

**COUNTRY REPORT: THE NETHERLANDS** 











# Foreword

The **BEING ME** project aims to support the social inclusion of Lesbian, Gay, Bisexual and Transgender (LGBT) older people who use care and wellbeing services. As the population of Europe is ageing, more and more older people are in need of care and support. This will include older LGBT people, who often need more professional care and support as many may not have children or the traditional support networks of the general population. Research has demonstrated that older LGBT people experience social exclusion while interacting with care providers and that their life stories and relationships are overlooked and undervalued. In some cases, they experience direct discrimination within health and social care environments.

This project aims to promote and support the social inclusion of older LGBT people in receipt of care through positive interaction with educational institutions that prepare future professionals to work with older people. By exchanging good practices, including good practice in teaching and learning and by developing tailored educational resources and pedagogies, we aim to improve the knowledge and competencies of future care professionals in the area of LGBT affirmative practices. By enhancing skills, knowledge and competencies, practitioners will be in a position to develop a culture of support, openness and respect for LGBT identities, which is essential to older LGBT people's inclusiveness in care environments.

www.beingme.eu @beingme\_project



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#### About this report

The first stage of the BEING ME project was to compile information about issues that affect older LGBT people and health and social care provisions for them in each of the partner countries involved in the project. This report presents the findings of that review and includes information about good practices in working with older LGBT where applicable. An overview of the methodology that was used to compile this report is available at beingme.eu.

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# **BEING ME COUNTRY REPORT: THE NETHERLANDS**

North West of Europe, with three special city councils in the Caribbean sea.			
Founding member of the EU, Eurozone, G10, NATO, OECD and WTO and part			
of the Schengen Area and the Benelux Union.			
Unitary parliamentary constitutional monarchy			
17.081.507			
41.543 km <sup>2</sup>			
The Hague holds the Government Seat, Amsterdam is the capital.			
Germany, Belgium and the North Sea			
Dutch			
77.39% Dutch, 9.88% Europeans, 2.34% Turks, 2.29% Moroccans, 2.13% Indonesians, 2.05% Surinamese, 0.90% Caribbean, 0.23% Americans			
In 2015, 50% of the adult population in the Netherlands indicated they are part of a religious community. In 2010 this was 55%. Only 1 in 6 Dutch adults regularly attends religious services. Less than a quarter of the population is Catholic, 16% is Protestant. Of the Protestant group, 7% is Reformed but are not member of a church, 3% is a member of a protestant church and 6% are members of a Reformed Church. Five percent of the population is Muslim and finally 6% is part of other religious communities, including Hinduism, Buddhism and Jewish (CBS, 2016).			
The Netherlands has a long history of social tolerance and is generally regarded as a liberal country, having legalised abortion, prostitution and euthanasia, while maintaining a progressive drugs policy. The Netherlands abolished the death penalty in 1970 and women's suffrage was introduced in 1917. Regarding the LGBT community, it became the world's first country to legalise same-sex marriage in 2001.			
Netherlands is in fourth place on the EU Gender Equality Index. Younger women(under the age of 45) are better educated then man. However this is not translated to equal positions on the job market. Compared to men, women work less often, are more likely to work part-time, have lower wages and are less represented in management positions. Just over 70% of the female population have a job, of these 35% work fulltime. in 2017, 26% of higher management positions were held by women.			

# Introduction and Background<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Centraal Bureau voor de Statistiek <u>https://www.cbs.nl/</u>,

Sociaal en Culturaal Planbureau https://www.scp.nl/

Trend in Elderly Care, Vilans <u>https://www.vilans.nl/artikelen/trends-ouderenzorg</u> Opzij <u>https://www.opzij.nl/2017/11/03/hoe-zit-gelijkheid-nederland/</u>

