

National Report The Netherlands



CAOP

Marjolein van Dijk MSc and Dr Gerard van Essen



Social dialogue in caring for the disabled,
the elderly and in child care

The state of affairs in the Netherlands



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Social dialogue in caring for the disabled, the elderly and in child care

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SUMMARY

On behalf of the Dutch Association of Health care Providers for People with Disabilities (*Vereniging Gehandicaptenzorg Nederland, VGN*), the CAOP (*Centrum Arbeidsverhoudingen Overheidspersoneel*) (Centre for Labour Relations) Department of Research and Europe has conducted a study into the organisation and structuring of social dialogue within the Dutch social service sector. The study is part of a project called PESSIS (Promoting Employers' Social Services Organisations In Social Dialogue), in which data is collected on the existence of, activities performed by, and organisational structuring of social dialogue in the social service sectors in eleven European countries. The PESSIS project is a first step towards the establishment of a European sectoral committee for social dialogue in which national social service sector employer- and employee organisations will be represented.

The PESSIS project poses four core research questions:

1. How large is the social service sector in terms of the number of employees as well as the number of employers?
2. What is the scope of collective labour agreements in the social service sector in terms of the numbers of employers and employees?
3. How many social service employers are involved in social dialogue and, at which levels?
4. What are the major occupational issues and, at which levels?

Each of the research questions has been allocated one Chapter in this report. Below is a brief summarisation of the answers to the research questions.

The Dutch social service sector

The Netherlands does not have a 'social services sector' *per se*. The social service sector actually falls under the Dutch health care and welfare systems, also called the 'health and welfare' sector. This sector encompasses more branches than those actually used for this study. Representatives of the PESSIS project have therefore decided to restrict the number of branches of the social service sector to be studied to three: care of the disabled, care of the elderly, and child care.

Care of the disabled

The Dutch system of care of the disabled offers care and services to persons who have mental, physical, sensory or multiple handicaps. A total of 525 enterprises were active in this branch in 2010. Nearly 75 percent of the enterprises involved in caring for the disabled have 10 employees or less. Employment opportunities in caring for the disabled have grown over the past few years; there were 164,800 positions held by employees in 2010. The Dutch Association of Health care Providers for People with Disabilities (*VGN*) is the employer organisation responsible for care of the disabled. There is also a trade organisation called *MEE* ("join") *Nederland*. Based on membership, the *VGN* comprises 95.6 percent of the branch and *MEE Nederland*, 2.1 percent.

Care of the elderly

In the Netherlands, the care of the elderly falls under the branch called *VVT* (*Verpleeghuizen, Verzorgingshuizen en Thuiszorg*) (nursing homes, retirement homes and home care). Also included in this branch are the postnatal care programmes and *jeugdgezondheidszorg* (well-child screening of children 0-4 years of age). Employees included in this branch, therefore, provide services to several target populations. In 2010, there were 125 nursing-home organisations, 360 retirement homes and 1,150 enterprises involved in home care. Of all three social service branches, the *VVT* branch offers the most employment opportunities. There were 443,300 positions filled by employees (256,200 full-time equivalents or FTEs). There are two employer organisations in the Netherlands responsible for the *VVT* branch; the largest is *ActiZ*, which represents 73 percent of the nursing homes, retirement

homes and home-care providers. *Branchebelang Thuiszorg (BTN)* (home-care branch advocacy group) is a smaller employer organisation for entrepreneurs in home care and postnatal care; it has 90 members.

Child care

The occupational group providing child care is separated into three different forms: daycare for children 0-4 years of age, before- and after-school care for children 4-13 years of age, and child-minding at home for children 0-13 years of age. In 2010, a total of 2,800 enterprises existed in this branch. Employment opportunities in child care have increased considerably over the past few years. There were 86,000 positions filled by employees (48,700 FTEs) in 2010. *Brancheorganisatie Kinderopvang (Branch Organisation for Child Care)* is the only national employer organisation responsible for child care and has well over 1,100 members, representing some 80 percent of total employment in the branch.

Figures on the compilation of employment opportunities based on gender show that the positions in all three branches are largely held by women: 82.6 percent in care of the disabled, 91.5 percent in nursing and retirement homes, 93.9 percent in home care and 92.6 percent in child care. The branch in which the highest percentage of individuals of foreign origin is employed is child care (15.8 percent); this is followed by the VVT branch with 12.7 percent and subsequently, the group caring for the disabled with 8.5 percent. Figures on the compilation of employment opportunities based on age reveal that sustainable employability of older employees is an important topic in terms of caring for the disabled and in the VVT branch. The average age of personnel caring for the disabled rose to 40 years in 2009. In nursing and retirement homes, the average age of employees is 41 years; this figure is 43 years in the home care branch. The child care branch is much less susceptible to the effects of an ageing workforce. The average age of child-care employees is 35 years.

Collective Labour Agreements

In the Netherlands, the Dutch Collective Labour Agreement Act has been in force since 1927. It regulates those authorised to draw up a collective labour agreement (CLA) and those bound to a CLA, among other things. It is possible to establish generally-binding CLA stipulations in the Netherlands. By having the CLA-stipulations declared generally binding, they will initially cover all employers and employees falling under the scope of work that is regulated by the relevant CLA.

All three social service branches have drawn up a CLA. The CLA covering carers of the disabled is valid from 1 March 2011 to 1 March 2014. The CLA was drawn up by the employer organisations the *Dutch Association of Healthcare Providers for People with Disabilities, VGN(VGN)* and *MEE Nederland* and the employee trade organisations *Abvakabo FNV, CNV Publieke Zaaak, NU'91* and *FBZ*.

There is no separate CLA for carers of the elderly. Elderly care falls under the CLA for Nursing Homes, Retirement Homes and Home Care, the VVT branch. The CLA for the VVT runs from 1 March 2010 to 1 March 2012. The CLA was drawn up by employer trade organisations *ActiZ* and *BTN* and the employee trade organisations *Abvakabo FNV, CNV Publieke Zaaak, NU'91* and *FBZ*. Negotiations for a new CLA started in February of 2012.

The last CLA that was agreed upon by the employer- and employee trade organisations ran from 1 May 2010 to 1 January 2012. The CLA was drawn up between the employer organisations *Branchevereniging Kinderopvang* (an employer organisation for the child care branch) and *MOgroep [Maatschappelijke Ondernemers Groep]* Child Care (an employer organisation for the child care branch) and the employee trade organisations *Abvakabo FNV, CNV Publieke Zaaak* and *Vakbond de Unie*. The employer- and employee organisations have been negotiating a new CLA since December of 2011. Appendix 1 of this report summarises the main provisions laid down in all three CLAs.

Employer involvement in social dialogue

In the Netherlands, social dialogue not only takes place between the employer and the employee. Social dialogue in the Netherlands is considered to be a broader activity in that it includes all forms of negotiation as well as consultation and the exchange of information on socioeconomic topics. Some discussions are conducted not only by the social partners, but also in collaboration with other parties such as the government or persons from the academic arena. Social dialogue between social partners involved in the care of the disabled, the elderly and in child care takes place in the Netherlands on four different levels: national, by the health and welfare sector, at the branch level and within the facilities.

At a national level, there are a number of 'umbrella' employer organisations and confederations of trade unions. At the branch level, they represent employer- and employee organisations involved in caring for the disabled, as well as the VVT and those involved in child care, among others. These umbrella employer organisations and confederations of trade unions play major roles within the national platforms called the *Sociaal-Economische Raad* (SER) (The Social and Economic Council of the Netherlands) and the *Stichting van de Arbeid* (The Dutch Labour Foundation).

At the health and welfare level, social partners involved in care of the disabled, the VVT and in child care work together as managers of the *Zorg en Welzijn* pension fund (Pension Fund for Care and Well-Being), as managers of the Calibris Academic Centre of Expertise and in the steering committee of the research project entitled *Arbeidsmarkt Zorg en Welzijn* (The Labour Market in the Health and Welfare Branch) (The Labour Market in the Health and Welfare Branch).

At the branch level, various committees and organisations discuss new policies, projects, activities and CLAs in collaboration with social partners involved in the care of the disabled, the elderly and in child care. For example, CLA negotiating sessions are held during which social partners negotiate with one another so as to be able to draw up a new CLA. A different kind of social dialogue, fairly unique to the Netherlands, pertains to the discussions on labour-market funds. During such discussions, members of employer- and employee organisations sit around the Table to collectively discuss how they can stimulate and improve the efficiency of their relevant branch's labour market. There is the *Stichting Arbeidsmarkt Gehandicaptenzorg* (StAG) (*labour-market association for the care of the disabled*). Care of the elderly falls under the *Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg* (A+O VVT) (*association for policies on the labour market and education related to nursing homes, retirement homes and home care*). The child care branch is also represented in a larger fund, the *Fonds Collectieve Belangen* (FCB) (*collective interests fund*), the labour-market fund established by and for employers and employees involved in welfare, public services, care of youth and child care.

At the facility level, staff participation is regulated by the *Wet op de ondernemingsraden* (WOR) Works Councils Acts. Social dialogue takes place by means of talks between the employer and works (personnel) council/employee representative. The CLAs for carers of the disabled, child care employees, nursing- and retirement-home employees and home caregivers contain guidelines on how staff participation must be organised within a facility.

Major occupational issues in caring for the disabled, the elderly and in child care

Various factors currently influence the labour markets related to caring for the disabled, the elderly and child care. The Netherlands must implement many austerity measures in order to continue meeting Europe's budgetary rules. In the health and welfare sector, the government is investing on the one hand (e.g. through the covenant called *Investeringen Langdurige Zorg* [*investments in long-term health care*]); however, cutbacks and system revisions have been announced (e.g. in child care). Other important developments affecting the labour markets related to the three social service branches are the ageing population and fewer younger employees. An ageing population results in a greater need for health care services, which in turn leads to an increased demand for caregivers for the disabled and elderly. Having fewer younger employees leads to a decline in the need for child care. At the same time, worries exist about the influx of new workers due to fewer younger

employees whilst the average age of the currently employed continues to rise. In 2011, because of the ageing population, an agreement was made between Dutch employer- and employee organisations on revisions to the pension system. This revision includes raising the retirement age to 66 years in 2020.

In addition to global factors affecting the health and welfare sector, there are also labour issues specific to the three social service branches. Current occupational issues in the branch involved in caring for the disabled are sustainable employability, the influx and retention of personnel, the improvement of working conditions and the stimulation of professionalism. Occupational issues currently affecting the elderly care branch are sustainable employability, influx and retention of personnel and flexibilisation in health care. The child care branch is dealing with different developments that are all putting pressure on it. These developments include government cutbacks and topics related to quality assurance. The major core themes for this branch include maintaining the current employment opportunities and improving quality and working conditions.

1 INTRODUCTION

1.1 Purpose of the study

Although the social service sector represents a considerable part of the European population, it does not yet take part in European social dialogue. This is partly because employers in some Member States are not represented on a national level and do not have recognised roles in social dialogue on a national level.

The PESSIS project is a first step towards the establishment of a European sectoral committee for social dialogue in which national social service sector employer- and employee organisations will be represented. In order to accomplish this successfully, it will be necessary to establish a European-level platform that includes national employer organisations from a significant number of Member States. The aim of the PESSIS project is to collect information on the existence and organisation of, and the activities related to, social dialogue in the social service sectors from eleven countries.

On behalf of the Dutch Association of Healthcare Providers for People with Disabilities, (*Vereniging Gehandicaptenzorg Nederland, VGN*), the *CAOP* Department of Research and Europe has conducted a study into the organisation and structuring of social dialogue within the Dutch social service sector.

In terms of this study, the 'social service sector' is considered to be comprised of the care for the disabled, the elderly and child care. The European Association of Service Providers for Persons with Disabilities (EASPD) will be managing the project on behalf of several European associations. For this project, the *VGN* is representing the sectors listed as national partners. The *CAOP* is conducting the study, as national partner, on behalf of the *VGN*.

1.2 Research questions

The core four research questions in this study are:

1. How large is the social service sector in terms of the number of employees as well as the number of employers?
2. What is the scope of collective labour agreements in the social service sector in terms of the numbers of employers and employees?
3. How many social service employers are involved in social dialogue and, at which levels?
4. What are the major occupational issues and, at which levels?

At the request of the EASPD, the social service sector will be defined as care for the disabled, the elderly and child care.

1.3 Study objectives

The aim of the study is to provide insight into qualitative and quantitative information about the relevant labour markets and the social dialogue taking place in the sectors involved in caring for the disabled, the elderly and child care. In accordance with the project assignment, the emphasis will be placed on the employers' perspectives.

From a European perspective, the objective is to acquire insight into the existence, functioning, and organisation of social dialogue taking place in the branches involved in caring for the disabled, the elderly and in child care in 11 European countries. The final overview may enable European countries to be able

to share good practical examples, experiences, various forms of social dialogue and collective activities with one another.

1.4 Conduction of the study

On behalf of the VGN, the CAOP has conducted the following activities aimed at investigating the social dialogue taking place in the branches caring for the disabled, the elderly and child care:

1. A 'Skype' conference call with the European project coordinator (*held on 10 February 2012*)
2. Collecting all necessary information by means of desk research
3. Collecting supplemental information to fill in the gaps (sometimes through telephone interviews with stakeholders)
4. Analysing the data and writing a draft report

In addition, the VGN discussed the draft report with major stakeholders (social partners involved in caring for the disabled, the elderly and child care) at a few national committee meetings. The outcomes of these discussions will be incorporated into the final report.

