgangsbrief-nationale-dementiestrategie-nds

[78] Nies H, Stekelenburg D, Minkman M, Huijsman R. A decade of lessons learned from integration strategies in the Netherlands. Int J Integr Care 2021;21. https://doi.org/10.5334/IJIC.5703.

[79] Rosenboom W, Minco B, Lemmens J. Van vonk naar vuur. Naar een duurzame samenwerking tussen cultuurparticipatie en het sociaal domein. Utrecht: 2021. Available from: https://www.provincie-utrecht.nl/sites/default/files/2023-08/Rapportage-van-vonk-naar-vuur-met-oplegger.pdf

[80] Cultuur en Ouderen. Landelijk Kenniscentrum voor Cultuureducatie en Amateurkunst. https://www.lkca.nl/artikel/cultuur-en-ouderen/ (accessed June 2, 2026).

[81] Fonds Sluyterman van Loo. Lang Leven Kunst Fonds n.d. https://www.fondssluytermanvanloo.nl/ (accessed June 2, 2026).

[82] Fonds voor Cultuur Participatie. Samen Cultuurmaken 2022 - 2024 | Fonds voor Cultuurparticipatie. https://www.cultuurparticipatie.nl/subsidie/samen-cultuurmaken-2022-2024/ (accessed June 2, 2026).

[83] Fonds voor Cultuurparticipatie. https://www.cultuurparticipatie.nl/actueel/ (accessed June 2, 2026).

[84] Ministerie van Volksgezondheid, Welzijn en Sport. Regeling Age Friendly Cultural Cities. Den Haag: Overheid.nl; 2017 [cited 2026 Jun 2]. Available from: https://wetten.overheid.nl/BWBR0040073/2017-10-17/0

[85] ZonMw. Ontwikkelagenda Kunst en cultuur in de Langdurige zorg en ondersteuning. Den Haag: 2020. Available from: https://www.zonmw.nl/nl/nieuws/ontwikkelagenda-kunst-en-cultuur-de-langdurige-zorg-en-ondersteuning

[86] Groot B, de Kock L, Liu Y, Dedding C, Schrijver J, Teunissen T, et al. The value of active arts engagement on health and well‐being of older adults: A nation‐wide participatory study. Int J Environ Res Public Health 2021;18:8222. https://doi.org/10.3390/IJERPH18158222/S1.

[87] Lewis F, Krans K, Groot B, Leeuwen B van, Wal-Huisman H van der, Abma T, et al. Arts in Health in Nederland: Een nationale agenda. Groningen: University of Groningen Press; 2024. https://doi.org/10.21827/659E5951E7776.

[88] Ministerie van Volksgezondheid, Welzijn en Sport. De Waarde van Ouder Worden PR toolkit 2020. https://dewaardevanouderworden.pr.co/193000-welkomstbericht/ (accessed June 2, 2026).

[89] Pact voor de ouderenzorg. Pact voor de ouderenzorg. 2018. More information: https://zoek.officielebekendmakingen.nl/kst-31765-352.html

[90] Ministerie van Volksgezondheid, Welzijn en Sport, Actiz. Praat Vandaag Over Morgen n.d. (accessed June 2, 2026).

[91] Ministerie van Volksgezondheid, Welzijn en Sport. Praat vandaag over morgen | Campagnetoolkits.nl n.d. (accessed June 2, 2026).

[92] Jansen A, Winninghoff M. Praat vandaag over morgen. Onderzoek communicatie lage SEP. Amsterdam: 2025. Available from: https://praatvandaagovermorgen.nl/wp-content/uploads/2025/09/digitaal-toegankelijk-rapport-praat-vandaag-over-morgen.pdf

[93] Ministerie van Volksgezondheid, Welzijn en Sport. Infographic Resultaten Wonen, Ondersteuning en Zorg voor Ouderen (WOZO). Den Haag: 2024. Available from: https://www.rijksoverheid.nl/documenten/2025/07/02/visual-resultaten-wozo

[94] Ministerie van Volksgezondheid, Welzijn en Sport. Kamerbrief Wonen, Ondersteuning en Zorg voor Ouderen (WOZO). Den Haag: 2023. Available from: https://www.rijksoverheid.nl/documenten/2023/12/22/kamerbrief-over-wonen-ondersteuning-en-zorg-voor-ouderen-wozo

[95] Rijksoverheid. Wonen, Ondersteuning en Zorg voor Ouderen, Resultaatmonitor Versie 3 [Internet]. Den Haag: Rijksoverheid; [2025] [cited 2026 Jun 2]. Available from: https://open.overheid.nl/overheid/openbaarmakingen/api/v0/attachment/ae2bc04f-63c2-4f79-bdff-94c2ab29d625

[96] Rabaté S, Jongen E, Atav T. Increasing the Retirement Age: Policy Effects and Underlying Mechanisms. Am Econ J Econ Policy 2024;16:259–91. https://doi.org/10.1257/POL.20210101.

[97] Ebbinghaus B. Inequalities and poverty risks in old age across Europe: The double-edged income effect of pension systems. Soc Policy Adm 2021;55:440–55. https://doi.org/10.1111/SPOL.12683.

[98] Goderis B, Vlekke M. Tax and Benefit Policies to Reduce Poverty in the Netherlands: A Microsimulation Analysis. Int J Microsimul 2023;16:108–33. https://doi.org/10.34196/IJM.00277.

[99] Westra E, van Hooren F. Social rights in a post-colonial welfare state: Revisiting 'universality' and 'inclusivity.' J Eur Soc Policy 2025;35:130–42. https://doi.org/10.1177/09589287241297540.

[100] Chen C, Maung K, Rowe JW, Antonucci T, Berkman L, Börsch-Supan A, et al. Gender differences in countries' adaptation to societal ageing: an international cross-sectional comparison. Lancet Healthy Longev 2021;2:e460–9. https://doi.org/10.1016/S2666-7568(21)00121-5.