Opzij <u>mttps://www.opzij.m/2017/11/03/noe-zit-genjkneid-nedenand/</u>

Older people	At the beginning of 2017, there were 3.1 million people over the age of 65 living in the Netherlands, including 0.7 million people over 80 years of age. If we apply the same percentages to LGBT population as in the general population, we can assume there are approximately 150,000 older LGBT people. This number will increase rapidly in the coming years. In 2040 there will be 4.7 million people over 65 in the Netherlands (26% of the total population), including 2 million people over the age of 80.
	The percentage of older people living in care homes is decreasing and older people are more likely to live at home. In 1995, 17% of the older people aged 75+ were living in a care home, in 2014 this had decreased to 10%.
	Care and services in the community is governed by the Social Support Act ( <i>Wet Maatschappelijke Ondersteuning</i> or WMO) which supports the provision of LGBT inclusive care and advocates on their behalf as well as working with agencies such as the COC Nederland.
	Health and quality of life in ageing are at the centre of policy. The focus is on self-management and self-reliance in all domains of a meaningful life, including: physical wellbeing, psychological wellbeing, human relationships, participation in society, personal development, material wellbeing, self-determination and the power to make your own decisions, rights and interests, spirituality and activities of daily living. Healthcare professionals are no longer just working for care organizations, but they also are employed in neighbourhood teams and local networks including working freelance.
Suicide rates	The Netherlands has a suicide rate which is more or less the same as the EU average. The number of suicides is rising in line with population growth. In 2016 1,894 people died by suicide (11.1 per 100,000 people). In 2014, 8,200 people were treated in hospitals for self-harm and there were 14,000 treatments in in the Emergency Department between 2010-2014. The rates of self-harm in the Netherlands have remained constant over the last number of years.

The Netherlands has a total of 17.2 million inhabitants. One in 20 adults is Lesbian, Gay or Bisexual, which means there are approximately 851,000 LGB people living in the Netherlands. Of the male population, 2.3% to 2.8% defines themselves as gay and 0.7 to 2.8 percent defines themselves as bisexual. Of the female population, 1.2% to 3% defines themselves as lesbian and 2.1% to 3.3% bisexual. Finally 3.9% of the population doesn't identify themselves as male or female (Movisie, 2017). Of the adult population 0.6% to 0.7% have a different identity than they were assigned at birth. According to estimations, 1 out of every 200 people is intersex, which represents 85,000 persons in the Netherlands.

As in many countries, religion has a large effect on the acceptance of LGBT people.

#### Background on LGBT rights in the Netherlands

In 1811 the Netherlands decriminalized homosexuality following the Napoleonic Code. Homosexual relationships were no longer criminalised or seen as sin but were categorised as a medical disease or abnormality. However, exactly one century later in 1911, article 248bis was implemented, penalizing sexual contact between adults and minors of the same sex. For heterosexual contacts the age limit remained at 16 years old but for homosexual couples, the age of consent was 21. In 1971 this article was abolished again, equalizing gay and heterosexual age of consent (Hekma and van der Meer, 2011).

The first widely recognized Dutch research on LGBT people was conducted in 1969. This research mainly focused on the prevention and cure of homosexuality. More than 80% of the questioned adults did not know any gay people in their immediate vicinity. Also, attitudes towards gay people were not very positive: 75% thought it was a congenital abnormality, a disease or something unnatural (Lisdonk, and Kyper, 2015). In the Netherlands the *Wet voor Gelijke Behandeling* (General Equal Treatment Act) came into force in 1994. Fiscal parenthood and survivor's pension for couples of the same sex was established in 1996. In 2001, the Netherlands was the first country in the world to adopt equal civil marriage legislation for LGBT people. This short overview of the policy and legislation changes in the Netherlands has significant consequences for LGBT people who are aged 70 and above. Older LGBT people, were labelled as mentally ill until the age of 28. They had to wait until the age of 49 before having legal protection against unequal treatment and couldn't officially marry until the age of 56.

In the 1950s the first gender confirmation surgery took place in the Netherlands. After some isolated cases, transgender care was further developed and promoted by Dr Otto de Vaal. He established the Gender foundation that supported people in controlled hormone treatments, gender surgery, respectful attention in the media and the coverage of gender treatments by medical insurance (Bakker, 2018). In the 1970s the first trans people changed their sex by law in the Netherlands. From 1985, trans individuals can change the gender they were assigned on their birth certificate. In 2014 this procedure was simplified and in 2017 three amendments were made to the General Equal Treatment Act on gender identity, gender expression and sexual characteristics to better protect trans and intersex persons against discrimination (Human Rights College, 2017). A Dutch judge decided in May 2018 that a passport should also be gender neutral to reflect the needs of intersex people.