1.5 Desk research

Based on existing resources, quantitative and qualitative information was gathered on the labour markets and the structure of social dialogue that is taking place in the branches involved in caring for the disabled, the elderly and child care. The resources used to collect information include:

- Policies/action plans and information located on the websites of employer- and employee organisations that are active in the three branches: the employer organisations *ActiZ*, *Branchebelang Thuiszorg Nederland (BTN)*, *Vereniging Gehandicaptenzorg Nederland (VGN)* and *Brancheorganisatie Kinderopvang (Branch Organisation for Child Care)* as well as the employee organisations *Abvakabo FNV*, *CNV Publieke Zaak*, *FBZ* and *NU'91*
- Policies and parliamentary papers from the *VWS (Ministerie van Volksgezondheid, Welzijn en Sport)* (Ministry of Health, Welfare and Sport) and *SZW (Ministerie van Sociale Zaken en Werkgelegenheid)* (Ministry of Social Affairs and Employment)
- The CLAs, letters of intent and negotiators' agreements from social partners involved in the three branches
- Any covenants that involve social partners
- Policies/action plans and information located on websites of the labour funds *A+O VVT* (includes care of the elderly), *StAG* (includes care of the disabled) and *FCB WJK (Welzijn en Maatschappelijk Dienstverlening, Jeugdzorg en Kinderopvang)* (Welfare and social services, Youth Care and Child Care) for child care
- Policies/action plans and information on the Calibris website
- The outcomes of the research project entitled *Arbeidsmarkt Zorg en Welzijn (The Labour Market in the Health and Welfare Branch)* (www.azwinfo.nl) as well as from research facilities (such as *CBS [Centraal Bureau voor de Statistiek = Statistics Netherlands]* and *Panteia*)
- Research into the social service sector's labour market and labour relations

1.6 Reading guide

The following Chapter s will cover the answers to the four research questions. Chapter 2 of this report will explore the Dutch social service sector and the scope of branches caring for the disabled, the elderly and child care, in terms of the numbers of employers as well as employees. Diverse demographic personnel-related characteristics will be discussed. In Chapter 3, the three collective labour agreements (CLAs) will subsequently be discussed (from the branches caring for the disabled, the elderly and child care,

respectively), as well as their reach. Employer involvement in social dialogue at different levels is the topic of Chapter 4. Social dialogue taking place in the social service sector will be addressed on four levels: nationally, in the health and welfare sector, at the branch level and at a facility level.

The final research question will be addressed in Chapter 5 in which major occupational issues currently existing in the social service sector, specifically in branches caring for the disabled, the elderly and child care, will be presented. The resources consulted can be found in the list of resources. And lastly, all important supplementary information has been included in the appendices.

2 THE DUTCH SOCIAL SERVICE SECTOR

In this Chapter, an answer to the first research question of the study will be provided: *How vast is the social service sector in terms of the number of employees as well as the number of employers?* What the Dutch social service sector is comprised of will be explained in first paragraph. Then, the branches involved in the care of the disabled, the elderly and child care will be described:

- The types of services the branch provides
- How many active facilities the branch has
- Which national employer organisations are active for the branches
- What the scope and composition of employment opportunities is in terms of sex, ethnicity and age
- How the branches are funded

2.1 Description of the social service sector in the Netherlands

Within the context of the PESSIS project, the EASPD postulates that the social service sector in Europe is not an easily demarcated sector. The EASPD has therefore chosen to restrict the social service sector to three branches for this study: care for the disabled, the elderly and child care.

The Netherlands does not have a 'social services sector' per se. The social service sector actually falls the Dutch health care and welfare systems, also called the 'health and welfare' sector. This sector encompasses more branches than the three actually taken into account for this study. The health and welfare sector consists of the following branches:

- University (Academic) Medical Centres
- General and speciality hospitals (including rehabilitation clinics)
- Nursing home care, retirement home care and home care (VVT), including postnatal care
- Care of the disabled
- Mental health care (GGZ = *geestelijke gezondheidszorg*), including addiction rehabilitation
- Community services and welfare (*Welzijn en maatschappelijke dienstverlening* (W&MD))
- Youth care
- Child care

The branches not included in this study have been structured and represented in a way comparable to the three branches focused on in this project. For example, these branches have also all drawn up CLAs between their social partners and are organised in a similar way in terms of social dialogue.

The website www.thesauruszorgenwelzijn.nl by *Movisie* defines the de social service sector as the welfare sector. This sector is comprised of different types of services:

- Sociocultural services
- Stimulation of occupational participation
- Nursery school services
- Youth welfare services
- Welfare services for minorities, refugees and asylum-seekers
- Social work and social services
- Shelters
- Elderly welfare services
- Emancipating, advocating, and advising specific target populations as well as looking after their interests and fighting discrimination

- Facilitating personal development, training and advising

2.2 Care of the disabled

The branch involved in caring for the disabled offers health care and services to individuals with mental, physical, sensory or multiple handicaps. From analyses of data from the labour market fund for care of the disabled, the *StAG*, it appears that a total of 525 enterprises were active in this branch in 2010. Of these, almost three-quarters have 10 or fewer employees (*StAG*, 2012).

Table 2.1 Number of enterprises involved in caring for the disabled in terms of size of enterprise (rounded-off to nearest 5).

Active employees	2006	2007	2008	2009	2010
1	40	65	80	95	125
2 to 10	70	110	145	210	265
10 to 50	30	35	25	30	30
50 to 100	20	15	15	10	10
100 or more	115	110	105	105	95
Total number of enterprises	275	335	370	450	525

Source: CBS Table: Enterprises; economic activity, size and legal type of business entity

The number of enterprises has increased considerably over the past five years due to a rise in the number of small organisations employing 10 persons or fewer. The number of intermediate and large organisations is declining. This may, in part, be the result of mergers.

National employer organisations involved in care of the disabled

The Dutch Association of Healthcare Providers for People with Disabilities (*VGN*) is the employer organisation responsible for the care of the disabled. The *VGN* is the branch organisation for providers of care and services to persons with a disability. A total of 162 employers were members of the *VGN* in 2010 with a combined total of 157,626 contracted employees.

In addition, the branch association called *MEE Nederland*, which is comprised of 22 regional *MEE* subsidiaries, employed a total of 3,500 employees in 2010¹. *MEE* provides support to persons with disabilities in the areas of education and development, learning and working, community and living arrangements, legislation and money matters.

According to *Panteia* (2012), there were 164,800 employees caring for the disabled in 2010 in the branch as a whole. This means that the *VGN* and associated members make up 95.6 percent of the branch and *MEE Nederland*, 2.1 percent.

Scope of employment opportunity

Employment opportunities in the care of the disabled have increased over the past few years. In 2009, those caring for the disabled numbered 158,700 for 98,870 FTEs (see Table 2.2). The number of positions increased an average of 3.2 percent per year over the 2004 – 2009 period. According to *Panteia* (2012), the number of employees rose further in 2010 to 164,800.

Compilation of employment opportunities in terms of gender

In 2009, the percentage of female providers of care for the disabled was 82.6 percent of the total number of employees. The contribution of women as carers of the disabled has grown an average of 0.4 percent per year since 2004.

Table 2.2 Data on employees in the branch involved in care of the disabled

	2004	2005	2006	2007	2008	2009

¹ Data from the Application to the Ministry of Social Affairs and Employment for the CLA Declared Generally Binding: Care of the Disabled 2011-2014 .

Number of employee positions	135,831	140,614	141,730	148,250	152,790	158,700
Number of FTEs	85,084	85,668	88,680	92,570	95,860	98,870
Proportion of women	81.1%	81.5%	81.8%	82.4%	83.1%	82.6%
Proportion of foreign origin*	8.5%	8.5%	8.4%	8.4%	8.4%	-
Mean age	38	39	39	39	39	40
Proportion 50+*	17.3%	19.2%	20.6%	22.7%	24.1%	25.2%

Source: Labour market analysis: care of the disabled 2011; * www.azwinfo.nl

Compilation of employment opportunities in terms of ethnicity

Approximately 8.5 percent of the employees caring for the disabled are of foreign origin, as Table 2.2 reveals. This is based on the CBS's loose definition². This percentage is relatively low in comparison to the percentage of foreign employees working in the VVT and in child care. In fact, the proportion of employees of foreign origin is 12.7 percent in the VVT and even 15.8 percent in child care.

Compilation of employment opportunities in terms of age

The average age of personnel caring for the disabled rose to 40 years in 2009. The contribution of individuals over 50 years of age has also risen over the past few years. The average proportional increase was 7.8 percent per year between 2004 and 2009. *Prismant* estimates that the proportion of employees over 50 years of age will increase even further to one-third of this group in 2018 (van der Windt et al, 2009a). The sustainable employability of older employees will become an important topic over the next few years.

Funding the care of the disabled

Long-term care and support (including care of the disabled) are funded under the *Algemene Wet Bijzondere Ziektekosten (AWBZ)* (General Exceptional Medical Expenses Act). The *AWBZ* covers expenses not falling under health insurance policies and which could not be paid for by most of the general population. Any Dutch person may make use of this fund. Such care and support can either be provided at home or at a facility. Examples of this type of care include:

- Assistance in activities of daily living
- Support
- Treatments
- Interpreters for the deaf
- Short-stay admission
- Grooming
- Lending out medical supplies
- Accommodation

Besides the *AWBZ*, another important piece of legislation addressing the funding of care for the disabled falls is the *Wet maatschappelijke ondersteuning (Wmo)* (Social Support Act). This law insures that persons with a limitation (the elderly, disabled persons or those with mental disorders) receive provisions, help and support enabling them to live independently. Housekeeping is, for example, funded under the *Wmo*. The objectives of the *Wmo* are that every person should be able to participate in society and to live independently for as long as possible. Responsibility for execution of the *Wmo* lies at the municipal level. According to the CBS (2011b) the cost of caring for the disabled rose from 4.3 billion euros in 2001 to 7.9 billion euros in 2010.

² Netherlands Statistics (CBS) defines a foreigner as a person who has at least one parent who was born in a foreign country. According to CBS, 11 percent of the Dutch population is of non-Western, foreign origin. This group's origin lies in countries in Africa, Latin America, Asia (excl. Indonesia and Japan) and Turkey. Additionally, 9 percent of the Dutch population is of foreign Western origin. This group's origin lies in countries in Europe (excl. Turkey), North America, Oceania, Indonesia and Japan.

2.3 Care of the elderly

In the Netherlands, the care of the elderly falls under the branch called *VVT (Verpleeghuizen, Verzorgingshuizen en Thuiszorg)* (nursing homes, retirement homes and home-care activities) Also included in this branch are postnatal care programmes and *jeugdgezondheidszorg* (well-child screening of children 0-4 years of age). Employees included in this branch, therefore, provide services to several target populations. There is no information available within this branch specific to only the care of the elderly. That is why information about the *VVT* branch is being used for this study.

The *VVT* branch is comprised of the following types of facilities and services:

- Grooming and nursing
- Housekeeping
- Support for mothers/well-child care (0-4 years) and postnatal care
- Information on nutrition and dietary advice
- The lending out of medical aids and home-care shops
- Education on health child-rearing

CBS data reveal that the number of nursing homes in the Netherlands has remained relatively stable over the past few years (see Table 2.3). There were 125 nursing-home enterprises in 2010. However, the number of retirement homes decreased, partly due to mergers, from 480 in 2006 to 360 in 2010. The number of home-care enterprises has increased: in 2010, the Netherlands had 1,150 enterprises involved in the provision of home care, almost 70 percent more than in 2006. Growth was predominantly found at the level of the smaller home-care enterprises.

Table 2.3 Number of enterprises in the VVT branch in terms of size of enterprise (rounded-off to nearest 5).

VVT Branch	2006	2007	2008	2009	2010
Nursing homes	130	130	130	125	125
Retirement homes	480	455	415	385	360
Home-care enterprises	680	795	880	1,025	1,150

Source: *CBS* Table: Enterprises; economic activity, size and legal type of business entity

Employer organisations responsible for the VVT

There are two employer organisations in the Netherlands that support the *VVT* branch: *ActiZ* and *Branchebelang Thuiszorg (BTN)* (Branch Organisation for Home Care). The primary activity of both organisations is to represent members' interests to government, politicians, and advisory bodies and during negotiations. They have representatives in national committees and organisations involved in health care.

ActiZ is the employer organisation responsible for nursing-home care, retirement-home care, home care, youth health care and postnatal care. *ActiZ* has 415 members and represents approximately:

- 73 percent of nursing homes, retirement homes and home care activities
- 70 percent of health care for children 0-4 years
- 25 organisations for postnatal care which deliver 70 percent of such care

Enterprises represented by *ActiZ* have more than 400,000 active employees.

Branchebelang Thuiszorg (BTN) is the employee organisation representing entrepreneurs involved in home care and postnatal care. *BTN* represents approximately 90 member groups active in home care, postnatal care and mediation³.

Scope of employment opportunity

Employment opportunities in the *VVT* branch have increased over the past few years. Table 2.4 demonstrates that there were 427,000 positions filled by employees in 2009 (246,800 FTEs). Between

³ Source: <http://www.arbocatalogusvvt.nl/algemene-informatie>.

2004 and 2009, the number of jobs grew at an average of 2.6 percent per year. According to *Panteia* (2012), the number of employees increased further in 2010 to 443,300 (256,200 FTEs).

Table 2.4 Data on employees in the VVT

	2004	2005	2006	2007	2008	2009
Number of employee positions	375,230	380,000	406,000	400,000	411,000	427,000
Number of FTEs	216,896	219,653	234,682	232,558	240,351	246,821
<i>Nursing and retirement homes</i>						
Proportion of women	91.0%	91.2%	91.2%	91.3%	91.5%	-
Proportion of foreign origin*	12.2%	12.2%	12.5%	12.6%	12.7%	-
Mean age	40	41	41	41	41	-
Proportion 50+	23.4%	25.0%	27.2%	28.5%	30.2%	-
<i>Home care</i>						
Proportion of women	94.7%	94.6%	94.2%	93.9%	93.9%	-
Proportion of foreign origin	11.1%	10.8%	11.9%	12.0%	12.6%	-
Mean age	41	42	42	42	43	-
Proportion 50+*	27.0%	-	-	30.4%	32.6%	-

Source: www.azwinfo.nl; * Labour in Health Care and Welfare 2009 (van der Windt, van der Velde & van der Kwartel, 2009b)

Compilation of employment opportunities in terms of gender

The vast majority of employees working in the VVT branch are female. In nursing and retirement homes, 91.5 percent of employees are female and in home care, 93.9 percent.