[101] Ministerie van Volksgezondheid, Welzijn en Sport. Wet publieke gezondheid 2026 [Internet]. Den Haag: Overheid.nl; 2026 [cited 2026 Jun 2]. Available from: https://wetten.overheid.nl/BWBR0024705/2026-01-01/0

[102] Kroneman M, de Jong J, Polin K, Webb E. The Netherlands: Health System Summary 2024. Geneva: 2024. Available from: https://www.nivel.nl/en/publicatie/netherlands-health-system-summary-2024

[103] Raad voor Volksgezondheid & Samenleving. Het rimpeleffect. Den Haag: 2025. Available from: https://www.raadrvs.nl/adviezen/h/het-rimpeleffect

[104] Arsenijevic J, Groot W. Health promotion policies for elderly - Some comparisons across Germany, Italy, the Netherlands and Poland. Health Policy 2022;126:69–73. https://doi.org/10.1016/j.healthpol.2020.01.013.

[105] Ministerie van Volksgezondheid, Welzijn en Sport. Regeling van de Minister voor Langdurige Zorg en Sport van 6 februari 2023, kenmerk 3507504-1043050-PG, houdende een specifieke uitkering voor sport en bewegen, gezondheidsbevordering, cultuurparticipatie en de sociale basis 2023–2026 (Regeling specifiek uitkering) Staatscourant Nr 42454 2023:1–139.

[106] RIVM. Handreiking ketenaanpakken GALA. Bilthoven: 2024.

[107] van der Pol S, Sandhu A, Mierau J, Jansen D. Strengthening public health in the Netherlands. Lessons from global public health system. Den Haag: 2022. Available from: raadrvs.nl/binaries/raadrvs/documenten/publicaties/2023/04/18/op-onze-gezondheid/Strengthening+public+health+in+the+Netherlands.pdf

[108] Erve R van het. De nieuwe akkoorden HLO & AZWA Een strategische analyse van de impact op de regionale samenwerking voor de ouderenzorg. Utrecht: 2025. Available from: https://www.vilans.nl/kennis/analyse-impact-azwa-hlo-regionale-samenwerking

[109] Ministerie van Volksgezondheid, Welzijn en Sport. Samenhangende preventiestrategie. Den Haag: 2025. Available from: https://open.overheid.nl/documenten/ef6874c0-73ee-45c8-a117-e909d141ff57/file

[110] Ministerie van Volksgezondheid, Welzijn en Sport. Integraal Zorgakkoord: 'Samen werken aan gezonde zorg' . Den Haag: 2022. Available from: https://www.rijksoverheid.nl/documenten/2022/09/16/integraal-zorgakkoord-samen-werken-aan-gezonde-zorg

[111] Ministerie van Volksgezondheid, Welzijn en Sport. Landelijke nota gezondheidsbeleid 2025-2028. Samen werken aan gezondheid. Den Haag: 2025. Available from: https://www.rijksoverheid.nl/documenten/2025/12/12/landelijke-nota-gezondheidsbeleid-2025-2028

[112] Ministerie van Volksgezondheid, Welzijn en Sport. Landelijke nota gezondheidsbeleid 2020-2024. Gezondheid breed op de agenda. Den Haag: 2020. Available from: https://www.loketgezondleven.nl/sites/default/files/2020-05/Landelijke-Nota-Gezondheidsbeleid-LNG-2020-2024.pdf

[113] Huber M, André Knottnerus J, Green L, Van Der Horst H, Jadad AR, Kromhout D, et al. How should we define health? BMJ 2011;343. https://doi.org/10.1136/BMJ.D4163.

[114] VeiligheidNL. Ketenaanpak Handreiking Ketenaanpak Valpreventie. Amsterdam: n.d. Available from: https://www.veiligheid.nl/ketenaanpak-valpreventie

[115] RIVM. Monitor Valpreventie. Stand van zaken ketenaanpak Valpreventie in 2023 en eerste half jaar 2024. Bilthoven: 2024. Available from: https://www.rivm.nl/publicaties/valpreventie-in-beweging-monitor-valpreventie-stand-van-zaken-ketenaanpak-in-2024-en

[116] Frazer SWT, van der Veen R, Baan A, Hermans MEW, Olij BF. Evaluation of Implementing TOM: A Group-Based Fall Prevention Programme among Community-Dwelling Older Adults in The Netherlands. International Journal of Environmental Research and Public Health 2021, Vol 18, Page 6360 2021;18:6360. https://doi.org/10.3390/IJERPH18126360.

[117] van der Wees P, Kruse F. Report on the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA). Third Review and Appraisal. Nijmegen: 2016. Available from: https://unece.org/DAM/pau/age/country_rpts/2017/NL_report.pdf

[118] Maarse H, Jeurissen P. The policy and politics of the 2015 long-term care reform in the Netherlands. Health Policy 2016;120:241–5. DOI: https://10.1016/j.healthpol.2016.01.014

[119] Ministerie van Volksgezondheid, Welzijn en Sport. Kwaliteit van zorg; kamerbrief ; Adviesrapport expertisecentra langdurige zorg (Wlz). Den Haag: 2019. Available from: https://zoek.officielebekendmakingen.nl/kst-31765-414

[120] RIVM. Monitor Langer Thuis, 2021. Bilthoven: 2021, (accessed Jun 2, 2026).

[121] Krabbe-Alkemade Y, Makai P, Shestalova V, Voesenek T. Containing or shifting? Health expenditure decomposition for the aging Dutch population after a major reform. Health Policy 2020;124:268–74. https://doi.org/10.1016/J.HEALTHPOL.2019.12.016.

[122] MacNeil Vroomen JL, Wammes JD, Wouterse B, Smalbrugge M, Murphy TE. Utilisation of nursing home care before and after the 2015 Dutch national reform: an interrupted time series analysis. Age Ageing 2025;54. https://doi.org/10.1093/AGEING/AFAF018.

[123] Wammes JD. Older adults aging-in-place Reform evaluation and dyadic methodology to include people living with dementia and their informal caregivers. University of Amsterdam, 2023. Available from: https://hdl.handle.net/11245.1/4809a455-fee4-4bf9-a039-f19abcb6d674

[124] Portrait F, Krabbe-Alkemade Y, Budding T, Canoy M. Passing on the hot potato. Dutch municipalities under financial pressure have incentives to shift the costs of social care for older people to the central government. Health Policy (New York) 2023;137:104914. https://doi.org/10.1016/J.HEALTHPOL.2023.104914.

[125] Wackers EME, Kruse FM, Berden HJJM, van Dulmen SA, Stadhouders NW, Jeurissen PPT. Total healthcare costs of deinstitutionalized long-term care provision in the Netherlands: an instrumental variable analysis. BMC Health Services Research 2025 25;1:529. https://doi.org/10.1186/S12913-025-12693-X.