The LGBT movement in the Netherlands has been active for more than 100 years. The following are some examples of important movements and advocacy groups. The Netherlands has 380 city councils (CBS), and they are responsible for the organization of social support within the framework of the *Wet Maatschappelijke Ondersteuning* (WMO- Social Support Act). There are 45 rainbow city councils. These cities have a particular focus on LGBT initiatives. They financially support local activities (in addition to the budget of the Ministry of Culture and Science) that reinforce and continue activities for the promotion and awareness of LGBT rights. The rainbow city councils pay particular attention to LGBT social policy. Neighbourhood teams are trained to provide LGBT inclusive support. City councils involve interest groups and representatives from the target group to shape this policy. In this way city councils try to

involve citizens themselves for policy making. Some city councils have specific traditions, like local Gay Prides, Pink days, Pink film festivals and special days or weeks that promote the social acceptance of LGBT people (Hoof and Mienes, 2016).

*COC Nederland* (Federation of Dutch Associations for Integration of Homosexuality COC Netherland) is an advocacy group working for the interests of LGBT people. They focus on equal rights, emancipation and social acceptance of LGBT people in the Netherlands and abroad. The COC was established in 1946 and is one of the oldest LGBT interest groups in the world. It is also one of the few LGBT organizations that have a consulting status at the United Nations. The COC is active in different areas, including, young people and schools, over 50s, political support, safety, advocacy, culture and religion and international advocacy. It is a member association with approximately 7000 individual members (COC Nederland).

*Roze50+* (Pink 50+) is an interest group resulting from a collaboration between the *Algemene Nederlandse Bond voor Ouderen* (ANBO – Dutch Union for Older People) and the COC Nederland. Together they combine knowledge, experience and expertise to promote the rights of older LGBT people. They aim to influence policy and raise awareness. Roze50+ activates and stimulates the conversation through their network of ambassadors to support emancipation. These older LGBT ambassadors are the voice for those who can't speak for themselves and organize meetings with care and wellbeing organizations. They are also involved in WMO (Social Support Act) boards and give advice about education. Finally they support *Roze Loper* (Pink Carpet) which is a certificate given to care and wellbeing organizations that provide inclusive LGBT care and support sexual diversity among their clients and professionals. The main goal of the certificate is social acceptance of LGBT people in care. The Pink Carpet is also used for care homes, organizations for people with mental health problems, wellbeing organizations, mental healthcare, hospitals, etc.

# Main issues facing older LGBT people in the Netherlands

In 2015, 8% of the Dutch population had a negative attitude towards LGBT people (Kuyper, 2015) with older people, people who are religious and certain migrants more likely to have negative attitudes. Initiatives that focus on older LGBT people therefore state that specific attention is needed.

Older LGBT people in the Netherlands often have difficulties with their own sexual preferences and it is estimated that many older LGBT people are still in the closet. Being gay is less accepted and often taboo among peers and LGBT older people cannot express their identity and feelings, creating a stronger sense of social isolation. Older people that have come out, often experience negative reactions from their social network and are confronted with exclusion, discrimination, bullying and even violence. Older LGBT people in general have a smaller social network, less contact with family and mostly have no children. This reduced social circle makes them more vulnerable to loneliness (Roze Loper, 2014).

Research has demonstrated that older LGBT people in the Netherlands smoke and drink more alcohol than average. Many LGBT people in their 70s are in a heterosexual marriage. If they have come out, this has often led to divorce and a separation from their former social environment leading to a lot of hurt and trauma for older LGBT people (Roze Loper, 2014).

In some cases, older LGBT people hide a relationship from their social network and when a person becomes ill, their partner doesn't have any rights to be involved in medical decisions for the loved one. Also in the case of death, partners are often left without any legal claims to their home or inheritance. Older LGBT people are often afraid to ask for help and caregivers can find it difficult or uncomfortable to offer help (Hermans and Schuyf, 2014).

In the Netherlands, LGBT people with a religious background are often confronted with negative ideas about being a member of the LGBT community. Exposure to these negative attitudes, coupled with a lack of support and questions about their own identity, increases the need for professional support for LGBT who are religious. On the other hand professionals often find it difficult to connect their clients support needs to their religious background. The religious profile of the Netherlands is very diverse and perceptions of LGBT people vary in different religious communities (Wolf et al, 2013).

LGBT people are routinely rejected by Muslims and Orthodox Protestants with a majority disapproving of homosexuality, believing that it is wrong and that LGBT should not live their lives the way they want to. In terms of marriage equality, and acceptance of homosexuality in the family, the Muslim community is still less accepting. Three quarters of Muslims in the Netherlands indicate that they would have a serious problem if their child had a partner of the same sex. Within Muslims, acceptance of LGBT people among Alevites is higher than among Soennits or Shiites (Wolf et al, 2013).