Compilation of employment opportunities in terms of ethnicity

The proportion of persons of foreign origin working in the VVT branch has shown a consistent slight increase: in 2008, 12.7 percent in nursing and retirement homes and 12.6 percent in home care. According to labour a market analysis of the VVT branch (A+O VVT, 2009) non-Western foreigners (of Turkish and Moroccan origins) are underrepresented in the VVT branch as well as in registered nursing and practical nursing programs.

Compilation of employment opportunities in terms of age

Mean employee age rose slightly and is currently 41 years in nursing and retirement homes and 43 years in home care. The proportion of individuals over 50 years of age remains just under one-third of the total number of employees in both branches: in nursing and retirement homes, 30.2 percent is over 50 years; in home care, 32.6 percent. It is expected that the proportion of employees over 50 years of age working in the VVT branch will increase further to 40 percent (van der Windt, et al, 2009b)

Funding the care of the elderly

Elderly care, just as care of the disabled, is funded under the AWBZ and WMO (see section on care of the disabled). The AWBZ and WMO both require a co-payment from the individuals receiving assistance. The amount of the co-payment is dependent on income, age and family situation. The cost of caring for the elderly in 2001 was 9.1 billion euros and has risen to 16.0 billion euros in 2010 (CBS, 2011b).

2.4 Child care

The child care branch is subdivided into various forms:

- Day care for children 0-4 years of age
- Care outside of school hours for children 4 to 13 years of age (before and after school)
- Child-minding services for children 0-13 years (provided in the home setting)

The number of enterprises offering child care is shown in Table 2.5 to have risen 30 percent in the period 2006-2010. In 2010, a total of 2,800 enterprises existed in this branch. Almost three-quarters of these are relatively limited in size; fewer than 10 persons work at these enterprises.

Employer organisations responsible for child care

Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) is the only national employer organisation which advocates and represents the interests of child care organisations. Branch Organisation for Child Care came to be after a merger between the *Branchevereniging ondernemers in de Kinderopvang* (branch association for entrepreneurs in child care) and *MOgroep Kinderopvang*.

Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) (2012) represents more than 1,100 members representing approximately 80 percent of the entire sector. *Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) is involved in representation, advocacy, policy development, education, and other types of services.

Table 2.5 Number of enterprises in the child care branch in terms of size of enterprise (rounded-off to nearest 5).

Active employees	2006	2007	2008	2009	2010
1	745	965	1,040	950	1,005
2 to 10	830	890	880	945	1,010
10 to 50	440	465	505	590	590
50 to 100	65	70	95	105	100
100 or more	65	65	70	95	100
Total number of enterprises	2,145	2,455	2,590	2,695	2,800

Source: CBS Table: Enterprises; economic activity, size and legal type of business entity

Scope of employment opportunity

Table 2.6 reveals that employment opportunities in the child care branch have considerably increased over the past few years. The number of positions filled by employees increased from 54,700 in 2005 to 86,000 in 2010, an average growth of 11.4 percent per year.

Table 2.6 Data on employees working in the child care branch

	2005	2006	2007	2008	2009	2010
Number of employee positions	54,700	61,800	71,000	74,000	80,400	86,000
Number of FTEs	31,600	35,200	40,600	42,300	44,800	48,700
Proportion of women	96%	96%	96%	96%	96%	96%
Proportion of foreign origin*	14.6%	15.1%	15.6%	15.8%	-	-
Mean age	35	35	36	36	35	35
Proportion 50+	13.4%	14.1%	14.4%	14.2%	13.9%	14.3%

Source: Facts and Figures 2010 Child Care Branch (FCB, 2010b), * www.azwinfo.nl

Compilation of employment opportunities in terms of gender

For several years now, almost all positions in the child care branch have been held by women. Table 2.6 demonstrates that this percentage has remained stable at 96 percent between 2005 and 2010.

Compilation of employment opportunities in terms of ethnicity

In 2008, more than 15 percent of employees working in child care were of foreign origin, as seen in Table 2.6. In comparison with the VVT branch and the branch involved in caring for the disabled, this branch has the highest percentage.

Compilation of employment opportunities in terms of age

The mean age of employees working in child care was 35 years in 2010. Compared to the VVT branch and branch caring for the disabled, the child care branch has the lowest percentage of employees over the age of 50 years. In 2010, 14.3 percent of employees working in child care was 50 years of age or older. It is, however, expected that the proportion of employees over 50 years will increase in the coming years. Depending on developments pertaining to retirement age, this proportion will increase to approximately 18 percent in 2018 (van der Windt, et al, 2009b).

Child care funding

Child care is funded by the government and by parents (*Rijksoverheid*, 2012b). Government expenditures have tripled over the past few years: from 1 billion euros in 2005 to 3 billion euros in 2010. In the Netherlands, partial reimbursement for child care is available from the government. Parents may receive reimbursement if they make use of a registered child care centre or a registered child minder. This registration and must take place in the database called *Landelijk Register Kinderopvang en Peuterspeelzalen (LRK)* (National register for child care and nursery schools). The amount of reimbursement depends on the parents' collective means-tested income and the number of children in the family. For 2012, the government has reduced the amount of reimbursement as well as the number of hours reimbursed by linking these to the number of hours actually worked.

3 COLLECTIVE LABOUR AGREEMENTS

The second core research question of this project is: *What is the scope of collective labour agreements in the social service sector in terms of the numbers of employers and employees?*

In order to answer this primary question, the following sub-questions have been posed:

- Which social partners have been mentioned in the CLA?
- Who is defined as the employer?
- Which labour-related matters are incorporated into the CLA?
- What period of time does the CLA cover?
- When is the CLA up for renewal?

There is a specific collective labour agreement (CLA) for both the care of the disabled and the child care branch. No CLA exists for elderly care. As explained in Chapter 2, the Dutch system of caring for the elderly falls under the branch covering nursing home-, retirement-home, and home-care activities. A CLA has also been drawn up for this branch.

This chapter will initially describe how the Netherlands views a collective labour agreement and how one comes into being. The following paragraphs will discuss each sector's CLA separately in the form of sub-questions.

3.1 The Netherlands' definition of a collective labour agreement (CLA)

A CLA is considered to be the entire range of agreements between employers (or employer organisations) on the one hand, and employee organisations on the other; the agreements primarily or exclusively pertain to the terms and conditions of employment. A CLA often also contains agreements made to improve the quality of working conditions. A CLA may cover an entire branch at the national level, but also, at the regional level or one enterprise on the local level. The Dutch Collective Labour Agreements Act (*Wet op de collectieve arbeidsovereenkomst*) came into force in 1927⁴. It stipulates who is authorised to draw up a collective labour agreement (CLA) and who is bound to a CLA, among other things.

In the Netherlands, one is required to report a finalised CLA to the management of the *UAW* (*Uitvoeringstaken Arbeidsvoorwaardenwetgeving* - executory division for CLA-related legislation) of the Ministry of Social Affairs and Employment. CLA-parties that have drawn up a branch-level CLA may submit an application to have this CLA declared 'generally binding'. By having the CLA-stipulations declared generally binding they will initially cover all employers and employees falling under the scope of work that is regulated by the relevant CLA.

3.2 How a CLA comes into being in the Netherlands

When a (new) CLA needs to be drawn up, employers and employee organisations will negotiate with one another. The parties will consult their constituents prior to negotiating on topics needing discussion. Such topics may concern those left over from previous negotiating sessions, new topics, or subject matter of a technical nature. A letter of intent is the result of such discussion, representing the employers' as well as the employees' perspectives. If several parties representing employers or employees take part in the negotiations, a collaborative letter of intent, written on behalf of all, is often attempted.

⁴ http://wetten.overheid.nl/BWBR0001937/geldigheidsdatum_14-03-2012 Wet van 24 december 1927, houdende nadere regeling van de Collectieve Arbeidsovereenkomst

Negotiations may be suspended for a period of time if the social partners at the negotiating table cannot reach the desired collective labour agreement. Sometimes, the negotiating process can experience increased heat by demonstrations or the calling of a strike. The goal is then to get the social partners to attempt to renegotiate and find solutions for the points of disagreement. Generally speaking, parties will eventually reach an agreement. This does not mean that a CLA has immediately come into being. A negotiation agreement must first be presented to the constituents. A new CLA is born only when the majority of members of the various parties vote for the agreement. If a majority of constituents of an employee- or employer- organisation should vote against the agreement, the parties must then return to the negotiating table. It has occurred rarely that only one or two employee organisations have drawn up an agreement with the employer.

3.3 CLA for the Care of the Disabled

The CLA for the Care of the Disabled arose from the previous CLA for Hospital Services and the CLA for Short- and Long-Stay Facilities for the Handicapped. The CLA for Hospital Services was split up; the part covering the care of the disabled was merged with the CLA for facilities for the disabled. The relevant social partners were united under the *Overleg Arbeidsvoorwaarden Gehandicaptenzorg* (OAGz) (Committee for Terms and Conditions in Caring for the Disabled). The social partners on this committee hold discussions on the preparation, negotiation and execution of the CLA.

A new CLA covering the care of the disabled was drawn up in 2011 (VGN, 2011). This CLA covers the period between 1 March 2011 and 1 March 2014. Parties may amend the finalised CLA during its period of validity. If none of the parties involved requests termination of the CLA in writing at least one month before its expiry date, it will be prolonged annually for a period of one calendar year. The current CLA was submitted in March 2012 to the Ministry of Social Affairs and Employment to have it declared generally binding. This means that, to date, this CLA is only valid for the labour agreements made between the employer and employees as laid down in the CLA.

Parties involved in this CLA

The CLA 'Care of the Disabled 2011 - 2014' was drawn up by the following employer organisations:

- The Dutch Association of Health care Providers for People with Disabilities (VGM)
- MEE Nederland

And the following employee organisations:

- Abvakabo FNV (trade union)
- CNV Publieke Zaken (trade union for public services)
- NU'91 (New Union '91): a trade organisation for registered and practical nursing
- FBZ: *Federatie van Beroepsorganisaties in de Zorg* (Federation of Professional Care Organisations) and its related educational and research projects, namely:
 - *Ergotherapie Nederland (EN)* Ergotherapy Netherlands
 - *Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF)* Royal Dutch Society for Physical Therapy
 - *Landelijke vereniging voor Artsen in Dienstverband (LAD)* National Association of Physicians
 - *Nederlands Instituut voor Psychologen (NIP)* Dutch Association of Psychologists
 - *Nederlandse Vereniging van Mondhygiënist (NVM)* The Dutch Dental Hygienists' Association
 - *Nederlandse Vereniging voor Beeldende Therapie (NVBT)* Dutch Association for Visual Therapy
 - *Nederlandse Vereniging van Diëtisten (NVD)* Dutch Dietetic Association
 - *Nederlandse Vereniging voor Dans Therapie (NVDAT)* Dutch Association for Dance Therapy;

- *Nederlandse Vereniging voor Dramatherapie (NVDT)* Dutch Association for Drama Therapy
- *NVO, Nederlandse vereniging van pedagogen en onderwijskundigen* Dutch Association for Pedagogues and Educationalists
- *Nederlandse Vereniging voor Klinische Fysica (NVKF)* Dutch Association for Clinical Physics
- *Nederlandse Vereniging voor Logopedie en Foniatrie, sectie Gezondheidszorg (NVLFG)* Dutch Association for Logopedics and Phoniatrics, Health Care Division
- *Nederlandse Vereniging voor Psychomotorische Therapie (NVPMT)* Dutch Association of Psychomotor Therapy
- *Nederlandse Vereniging voor Muziektherapie (NVvMT)* Dutch Association for Music Therapy
- *Nederlandse Vereniging van Orthoptisten (NVvO)* Dutch Orthoptic Association
- *Optometristen Vereniging Nederland (OVN)* Optometrists' Association Netherlands
- *Vereniging van Geestelijk Verzorgers in Zorginstellingen (VGVZ)* Netherlands Association of Spiritual counsellors in Care Institutions
- *Vereniging Hoger Personeel Zorg (VHP Zorg)* Society of Professional Caregivers

Employers defined

In the CLA for the care of the disabled, an 'employer' is defined as a legal entity that manages a facility or accommodation whose purpose is to provide care and services to disabled persons. The following types of accommodation fall into this category:

- A facility for the care of the mentally disabled
- A facility for persons with sensory disabilities
- A facility for persons with minor intellectual disabilities
- A boarding school for children with developmental disorders
- A centre for the accommodation of the physically disabled (falls under the care of the disabled-umbrella)
- A day centre for the physically disabled
- A day centre for intellectually disabled persons
- A home-like permanent dwelling for the physically disabled
- A home-like permanent dwelling for the sensorially disabled
- A home-like permanent dwelling for the intellectually disabled
- A respite-care facility for intellectually disabled persons

In addition, facilities/accommodations whose purpose is to provide client support to persons with a limitation or chronic illness and their parents/relatives (formerly called *Sociaal-Pedagogische Diensten* - Social-Pedagogical Services) falls under the CLA for the care of the disabled. And finally: the VGN itself is also defined as an employer under the CLA for the care of the disabled.

CLA stipulations

Many terms and conditions of employment have been laid down in the CLA for the care of the disabled. These include the primary terms and conditions such as salary and weekly working hours, as well as fringe benefits such as time off and compensation for expenses. Of note in the CLA is the amount of attention paid to the subject of sustainable employability. For example, the preamble refers to further research into this topic by the CLA parties. In addition, the CLA contains extensive information on the *Persoonlijk Budget Levensfase* (age-related personal employee budget for extra time off or compensation), the stimulation of good health practices for employees and a system of multiple-choice terms and conditions.

Appendix 1 contains an overview of each chapter in the CLA for the Care of the Disabled 2011 - 2014 and the main provisions falling under each.

3.4 CLA for nursing homes, retirement homes and home care

As mentioned in Chapter 2 of this report, elderly care in the Netherlands falls under the broader sector responsible for care in nursing homes, retirement homes and home care. Postnatal and youth care also falls under home care.

