# PESSIS2 Action 3 Outcome of Discussions of 4 Options at National Level The NETHERLANDS

#### 24 03 2014 and 28 05 2014

Action 2 of the PESSIS2 project focused on getting a better understanding of the interest of employers in the social services sector in 5 countries to participate in European Social Dialogue. One of the outcomes of this action was for each country to agree on a national Roadmap towards European Social Dialogue.

Action 2 was divided into 2 separate meetings. A first focus group was organised in each country to discuss the Strengths, Weaknesses, Opportunities and Threats (SWOT) of the Social Dialogue structures for their social services sector, as well as their interest in participating in European Social Dialogue. The focus group was followed by a second meeting, called Roundtable towards European Social Dialogue, which offered the opportunity to those present to discuss how their sector might be involved in European Social Dialogue, based on the following options:

- Joining the Sectoral Committee for Local and Regional Governments;
- Joining the Sectoral Committee for the Hospital and Healthcare sector;
- Creating an inter-sectoral Committee for the non-for-profit sector, including the social, health, cultural and education sectors;
- Creating a Sectoral Committee for the Social Services Sector.

The Focus Group was attended by Jacqueline den Engelsman, national manager NU'91 (trade union), Renate Fennis, management assistant VGN (employers organisation), Isabel Gaisbauer, senior advisor European affairs/researcher CAOP, Jan de Jong, senior policy advisor Actiz (employers organisation), Gerwin van der Lei, manager policy and services VGN, Aaldert Mellema, board member of CNV Publieke Zaak (trade union), Kitty Poppelaars, policy advisor childcare facilities Abvakabo FNV (trade union), Jessica van Ruitenburg, policy advisor care Abvakabo FNV and Luk Zelderloo, secretary general (EASPD).

The Roundtable was attended by Remco Bakker, board member Raphaëlstichting and member of the advisory committee on employers' issues VGN, Isabel Gaisbauer, senior advisor European affairs/researcher CAOP, Gerwin van der Lei, manager policy and services VGN, Aaldert Mellema, board member of CNV Publieke Zaak, Jan Visscher, senior policy officer VGN and Luk Zelderloo, secretary general EASPD. Beforehand, the points of view of parties who were not able to attend, Actiz, NU'91, Abvakabo FNV and FBZ were also consulted.

#### What was the Outcome of these discussions? Which option would you prefer to take?

First of all, both employers and trade unions underlined that setting up a European social dialogue for the social services sector in one way or another is of interest to them. However this positive point of view needs to be set within a broader framework of the organisations involved.

The employers' organisations (VGN and Actiz) both stress that a European social dialogue committee needs to be held against other priorities and the capacities available to organise, take part and contribute to such a social dialogue. Taking into account these two issues, the most obvious choice would be to join the Sectoral Committee for the Hospital and Healthcare sector.

Secondly, it needs to be stressed that the parties involved at the round table realise very well that several countries are involved in this project. Accordingly exchange with each other is needed to come to a common solution and outcome. Also the above is merely a reflection of the discussion of the round table, based on input given by the different parties. It is thus not a formal decision taken by the different boards of the organisations. This decision-making still needs to take place. In this way the exchange between the countries on the 5<sup>th</sup> of June can still be taken notice of for the board decisions.

## Why this approach?

As indicated above, setting up a social dialogue committee for the social services sector is a question of priorities and capacities for the employers' side. The right balance needs to be found between the priority given to setting up a committee (or joining another committee) and the capacities available.

Being involved at European level is felt as important and necessary, but not as a top priority. This involvement can be divided into two different aspects. On the one side influencing and being up-to-date on relevant European policies; on the other side learning from other involved social partners from the different countries.

Regarding the first aspect, the employers' organisations are already represented on European level in different ways. In addition, there is a reasonable close relationship between the secretary general of HOSPEEM and VGN. Moreover, European legislation in this field takes normally the form of directives. As a result there is room for national, and sometimes even local, input on how to reach the set goals, which means that a sector specific voice is not always needed. Accordingly the added value of a social dialogue committee for this aspect is seen more critically.

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Looking at the aspect of learning from one another, there is greater interest for this. A given example is the exchange of relevant research for the sectors.

The level of importance given to setting up a social dialogue committee combined with the capacities available to do so, result in the preference to join another social dialogue committee rather than setting up an own committee. Nonetheless the choice for this option is more a logical consequence of the given facts, rather than a fixed preference for this option a priori.

Taking it one step further and looking at the possible committees to join, preference is given to the Sectoral Committee for the Hospital and Healthcare sector. First of all, whereas the committee for local and regional governments is 100 percent public sector related, the hospital and healthcare committee is less public sector related and thereforecorresponds better to the Dutch situation. Secondly current issues on the agenda of the hospital and healthcare sector fit with the issues that are at stake in the Dutch social services sectors.

From the trade union side the value of setting up a social dialogue committee is not being challenged. All Dutch trade unions involved in PESSIS II are members of EPSU and also of other organisations like CESI. In general this is seen as positive and needed as there are some issues on European level the sector needs to deal with. Value given to a social dialogue on European level is positive, though differs amongst the unions involved. The way this dialogue should be set up has not been clarified.

It is important to note that this positioning remains a theoretical and preferred option, rather than a conclusive decision.

# What are the main issues with regard to participation in European Social Dialogue? What still needs to be tackled?

It would be helpful for us to discuss the main aim of the social dialogue in the long run. Will attention mainly be paid to trying to have a say on European policies relevant for the sector? Or will it more be on creating a platform of exchange with each other? What could be issues for the work programme? What are the expectations of the different parties regarding focus and activities with this social dialogue? Also the input and related capacity needed to give this input is of importance in order to take decisions on this.

One point that has been stressed by the trade union representative is to what extend there is or can be a level playing field on European level in the sectors involved. It is felt that a rewarding dialogue depends on the existence of or possibility to build up a level playing field, and thus on the differences in development of the sectors involved in the different countries. Also expectations related to this could be addressed beforehand. For example, is the aim of the dialogue to have a dialogue on a high level by likewise developed countries or to further develop the sector in certain countries?

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Moreover, the option of setting up a subcommittee within the social dialogue committee of the hospital and healthcare sector has been raised. If we would go down this way, would this be a possibility?

Another issue that came up during the focus group discussion and the round table was which countries should join the next step and which countries should join in the long run. Especially the position of Scandinavian countries could be of interest. Linked to this is also the general discussion on expectations on what the involved parties would like to take away from the European social dialogue.

Below you may find a summary of the discussions we had in the Netherlands, including the pros and cons of each option.

# - Joining the Sectoral Committee for Local and Regional Governments

- o Created in 2004
- o CEMR and EPSU are the two partners
- o Tackles topics such as public procurement, restructuring, recruitment and retention

#### **Pros**

0

#### Cons

o Too much public sector related.

# - Joining the Sectoral Committee for the Hospital and Healthcare sector

- o Created in 2006 after 6 years of negotiations
- o HOSPEEM and EPSU are the two partners
- Tackles topics such as Occupational Health and Safety, and Recruitment and Retention
- o 15 Full members in HOSPEEM, 14 active + 1 Observer (CEEP)

## **Pros**

- Near to own sector content-wise
- Already set up, less time and effort to set-up

#### Cons

0

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Pros		
Cons	0	
	0	
-	Creat	ing a Sectoral Committee for the Social Services Sector;
Pros		
Cons	0	Freedom and possibility to make a sector specific committee.
	0	Relatively more work as needs to be set up from scratch.

- Creating an inter-sectoral Committee for the non-for-profit sector,

including the social, health, cultural and education sectors.