### Any specific issues in relation to older LGBT minority groups in the Netherlands

Care settings in the Netherlands work from a strong heteronormative standard and LGBT people are practically invisible in regular care organizations and this is supported by extensive qualitative research (Nationaal Ouderenfonds, 2016). This makes it a difficult subject to talk about for care professionals and clients making older LGBT people a taboo subject. Loneliness is more common among LGBT people over 55 and there is a lack of meeting opportunities with like-minded people (Lisdonk and Kuype, 2015). Among managers of care centres there is a great deal of ignorance about LGBT issues and most managers indicate that they do not know any LGBT older people in their care centre. However this does not mean that they are not there. However, many of the reactions suggested that care managers 'never thought about this', or LGBT issues were not an issue for them and that 'we treat everybody equal' (Nationaal Ouderenfonds, 2016). The expectation is that this 'invisibility' of older LGBT people is even higher in rural areas. Even in active rainbow cities, older LGBT people are still largely invisible. Care homes assume that older LGBT people feel welcome and safe by simply treating everyone equally. Sexual orientation and gender identity are not taken into consideration, and heteronormative standards and language are uniformly applied. Therefore older LGBT peoples' specific needs and wishes are not recognized and their identity, individuality and sense of self are not recognized. Care organizations deny that older LGBT older people have problems and this does not contribute to acceptation or recognition. Many (especially older) Dutch LGBT people have been confronted with rejection, bullying, discrimination, exclusion or violence in care homes (Boers and Meijsen, 2016).

Many older LGBT people have a specific life history and lifestyle that makes it difficult for them to arrange their informal care. Often they are independent people that appreciate their own

autonomy (Boer and Meijsen, 2016). In the Netherlands there is a lack of discussion about the experiences of healthcare professionals with LGBT older people and sexual diversity in general. When they are asked, the primary idea is that these older people 'do not exist' (Leyerzapf et al, 2017). Both care professionals, older LGBT people and their families, volunteers and informal carers often feel too embarrassed to openly discuss issues around sexual orientation or sexual identity. Professionals have a lack of knowledge on services and health issues experienced by older LGBT people and they lack practical competencies to discuss sexual diversity. In addition, professionals feel that sexual diversity is not a priority within organizations, and issues such as staff shortages, time and financial pressures among others take priority (Leyerzapf et al, 2017).

Dutch social workers indicate that it is difficult to be empathic when they have to use standard forms and tick boxes that do not take into account sexual diversity. LGBT people who are health professionals recognize this 'invisibility' and difficulty talking about sexual diversity and indicate that they themselves also experience exclusion (Leyerzapf et al. 2017).

Researchers indicate that caregivers in general do not have a negative image of LGBT older people. However there are some groups of professionals that are less positive, specifically professionals working in care homes that have a lower level of education, have a migrant background and those who work in organizations with a Christian identity or are located outside larger cities (Leyerzapf et al. 2017).

To include LGBT friendly care structurally, it is important that the client boards are involved in the development and implementation of policy. However, LGBT older people and their families are often not involved in decision making processes of care and wellbeing organisations. Different sources indicate that the inclusion of representatives is a precondition for LGBT friendly care (Leyerzapf et al, 2017).

LGBT interest groups are often partners in WMO (Social Support Act) boards, but there is still relatively little involvement. LGBT older people are mostly well organized in larger cities and in specific regions but there is little connection between these regional organisations and local care and wellbeing organisations. For a better representation of LGBT older people in care and wellbeing boards, professional training and support is important. Better support is needed to facilitate and stimulate collaboration between care organizations and LGBT advocacy groups. (Leyerzapf et a. 2017).

# Current state of education of health and social care professionals on older LGBT issues in the Netherlands

Promoting LGBT acceptance has been mandatory in elementary and secondary schools since 2012; this is not yet the same for secondary vocational education (MBO). A recent study by the Education Inspectorate shows that 43% of MBO schools do not dedicate any time to LGBT acceptance (COC Nederland, 2016).