[126] Marshall BL, Dalmer NK, Katz S, Loos E, Gómez DL, Peine A. Digitization of Aging-in-Place: An International Comparison of the Value-Framing of New Technologies. Societies 2022, Vol 12, Page 35 2022;12:35. https://doi.org/10.3390/SOC12020035.

[127] Digizo.Nu. Eindrapportage 'Kansrijk voor opschaling.' Zeist: 2026. Available from: https://digizo.nu/wp-content/uploads/2024/02/Digitale-triage-en-consultvoorbereiding-HAP-Eindrapport-%E2%80%98Kansrijk-voor-opschaling-versie-1.1-24-02-2026.pdf

[128] Groot TW. Aging in Place and the Role of Accessibility in Dutch Housing Policy. Journal of Research in Social Science And Humanities 2025;4:10–22. https://doi.org/10.56397/JRSSH.2025.08.02.

[129] Czischke D. Living together in old age: Identifying preferences for collaborative housing through participatory design-led research. Berl J Soziol 2026;35:631–49. https://doi.org/10.1007/S11609-026-00591-W.

[130] Czischke D, Moons C. The clustered living approach in the Netherlands. Collaborative Housing, Ageing and Social Care 2025:176–95. https://doi.org/10.46692/9781447375852.010.

[131] Platform31. Geclusterde woonvormen voor senioren - Handreiking. Den Haag: 2023. Available from: https://www.platform31.nl/artikelen/geclusterde-woonvormen-voor-senioren/

[132] Ministerie Binnenlandse Zaken en Koninkrijksrelaties, Ministerie Volkgezondheid, Welzijn en Sport. Programma wonen en zorg voor ouderen. Volkshuisvesting en Ruimtelijke Ordening. Den Haag: 2022.

[133] Falsework, Platform 31. Kennis- en inspiratiedossier BuurtSaam. 2024. Available from: https://www.collegevanrijksadviseurs.nl/documenten/2024/06/11/kennis--en-inspiratiedossier-buurtsaam

[134] Nieboer AP, Cramm JM. Growing old outside of one's home country: Well-being needs for aging in place among Turkish people in the Netherlands. Cities 2024;150:105065. https://doi.org/10.1016/J.CITIES.2024.105065.

[135] Jagroep W, Cramm JM, Denktaş S, Nieboer AP. Age-friendly neighbourhoods and physical activity of older Surinamese individuals in Rotterdam, the Netherlands. PLoS One 2022;17:e0261998. https://doi.org/10.1371/JOURNAL.PONE.0261998.

[136] Jagroep W, Cramm JM, Denktaş S, Nieboer AP. Views of older Surinamese adults in the Netherlands about neighbourhood age-friendliness and well-being realisation: A Q-methodology study. Wellbeing, Space and Society 2023;5:100173. https://doi.org/10.1016/J.WSS.2023.100173.

[137] Ministerie Binnenlandse Zaken en Koninkrijksrelaties. Convenant Ouderen en toekomstbestendig wonen. Den Haag: 2024. Available from: https://open.overheid.nl/documenten/4e4418d7-b7c4-44e5-9881-1b18a0dec1eb/file

[138] Rijksdienst voor Ondernemend Nederland. Stimuleringsregeling Ontmoetingsruimten Ouderen (SOO) | RVO 2026. (accessed June 8, 2026).

[139] Ministerie van Volksgezondheid, Welzijn en Sport. kamerbrief: 08 februari 2024 Kamerbrief voortgang programma Wonen en Zorg voor ouderen. Available from: https://www.rijksoverheid.nl/documenten/2024/06/17/kamerbrief-voortgang-programma-wonen-en-zorg-voor-ouderen

[140] Rijksdienst voor Ondernemend Nederland. Stimuleringsregeling Wonen en Zorg (SWZ). (accessed June 8, 2026).

[141] Rijksdienst voor Ondernemend Nederland. Stimuleringsregeling Zorggeschikte Woningen (SZGW) 2026. (accessed June 8, 2026).

[142] Ministerie van Volksgezondheid, Welzijn en Sport, Platform ZorgSaamWonen. Inspiratiegids Intergenerationeel wonen. Zwolle: 2023. Available from: https://www.zorgsaamwonen.nl/artikel/inspiratiegids-intergenerationeel-wonen

[143] Lang Leven Thuisflats. 2026. (accessed June 8, 2026).

[144] Schmidt J, Welschen S, Glimmerveen L. Lang leven Thuis. Bouwen aan zorgzame woongemeenschappen in een vergrijzende stad. Amsterdam: 2026. Available from: https://www.hva.nl/onderzoeksresultaten/2026/5/lang-leven-thuisflats

[145] Knarrenhof®. Levensloopbestendig wonen in een hof. n.d. (accessed June 8, 2026).

[146] Nijkamp J, van der Klauw E, Buskens E, Vermeulen K. Gezamenlijkheid en naar elkaar omkijken binnen wooncomplexen voor ouderen. Geron. 2024. Available from: https://gerontijdschrift.nl/artikelen/gezamenlijkheid-en-naar-elkaar-omkijken-binnen-wooncomplexen-voor-ouderen/

[147] Nederland Zorgt voor Elkaar. Wat zijn voorzorgcirkels? n.d. (accessed June 8, 2026).

[148] VGZ. Samen voorop. N.d. (accessed June 8, 2026)

[149] Druta O, Schilder F, Lennartz C. Home improvements in later life: competing policy goals and the practices of older Dutch homeowners. International Journal of Housing Policy 2023;23:92–112. https://doi.org/10.1080/19491247.2021.2007566.

[150] Ossokina IV., Arentze TA. Reference-dependent housing choice behaviour: why are older people reluctant to move? Hous Stud 2024;39:2024–42. https://doi.org/10.1080/02673037.2022.2151984.

[151] Bouwmeester J, Ay D. 'Care Circles' as an entrepreneurial land policy instrument for age-appropriate housing provision in densification projects. Hous Stud 2025. https://doi.org/10.1080/02673037.2025.2591789.

[152] ZonMw. Stimuleringsregeling E-health Thuis | Tussentijdse resultaten SET 2024. Den Haag: 2024. Available from: https://www.rijksoverheid.nl/documenten/2024/12/20/factsheet-tussentijdse-resultaten-set-2024

[153] Rijksdienst voor Ondernemend Nederland. Stimuleringsregeling Technologie in Ondersteuning en Zorg (STOZ) 2026. (accessed June 8, 2026).

