

# Chapter 6

## Bargaining and quality of work under increasing strain: the case of the Netherlands

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### 1. Introduction

This chapter analyses the evolution and role of industrial relations in the public sector in the Netherlands in the period 2000-2015, focussing on three subsectors: hospitals, primary education and municipalities. Since Dutch municipalities perform a great number of tasks, we chose their role of reintegrating jobseekers because of the considerable amount of reforms in that area and related challenges for municipal employees. We start with a brief discussion of the Dutch public sector, public sector reforms, and general features of industrial relations in the sector. Then, for each subsector, we discuss the following interrelated research questions:

1. How have industrial relations changed?
2. What shape has public sector reform taken and to what extent (and how) have the social partners influenced these reform processes and their implementation?
3. What effects have reform policies had on the number and quality of jobs in the public sector?

Furthermore, we briefly outline the debate on whether public services in the subsectors might be affected by the changes to the numbers and quality of employment. In answering our research questions, we pay particular attention to the role of the financial and economic crisis.

Our data includes nearly 30 semi-structured interviews with stakeholders across subsectors as well as various types of policy documents and publicly available statistics. Unless stated differently, the information presented is based on interviews. An in-depth analysis of the various subsectors is followed by a comparative section highlighting several key themes. We conclude with a summary of our findings, followed by brief reflections on what they imply for the reasons underlying changes in the three subsectors (New Public Management, austerity-related or other), and the role of the state.

### 2. The public sector - an overview

The Dutch public sector in its narrow definition includes: central government, regional and local government (municipalities), the judiciary, the district water authorities, education, the security forces and police, and university hospitals. In addition, not-for-profit organisations are providing services in the areas of education, health and

housing (Noordegraaf 2009). Schools are government funded and supervised by the school inspectorate and regarded as part of the public sector as they serve a public goal. Within healthcare, the hospital sector consists of teaching hospitals, which are legal entities appointed by law to carry out particular public duties for which they receive government funding, and general hospitals, which tend to be foundations or private corporations for which public law does not cover (Yesilkagit and Van Thiel 2012). Both types of hospitals are financed by government and collective funding, denoted as semi-public: private organisations with a public goal.

## 2.1 Special status of public sector workers and the standardisation process

In terms of the distinctiveness of the public sector, the most important features are its formal characteristics: regulation by public law (for most organisations), government funding, and the public goals of its organisations. In 1929, the ‘public statute’ of public sector workers was established by the civil servants’ law (*Ambtenarenwet*) based on Article 109 of the constitution, similarly to other countries with a *Rechtsstaat* tradition. The public employment statute is accompanied by distinctive employment conditions, which include: the unilateral appointment of public employees, appeal procedures in the case of employer decisions such as disciplinary measures and dismissal, and unilateral binding determination of employment conditions by the employer. In 2016, the public statute applied to about 900 000 employees in the central, provincial and municipal governments, the police, the armed forces, the judiciary, the water authorities and to a large extent those employed in education (Leisink 2016:160-165). Since the 1980s, governments have taken measures to reduce the differences between civil servants and ordinary employees in terms of applicable labour law. This process is referred to as standardisation and is still ongoing (Barentsen 2016), culminating so far in legislation approved by parliament in late 2016. The Ministry of Interior Affairs expects it to be fully implemented by 2020.

## 2.2 Employment effects of the crisis

When looking at employment data from 2003-2013, the influence of the economic and fiscal crisis on employment becomes discernible. Over this period, public sector employment (in per capita terms) declined from 12.3% of the total Dutch labour force in 2003 to 11.3% in 2013 (OECD 2012). Patterns differ considerably across subsectors (Leisink 2016: 166-167). While, for instance, employment in central government went up and down, declining from 2009-2013, employment in provincial and municipal governments declined every year over the full period (except for 2009). In both primary and secondary education, employment increased until 2009 (with some fluctuations), it then declined modestly but steadily from 2009 onwards. In contrast, the number of employees in healthcare (teaching and general hospitals) increased steadily over the whole period with small fluctuations from 2009. Overall, since 2009, when the crisis struck, employment has been in decline in all subsectors except for healthcare, which has seen a slight increase.