In the *Sociaal Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg (SOVVT)* (committee of social partners involved in nursing homes, retirement homes and home care), employer- and employee organisations gather to crystallise matters (sometimes technical) and prepare for a CLA meeting. The first CLA that was drawn up in collaboration for nursing-, retirement- and home-care activities was valid from 2008 to 2010. Before then, the nursing- and retirement-home branch had its own CLA and the home care branch, also its own. The branch's current CLA will cover the period between 1 March 2010 and 1 March 2012 (SOVVT, 2010). The CLA was declared generally binding in December 2011 and is valid for all employers and employees who fall within the scope of the CLA.

Parties involved in this CLA

The CLA 2010-2012: Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care was drawn up in collaboration with the following parties:

- ActiZ
- *Branchebelang Thuiszorg Nederland (BTN)*.

And the following employee organisations:

- *Abvakabo FNV* (trade union)
- *CNV Publieke Zaak* (trade union for public services)
- *NU'91* – de trade union for nursing and caretaking
- *FBZ: Federatie van Beroepsorganisaties in de Zorg* (Federation of Professional Care Organisations) and its related educational and research projects, namely:
 - *Ergotherapie Nederland (EN) Ergotherapy Netherlands*
 - *Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) Royal Dutch Society for Physical Therapy*
 - *Landelijke vereniging voor Artsen in Dienstverband (LAD) National Association of Physicians*
 - *Nederlands Instituut voor Psychologen (NIP) Dutch Association of Psychologists*
 - *Nederlandse Vereniging van Diëtisten (NVD) Dutch Dietetic Association*
 - *Nederlandse Vereniging voor Logopedie en Foniatrie, sectie Gezondheidszorg (NVLF/G) Dutch Association for Logopedics and Phoniatrics, Health Care Division*
 - *Nederlandse Vereniging voor Psychomotorische Therapie (NVPMT) Dutch Association of Psychomotor Therapy*
 - *Vereniging van Geestelijk Verzorgers in Zorginstellingen (VGVZ) Netherlands Association of Spiritual counsellors in Care Institutions*
 - *Association for highly- and intermediately-skilled personnel in the health and welfare sector (VHP Zorg)*

Employers defined

An employer is considered to be a nursing home and/or a retirement home, or an organisation that provides home care. A home-care organisation may offer various types of services:

- Housekeeping
- Grooming (or personal care)
- Individual nursing care
- Supportive assistance
- Active support after rehabilitation
- Prenatal care
- Lending out nursing supplies
- Youth health care

- Dietary advice
- Immunisations
- Postnatal care

CLA stipulations

The branch involved in nursing-home, retirement-home care and home care (VVT) has drawn up an extensive CLA, just as the branch involved in the care of the disabled, in which various terms and conditions of employment and provisions have been incorporated. This CLA also emphasises sustainable employment of its personnel.

Appendix 1 contains an overview of each chapter in the CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010 - 2014 and the main regulations falling under each.

Negotiations for a new CLA

Negotiations for a new CLA started in February of 2012. The CLA was drawn up in a letter after collaboration by with the unions *CNV Publieke Zaak*, *Abvakabo FNV*, *FBZ* and *NU'91*. Formality dictates that this must occur two months before the current CLA expires, otherwise, it will be prolonged unchanged for a period of one year. As employer organisations intend to bring modifications into the new CLA, they have terminated the current one.

Employer- and employee- organisations have all published letters of intent containing requirements for the CLA negotiations. This is the result of the parties' intentions to modify certain points contained in the CLA.

3.5 CLA for Child Care

In the *Overleg Arbeidsvoorwaarden Kinderopvang (OAK)* (Committee for the Terms and Conditions of Employment in Child Care), employer- and employee organisations gather to negotiate a CLA. The most recent CLA that the employer organisations and the unions involved in child care finalised was valid from 1 May 2010 to 1 January 2012 (*FCB*, 2010) The CLA was declared legally binding by the Ministry of Social Affairs and Employment (SZW) and it currently applies to all employers and employees involved in child care.

Parties involved in this CLA

The CLA for Child Care 2010-2011 was drawn up in collaboration with the following employee organisations:

- *Maatschappelijk Ondernemers Groep (MOgroep Kinderopvang)*
- The *Branchevereniging Ondernemers in de Kinderopvang (BKN)* (Association of Entrepreneurs in the Child Care Branch)

And the following employee organisations:

- *Abvakabo FNV* (trade union)
- *CNV Publieke Zaak* (trade union for public services)
- *Vakbond De Unie* (union)

Scope of validity

The CLA is applicable to all enterprises offering invoiceable child care services to children up until the first day of the month in which they start middle school. The types of child care services falling in this category are: day care, before- and after-school care and (mediation in) child-minding services. An exception to this rule is the supervision of school-aged children staying on during the midday lunch break.

CLA provisions

The CLA for Child Care contains stipulations pertaining to primary terms and conditions of employment as well as fringe benefits. In comparison with the CLAs for caring for the disabled and the for the VVT branch, the CLA covering child care is less extensive and less specific. Appendix 1 contains an overview of each chapter in the CLA for Child Care 2010 - 2011 and the main regulations falling under each.

Negotiations for a new CLA

The CLA for Child Care expired in January 2012. Employer- and employee organisations have attended several negotiating sessions since December of 2011 in an attempt to draw up a new CLA; however, these negotiations continue to date. The desire for attractive terms and conditions on the one hand and the effect of cutbacks in child care on the other has led to tension in the negotiating process. The social partners have nevertheless managed to make agreements on the distribution of pension premiums and the indexation of compensation for the year 2012.

Until a new CLA comes into being, the current CLA is being amended. This means that the articles contained in the most recent CLA are valid and will continue to apply to individual terms and conditions of employment which the employer is required to implement. This is not automatically true for new employees hired after expiration of the CLA. In actual practice, however, the employer and employee usually voluntarily agree to have the CLA become part of the individual contract.

4 EMPLOYER INVOLVEMENT IN SOCIAL DIALOGUE

In this chapter, the third research question of the study will be discussed: *How many social service employers are involved in social dialogue and, at which levels?*

What the Dutch view of 'social dialogue' is will first be addressed. Social dialogue between social partners takes place in the Netherlands on four levels: nationally, in the health and welfare sector, at the branch level and at a facility level.

A description of the social partners involved in dialogue, the form in which it takes place and how it is accomplished for each of the levels can be found below.

4.1 The definition of social dialogue in the Netherlands

The PESSIS project defines social dialogue as, "*The dialogue between employer and employee*". In the Netherlands, social dialogue not only takes place between the employer and the employee. Social dialogue in the Netherlands is considered to be a broader activity in that it includes all forms of negotiation, as well as consultation and the exchange of information on socioeconomic topics. Some discussions are conducted not only by the social partners, but also in collaboration with other parties such as governmental or those from the academic arena. Social dialogue between employer- and employee organisations is most apparent during CLA negotiations.

Social dialogue between employer- and employee organisations takes place in the Netherlands on four levels:

- At the national level
- Within the health and welfare sector
- At the branch level
- Within a facility

The following consecutive paragraphs will explore how employers and employees are involved in social dialogue at each of the four levels.

4.2 Social dialogue at the national level

Several employer organisations and confederations of trade unions exist at the national level. They represent a large part of the branch organisations and defend their interests on both the national and international levels. Umbrella organisations for employees and the confederation of trade unions are in close contact with those in the political arena, public administration and other social organisations in the Netherlands and in Europe.

Branch organisations in the social service sector are associated with the following main national organisations:

- The Confederation of Netherlands Industry and Employers (*Werkgeversorganisatie Vereniging VNO-NCW*): *VGN* and *Brancheorganisatie Kinderopvang*
- *Werkgeversorganisatie MKB* (employer organisation for small and medium-sized businesses): *ActiZ*
- FNV confederation of trade unions: *Abvakabo FNV*

- Confederation of trade unions of the *Christelijk Nationaal Vakverbond (CNV)* (Christian Trade Union Federation): *CNV Publieke Zaak*
- *Vakcentrale voor Middengroepen en Hoger Personeel (MHP)* (Confederation of trade unions for mid- to highly skilled personnel): *De Unie, NU'91* (via *CMHF - Centrale van Middelbare en Hogere Functionarissen* [centre for mid- to highly skilled professionals])

A national platform on which the central employer organisations and confederations of trade unions play major roles is called the *Sociaal-Economische Raad (SER)* (Social and Economic Council of the Netherlands)⁵. The SER provides advice to government and parliament on main topics from the socioeconomic policies to be implemented. This council is comprised of:

- 11 representatives from confederations of trade unions (*FNV, CNV and MHP*)
- 11 representatives of central employer organisations (LTO [*Land- en Tuinbouw Organisatie* - Dutch Federation of Agriculture and Horticulture], *MKB* and *VNO-NCW*)
- 11 independent professionals appointed by Royal Decree.

The SER was legally established in 1950 because there was a need for more involvement by employers and employees in socioeconomic policy-making.

The Dutch Labour Foundation⁶ is another national discussion platform in which central employer organisations and confederations of trade unions are represented. The foundation was established in 1945 and is represented by central employer organisations *VNO-NCW, MKB* and *LTO* and confederations of trade unions *FNV, CNV* and *MHP*. The aim of the Dutch Labour Foundation is to stimulate good labour relations by means such as:

- The provision of information and advice to employer- and employee organisations
- Holding discussions with members of government and
- Advising the government either upon request or spontaneously

The Dutch Labour Foundation is involved in discussions of socioeconomic topics such as pension provisions, training and education, labour relations, recruitment and selection of personnel, child care, employee-dismissal policies and equal rights and compensation.

4.3 Social dialogue within the health and welfare sector

Collaboration also occurs within the health and welfare sector. For example, social partners sit on the boards of directors of organisations such as the Health and Welfare Pension Fund, the national platform for professional education called *Calibris*, and in the research project entitled *Arbeidsmarkt Zorg en Welzijn* (The Labour Market in the Health and Welfare Branch).

4.3.1 Collaboration of social partners involved in the *PFZW Pensioenfonds Zorg en Welzijn*, Health and Welfare Pension Fund

Social partners from the branches involved in care of the disabled, the *VVT* and child care work together for the *PFZW*. The board of directors of this organisation is comprised of social-partner representatives. The following employer organisations participate in the fund's management:

- *VGN*
- *MOgroep*
- *Nederlandse Vereniging Ziekenhuizen (NVZ)* Dutch Association of Hospitals
- *Geestelijke Gezondheidszorg Nederland (GGZ)* Dutch Mental Health Care Association
- *ActiZ*

⁵ <http://www.ser.nl/>

⁶ <http://www.stvda.nl/>

And the following employee organisations:

- *FBZ*
- *Abvakabo FNV* (trade union)
- *NU'91*
- *CNV Publieke Zaak*

The child care branch is represented by a seat on the board shared with *Jeugdzorg en Welzijn* (Youth Health Care and Welfare). The Health and Welfare Pension Fund is responsible for policies on provisions and the pension fund's net worth for more than two million health-and-welfare-sector current and former employees. The board is responsible for pension provisions and asset management of the fund. The board, which is comprised of the social partners, is also responsible for the proper execution of pension provisions.

4.3.2 Collaboration of social partners in Calibris (National Platform for Vocational Training)

Calibris is a centre of expertise responsible for maintaining the qualification structure of educational courses at the *MBO* (vocational) level in the sectors health, welfare and sports, as well as for the approval of enterprises offering internships. Calibris is funded by the Ministry of Education, Culture and Science and executes several pieces of legislation falling under the *wet Educatie en Beroepsonderwijs (WEB)* Education and Vocational Training Act. In addition, Calibris provides products and services to enterprises offering internships, educational facilities and branches upon request. The aim of Calibri is a more balanced and dynamic labour market; it also is working on more coherence between the vocational workforce and vocational training. The organisation functions as a mediator between schools and enterprises offering internships.

The Calibri Board of Directors is comprised of employer- and employee organisations and educational organisations. Each organisation belonging to one of these three groups appoints three representatives. The board consists of 10 persons, including an independent chairperson. The following employer organisations have members on the board:

- *MOgroep & VGN*
- *ActiZ*
- *Nederlandse Vereniging Ziekenhuizen (NVZ)* (Dutch Association of Hospitals) & *Geestelijke Gezondheidszorg Nederland (GGZ)* (Dutch Mental Health Care Association)

The following employee organisations have members on the board:

- *Abvakabo FNV*
- *CNV Publieke Zaak*

The board ensures that Calibris executes its legal responsibilities. These core tasks concern the qualifications structure, the facilitation of personal development and external validation procedures. For example, the board lays down the policy scope in which the qualifications structures, partial qualifications, programme aims and rules for accreditation are included. In addition, the board establishes a long-term policy plan for Calibris: the budget, annual report and annual financial statement. Interim progression reports on the legal tasks are also discussed by the board.

Calibris also supports various initiatives on a regional level that are aimed at improving the quantitative and qualitative integration of health care and social work-related training and the labour market. One recent example is the signing of a covenant between child care organisations in Zeeland and West Brabant (Calibris, 2012). On 2 February 2012, representatives of 16 child-care organisations, four educational programmes in pedagogy and Calibris placed their signatures on the second collaborative covenant. These organisations are now 'partners in education' and have the common goal of ensuring there are sufficient numbers of qualified pedagogic workers in child care.