[154] Bults M, Zuidhof N, van den Berg G, van der Linden D, Stokkers-Scholten J, Liu L, et al. Sustainable implementation of technology in healthcare using the Non-Adoption, Abandonment, Scale-up, Spread and Sustainability instrument. Gerontechnology 2024;23:3–3. https://doi.org/10.4017/GT.2024.23.S.894.3.SP.

[155] Oudbier SJ, Souget-Ruff SP, Chen BSJ, Ziesemer KA, Meij HJ, Smets EMA. Implementation barriers and facilitators of remote monitoring, remote consultation and digital care platforms through the eyes of healthcare professionals: a review of reviews. BMJ Open 2024;14:e075833. https://doi.org/10.1136/BMJOPEN-2023-075833.

[156] van Elburg FRT, Klaver NS, Nieboer AP, Askari M. Gender differences regarding intention to use mHealth applications in the Dutch elderly population: a cross-sectional study. BMC Geriatrics 2022 22:1 2022;22:449. https://doi.org/10.1186/S12877-022-03130-3.

[157] Keuper J, van Tuyl L. Disparities in digital health use among citizens in the Netherlands: insights and targeted solutions. Eur J Public Health 2025;35. https://doi.org/10.1093/EURPUB/CKAF161.454.

[158] Zorginstituut Nederland. Generiek kompas Samen werken aan kwaliteit van bestaan. Diemen: 2024. Available from: https://open.overheid.nl/documenten/17be56ce-03c1-4677-89d6-fe200bd0512e/file

[159] Vilans. Eindrapportage 'Waardigheid en trots op locatie' 2018-2023. Utrecht: 2023. Available from: https://open.overheid.nl/documenten/688f3767-1ba7-4b45-989d-b0137c62f859/file

[160] Vilans. Waardigheid en trots voor de toekomst 2020. (accessed June 8, 2026).

[161] Vilans. Samen leren in de zorg: hoe Vilans Communities kennis delen en versterken 2025. (accessed June 8, 2026).

[162] Vilans, Ministerie van Volksgezondheid, Welzijn en Sport. 5e Voortgangsrapportage Waardigheid en trots voor de toekomst. Utrecht: 2025. Available from: https://open.overheid.nl/documenten/5b8bbd7f-796d-4e37-a2f4-68931c5f63d4/file

[163] Zorginstituut Nederland. Kader Passende zorg . Diemen: 2022. Available from: https://www.zorginstituutnederland.nl/documenten/2022/06/28/kader-passende-zorg

[164] Zorginstituut Nederland. Wat wij doen aan passende zorg n.d. (accessed June 8, 2026).

[165] ZonMw. Kaderprogramma Passende Zorg 2024-2028 . Den Haag: 2024.

[166] Zorginstituut Nederland. Monitor Passende zorg als norm. Diemen: 2025. Available from: https://www.zorginstituutnederland.nl/documenten/2025/05/23/monitor-passende-zorg-als-norm

[167] Dros JT, van Dijk CE, Bos I, Meijer WM, Chorus A, Miedema H, et al. Healthcare utilization patterns for knee and hip osteoarthritis before and after changes in national health insurance coverage: a data linkage study from the Netherlands. Health Policy 2023;133:104825. https://doi.org/10.1016/J.HEALTHPOL.2023.104825.

[168] van de Haar HJ, Alme MN. Geriatric rehabilitation in the Netherlands and their preparedness for the increase in older adults: a scoping review. Discover Public Health 2025;22:13. https://doi.org/10.1186/S12982-025-00399-8.

[169] Macdonald M, Weeks LE, Langman E, Roach S, MacNeil MX, Caruso J, et al. Recent innovations in long-term care coverage and financing: a rapid scoping review. BMJ Open 2024;14:e077309. https://doi.org/10.1136/BMJOPEN-2023-077309.

[170] Abbing J, Suanet B, Broese van Groenou M. How does long-term care impact the psychological well-being of older adults in different care policy contexts in the Netherlands?: A comparison of 1998, 2008 and 2018. Health Soc Care Community 2022;30:e2750–60. https://doi.org/10.1111/HSC.13719.

[171] Boxebeld S, Mouter N, Exel J van. Trade-offs in long-term care for older people in an ageing society: A constrained portfolio choice experiment. The Journal of the Economics of Ageing 2025;32:100599. https://doi.org/10.1016/J.JEOA.2025.100599.

[172] Conkova N, van den Broek T. Long-Term Care Use Among Older Migrants in the Netherlands: What to Expect in the Next Decade? J Aging Soc Policy 2025;37:875–91. https://doi.org/10.1080/08959420.2024.2384195.

[173] Vrije Universiteit. Domeinoverstijgend Samenwerken Tussenrapportage SPUK-DOS. Amsterdam: 2025. Available from: https://www.rijksoverheid.nl/documenten/2025/09/02/domeinoverstijgend-samenwerken-tussenrapportage-spuk-dos

[174] Vilans. RegioKracht in de Zorg 2025. (accessed June 9, 2026).

[175] Vilans. 2e voortgangsrapportage RegioKracht. Utrecht: 2024. Available from: https://open.overheid.nl/documenten/3292a4d5-6d1d-4095-87de-129e816b48bd/file

[176] Ministerie van Volksgezondheid, Welzijn en Sport. Kamerbrief Programma Wonen, ondersteuning en zorg voor ouderen. Den Haag: 2024. Available from: https://open.overheid.nl/documenten/9a0e5bbf-78ca-4a42-a8b6-9772c1c5a757/file

[177] Staatssecretaris Langdurige en Maatschappelijke Zorg. Wijziging Wlz, Wfsv en Wmg ivm uitbreiding en verdere uitwerking van bekostigingsmogelijkheden (wetsvoorstel DOS) | Overheid.nl | Wetgevingskalender. Ministerie van Volksgezondheid, Welzijn en Sport; 2025.

[178] Sociaal Arrangeren - Voor elkaar, met elkaar n.d. (accessed June 9, 2026).

[179] Buma LE, Vluggen S, Mouchaers I, Zwakhalen SMG, Metzelthin SF. Feasibility of a Reablement Programme in Community Care in the Netherlands; A Qualitative Study. Int J Integr Care 2025;25. https://doi.org/10.5334/IJIC.9005.