## 2.3 Features of public sector industrial relations

The organisation of industrial relations in the public sector today is at first glance relatively similar to the private sector, due to standardisation having been underway since the 1990s. However, one major difference is the government's presence as a core actor in the public sector through its financing and regulating role. This unique role, in addition to the presence of the social partners, allows it to determine the degree of freedom and space for industrial relations actors to decide on wages, employment and working conditions, as well as to regulate top managers' wages. As this theme of the government as a powerful 'third actor' traverses the various research questions we address, we will return to this theme over the course of this chapter.

The overall unionisation rate of employees in the Netherlands has shown a declining trend, from 28% in the mid-1990s to 20% in 2011, falling to just above 18% in 2013. Compared to the private sector, public sector unionisation has been higher. Data on the subsectors of government, education and health and social care show an overall declining trend. Since 2006, the total number of union members across all sectors has declined, from 1.87 million to 1.73 million in 2015 (CBS 2016a). Nearly all employers in the hospital sector are organised in the Dutch Hospital Association (Nederlandse Vereniging van Ziekenhuizen, NVZ) and municipalities are voluntarily organised in the Association of Dutch Municipalities (Vereniging Nederlandse Gemeenten, VNG).

Wages and working conditions are determined at the national sectoral level. There, trade unions represent employees' interests through collective bargaining with employers' associations. Importantly, in contrast to the private sector, the government takes a major role as a third party through its considerable budgetary and regulatory influence. For publicly financed sectors that are covered in this study, budgets are determined at the central government level. However, the allocation of the budget differs between the sectors. In primary education, a lump sum is available, and the actual share of this budget for working conditions is open for negotiation. For general hospitals, within the limits of the budget made available by the ministry, collective negotiations are subject to a sectoral agreement to control healthcare costs (see section on hospitals). Finally, the budget available for municipalities' personnel costs depends on the amount allocated by central government through the municipality fund (Gemeentefonds), but negotiators are also bound by additional public sector agreements (e.g. banning wage increases). The resulting collective agreements typically cover all (public organisation) employers, making them generally binding. Of the subsectors covered, only in the semi-public hospital sector has the instrument of extending collective agreements, subject to approval by the Ministry of Social Affairs (Algemeen Verbindend Verklaring, AVV), been used.

Collective bargaining typically brings three to five unions to the bargaining table, usually after some sort of co-ordination of union demands, with the Dutch Federation of Trade Unions (Federatie Nederlandse Vakbeweging, FNV) as the largest umbrella organisation often taking the lead. Although they often do, not all unions sign all agreements under all circumstances. Collective agreements usually run between 1-2 years although exceptions exist. They bind all employees in a specific sector, featuring

some exceptions such as public top-level managers or general hospital medical specialists, many of which are self-employed. The law regulating collective bargaining stipulates that the validity of the current agreement is prolonged automatically if no new agreement is concluded before it expires.

It is hard to specify the role of the crisis concerning industrial relations for the entire public sector. The sectoral analyses address whether it increased tensions, affected negotiations or prompted industrial action or provoked unilateral decisions by governments or employers. Furthermore, it certainly had some effects on wages and, partially, working conditions (e.g. sectoral pension schemes and schemes regulating pre-pensions) across the sector, wherever pay freezes had been agreed and government budgets had been affected by the crisis. We cannot tell what effects the crisis had on trade union membership levels or employers.

### 3. Hospitals

Our analysis focuses on general hospitals, which are financed by the Ministry of Health and by collective insurance funding. We therefore exclude teaching medical centres, which receive additional funding from the higher education ministerial budget, as well as privately financed and specialised clinics, which are not covered by the collective agreements for general hospitals.