4.3.3 Collaboration of social partners in the Dutch Health and Welfare Labour Market research project

Various parties in the Netherlands have joined together to set up a research project on the labour market in health and welfare (*Arbeidsmarkt Zorg en Welzijn (The Labour Market in the Health and Welfare Branch) [AZW]*). This project aims to acquire insight into the labour market status of the following branches:

- Hospitals
- Nursing home care, retirement home care and home care (VVT), including postnatal care
- Care of the disabled
- Mental health care (GGZ), including addiction rehabilitation
- Community services and welfare (W&MD)
- Youth care
- Child care

Representatives of the following labour market funds, or social partners, initiated the research program:

- *Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg (A&O VVT)* (association for labour market and educational policies in the VVT)
- *Stichting Arbeidsmarkt Gehandicaptenzorg (StAG)* (labour-market association for care of the disabled)
- *Stichting Arbeidsmarkt Ziekenhuizen (StAZ)* (association for labour market in hospitals)
- *Stichting O&O-Fonds Geestelijke Gezondheidszorg (OOGGZ)* (labour-market association for the care of the mentally disabled)
- *Stichting Fonds Collectieve Belangen (FCB)* (association for the collective interests fund)

The following parties are also initiators of this research project:

- Ministry of Health, Welfare and Sport
- Calibri, centre of expertise for on-the-job learning in health, welfare and sport
- *UWV Werkbedrijf* (the body that administers employee insurance schemes)

The purpose of the research project is to provide participating parties with a frame of reference so that they can be proactive in policy-making on a national level, at the CLA negotiating Table, in nationally operating institutions, but also locally and regionally. The health and welfare labour market organisation publishes an annual report which contains a brief summarisation of current and future labour market situations in the aforementioned sectors. The research project participants also publish a yearly regional report concerning labour-market situations of the various sectors at that level.

4.4 Social dialogue on the branch level

On the branch level there are many committees and organisations in which social partners from the branches caring for the disabled, elderly care and child care discuss new policies, projects, activities and CLAs.

4.4.1 Collaborative CLA negotiations

Firstly, CLA negotiations take place. These negotiations are often subject to certain terms and conditions. For example, there may be several employee organisations active in the branch, however not involved in the CLA negotiations. The right to participate may be based on the number of members, the number of years the organisation has existed, etc. Such conditions vary per branch.

The previous chapter thoroughly covered which employer- and employee organisations from the three branches are represented in the committee. The following paragraph contains a brief summarisation of those participants.

Care of the disabled

The relevant social partners were united under the *Overleg Arbeidsvoorwaarden Gehandicaptenzorg* (OAGz) (Committee for Terms and Conditions in Caring for the Disabled). The social partners on this committee hold discussions on the preparation, negotiation and execution of the CLA. The Dutch Association of Healthcare Providers for People with Disabilities (VGN) negotiates on behalf of *MEE Nederland*. The trade unions *Abvakabo FNV*, *CNV Publieke Zaak*, *FBZ* and *NU'91* negotiate on behalf of the employee organisations.

Nursing-home care, retirement-home care and home care

In the *Sociaal Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg* (SOVVT) (committee of social partners involved in nursing homes, retirement homes and home care), employer- and employee organisations gather to crystallise matters (sometimes technical) and prepare for a CLA meeting.

ActiZ and *Branchebelang Thuiszorg Nederland* negotiate on behalf of employer organisations. The trade unions *Abvakabo FNV*, *CNV Publieke Zaak*, *FBZ* (and associated organisations) and *NU'91* negotiate on behalf of the employee organisations.

Child care

Negotiations for the CLA take place during meetings of the committee for terms and conditions in child care *Overleg Arbeidsvoorwaarden Kinderopvang* (OAK). The *Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) negotiates on behalf of the employer organisations. The trade unions *Abvakabo FNV*, *CNV Publieke Zaak* and *Vakbond De Unie* negotiate on behalf of the employee organisations.

4.4.2 Collaboration on labour market funds

Another form of social dialogue which is fairly unique to the Netherlands concerns the labour market funds. Employer- and employee organisations sit together at the negotiating table to discuss a labour market fund. Their goal is to stimulate and improve the activities of the labour market of the branch they are involved in. Activities and projects conducted by members of a labour market fund are aimed at labour market policy and not on terms and conditions of employment.

Care of the disabled

In 2005, a collaborative social partnership in the branch caring for the disabled arose from the prior health care and welfare sector's fund; it is called: *Stichting Arbeidsmarkt Gehandicaptenzorg* (StAG) (an association for the labour market in the branch caring for the disabled). The StAG Board of Directors is comprised of eight members; four on behalf of the employer organisations and four on behalf of employee organisations. StAG participants include the employer organisation VGN and the employee organisations *Abvakabo FNV*, *CNV Publieke Zaak*, *FBZ* and *NU'91*. The StAG secretariat is staffed by *Centrum Arbeidsverhoudingen* (CAOP) (Centre for Labour Relations).

The purpose of StAG is to stimulate labour market functioning as well as the availability of education and training for the branch. Its desire is to create conditions for the provision of good-quality care to the disabled at socially acceptable rates.

The StAG publishes an annual policy plan (StAG, 2010 and 2011) which includes key elements that the labour market fund committee would like to realise and an annual report with results attained. StAG's projects and activities in 2010, 2011 and 2012 can be categorised into the following clusters:

1. Professionalism
2. Labour relations
3. Optimisation of working conditions
4. Participation and employability

In addition, the StAG executes projects and activities related to the CLA for the branch caring for the disabled.

Care of the elderly

In 2009, the *Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg (A+O VVT)* (association for labour market and educational policies in the VVT) was established.

This fund came to be as a result of a merger between *Stichting Arbeidsmarktbeleid Branche Verpleeg- en Verzorgingshuizen (SAB V&V)* and the *Stichting Fonds voor Arbeidsmarktbeleid en Opleidingen Thuiszorg (FAOT)* (both associations for labour market policy in the branch for nursing-home and retirement-home care and the association for the fund for a labour market policy and education in home care). The A+O VVT Board of Directors is comprised of 10 members. Five board members are named by the employer organisations (*ActiZ* and *BTM*) and five board members by the employee organisations (*Abvakabo FNV*, *FBZ*, *NU'91* and *CNV Publieke Zaak*). The board has advisory committees that offer advice on how to approach, contact, and to support projects; one committee concentrates on education in the VVT branch and in the labour market, the other on working conditions, sick leave and reintegration. The committees are comprised of members who are experts in these areas and are named by the board. The A+O VVT secretariat is staffed by the Centre for Labour Relations (*CAOP*).

The aim of the A+O VVT is to improve and stimulate labour market functioning at the national level; for example, by:

- Contributing to solutions for issues related to personnel
- Contributing to attractive work environments and good working conditions
- Offering educational opportunities by maintaining the three branch-accredited training programs, among other things
- Highlighting the distinctive aspects of working in nursing-home care, retirement-home care and in home care.

The A+O VVT publishes an annual policy plan which includes key elements that the labour market fund committee would like to realise and an annual report with results attained.

Projects conducted by A+O VVT over the past years can be categorised under six different themes:

- Labour market and education
- Circumstances of the labour market
- Human resource management
- Terms and conditions of employment
- Communication
- European Social Fund

These themes together form the umbrella under which the various activities and projects are initiated.

Child care

The Fund for Collective Interests (*FCB (Fonds Collectieve Belangen)*) is a labour market fund set up by and for employers and employees in the branches involved in welfare, social services, youth care and child care. On behalf of the child care branch, the employer organisation, members of the Branch Organisation for Child Care (*Brancheorganisatie Kinderopvang (Branch Organisation for Child Care)*) participate on the board and *CNV Publieke Zaak* and *Abvakabo FNV* do so on behalf of employee organisations. A steering committee acts on behalf of the board and advises it on policy-making. The representatives of this steering committee are on equal footing with the board.

The aims of *FCB WJK (Welzijn en Maatschappelijk Dienstverlening, Jeugdzorg en Kinderopvang)* (Welfare and social services, Youth Care and Child Care) are to collect and share information on the labour market and develop practical instruments for a healthy labour market. It focuses on research into the labour market, the influx of personnel, employee mobility and development, reducing sick leave and safe and healthy working conditions.

Within the *FCB* organisation, four key focus areas (*'programmalijnen'*) have been allocated and for each of these, a working party has been established which monitors whether a project meets the needs of the branch in the most optimal way.

Social dialogue at the branch level is also conducted by the *Stichting Bureau Kwaliteit Kinderopvang (BKK)* (Dutch association for quality in child care).

The establishment of BKK was a joint effort by employer- and employee organisations and parents. This initiative was in response to a goal established by the Ministry of Social Affairs and Employment aimed at

improving the pedagogic quality of child care. For 2009-2012, forty million euros was made available for the initiative. Members of the following organisations make up the BKK Board of Directors:

- The employer organisation Branch Organisation for Child Care (*Brancheorganisatie Kinderopvang*)
- Employee organisation *De Unie*
- Employee organisation *CNV Publieke Zaak*
- Employee organisation *Abvakabo FNV*
- Parents' organisation *Belangenvereniging van Ouders in de Kinderopvang* (*BOinK*)
(Parents of Children in Child Care Interest Group)

The BKK stimulates and supports regional collaboration and liaises between vocational educators and the workplace by sharing information and making a collective budget available, among other activities. In all regions, members of child care organisations and vocational educators have signed strategic covenants on specific agreements.

The BKK focuses on four main tasks:

- To stimulate collaboration between vocational educators and actual practice so that the continuous monitoring of quality requirements become second nature
- To stimulate the development of talent by focusing on possibilities for career progression, influx and promotion, differentiating roles and creating combined roles
- To develop and implement a pedagogical frame of reference for child centres for 0-4 years and for 4-13 years
- To manage and allocate an educational budget and a budget for *EVC (Eerder Verworven Competenties)* (Recognition of Acquired Competence) procedures so that child care organisations can stimulate pedagogical education for child care employees and managers as well staff involved in the training, support and coaching of pedagogical employees

4.5 Social dialogue within facilities

At the facility level, social dialogue occurs between an employer and employees by means of staff participation in personnel councils or employee representatives. The Works Councils Act (*Wet op de ondernemingsraden, WOR*)⁷. This law regulates the employees' say within enterprises in the Netherlands. It ensures that employees are involved in decision-making within the company and that they can exert their influence on policies. Staff participation also ensures that the employer receives information from the workforce. A personnel council (*ondernemingsraad, OR*) has two main tasks: to represent the employers and to collaborate with the employer in decision-making. These decisions pertain to social goals like good working conditions, as well as economic goals such as continuity of business and employment opportunities.

The WOR states at all organisations that employee at least 50 individuals is obligated to establish an OR. The WOR provides the personnel council with various rights and means:

- The employer will hold meetings with the personnel council
- The employer will provide the personnel council with information
- The employer will ask the personnel council for advice well before it needs to make decisions on important financial/economic or managerial affairs
- The employer will ask the personnel council for approval well before it implements actions related to decisions on company social policy in the broadest sense
- The employer will provide certain means (e.g. time) for personnel council-activities or training.

⁷ went into effect in the Netherlands in 1950::
http://wetten.overheid.nl/BWBR0002747/geldigheidsdatum_15-03-2012.

For small corporations having between 10 and 50 employees, the rule is that employers are obliged to establish a form of employee-representation (*personeelsvertegenwoordiging* [PVT]) if the majority of personnel requests it. The WOR also recognises employee representatives in that they are also required to be provided with information and have the right to approve of working-week agreements. Employee representatives, however, generally have fewer rights and means than a personnel council. If an organisation employing between 10-50 staff does not have employee representation or a personnel council, the WOR stipulates that the employer must get together with its employees twice a year to discuss the organisation's current state of affairs.

The CLAs for the branches involved in care of the disabled and child care, as well as for nursing-home care, retirement-home care and home care, all have provisions for staff participation. A brief overview of these provisions can be found below.

The CLA 'Care of the Disabled 2011 - 2014'

In the CLA for the care of the disabled (VGN, 2011), Chapter 13 is entirely devoted to the topic of staff participation.

The CLA contains the agreement that organisations with at least 35 employees are obligated to set up a personnel council. Members of such personnel councils are entitled to 300 hours per year during which they may execute activities related to the personnel council instead of their employment-related tasks. Members of the personnel council also hold the right to advise on the naming or firing of a member of the management team as well as the right to advise on interim changes to the budget.

This CLA also contains the agreement that the employer and personnel council or employee representative may agree on provisions two topics not included in the CLA (provided these agreements are not in opposition to legislation or CLA). The CLA also contains several 'may' provisions. The employer and personnel council may establish alternative stipulations with regards to one or more provisions. Example include provisions on special holidays or anniversaries, en bonuses for covering for another, or on wages for students age 21 years and older. Article 13.3 of the CLA contains information on the circumstances under which the 'may' provisions be enacted.

The CLA Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012

Chapter 10 of the CLA Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012 (SOVVT, 2010) pertains specifically to staff participation. The CLA contains no provisions on the number of employees an organisation must have before it is required to establish a personnel council or employee representative. Additional rights of the personnel council are, however, listed in article 10.1:

- The personnel council as the right to advise on the naming or firing of a member of the management team
- The employer must discuss policies for working hours with the personnel council at least once a year. Employees retain the right to participate in policy-making on the above point.
- The employer and personnel council will be proactive on topics such as workload and safety.
- Employer will meet with the personnel council on the topic of employment contracts at least once a year. Topics of this discussion will include whether or not to implement long-term contracts or expansion of part-time contracts, as well as issues related to the execution of the policies on the number of hours per work week.
- Together with the personnel council, the employer will establish a training plan and the necessary budget for it.

CLA for Child Care 2010 - 2011

The CLA for Child Care (FCB, 2010a) refers to 'A provisions' and 'B provisions' as early as in the foreword. 'A Provisions' are printed in the CLA in bold-faced type; no alternative stipulations may be made for these provisions. For the 'B Provisions', alternative agreements may be made at the facility level. At various places, the text of the CLA mentions that custom agreements may be made with the personnel council or with the individual employee. These custom agreements become invalid when the CLA expires.

Chapter 10 of the CLA for child care explicitly discusses staff participation. In article 10.1, agreements have been laid down that an employer of at least 10 but fewer than 50 employees is required to establish a personnel council. Members of the personnel council have rights to two days of training days per year. In addition, members of the personnel council may spend at least 75 of their working hours on activities for the council per year.

Chapter 10 of the CLA also extensively discusses the (additional) rights of members of a personnel council. For example, members have the right to express views on the compilation of the management team, when reorganisation is necessary, and in mergers.