[180] Kroeze ED, Hoitinga G, Smorenburg SM, MacNeil Vroomen JL, Van Vught AJAH, Buurman BM. Guiding Principles for Transformation Towards Integrated Acute Care for Older Adults Close to Home: Lessons from Nine Dutch Regional Partnerships. A Realist Evaluation. Int J Integr Care 2025;25:7. https://doi.org/10.5334/IJIC.8967.

[181] Grol S, Molleman G, van Heumen N, Muijsenbergh M van den, Scherpbier-de Haan N, Schers H. General practitioners' views on the influence of long-term care reforms on integrated elderly care in the Netherlands: a qualitative interview study. Health Policy 2021;125:930–40. https://doi.org/10.1016/J.HEALTHPOL.2021.04.011.

[182] Vrijmoeth T, Wassenaar A, Koopmans RTCM, Nieuwboer MS, Perry M. Generalist-Specialist Collaboration in Primary Care for Frail Older Persons: A Promising Model for the Future. J Am Med Dir Assoc 2022;23:288-296.e3. https://doi.org/10.1016/j.jamda.2021.12.016.

[183] Woerd O van der, Schuurmans J, Wallenburg I, Scheer W van der, Bal R, et al. Heading for health policy reform: transforming regions of care from geographical place into governance object. Policy Polit 2025;53:484–505. https://doi.org/10.1332/03055736Y2024D000000030.

[184] van Driesten G, Bakker T, Wessels K. Evaluatie programma [Ont]Regel de Zorg. Amsterdam: 2021. Available from: https://www.argumentenfabriek.nl/wp-content/uploads/2021/11/Rapport_Evaluatie_ORDZ_16092021_A4.pdf

[185] Ministerie van Volksgezondheid, Welzijn en Sport. Ontregel de zorg, het vervolgprogramma. Den Haag: 2022.

[186] de Veer A, de Groot K. Bijna helft zorgprofessionals kent programma [Ont]Regel de Zorg. Utrecht: 2022. Available from: https://www.nivel.nl/sites/default/files/bestanden/1004332_1.pdf

[187] Helder C. Kamerbrief Aanpak regeldruk en administratieve lasten. Den Haag: 2022. Available from: https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2026Z02222&did=2026D05095

[188] Helder C. Kamerbrief over voortgang [Ont]Regel de Zorg. Den Haag: 2023. Available from: https://www.rijksoverheid.nl/documenten/2024/06/20/kamerbrief-over-voortgang-ont-regel-de-zorg

[189] Ministerie van Volksgezondheid, Welzijn en Sport. [Ont]Regel de Zorg 2023 in cijfers . Den Haag: 2023. Available from: https://www.ordz.nl/documenten/2023/12/21/ontregel-de-zorg-2023-in-cijfers

[190] Pronk J, Ketel J, Liefhebber S. De stand van administratie-en regeldruk in het sociaal werk. Alle ballen in de lucht houden. Utrecht: 2023. Available from: https://www.movisie.nl/publicatie/stand-administratie-regeldruk-sociaal-werk

[191] Regioplus. Evaluatierapport [Ont]Regel de Zorg - lerende netwerken 2025. Zoetermeer: 2025. Available from: https://www.actieleernetwerk.nl/evaluatie-ontregel-de-zorg-2025/ f

[192] Helder C. Kamerbrief Intensivering (Ont)Regel de Zorg. Den Haag: 2023. Available from: https://www.rijksoverheid.nl/documenten/2023/12/11/kamerbrief-over-intensiveringsbrief-ont-regel-de-zorg

[193] Bruijn JA. Kamerbrief Plan van aanpak Regiegroep Aanpak Regeldruk en werkagenda's. Den Haag: 2026. Available from: https://www.rijksoverheid.nl/documenten/2026/02/03/kamerbrief-over-plan-van-aanpak-regiegroep-aanpak-regeldruk-en-werkagenda-s

[194] Vilans. [Ont]Regel de Langdurige Zorg: Minder regeldruk. (accessed June 9, 2026).

[195] Noorland S, De Groot K. Halvering van registratietijd in 2030: zorgprofessionals zijn verdeeld over de haalbaarheid. Utrecht: 2025. Available from: https://www.nivel.nl/nl/publicatie/halvering-van-registratietijd-2030-zorgprofessionals-zijn-verdeeld-over-de-haalbaarheid

[196] Berenschot. Veldbevraging administratieve lasten. Utrecht: 2025. Available from: https://www.rijksoverheid.nl/documenten/2025/06/13/berenschotrapport-veldbevraging-administratieve-lasten

[197] Actieplan Zeggenschap. Visie op het versterken van zeggenschap en een roadmap daarnaartoe. Utrecht: 2023. Available from: https://cms.denederlandseggz.nl/assets/common/LAZ-Visie-en-roadmap-april-2023.pdf

[198] Ministerie van Volksgezondheid, Welzijn en Sport. Programma Toekomstbestendige Arbeidsmarkt Zorg & welzijn. Den Haag: 2022. Available from: https://www.fbz.nl/wp-content/uploads/2022/11/Programma-Toekomstbestendige-Arbeidsmarkt-Zorg-en-Welzijn-TAZ.pdf

[199] Ministerie van Volksgezondheid, Welzijn en Sport. Kamerbrief Voortgangsrapportage programma TAZ. Den Haag: 2023. Available from: https://open.overheid.nl/documenten/ceb5d2fc-a18b-4a4c-b608-8af372b7374f/file

[200] Accuralis. Landelijke monitor Zeggenschap. Voor verpleegkundigen, verzorgenden, verpleegkundig specialisten en begeleiders. Best: 2025. Available from: https://www.rijksoverheid.nl/documenten/2024/12/31/rapport-landelijke-monitor-zeggenschap-2024

[201] Bolt EET, Ali M, Winterton J. Why nurses quit: Job demands, leadership and voluntary nurse turnover in adult care in the Netherlands. Soc Sci Med 2025;365. https://doi.org/10.1016/j.socscimed.2024.117550.

[203] van den Berg B, Reijmer Y, Kee K, Nies H, Beersma B, Zondervan-Zwijnenburg M. Is a stimulating work environment related to job satisfaction and retention among care professionals? A cross-sectional study in Dutch nursing homes. J Health Organ Manag 2025;39:210–27. https://doi.org/10.1108/JHOM-03-2024-0085.