In secondary vocational education, students are prepared for jobs on 4 levels. (according to the EQF level 1-4)., The various courses are all built on a Qualification File, per profession

(<u>https://kwalificaties.s-bb.nl/</u>). These files contain the teaching goals that should be obtained. In the Qualifications Files it is documented for example, that students must collect information about the policy of the care-facility concerning sexuality. There are no specific goals about LGTB or older LGTB people formulated in any Qualification File.

Since 2016 MBO schools have to offer their students 'keuzedelen' (minors). In these minors students can broaden their knowledge and skills on a particular subject. One of these minors is 'Diversity' and this minor is especially suitable for including theoretical content and practical training about older LGTB people and how professionals should interact with them and their relatives.

All students in the MBO must also follow a programme focused on career and citizenship. In the part 'political and legal dimension', the students explicitly need to learn about cultural and sexual diversity.

In 2016 there were 492,700 MBO-students. 90,000 of them were in health and social care. There were 31,000 teachers in total, for 24.500 FTE (MBO raad).

# Example of good practice, if any, in education of health and social care practitioners on older LGBT issues in the Netherlands

*In Education:* The Ouderenfonds in partnership with a consortium of MBO schools have developed eLearning materials about LGBT ageing which they provide free of charge through DigiBib. The Consortium spreads the teaching materials amongst their members (over 60,000 students) and teachers have a free account to Digibib and can use the teaching materials. It is reported that the teachers find it hard to bring up the subject of LGBT ageing and need support. The network of the Consortium is used by the Ouderenfonds for contacting the teachers and making them aware of the teaching programmes as well as the possibility of trainings the teachers.

There are no data available, telling us how many teachers pay attention to the subject of older LGBT people. The Minister of Education has recently ordained that MBO-schools are obliged to teach students about sexual diversity and how they can relate to LGTB students (Nu.nl, 2018). Although there is no specific emphasis on older people, the conversation about LGTB people in general should help to get the subject of older LGTB on the agenda. In the schools for nurses and social workers teachers should be able to easily link this subject to the professional behaviour of the students that work with older LGTB people.

**Program for vocational education:** This is a programme that teaches about attitudes and interactions of professionals in relation to sexual diversity. This is not specific for older LGBT, but there are specific cases for older people.

Author/s: Herman broers, Hanneke Felten en Maaike Kluft. Year: 2016 Title: Program to increase professional attitude in relation to sexual diversity. (LGBT people in general) Publisher: Movisie Place of publication: Utrecht. Website: www.movisie.nl. Links: Non specific cases: <u>http://www.monitorlerensignaleren.nl/gesprekskaarten-met-andere-woorden</u>, <u>https://www.monitorlerensignaleren.nl/sites/default/files/downloads/seksuele-diversiteit/Stappenplan-LHB-mbo.pdf</u>, Specific use cases with older people <u>https://www.monitorlerensignaleren.nl/sites/default/files/u181/Kaartspel%20Roze%20in%2</u> <u>Ode%20ouderenzorg.pdf</u>

Handbook for care professionals on LGBT older people and sexual diversity: this handbook aims to prepare teachers and care professionals on inclusive care for older LGBT people. It contains information on older LGBT people, specific cases and links to books and film material.

Author/s: Merel Verburgt Year: 2017 Title: Ouderen en seksuele diversiteit, Informatie voor zorgprofessionals Publisher: Nationaal Ouderenfonds Website: <u>www.ouderenfonds.nl</u> Link: <u>https://www.ouderenfonds.nl/user-files/uploads/2017/07/201707-</u> NOF handboek zorgprofs onzichtbareouderen.pdf

**Questions for a respectful conversation:** These cards were used by volunteers to collect the life stories from older LGBT people. It is not teaching material, but these questions can be used to engage in a meaningful conversation with older LGBT people.

Author/s: n.a. Year: 2012 Title: Cards to collect the life stories of older LGBT people. Publisher: Ihlia and Osira Amstelgroep Place of publication: n.a. Website: www.ihlia.nl Link: http://www.ihlia.nl/wpcontent/uploads/2016/07/RL kaartenset A5 VI fin2.compressed.pdf

**Online course:** This is an online course about offering help to LGBT clients. It is a quiz to get basic knowledge about LGBT people and issues they might encounter. It contains cases and specific assignments on older people. You can learn which questions you ask about LGBT feelings and how to start a conversation with your client.