Drafting a social plan

When a social plan needs to be drawn up, for example, in times of reorganisation, trade unions may participate in social dialogue in addition to the personnel council. A social plan may be drawn up by⁸:

- The employer only
- The employer and the employee organisations
- The employer and the personnel council
- The employer, employee organisations and personnel council

The role of the personnel council is often restricted when a social plan must be drawn up, because the Collective Labour Agreements Act (*Wet CAO*) does not see the council as a body having full legal authority. Members of the personnel council will often be co-signers in such cases. Members of trade unions who are experienced in negotiating usually vote on a social plan together with the employer. Social partners will sometimes mention in a particular CLA who will be involved when a social plan must be drawn up. In the CLA for the care of the disabled, it is indicated that the employer must 'be demonstrably proactive in establishing a social plan' together with employee organisations. The CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care obliges the employer to discuss provisions for unemployment allowances, part of any social plan, with its employee organisations. The child care CLA mentions the following: "...implementation of a decision to terminate employees will only take place after discussion with organisations whose members are employed by said employee."

⁸ Information obtained from www.sociaalplan.nl

5 MAJOR OCCUPATIONAL ISSUES IN CARING FOR THE DISABLED, THE ELDERLY AND IN CHILD CARE

The fourth research question elucidated in this report is: *What are the major occupational issues and, at which levels?*

In this Chapter, we will first discuss the factors influencing the labour market in the health and welfare sector. These factors pertain to political measures as well as to demographic developments. We will then discuss the current occupational issues affecting the care of the disabled, elderly care and in child care.

5.1 Factors affecting the labour market in the health and welfare sector

In this paragraph, we will discuss a few political and demographic developments currently taking place in the Netherlands that are influencing the social service sector and within the scope of this study. In the first place: the effects of austerity measures and investments in the three branches. Thereafter, we will explore the ageing population and fewer younger employees further as well as pension policies in the Netherlands.

5.1.1 Cutbacks and investments

In order to meet the European regulation that national budget deficits should remain below 3 percent, the VVD (*Volkspartij voor Vrijheid en Democratie* - People's Party for Freedom and Democracy), the CDA (*Christen-Democratisch Appèl* - Christian Democratic Appeal) entered into negotiations with support from the PVV (*Partij voor de Vrijheid* - Party for Freedom). In addition to the austerity measures totalling 18 billion euros agreed upon at initiation of the coalition government, a new packet of cutbacks totalling 14 billion euros must be compiled. In the end, the parties were not able to reach an agreement on these cutbacks. For this reason, on 23 April 2012, the VVD/CDA cabinet fell. The caretaker (*'demissionair'*) government consequently reached an agreement on an austerity package together with a few oppositional parties ensuring that the budget deficit remains below the European standard.

The health and welfare sector, which includes caring for the disabled, elderly care and child care, is largely dependent on government funding. The government wants to curb health care spending. At the same time, it wishes to invest in the quality of long-term care. Below is an overview of the cutbacks listed in the coalition agreement as agreed for the health and welfare sector. It is still unclear what consequences the second round of austerity measures totalling 14 billion euros will bring for the health and welfare sector.

Cutbacks

One measure affecting the care of the elderly and disabled is a 200-million-euro cut in the budget for housekeeping falling under the Social Support Act (*Wmo*). This will largely occur at the expense of the *persoonsgebonden budget* (personal budget) for home care. This cut will result in a decline in the request for home care and associated personnel (*AZW*, 2011).

Another governmental measure entails the daytime activities and support being transferred from the *AWBZ* to the *Wmo* (*AZW*, 2011). This measure is associated with an efficiency cutback of 5 percent. Daytime activities include offering support to persons with mental, physical or sensory disabilities and elderly with somatic or psychogeriatric problems. The transfer of activities means that municipalities will be responsible for the execution of this law as of 1 January 2013. One measure specifically affecting the care of the disabled is the government's proposal to lower the *AWBZ* IQ criterion for eligibility for care from 85 to 70. In doing so, fewer mentally-impaired persons will become eligible for *AWBZ* support.

The effect such measures will have is yet unclear; however, it is possible that they will lead to slower growth in the utilisation of health care services and resulting decline in the demand for employees. The social partners in the branches caring for the disabled and elderly (VVT) believe that it is important to acquire insight into the consequences of transferring personal support to the WMO and to anticipate these consequences.

In terms of child care, the previous government (Balkenende IV) increased parental co-payments and lowered the income criteria at which parents must pay the maximum contribution for the first child in a child care setting. In addition, the government linked child-care compensation to the actual number of hours worked by the parent working the least number of hours; the contribution was also restricted to 140 percent for day care and 70 percent for before-and-after school care. The current VVD-CDA coalition agreement contains additional proposals for such cutbacks. AZW (2011) mentions that a reduction in the demand for child care is to be expected, but that this decrease will remain limited for a time due to the waiting lists existing in the *Randstad* (conurbation) and current norms for the number of children per caregiver. The Branch Organisation for Child Care expects that the demand for child care will decrease much more significantly and thereby, branch employment opportunities as well (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care), 2011). Employees with contracts for just a few hours a week will especially feel the brunt of such measures.

Investments in Long-term Care 2011-2015

Besides cutting back, the current government wishes to invest in the quality of care for the elderly, disabled, and long-term mental health care. In September of 2011, The State Secretary for Health, Welfare and Sport drew up the *Convenant Kwaliteitsimpuls Langdurige Zorg* (covenant for investments for quality in long-term care) together with employer organisations in health care (*Rijksoverheid*, 2011). This covenant covers care of the elderly and disabled, among other areas.

Representatives of the following employer organisations have signed this covenant:

- *Zorgverzekeraars Nederland* (health insurance carriers of the Netherlands)
- *ActiZ* (organisation for entrepreneurs in health care)
- The Dutch Association of Healthcare Providers for People with Disabilities (VGM)
- *Geestelijke Gezondheidszorg Nederland (GGZ Nederland)* (Dutch association for mental health care)
- *Branchebelang Thuiszorg Nederland (BTN)* (branch organisation for home care)
- *Federatie Opvang* (Dutch Federation of Shelters)
- *De Verpleegkundigen en Verzorgende Nederland (V&VN)* (Dutch Nurses' Association)

The covenant lists the agreements made on structural additional investments in long-term care totalling 852 million euros per year. Agreements in the covenant state that this money will be used for:

- Training and recruiting 12,000 additional employees for primary long-term care
- Stimulating quality in long term care by training and recruiting additional caregivers and nurses as well as training current employees to a higher level of qualification
- Reduce administrative expenses

The covenant's aim is to have the 12,000 additional employees hired or in training by 31 December 2013. The covenant includes agreements on its scope, the roles of the involved parties, the reduction of administrative costs, the allocation of the funds and the monitoring of progression.

5.1.2 Ageing, fewer younger employees, and a shrinking (professional) population

An important development affecting the labour market in the Netherlands relates to ageing and fewer younger employees. The baby boomers, born after the Second World War, are retiring. At the same time, the number of children being born has declined and growth of the population has stagnated. In the Dutch health care sector, there is even what is called a 'doubly ageing' phenomenon taking place: current

personnel is ageing and the population is ageing. This phenomenon is resulting in various challenges. The increase in the number of elderly leads to an increase in the demand for health care and therefore, an increase in the need for employees (AZW, 2011). More elderly also leads to a shift in the type of care that must be offered. The question is whether this increased demand can be sufficiently addressed by an ageing staff. With a growing number of older employees, the jobs involving heavy physical labour are especially coming under pressure. In addition, worries exist about the influx of new employees because the population is shrinking in some regions, which is leading to a decrease in the number of potential employees (a decline in the number of persons aged 15-65 years) (AZW, 2011).

Modifications to the Dutch pension system

Because of ageing, there have been many recent discussions in the Netherlands about pension-system reform. Employer- and employee organisations reached new agreements on 4 June 2011 concerning the AOW⁹ and pension system¹⁰. On 10 June 2011, the government and the employer- and employee organisations crystallised the agreement further. The main points in this agreement are:

- The retirement age will go up to 66 years in 2020. It is possible that the retirement age will rise to 67 years in 2025.
- Individuals may opt for a flexible AOW when they stop working. If one should stop working before the age of retirement, one will receive less compensation under AOW. If one should stop working after the age of retirement, therefore making later use of the fund, one will receive more compensation under the AOW.
- It will be made easier for older employees to continue to work.

The measure aimed at increasing retirement age may lead to an increase in the number of available employees in the long-term.

5.2 Occupational issues in the social service sector

The health and welfare labour market research project's yearly employer surveys provide relevant information to occupational issues that are important to employers (Visser & Schoenmakers, 2012).

Such surveys are also taken by employers in the branch involved in caring for the disabled, the VVT branch and in the child care branch.

Issues related to staffing policies

The employer survey taken in 2011 addressed issues that employers experienced with their staffing policies. In the health care sector, the following issues were experienced the most:

- Controlling the workload (41%)
- Attracting (new) personnel (40%)
- Ageing staff (38%)

In the WJK sector (Welfare and social services, Youth Care and Child Care), the following issues were experienced the most:

- Controlling the workload (23%)
- Lack of available personnel do to leave of absence/holidays (18%)
- Salaries (18%)

⁹ AOW stands for Algemene Ouderdomswet (general Elderly Pensions Act) and was implemented in 1957. AOW is a form of basic pension for persons who work and live in the Netherlands and have reached retirement age.

¹⁰ Article: <http://www.rijksoverheid.nl/onderwerpen/algemene-ouderdomswet-aow/verhoging-aow-leeftijd>; <http://www.rijksoverheid.nl/onderwerpen/algemene-ouderdomswet-aow/documenten-en-publicaties/persberichten/2009/12/23/aanvullende-maatregelen-verhoging-aow-leeftijd.html>

In the health care sector as well as in WJK, controlling the workload is the most relevant issue when it comes to staffing policy. More than half of employers involved in care of the disabled (56 percent) and in nursing-home and retirement-home care (53 percent) have noticed an increase in workload over the past few years. The workload has remained stable in home care (50 percent) and in child care (66 percent). An increased workload has led to overtime in all branches. There is also an increase in sick leave, reduced quality of care, complaints from personnel and complaints from clients.

In the health care sector, the issue of attracting (new) personnel was mentioned many times. Branches involved in health care are dealing with a high number of difficult-to-fill positions. In nursing and retirement homes, 58 percent of employers believe that their open positions are difficult to fill. This is also true for 49 percent of employers in the home care branch. The open positions are almost always for nurses and caregivers. The main reason why these positions are difficult to fill is the lack of (qualified) applicants. In the branch caring for the disabled, the number of difficult-to-fill positions is less considerable at 29 percent. This is 27 percent in child care.

5.2.1 Major occupational issues in caring for the disabled

Current occupational issues in the branch involved in the care of the disabled are: sustainable employability, the influx and retention of personnel, working conditions and professionalism. Below is a brief elucidation of these issues.

Sustainable employability

With an ageing staff and fewer new employees, strategic staff planning and sustainable employability are major topics in the branch caring for the disabled. Research conducted on behalf labour market fund of the labour market fund *StAG* demonstrate that, although most facilities caring for the disabled do list sustainable employability as a point to be addressed, and that agreements have been made on diverse points between the employer and personnel council, there hardly are any policies on integral, collaborative policy on sustainable employability in existence (Molenaar-Cox et al, 2011). In addition, some people at facilities are not aware of the effects that ageing and fewer younger employees will have on their staffing policies.

The employer- and employee organisations are actively working on the topic of sustained employability. For example, social partners for the CLA for the care of the disabled 2011-2014 have undertaken measures that stimulate the sustainable employability of their staff. An employee has, for instance, a personal budget (PBL) available to him/her. The employee has a few hours added to his/her budget each month for taking time off as he or she sees fit, in consultation with the employer. In addition, facilities are required by the CLA to establish a training plan, together with the personnel council, in which attention is paid to sustainable employability and working. The *StAG* labour market fund also has 'participation and employability' as one of their key points and address this issue by stimulating and supporting sustainable employability within the facilities.

Influx and retention of personnel

Because of the aforementioned developments in terms of fewer young employees, it is important that the branch involved in care of the disabled to pay attention to the occupational desires of a new generation of employees. In studies on the factors affecting the retention of young personnel, heads of educational programs believe that the current generation of interns and younger employees is more assertive and stronger in verbal communication but, at the same time, is less disciplined and weaker in written communication (Calbris Contract, 2011). Additionally, it appears from this study that younger personnel caring for the disabled is least positive in terms of opportunities for career progression in this branch. As there is a fair amount of staff turnover amongst the younger employees, it is important that attention is paid to the best ways in which retention of new personnel caring for the disabled may be realised. Social partners are proactively following up on this important topic.

Working conditions

The improvement of working conditions is another issue receiving attention in the branch caring for the disabled. Social partners have worked together on an occupational manuscript entitled, '*Profijt van arbobeleid*' [the benefits of occupational policies] in which solutions are presented for major occupational issues. Social partners are currently trying to stimulate the use of his manuscript by the work force. On a related topic, the branches also working to support facilities in the area of contracting policies. One problem is that very few full-time contracts can be offered in the branch because of the division of tasks.

Professionalisation

The social partners are of the opinion that allowing employees to have more say and autonomy over the execution of their own tasks is an essential element in the care of the disabled in terms of the quality of this care. The CLA lists agreements made by employer- and employee organisations on investigation into employee participation in staff scheduling. In addition, social partners plan to establish a project in 2012 for on the development of a more professional employee identity and to stimulate staff pride within the branch caring for the disabled.

5.2.2 Major occupational issues in elderly care

Current occupational issues in the branch caring for the elderly are sustainable employability, influx and retention of personnel and flexibilisation of care.

Sustainable employability

In light of the expected shrinking of the labour market because of fewer younger employees and ageing, the increasing demand for health care and the increased retirement age, it is important that the branch involved in elderly care ensures that staff remain sustainably employed. Employer- and employee organisations have been actively working on this topic for some time now. They wish to stimulate organisations and to support them by implementing an integral approach to sustainable employability. They also believe it is important to stimulate the development and career progression of employees in order to increase employability (A+O VVT, 2011).