[204] Scheer B, Frijlink M, Hoendervangers L, Kuhnast M, Mellens M, Weilage I. Zicht op zorgbanen. Den Haag: 2025. Available from: https://www.cpb.nl/system/files/cpbmedia/omnidownload/CPB_publicatie_zicht_op_zorgbanen.pdf

[205] WZW werkgeversvereniging zorg en welzijn. Subsidiemogelijkheden nu SectorplanPlus stopt vanaf 2026. WZW. (accessed June 10, 2026).

[206] Ministerie van Volksgezondheid, Welzijn en Sport. Mantelzorgagenda 2023-2026. Den Haag: 2023. Available from: https://open.overheid.nl/documenten/b4028ad7-aa52-45c1-9cc2-a083b5892db5/file

[207] Ministerie van Volksgezondheid, Welzijn en Sport. Mantelzorgagenda 2023-2026. Voortgang 2024-2025. Den Haag: 2026. Available from: https://www.rijksoverheid.nl/documenten/2026/01/22/mantelzorgagenda-2023-2026-voortgang-2024-2025

[208] SER. Mantelzorg en werk in een zorgzame samenleving. Een integrale aanpak voor een werkende combinatie. Den Haag: 2026. Available from: https://www.ser.nl/-/media/ser/downloads/adviezen/2026/mantelzorg-en-werk.pdf

[209] MantelzorgNL. Campagne Mantelzorg is hier. n.d. (accessed June 9, 2026).

[210] Rijksoverheid. Nieuwe campagne maakt onzichtbare mantelzorg zichtbaar. (accessed June 2, 2026).

[211] Grunwald O, Damman M, Henkens K. The Differential Impact of Retirement on Informal Caregiving, Volunteering, and Grandparenting: Results of a 3-Year Panel Study. The Journals of Gerontology: Series B 2021;76:607–19. https://doi.org/10.1093/GERONB/GBAA221.

[212] Shen Y, van Tilburg TG, van der Horst M. The Translation of Intergenerational Care Potential Into Care Receipt of Older Parents: A Prospective Study. Res Aging 2025;47:392–403. https://doi.org/10.1177/01640275251326507.

[213] Swinkels JC, van Tilburg TG, Broese van Groenou M. Why do spouses provide personal care? A study among care-receiving Dutch community-dwelling older adults. Health Soc Care Community 2022;30:e953–61. https://doi.org/10.1111/HSC.13497.

[214] RIVM. Participatie | Mantelzorg | Leeftijd en geslacht 2025, (accessed June 9, 2026).

[215] European Institute for Gender Equality. Gender gaps in care: Netherlands. Vilnius: 2026. https://doi.org/10.2839/7998835.

[216] Strating G, van den Wijngaart M, Gruijters K, Orobio de Castro J. Het laat je niet los - Resultaten van en kwalitatief verdiepend onderzoek naar de belasting van mantelzorgers. GGD GHOR, Den Haag: 2026. Available from: https://ggdghor.nl/wp-content/uploads/2026/03/Onderzoeksrapportage-Mantelzorg_EMMA.pdf

[217] Reep C, Bruggink J-W. 4. Aantal mantelzorgers en ervaren belasting. Vader En Moeder Op Leeftijd 2024. Available from: https://www.cbs.nl/nl-nl/longread/statistische-trends/2024/vader-en-moeder-op-leeftijd/4-aantal-mantelzorgers-en-ervaren-belasting (accessed June 9, 2026).

[218] Beertema B, Hogeboom L. Opbrengsten van drie pilots structurele logeerzorg voor ouderen Eindrapport. Amsterdam: 2021. Available from: https://www.eerstekamer.nl/overig/20210602/opbrengsten_van_drie_pilots/document

[219] Ministerie van Volksgezondheid, Welzijn en Sport. Voortgangsbrief Hoofdlijnenakkoord Ouderenzorg. Den Haag: 2026. Available from: https://www.tweedekamer.nl/kamerstukken/brieven_regering/detail?id=2026Z01159&did=2026D02742

[220] Ministerie van Volksgezondheid, Welzijn en Sport. Bijlage bij voortgangsbrief Hoofdlijnenakoord ouderen: stand van zaker per cluster. Den Haag: 2026. Available from: https://www.rijksoverheid.nl/documenten/2026/01/22/stand-van-zaken-per-cluster

[221] MantelzorgNL. Motie aangenomen: kabinet maakt werk van gelijkwaardige en landelijke dekking van respijtzorg. (accessed June 10, 2026).

[222] Elayan S, Angelini V, Buskens E, de Boer A. The Economic Costs of Informal Care: Estimates from a National Cross-Sectional Survey in The Netherlands. The European Journal of Health Economics 2024 25:8 2024;25:1311–31. https://doi.org/10.1007/S10198-023-01666-8.

[223] UNECE. Guideline for Mainstreaming Ageing. Geneva: 2021. Available from: https://unece.org/population/publications/guidelines-mainstreaming-ageing

[224] Ministerie van Volksgezondheid, Welzijn en Sport. Voortgangsbrief aanpak Gezondheid in alle Beleids-

domeinen (GiaB). Den Haag: 2026. Available from: https://www.rijksoverheid.nl/documenten/2026/02/05/kamerbrief-inzake-voortgangsbrief-aanpak-gezondheid-in-alle-beleidsdomeinen-giab

[225] Het Aanvullend Zorg- en Welzijnsakkoord (AZWA) belicht | Movisie. (accessed June 10, 2026).

[226] van Hoof J, van der Pas S. Kennisplatform Seniorvriendelijk Den Haag. Geron 2024. Available from: https://gerontijdschrift.nl/artikelen/kennisplatform-seniorvriendelijk-den-haag/

[227] RIVM. GALA-monitor 2025. Van ambitie naar actie. Bilthoven: 2025.