#### 3.1 Changes in characteristics of the social partners

Three trade unions operate in the area of hospital care: FNV (Zorg en Welzijn), belonging to an umbrella organisation FNV, CNV (Zorg en Welzijn/Connectief), belonging to the Christian umbrella organisation (Christelijk Nationaal Vakverbond, CNV) and the smaller union NU'91, representing mainly nurses. Another small trade union, De Unie (Zorg en Welzijn), is no longer active since 2009. FNV has seen a long and conflictive process of reorganisation with internal organisational changes, including a sub-division into 'sectors' introduced in late 2014 and renaming some members. The other unions, CNV and NU'91 have also gone through internal organisational changes and processes of professionalisation. FBZ is a federation of professional organisations rather than a trade union, representing different care professions present in hospitals at the collective bargaining table, while their members tend to represent their interests vis-a-vis policy-makers themselves. One important change for FBZ during this period has been to represent medical specialists employed by hospitals (*artsen in loondienst*), who are covered by collective agreements. For self-employed medical specialists with practices located in hospitals, other regulations and legislation apply. Represented by the Federation of Medical Specialists (Federatie Medisch Specialisten, FMS), their employment conditions are negotiated by the National Association of Salaried Doctors (Landelijke Vereniging van Artsen in Dienstverband LAD), which is affiliated with FBZ. As the only employer association, the Dutch Hospital Association (Nederlands Vereniging van Ziekenhuizen, NVZ), represents nearly all general hospitals in collective bargaining with unions/professional organisations. After 2008, the NVZ re-organised

its former department of social services into several distinct teams to improve and intensify support for their members.

### **3.1.1 Relationships and dynamics of collective bargaining and social dialogue**

During the period 1999-2015, ten collective agreements have been put in place (varying from 12 months to 36 months), introducing numerous changes to primary and secondary working conditions. Here, we highlight some trends regarding a number of themes with relevance for employment relations. Attention to sustainable employability has increased by introducing instruments like a careers scan, a personal life-stage budget (to promote work-life balance) and annual performance talks. At the same time, schemes to protect older employees (e.g. from working night shifts) have been cut back. Both developments led to greater individual differentiation of working conditions. In terms of promoting personnel mobility, the focus has been on internal mobility, as most of the time there was a threat of staff shortages rather than surpluses (SEO 2014: 86-87). To mention only some contentious issues between the social partners (i.e. not being exclusive), collective agreements (and preceding agreements on some main issues by the negotiating parties) show that the replacement of vested regulations on older employees - long defended by the unions - by the personal life-stage budget (introduced in 2009) was a long drawn-out issue. Another issue was how to deal with flexible and temporary employment contracts - resisted by the unions which demanded job security - given the intention by both social partners to avoid staff shortages and safeguard the provision of qualitatively good healthcare. In a protracted negotiation round, the threat of strikes was looming when unions rejected the NVZ's offer of wage increases, demanding more guarantees for increased job security and training (ETUI and AIAS 2015).

A general picture emerges of sometimes troubled negotiations, in which social partners try to modernise and adapt working conditions to the demands of the labour market. Similarly, earlier research found a moderate degree of conflict over the extent of wage increases as compensation for increased work pressure (Keune, Boonstra and Stevenson 2014). Respondents confirm this picture: overall, unions indicate that their relations with the NVZ have been somewhere between conflictive and consensual, with unions stressing the contentiousness more than employers do. While such judgements are necessarily subjective, looking at the extent to which negotiation deadlocks were met by industrial action shows that this was hardly the case. Only at the beginning of the period (2001) were hospital strikes staged in support of higher wages, and in early 2015, an extended strike threat after the breakdown of negotiations ended in a compromise after talks resumed (ETUI-AIAS Collective Bargaining Newsletter Archive, LexisNexis, various dates).

Turning to the dynamics of collective bargaining, collective agreements for general hospitals have been negotiated since 1999. Their coverage is very high. In order to extend coverage to (the small numbers of) private hospitals, which offer a substantial share of collectively insured services - and in that sense compete with general ones - one collective agreement (2011-2014) has been extended by the Ministry of Social Affairs and Employment (Ministry of Social Affairs and Employment, n.d.).