The social partners have just rounded off a pilot project conducted via the labour market fund A+O VVT aimed at increasing sustainable employment (A+O VVT, 2011). Furthermore, employer- and employee organisations in the CLA VVT 2010-2012 (SO VVT 2010) have agreed to conduct research and projects related to sustainable employability in the branch caring for the elderly. For example, parties involved in this CLA have agreed to make workload and safety high-priority issues within their organisations. The CLA parties have also agreed to provide information on personal budgets which is a means to increase sustainable employability of staff.

Influx and retention of personnel

In the branch caring for the elderly, shortcomings exist in terms of quantity and quality of staff. The influx of students on the VMBO level (*voobereidend middlebaar beroepsonderwijs* - preparatory mid-level vocational education) is falling; MBO (vocational) students are also choosing the 3rd level vocational nursing program (*Verzorgende IG [niveau 3]*) less often than before. In addition, there is a shortage of specialists in geriatric medicine on the academic level. The influx and retention of personnel is a major occupational issue for employer- and employee organisations. Social partners associated with the labour market fund A+O VVT are working together to increase the influx of new employees into the VVT branch. For example, they are increasing the influx by improving the image of the branch and stimulating recruitment. Furthermore, agreements have been laid down in the CLA VVT 2010-2012 to work together with regionally collaborating employers to facilitate the recruitment of young employees and individuals making career switches into the branch.

Care on demand

One development in elderly care is that older persons are living in their homes longer and are receiving the care and support that they need there (A+O VVT, 2009). Because of this, new forms of living accommodations and types of residences such as small-scale housing and neighbourhood centres are arising. The key element in care on demand is that the client assumes the central role in determining the type of care he/she receives. Organisations involved in caring for the elderly are faced with the challenges

of adequately meeting the combination of individual demand and efficient operations. Challenges for employees are to become more flexible and independent in the execution of their tasks and to be more available. Employer- and employee organisations are working together with the labour market fund A+O VVT in an attempt to facilitate and support the flexibility of organisations and employees as well as possible.

5.2.3 Major occupational issues in child care

Ageing is an occupational issue to which the child care branch is scarcely sensitive. The child care branch is dealing with different developments that are putting pressure on it. These developments include government cutbacks and topics related to quality assurance. Major issues for the branch include the retention of employment opportunities, the improvement of quality and the improvement of working conditions.

Employment opportunities

Radical interventions have taken place within the child care branch since 2010. Over the past few years and labour a market has largely shown the realisation of a good influx of personnel in terms of quality and quantity (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care), 2011). However, due to governmental austerity measures, increased parental co-payment has led to a reduction in demand and downsizing of child care organisations. There has also been a shift in demand: before-and- after school care is showing growth whilst there is less work available in the care of young children (*FCB*, 2011). For the social partners, it is important to stimulate the mobility of employees. *Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) expects that more attention will need to be paid on influx and quality within the next three years. For this reason, a short-term as well as a long-term vision is important for this branch (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care), 2011).

Quality

An essential aspect of the child care branch is quality. The Child Care Act was implemented in the Netherlands in 2005¹¹. This law regulates the quality of childcare and how this is measured, among other things. The government is paying much attention to the quality of child care and has decided to invest 20 million euros in 2012 (*Rijksoverheid*, 2012). In return for this investment, the Ministry of Social Affairs and Employment, together with employer- and employee organisations, parents, the scientists and inspectors, have drawn up a quality agenda. The aim of this agenda is the improvement of pedagogical quality. Together, the parties have undertaken a series of actions aimed at stimulating quality. These activities include:

- Improved safety monitoring
- Improvement of language and interaction skills in the pedagogical educational programs and for pedagogical employees
- Improving the quality of the management team
- Focusing more on supervision and maintenance

Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) will endeavour to establish a quality register for employees in child care in the coming years (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) , 2012). Through such a quality register, the branch organisations will pose requirements on the education of employees and effectuate a binding professional code.

Employer organisations are also undertaking actions related to the quality of child care together with the employee organisations. For example, social partners laid down agreements in the CLA for Child Care 2010-2011 to conduct research into the role competency profiles of child care employees as well as of child-minders and mediators. Furthermore, they will be studying the consequences of the *Wet Ontwikkelingskansen door Kwaliteit en Educatie (Oke)* (Development Opportunities Through Quality and Education Act) which was implemented in 2010 to improve the quality of child care and nursery schools.

¹¹ Wet kinderopvang http://wetten.overheid.nl/BWBR0017017/geldigheidsdatum_21-03-2012

Working conditions

Employer- and employee organisations have laid down agreements in the CLA for Child Care 2010-2011 (FCB, 2010) to conduct research into:

- Possibilities for saving for leaves of absences of by means of life savings accounts
- Self-scheduling
- Career progression and staying fit for the labour market
- A budget for individual options (a 'shop' for terms and conditions of employment)

With these measures, the social partners will stimulate employee autonomy and say over the execution of their own tasks. By giving the employees more freedom and responsibility, the social partners are stimulating the quality of care.

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APPENDIX 1 BRIEF OVERVIEW OF THE COLLECTIVE LABOUR AGREEMENTS

Table 1: Overview of CLA 2011-2014 for the Care of the Disabled

Terms of employment	Brief description
Preamble	<i>The preamble contains agreements between parties which need not be incorporated into an article in the CLA. These include agreements about training. In addition, it includes an introduction to the provisions agreed upon by the parties.</i>
Chapter 1 General provisions	<i>This chapter contains the definitions of terms used in the CLA. Furthermore, this chapter explains who the CLA applies to and to what degree the CLA applies to a business partner.</i>
Chapter 2 Initiation and termination of a contract	<i>This chapter contains provisions about the employment contract. Provisions concern factors such as the documentation and contents of an employment contract, the duration of the contract, termination, rendering non-active and death benefits.</i>
Chapter 3 General obligations of the employer and employee	<i>This chapter contains provisions on the obligations of the employer such as confidentiality, liability insurance, compensation for damages and legal aid. Also, provisions on the obligations of the employee such as confidentiality, reporting of absence, additional jobs and forbidden activities.</i>
Chapter 4 Role scale, salary and vacation pay	<i>This chapter contains provisions on the basic principles of the ranking of a position and the procedure for re-ranking of positions, the salary scales and their applications, all types of bonuses such as the thirteenth month, periodic raises, vacation pay, stimulation, payment for covering. Lastly, provisions on the tasks of the Landelijke Bezwaren Commissie (National Committee for Disputes) have been included in this chapter.</i>
Chapter 5 Students and resident physicians	<i>This chapter contains provisions on the process. When a student begins to work for an employer, the employer can enter into an employment contract within the scope of professional development. The CLA includes provisions on performance expectations, which accommodations have been arranged for the student, salary, support as well as provisions for interns.</i>
Chapter 6 weekly working hours and working time	<i>This chapter contains provisions on working times. These agreements concern full-time working hours on an annual basis and how these are associated with vacation, holidays, anniversaries, sick days and disability. Working times for specific groups such as pregnant women are also discussed in this chapter.</i>
Chapter 7 Compensation for overtime, special services and client vacations	<i>This chapter contains provisions on compensation employees receive for overtime, special services, irregular shifts, and night watch. The procedures for employees supporting clients while they are on holiday is also discussed.</i>
Chapter 8 Holidays and leaves of absence	<i>This chapter contains all the agreements made pertaining to vacation days, taking these, and all other kinds of leave such as parental leave, honeymoons, and leave for committee membership and the like.</i>
Chapter 8A <i>Persoonlijk Budget Levensfase ['personal phase-of-life budget'] (PBL):</i>	<i>This chapter contains information on the PBL. The employee receives additional hours as compensation that are deposited into this 'budget' each year. In this way, the employer uses the PBL to stimulate sustainable employability throughout all phases of the employee's life. How the PBL is to be used is discussed at the yearly evaluation.</i>
Chapter 9 Reimbursement for expenses	<i>This chapter contains arrangements made for employees' expense compensation such as travel, telephone, and moving expenses and the employer's contribution to the health insurance policy.</i>
Chapter 10 Social policy	<i>This chapter contains provisions on social policy at the national-, facility- and employee levels. Social policy incorporates everything having to do with terms and conditions of employment and labour relations.</i>
Chapter 11 Labour and health	<i>This chapter includes provisions on the promotion of employee health and how employee illness is handled. Agreements on preventive measures, actions related to sick leave and re-integration and continued salary during illness is discussed.</i>

Terms of employment	Brief description
Chapter 12 Multiple-choice system of terms and conditions of employment	<i>This chapter contains provisions on flexible terms and conditions of employment. Employees can use this system to exchange sources of money and time with money- and time-related targets.</i>
Chapter 13 Staff participation	<i>This chapter contains agreements on accommodations and privileges for staff-participation committees. It also contains an overview of provisions that are required to be incorporated by the facilities as well as the CLA provisions that may be altered by the facility in consultation with the staff participation committee.</i>
Chapter 14 Accommodations for employee organisations	<i>This chapter contains provisions for employees who are members of an employee organisation. For example, the rights and privileges for members of employee organisations and union activists are included in this section.</i>
Chapter 15 Unemployment allowance	<i>This chapter describes agreements made on the unemployment allowances that employees are entitled to in certain situations. The duration, amount, and termination of the employee allowance is described, among other things.</i>
Chapter 16 Provisions on transition and guarantees	<i>This chapter contains agreements made on articles previously determined in CLAs that have since expired; for example, the CLA for hospital services and the CLA for facilities for the disabled, which have been changed or are no longer valid. Certain target groups retain the rights to these provisions. Both technical and factual provisions are discussed.</i>
Chapter 17 Final provisions	<i>This chapter describes a few final provisions such as the application of the CLA to temporary employees, disputes as well as information on the duration, modification and termination of the CLA.</i>

Table 2: Overview of the CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012

Terms of employment	Brief description
Protocol	<i>The protocol includes agreements made between parties which need not be laid down in any article contained in the CLA. These general agreements pertain to studies or projects to be conducted that are beneficial to the entire sector. Such agreements are made during meetings by members of the committee of social partners involved in nursing homes, retirement homes and home care (SOVVT).</i>
Chapter 1 General provisions	<i>This chapter contains definitions of concepts such as employer/employee as well as CLA applicability to employees and to what degree the CLA is applicable to employees previously falling under a different CLA.</i>
Chapter 2 Labour relations	<i>This chapter contains agreements made on the duration of an employee contract, provisions on termination of the contract, duration of notice before termination, and provisions on when a contract may be terminated.</i>
Chapter 3 Salary	<i>This chapter includes an overview of all the salary scales and the application of these. In addition, all agreements made on wages are mentioned; for example, periodic raises, special compensation, thirteenth-month bonus, pension, gifts, employee savings account, etc.</i>
Chapter 4 Weekly working hours	<i>This chapter contains agreements made on the number of hours an employee must work, minimum/maximum-hour contracts and 'zero'-hour contracts.</i>
Chapter 5 Working times	<i>This chapter contains agreements made on required working and resting hours, breaks, night shifts, weekends off, compensation for night shifts and irregular shifts, broken shifts and shifted periods of work, overtime, etc.</i>
Chapter 6 Work-life balance	<i>This chapter contains agreements made on all types of leaves of absence and how such periods may be taken. In addition, agreements are laid down on the topic of the personal 'life-phase' budget and how this may be spent.</i>
Chapter 7 Multiple-choice system for terms and conditions of employment	<i>This chapter contains agreements made on flexible terms and conditions of employment. Employees can use this system to exchange sources of money and time with money- and time-related targets.</i>
Chapter 8 Labour and health	<i>This chapter contains agreements made on employee health. Agreements include the continuation of salary payment during illness and periods of disability, risk assessment and evaluation, the occupational health system, and policies on prevention and physical taxation.</i>
Chapter 9 Compensation and benefits	<i>This chapter contains provisions on compensation and benefits such as reimbursement for expenses for general travel, travelling between home and work, death benefits, unemployment allowances, contribution for pension fund, employee obligations, etc.</i>
Chapter 10 Staff participation and accommodations for employee organisations	<i>This chapter contains provisions on personnel-council privileges, leaves of absence related to membership of an employee organisation and the promotion of the initiation of a caregiver/nursing advisory board.</i>
Chapter 11 Role scale	<i>This chapter contains description of basic assumptions in the ranking of a particular role. The procedure for the re-ranking of positions can also be found in this chapter.</i>
Chapter 12 Mergers and re-organisation	<i>This chapter contains the agreements made on the procedure to be followed if a merger or reorganisation should take place.</i>
Chapter 13 Basic CLA implementation procedures	<i>This chapter contains agreements made on articles previously determined in CLAs that have since expired (for example, the CLA for home care and for nursing-and retirement homes) which have been changed or are no longer valid. Certain target groups retain the rights to these provisions. Both technical and factual provisions are discussed.</i>
Chapter 14 Final provisions	<i>This chapter describes a few final provisions such as the application of the CLA to temporary employees, as well as information on the duration, modification and termination of the CLA.</i>

Table 3: Overview of the CLA for Child Care, Child Centres and Child-minding Agencies 2010-2011