[228] World Health Organization (WHO) Regional Office for Europe. Development of the Strategy: Ageing is Living [Internet]. Copenhagen: WHO Regional Office for Europe; [cited 2026 Jun 12]. Available from: https://www.who.int/europe/teams/policy-and-governance-for-health-through-the-life-course/development-of-the-strategy--ageing-is-living

[229] OECD. The economic benefit of promoting healthy ageing and community care. OECD Health Policy Studies [Internet]. Paris: OECD Publishing; 2025 [cited 2026 Jun 12]. https://doi.org/10.1787/0f7bc62b-en

[230] United Nations System Chief Executives Board for Coordination. Leaving no one behind: equality and non-discrimination at the heart of sustainable development: a shared United Nations system framework for action [Internet]. New York (NY): United Nations System Chief Executives Board for Coordination; 2017 [cited 2026 Jun 12]. Available from: https://unsceb.org/sites/default/files/imported_files/CEB%20equality%20framework-A4-web-rev3.pdf

[231] Sustainable Development Solutions Network (SDSN). Leave-no-one-behind rankings [Internet]. Europe Sustainable Development Report 2026. Paris: SDSN; 2026 [cited 2026 Jun 12]. Available from: https://eu-dashboards.sdgindex.org/rankings/leave-no-one-behind/

[232] European Commission, Directorate-General for Migration and Home Affairs. Netherlands: Action Agenda for Integration and Open Society [Internet]. 2025 Feb 7 [cited 2026 Jun 12]. Available from: https://home-affairs.ec.europa.eu/news/netherlands-action-agenda-integration-and-open-society-2025-02-07_en

[233] Government of the Netherlands. Equal rights for all [Internet]. The Hague: Government of the Netherlands; [cited 2026 Jun 12]. Available from: https://www.government.nl/themes/international-cooperation/development/equal-rights-for-all

[234] Ministerie van Buitenlandse Zaken Negende Nationale SDG Rapportage: Nederland op weg naar brede welvaart. Den Haag: Nationale Coördinator Sustainable Development Goals; 2025 May 2. https://www.rijksoverheid.nl/documenten/2025/05/21/negende-nationale-sdg-rapportage

[235] Centraal Bureau voor de Statistiek. Monitor Brede Welvaart en de Sustainable Development Goals 2026: samenvatting[Internet]. Den Haag/Heerlen: CBS; 2026 [accessed 2 jun 2026].

[236] Ministerie van Volksgezondheid, Welzijn en Sport. Hulp voor toenemend aantal mantelzorgers [Internet]. Den Haag: Rijksoverheid; [accessed 12 jun 2026].

Annex 1. Details of participants

Demographic details respondents questionnaire

Respondents	N (%)
Completed	68 (61)
Female /male/ unknown (%)	60 / 38/ 2
Occupational sector	48**(43)
Government (local and national)	8 (17)
Care	4 (8)
Welfare/ social domain	7 (15)
Social organization	7 (15)
Education	3 (6)
Research	6 (13)
Other	13 (27)

**Respondents 112, non-response rate: 39,29%*

*** valid responses 48, 42,86%*

Age	N (%)
25-34	4 (8)
35-44	7 (13)
45-54	10 (21)
55-64	13 (29)
65-74	9 (19)
75-84	5 (10)

Years of experience with older people	N (%)
0-6	5 (10)
6-10	13 (29)
11-15	12 (23)
16-20	3 (6)
21-25	5 (10)
>26	10 (21)

Interviews

Organisation	N (25)
Ministry of Public Health, Welfare and Sport	6
Council of Older Adults	2
ANBO-PCOB (senior citizens' association)	2
Council for Public Health and Society	2
Social Work Netherlands	2
Ministry of the Interior and Kingdom Relations	1
Network of organizations for older migrants	1
Association of Dutch Municipalities	1
National Institute for Public Health and the Environment	1
Social and Cultural Planning Office	1
Municipal Health Service	1
Vilans	1
Pharos	1
University of Amsterdam	1
The Hague University of Applied Sciences	1
Advocate senior citizens	1

Participatory Consultation

Organisation	N (23)
Ministry of Health, Welfare and Sport	4
Municipal Health Service	2
Council of Older Adults	1
ANBO-PCOB	1
Network of organizations for older migrants	1
KBO Gelderland	1
KBO Noord-Holland	1
Seniors Network Netherlands	1
National Institute for Public Health and the Environment	1
Vilans	1
Association of Social Domain Workshops	1
Platform31	1
Reading and Writing Foundation	1
Bureauvijftig	1
NUZO Utrecht	1
Care and Welfare foundation Aruba	1
Foundation for Young Seniors Zoetermeer	1
Institute for Gifted Adults	1
Lucy Aarnink (self-employed entrepreneur)	1

Annex 2. Databases and search strategies literature review

Search strategies

Scopus (title/abstract/key-words)
(TITLE-ABS-KEY ((Dutch OR Netherland*)) AND TITLE-ABS-KEY ((Policy OR policies)) AND TITLE-ABS-KEY ((“older people” OR “older person*” OR elder* OR “older adult*” OR “older citizen” OR “community dwelling adult*” OR “aged 65*” OR “aged 60*” OR “aged 55*” OR “aged 50*”))) AND PUBYEAR > 2020 AND PUBYEAR < 2027

OpenAIRE (abstract)
Abstract (Dutch OR Netherland*) AND Abstract (Policy OR policies) AND Abstract (“older people” OR “older person*” OR elder* OR “older adult*” OR “older citizen” OR “community dwelling adult*” OR “aged 65*” OR “aged 60*” OR “aged 55*” OR “aged 50*”)
Advanced search in ‘research products’; Filter: Year range 2021-2026