Author/s: Hanneke Felten, Els Meijsen. Year: 2017 Title: How to support LGBT clients when they need help. Publisher: Movisie Place of publication: Utrecht Website: <u>www.movisieacademie.nl</u> Link: <u>https://movisieacademie.nl/mod/page/view.php?id=3742</u>

# Example of good practice, if any, in care on older LGBT issues in the Netherlands

## Good practices in care homes

### Toolkit Roze 50+

Overzicht van concrete instrumenten voor LHBT-vriendelijke zorg, cultuur, bejegening, beleid en ondersteuning in woonzorgcentra, (thuis)zorginstellingen en welzijnsorganisaties. Year: 2014/2015 Title: Toolkit Roze 50+ Publisher: Roze 50+ Place of publication: Amsterdam Website: www.roze50plus.nl Link: https://www.roze50plus.nl/assets/uploads/docs/knowledgebase/Toolkit%202014.pdf

# **Axion Continu**

AxionContinu, has a great deal of knowledge in care and guidance of older people. They have a number of topics, they consider important, where they share their knowledge. Author/s: Louis Nouws, Karin Bos, Maaike Hoogland en Berder Schrijver. Year: 2013 Title: LGBT elderly, about a gay friendly policy. Publisher: AxionContinu. Place of publication: Utrecht Website: http://www.axioncontinu.nl/ Link: https://issuu.com/axioncontinu/docs/rozeouderendef

# Movisie

This is a leaflet for care homes, with advice about providing care to older LGBT people. Author/s: Kerman Boers, Els Meijsen. Year: 2016 Title: Hoe ondersteun je ouderen met LHBT ouderen gevoelens? Publisher: Movisie and Vilans Place of publication: Utrecht Website: www.movisie.nl Link https://www.movisie.nl/publicatie/aandacht-lhbt-ouderen:

# **Nationaal Ouderenfonds**

This is a leaflet for care homes, with advice about providing care to LGBT older people. Author/s: not available Year: no date Title: Onzichtbare Ouderen Publisher: Nationaal Ouderenfonds Place of publication: Website: <u>www.ouderenfonds.nl</u> Link: <u>https://www.ouderenfonds.nl/user-</u> <u>files/uploads/2014/06/NOF Onzichtbare Ouderen brochure A5 2016.pdf</u>

# Conclusion

The Netherlands has been at the forefront of LGBT rights and it has an international reputation as an open and inclusive society. It was the first country in the world to legalise civil marriage between same sex couples and LGBT advocacy groups have a strong presence at national and international fora. Overall there has been considerable research and awareness raising related to LGBT older people in health and social care in the Netherlands. However there is evidence that this is unevenly implemented throughout the country. Similarly, sexual diversity is advocated in vocational education but there is no data about how widespread the delivery of this is. In addition, in education there are no specific programmes or courses for students that might foster inclusive care of older LGBT people in health and social care. There is evidence of good practices such as the Pink 50+ initiative and a number of practice guidelines that cater exclusively for older LGBT people. However these are in Dutch and would need to be translated to English. There is suggestions that health and social practitioners lack confidence when discussing sexual orientation and gender identity with older LGBT people and managers of care homes who are gatekeepers often perpetuate the invisibly of LGBT older people.

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Boss, E.M. and Felten, H. (2017) *Feiten en cijfers op een rij. Movisie*, available at: <u>https://www.movisie.nl/publicaties/feiten-cijfers-rij</u> [Accessed 1 May 2018].

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# Appendix 1

# Core organisations/stakeholders involved in older LGBT in the Netherlands

Please list core organisations/stakeholders in county (name/website)

Organisation/group Name	Mission of organisation/group Please indicate if organisation is specific to older LGBT people or LGBT people across the life span	Key Contact in organisation	Website address
Movisie	Movisie is the national knowledge institute and consultancy for the social domain. They develop, collect and distribute applicable knowledge and solutions for social issues.	Hanneke Felten, Els Meijsen	www.movisie.nl
Vilans	Knowledge centre for long-term care	N.a.	www.vilans.nl
LCC Plus	The alliance of Christian LGBT organizations.	Hans Dieter de Smit	www.lccprojecten.nl
COC Nederland	LGBT advocacy	Manon Linschoten	https://www.coc.nl/
Roze50+	LGBT older people advocacy	Gon Teunisen	https://www.roze50plus.nl/
Roze Loper	Provide a certificate for LGBT inclusive care organizations	Gon Teunisen	https://www.rozezorg.nl/