Terms of employment	Brief description
Foreword	<i>The foreword includes agreements made between parties which need not be laid down in any article contained in the CLA. These general agreements pertain to studies or projects to be conducted that are beneficial to the entire sector. Such agreements are discussed during meetings of the committee for terms and conditions in child care (Overleg Arbeidsvoorwaarden Kinderopvang, OAK).</i>
Chapter 1 General	<i>This chapter contains definitions of terms used in the CLA. Furthermore, this chapter explains who the CLA applies to and to what degree the CLA applies to a business partner.</i>
Chapter 2 Employer-employee relationship	<i>This chapter contains provisions on the obligations of the employer, such as confidentiality, and obligations of the employee, for example, forbidden activities.</i>
Chapter 3 Employee contract	<i>This chapter contains provisions on the employee contract such as commencement or termination, its content and agreements on suspension and non-active status.</i>
Chapter 4 Weekly working hours and work times	<i>This chapter contains provisions on the duration of the contract, work times, weekly working hours and the application of the Working Hours Act.</i>
Chapter 5 Salary	<i>This chapter contains all the agreements made on wages; for example, entry-level role scale and salary, periodic annual raises, thirteenth-month bonus, pension, employee savings account, the continuation of salary payment during illness, death benefits, etc. A bicycle reimbursement plan is also discussed in this chapter.</i>
Chapter 6 Compensation and reimbursement	<i>This chapter contains provisions on compensation and reimbursement for vacation, overtime, anniversaries, compensation for home-work travel job-related travel, job-related trips, moving expenses, telephone expenses, etc.</i>
Chapter 7 Holidays and leaves of absence	<i>This chapter contains various provisions for time off; for example, vacation time, the time-off budget, leave of absence for seniors, national holidays, extraordinary leaves of absence, long-term time off for the care of significant others, etc.</i>
Chapter 8 Social policy	<i>This chapter contains the social policy. Three provisions are listed: 1) Working conditions as defined in the occupational manuscript (Arbocatalogus) and by risk assessment and evaluation, 2) Stimulation of diversity and 3) The establishment of a code of conduct.</i>
Chapter 9 Influx, career progression and professionalisation	<i>This chapter contains provisions on career progression and opportunities for employee professionalisation. These include agreements on continuing education, performance evaluations, a development scan and EVC (Eerder Verworven Competenties) (Recognition of Acquired Competence). There are also provisions for students with internships or are employed in programmes for simultaneous working and learning.</i>
Chapter 10 Staff participation	<i>This chapter contains articles pertaining to various ways in which staff may participate such as having the right to vote; support for personnel councils and employee representation committees, compilation of the management team, reorganisation, mergers, leave of absence for union activities, accommodations and contributions are also discussed.</i>
Chapter 11 Disputes	<i>The final chapter contains information on the procedures in place for handling disputes.</i>

APPENDIX 2 BASIC FUNDING FOR THE HEALTH AND WELFARE SECTOR

The *Wet maatschappelijke ondersteuning (Wmo)* (Social Support Act) was introduced in 2007 and was intended for elderly persons with a disability or chronic mental disorder. The *Wmo* is executed at the municipal level and one can consult with the local government to request support for a client; whether support is granted and what type is determined at this level.

The *Zorgverzekeringswet (Zvw)* (Dutch Health Insurance Act) was implemented in 2006 and is a part of the Dutch health care system. Under this law, health insurance is required of everyone and everyone is insured under the *AWBZ* (Algemene Wet Bijzondere Ziektekosten) (General Exceptional Medical Expenses Act).

This applies to all Dutch citizens and persons living abroad but receiving income from labour from the Netherlands.

The *Algemene Wet Bijzondere Ziektekosten (AWBZ)*¹² covers expenses not falling under health insurance plans. The *AWBZ* is an obligatory collective health insurance. Before persons are entitled to *AWBZ* funding, the *Centrum indicatiestelling zorg (CIZ)* (Care Needs Assessment Centre) will ascertain if an indication for care exists. The *CIZ* will then determine what type of care is needed, how much care and for how long. The *AWBZ* fund pays for various types of care, including (*Rijksoverheid*, 2012):

- Personal grooming (assistance with dressing and showering)
- Nursing care (in the home)
- Support (help with activities of daily living enabling a patient to live at home for as long as possible)
- Treatment (assistance during recovery of an illness and/or helping ensure the illness/disability does not worsen)
- Short- or long-term hospitalisation in a care facility

The way *AWBZ* funding is paid out depends on the user's personal situation. There are currently four ways:

1. *Health care in kind*
Care is arranged by a health care mediator. This mediating enterprise will have various health care providers from which a client can choose. The mediator makes arrangements for the payment of the invoice.
1. *Persoonsgebonden Budget (PGB)* (Personal Budget)
Only clients who are entitled to long-term care in a facility may continue to make use of the *PGB*. A client then receives a *PGB* with which he/she can buy his/her own care. A client must contract a care provider and is responsible for the associated administration.
2. *Vergoedingsregeling persoonlijke zorg (VPZ)* (compensation for personal care)
The *VPZ* was implemented in January 2012. Clients can still buy care under this new system. Clients who need personal grooming, nursing, support or short-term hospitalisation are entitled to make use of this fund.
3. *A combination of health care in kind and the personal budget or personal care compensation*
Clients may opt for a combination of these forms.

A few provisions falling under the *AWBZ* will be modified in the future. The current government has decided to decentralise some of the tasks related to the *AWBZ* (*AZW*, 2011). For example, day activities and support will be transferred to the *Wmo* and short-term rehabilitative care will then fall under the Health Care Insurance Act.

¹² Rijksoverheid (2012a) '*AWBZ Zorg in 2012: Hoe krijgt u de zorg waar u recht op heeft* [AWBZ for healthcare in 2012 - How do you obtain the care you are entitled to]?', PDF Document, URL: <http://www.rijksoverheid.nl/onderwerpen/algemene-wet-bijzondere-ziektekosten-awbz/documenten-en-publicaties/brochures/2011/12/23/awbz-zorg-in-2012-hoe-krijgt-u-de-zorg-waar-u-recht-op-heeft.html>

APPENDIX 3 LIST OF STAKEHOLDERS

Members of the Dutch Association of Health care Providers for People with Disabilities (VGM) have discussed the draft version of this national report with various stakeholders during three committee meetings. Below is an overview of the representatives who were present at these meetings and who provided their input on the draft national report.

Stakeholder meeting	Organisation	Represented by:
1.OAGZ– Overleg Arbeidsvoorwaarden Gehandicaptenzorg (Committee for Terms and Conditions in Caring for the Disabled)		
	<i>Abvakabo</i>	Mr W.W.M. (Wim) van der Hoorn
	<i>CNV</i>	Mr A. (Aaldert) Mellema
	<i>Nu '91</i>	Ms J. (Jacqueline) den Engelsman
	<i>FBZ</i>	Mr B.H.G. (Bert) Steehouder
2. Adviescollege voor Arbeidszaken Gehandicaptenzorg (advisory board for labour-related affairs in the care of the disabled): Managers of facilities for the care of the disabled who represent the branch in terms of labour-related affairs		
	<i>Sherpa</i>	Mr J.A.P.M. (Anton) Maas
	<i>Stichting SOVAK [SOVAK Foundation]</i>	Ms H.G. (Heleen) Griffioen
Absent but had the opportunity to provide written supplementation		
	<i>MEE Utrecht</i>	Mr J.M. (Hans) de Dreu
	<i>Promens Care</i>	Mr W. (Wiecher) Haddingh
	<i>Stichting Talant [Talent Foundation]</i>	Mr F. (Erik) Kuik
	<i>Maeykehiem Foundation</i>	Mr H.J. (Henk) Laros
	<i>'s Heeren Loo</i>	Mr H.J. (Henk) Prins
3. AZO – Arbeidszaken Zorgbranche Overleg [committee for labour-related affairs in health care]		
	<i>BOZ Brancheorganisaties Zorg [organisations in the health care branch]</i>	Mr J. (Johan) van der Spek

	<i>ActiZ</i>	Mr A. (Adriaan) Wirtz
	<i>NVZ</i>	Mr T. (Tjitte) Alkema
	<i>GGZ Nederland</i>	Ms D. (Dineke) Moerman
	<i>GGZ Nederland</i>	Mr H. (Henk) Meppelink
	<i>NFU - Nederlandse Federatie van Universitair Medische Centra</i> (Dutch Federation of University Medical Centers)	Mr D. (Dirk) Kramer
Provided input in writing		
	<i>Brancheorganisatie Kinderopvang</i> (Branch Organisation for Child Care) (branch organisation for child care)	Ms H. (Hélène) Arons

Abbreviation	Dutch	English
CAOP	<i>Centrum Arbeidsverhoudingen Overheidspersoneel</i>	Centre for Labour Relations
VGN	<i>Vereniging Gehandicaptenzorg Nederland</i>	Dutch Association of Healthcare Providers for People with Disabilities
FTEs		full-time equivalents
MEE	<i>MEE Nederland</i>	("join")
VVT	<i>Verpleeghuizen, Verzorgingshuizen en Thuiszorg</i>	nursing homes, retirement homes and home care activities
PESSIS		Promoting Employers' Social Services Organisations In Social Dialogue
ActiZ		An employer organisation responsible for the VVT branch
BTN	<i>Branchebelang Thuiszorg</i>	home-care branch advocacy group
<i>Abvakabo FNV</i>		Trade union
<i>CNV Publieke Zaak</i>		Trade union
<i>NU'91</i>		Trade union
<i>FBZ</i>		Trade union
<i>Branchevereniging Kinderopvang</i>		Branch Organisation for Child Care
<i>MOgroep</i>	<i>Maatschappelijke Ondernemers Groep</i>	Employer organisation for the child care branch
<i>Vakbond de Unie</i>		Trade union
SER	<i>Sociaal-Economische Raad</i>	The Social and Economic Council of the Netherlands
StAG	<i>Stichting Arbeidsmarkt Gehandicaptenzorg</i>	Labour-market association for the care of the disabled
A+O VVT	<i>Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg</i>	Association for policies on the labour market and education related to nursing homes, retirement homes and home care
FCB	<i>Fonds Collectieve Belangen</i>	collective interests fund
WOR	<i>Wet op de ondernemingsraden</i>	Works Councils Acts
VWS	<i>Ministerie van Volksgezondheid, Welzijn en Sport</i>	Ministry of Health, Welfare and Sport
SZW	<i>Ministerie van Sociale Zaken en Werkgelegenheid</i>	Ministry of Social Affairs and Employment
FCB WJK	<i>Welzijn en Maatschappelijk Dienstverlening, Jeugdzorg en Kinderopvang</i>	Welfare and social services, Youth Care and Child Care
CBS	<i>Centraal Bureau voor de Statistiek</i>	Statistics Netherlands
EASPD		The European Association of Service Providers for Persons with Disabilities
GGZ	<i>geestelijke gezondheidszorg</i>	Mental health care

<i>W&MD</i>	<i>Welzijn en maatschappelijke dienstverlening</i>	Community services and welfare
<i>AWBZ</i>	<i>Algemene Wet Bijzondere Ziektekosten</i>	General Exceptional Medical Expenses Act
<i>Wmo</i>	<i>Wet maatschappelijke ondersteuning</i>	Social Support Act
<i>BTN</i>	<i>Branchebelang Thuiszorg</i>	Branch Organisation for Home Care
<i>LRK</i>	<i>Landelijk Register Kinderopvang en Peuterspeelzalen</i>	National register for child care and nursery schools
<i>CLA</i>		Collective Labour Agreement
<i>UAW</i>	<i>(Uitvoeringstaken Arbeidsvoorwaardenwetgeving)</i>	Executory division for CLA-related legislation
<i>OAGz</i>	<i>Overleg Arbeidsvoorwaarden Gehandicaptenzorg</i>	Committee for Terms and Conditions in Caring for the Disabled
<i>FBZ</i>	<i>Federatie van Beroepsorganisaties in de Zorg</i>	Federation of Professional Care Organisations
<i>PBL</i>	<i>Persoonlijk Budget Levensfase</i>	age-related personal employee budget for extra time off or compensation
<i>SOVVT</i>	<i>Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg</i>	committee of social partners involved in nursing homes, retirement homes and home care
<i>OAK</i>	<i>Overleg Arbeidsvoorwaarden Kinderopvang</i>	Committee for the Terms and Conditions of Employment in Child Care
<i>BKN</i>	<i>Branchevereniging Ondernemers in de Kinderopvang</i>	Association of Entrepreneurs in the Child Care Branch
<i>VNO-NCW</i>	<i>Werkgeversorganisatie Vereniging VNO-NCW</i>	The Confederation of Netherlands Industry and Employers
<i>MKB (employer organisation for small and medium-sized businesses):</i>	<i>Midden-en klein bedrijf</i>	small and medium-sized businesses
<i>CNV</i>	<i>Christelijk Nationaal Vakverbond</i>	Christian Trade Union Federation
<i>MHP</i>	<i>Vakcentrale voor Middengroepen en Hoger Personeel (MHP)</i>	(Confederation of trade unions for mid- to highly skilled personnel)
<i>PFZW</i>	<i>Pensioenfonds Zorg en Welzijn</i>	Health and Welfare Pension Fund
<i>WEB</i>	<i>wet Educatie en Beroepsonderwijs</i>	Education and Vocational Training Act
<i>AZW</i>	<i>Arbeidsmarkt Zorg en Welzijn</i>	The Labour Market in the Health and Welfare Branch
<i>OofGGZ</i>	<i>Stichting O&O-Fonds Geestelijke Gezondheidszorg</i>	labour-market association for the care of the mentally disabled
<i>BKK</i>	<i>Stichting Bureau Kwaliteit Kinderopvang</i>	Dutch association for quality in child care

<i>EVC</i>	<i>Eerder Verworven Competenties</i>	Recognition of Acquired Competence
<i>OR</i>	<i>ondernemingsraad</i>	personnel council
<i>PVT</i>	<i>personeelsvertegenwoordiging</i>	employee-representation
<i>PGB</i>	<i>persoonsgebonden budget (personal budget)</i>	personal budget
<i>AOW</i>	<i>Algemene Ouderdomswet</i>	General Elderly Pensions Act
<i>VMBO</i>	<i>voorbereidend middlebaar</i>	preparatory mid-level vocational education
<i>Oke</i>	<i>Wet Ontwikkelingskansen door Kwaliteit en Opleiding</i>	Development Opportunities Through Quality and Education Act)
<i>Zvw</i>	<i>Zorgverzekeringswet</i>	Dutch Health Insurance Act
<i>CIZ</i>	<i>Centrum indicatiestelling zorg</i>	Care Needs Assessment Centre
<i>VPZ</i>	<i>Vergoedingsregeling persoonlijke zorg</i>	compensation for personal care