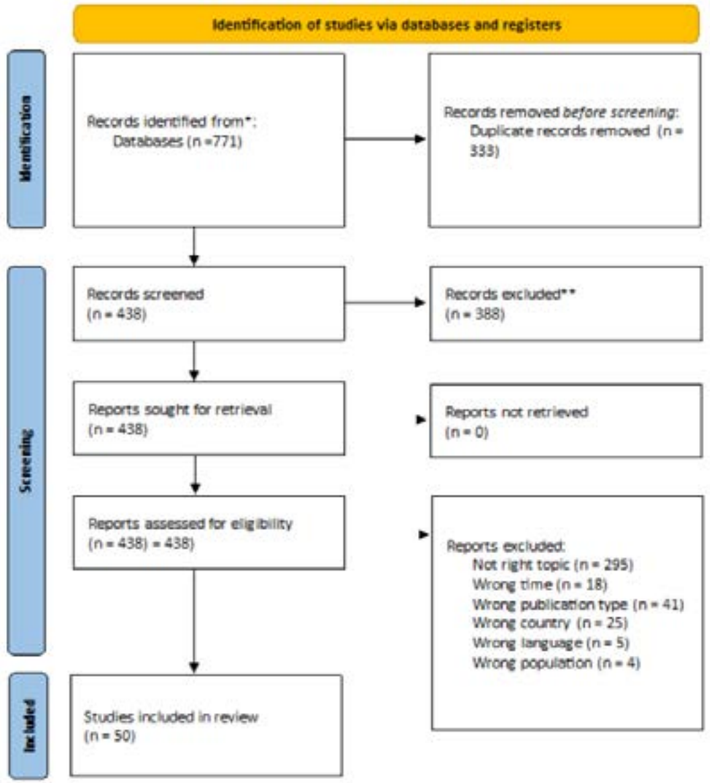
CINAHL Plus (Title or Abstract)
XB (Dutch OR Netherland*) AND XB (Policy OR policies) AND XB (“older people” OR “older person*” OR elder* OR “older adult*” OR “older citizen” OR “community dwelling adult*” OR “aged 65*” OR “aged 60*” OR “aged 55*” OR “aged 50*”)
Filter, date range: 2021-2026

Proquest: International Bibliography of the Social Sciences (IBSS) (1951 – current); Social Sciences Database; Sociology collection (1952 – current)
abstract(Dutch OR Netherland*) AND abstract(Policy) AND abstract(“older people” OR “older person*” OR elder* OR “older adult*”) AND la.exact(“English” OR “Dutch”) AND pd(>20201231)
Filter: Date: After December 31 2020; Language: Dutch, English

Pubmed (Title and Abstract)
((Dutch[Title/Abstract] OR Netherland*[Title/Abstract]) AND (Policy[Title/Abstract] OR policies[Title/Abstract])) AND (“older people”[Title/Abstract] OR “older person*”[Title/Abstract] OR elder*[Title/Abstract] OR “older adult*”[Title/Abstract] OR “older citizen”[Title/Abstract] OR “community dwelling adult*”[Title/Abstract])
Filter: 2021 – 2026

Databases	Records
Scopus (title/abstract/key-words)	295
OpenAIRE (abstract)	249
CINAHL Plus (Title or Abstract)	62
Proquest: International Bibliography of the Social Sciences (IBSS) (1951 – current); Social Sciences Database; Sociology collection (1952 – current)	48
Pubmed (Title and Abstract)	117

Flow diagram of screening records



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Annex 3. Discussion document

Themes	Description	Policies
Promoting active and healthy ageing throughout life	This theme focuses on promoting an active and healthy life course, in which older people can participate fully in society. Central to this are, on the one hand, the involvement of older people and organisations for older people in legislative and policy-making processes, and on the other hand, facilitating their social, cultural and societal participation. In addition, it is about investing in strategies that stimulate a healthy lifestyle, such as physical activity, healthy nutrition, prevention and mental well-being — in cooperation with various societal partners.	• "One against Loneliness" action programme • Meeting places in clustered living for older people (SOO) stimulation measure • Integrated prevention strategy • National Prevention Agreement • Agenda on Malnutrition NL • Integrated approach to fall prevention • Healthy and Active Living Agreement (GALA) • Supplementary Care and Wellbeing Agreement (AZWA)
Ensuring access to long-term care and support for carers and families	This theme focuses on keeping (long-term) care accessible and sustainable in light of a growing demand for care and changing needs regarding quality and innovation in care. Central to this is strengthening the working conditions of care and welfare professionals, for example through staffing levels, working conditions and safety, and continuous training in geriatric, gerontological and digital skills. In addition, attention is given to informal carers and family caregivers, with measures aimed at supporting the combination of work, care and private life, also taking gender into account. Within this theme, attention is also given to cooperation with local authorities and other stakeholders when it comes to promoting long-term care systems.	• Specific grant for cross domain collaboration (SPUK DOS) • Supplementary Care and Wellbeing Agreement (AZWA) • Medical Generalist Care Programme (MGZ) • Integrated Care Agreement (IZA) • Task reallocation in general practice • Incentive scheme for E Health at Home (SET) • Incentive scheme for Technology in Support and Care (STOZ) • "Working together on appropriate care" action plan • Informal Caregiver Agenda • National Programme for Palliative Care II
Mainstreaming ageing to advance a society for all ages and stimulate age-friendly communities	This theme focuses on integrating an ageing society across all policy domains, at both individual and population levels. Central to this is the development or strengthening of an appropriate national strategic framework.	• Supplementary Care and Wellbeing Agreement (AZWA) • Housing and Care for Older People (WOZO) • Outline Agreement on Elderly Care (HLO) • Covenant on older people and future proof housing • Health in all policy domains (HiAP/GiaB)

Guiding questions

Question	Theme	Operative paragraph	www
1.	What concrete policy measures have you adopted to promote active and healthy ageing throughout the life course and ensure the full enjoyment of human rights by older persons?	A	OP10
2.	What strategies and activities have you invested in to promote a healthy lifestyle over the life course, including physical activity, healthy nutrition, preventive health interventions, and mental health and well-being? Which societal actors did you involve in this effort?	A	OP14
3.	What measures have you taken to help informal and family carers balance paid work, care and private life and more equally share care work between women and men?	B	OP34
4.	What steps have you taken to improve the terms of employment and working conditions of health and social care workers, including staffing, occupational health and safety, and access to education and training?	B	OP30
5.	What measures have you taken to prepare for the anticipated increase in demand for long-term care services, ensuring sufficient capacities and sustainable financing?	A	OP32
6.	How have you involved older persons and their organizations in the law- and policymaking processes at all levels to ensure their rights, needs, and interests are considered?	A	OP11
7.	What measures have you taken to promote the development and improvement of long-term care systems in cooperation with local authorities and other stakeholders?	B	OP29
8.	What measures have you taken to facilitate older persons' participation in social, cultural, and civic life?	A	OP13
9.	What measures have you taken to develop the skills, competences and continuous training of health and social care workers in geriatric, gerontological and digital skills to meet the evolving needs for quality and innovation in care?	B	OP33
10.	What steps have you taken to develop or strengthen a national strategic framework for mainstreaming individual and population ageing?	C	OP39

Published by

Ministry of Health, Welfare and Sport
PO box 20350 | 2500 EJ The Hague

1400 (on working days from 08:00 to 20:00 hours)
www.government.nl

June 2026