As for changes to the bargaining process during 2000-2015, the following aspects were significant:

- increasing limits on the possibilities of bargaining: the NVZ became more cost-aware than before 2006, when hospitals' deficits were habitually covered by the ministry;
- decentralisation tendencies: since the 2010s, social partners have come to think of collective agreements as general frameworks to be filled in locally by hospitals in view of increased diversification;
- more variation in and attention to the preparation and starting phases of collective bargaining rounds: sometimes negotiations begin without initial offers, sometimes following previous co-ordination between unions although due to diverging union strategies this became less common;
- more variation in the duration of collective agreements: specifically, a trend towards longer agreements (2-3 years rather than 12-17 months since 2009) that offer more financial stability and predictability to the signatories' various collective agreements.

The Sectoral Social Dialogue (Regulier Overleg Ziekenhuizen, ROZ) is formalised in a designated organisation under that name which oversees regular monthly meetings of the unions with the NVZ, also in the context of the allocation of the Sectoral Labour Market Fund (Stichting Arbeidsvoorwaarden Ziekenhuizen STAZ). The NVZ talks about the two different fora in neutral manner, while unions are on the whole positive about them.

### 3.1.2 Role of the crisis

The economic and financial crisis exacerbated the already present cost-containment pressures in the healthcare sector generally. Since the introduction of the Health Care Act (see next section), hospitals are under constant pressure to work more efficiently and reduce costs while increasing the quality of care (Keune, Boonstra and Stevenson 2014). Policy documents and interviews alike indicate that the crisis was met with ongoing co-operation between social partners to solve the additional problems it presented to the sector rather than increasing disagreements and conflict.

More specifically, the NVZ reported much stricter government demands for budgetary discipline compared to the pre-crisis period, and the necessity to contain macro-level costs. Importantly, the government did not downsize the statutory package of collectively insured services, forcing hospitals to deliver care as previously, but with a lower total budget. Trade unions note different aspects of the crisis, including: delayed crisis effects compared to the private sector and more attention to cost containment at the expense of investments in staff. With a view to government-sector relations, ministerial policy-makers add that the crisis was an important factor in intensifying their relationship with some sectoral stakeholders (employers and professional organisations, patients' organisations), but less so with trade unions. This is because a decrease in spending for healthcare appeared to be paramount, leading to increased efforts to win those stakeholders able to curb spending through sectoral agreements,

while the trade unions seemed less important in this context - with the exception of their involvement in a separate agreement on healthcare employment (*Zorgakkoord*) in 2013.

## 3.2 The role of industrial relations in shaping the sector

### 3.2.1 Reforms and reasons for change

During the last decade, numerous developments have been affecting the hospital sector. Prominent challenges affecting organisational and working practices in the hospital sector include:

- demographic changes (ageing of the population), resulting in an increase of chronic illnesses and the overall demand for health care;
- more acute patient diagnoses, because the threshold for patients to be hospitalised had been considerably raised;
- increased complexity because of technological innovations, more complex treatments, more protocols etc.;
- an ageing working population of nurses and doctors, while pressures to increase their pension age is problematic given work pressures;
- more emphasis on education and the need for continuing training for existing personnel as a result of the changes listed above; ensuring the attractiveness of the sector for incoming personnel.

In 2006, the government introduced the Health Care Act, which marked a shift from a public budget-financed and fully government-regulated system to a semi-public system of regulated market competition, with private insurers playing an important role vis-à-vis suppliers of health services, such as general hospitals. That systemic change involved market competition between insurers to curb endemic increases in healthcare spending (Helderman and Stiller 2014), limiting cost increases to keep care affordable alongside ensuring high quality and accessibility.

However, healthcare costs continued to rise more than anticipated (6-7% annually) at a time when the financial crisis started to trigger austerity measures across ministries. With its large share of the overall budget, in 2011 the Ministry of Health concluded the first of several financial agreements (Bestuurlijk Hoofdlijnenakkoord 2012-2015) with healthcare providers such as general hospitals and teaching medical centres and healthcare insurers. Agreements capped structural growth rises at 2.5%, excluding wage and price adjustments, or 5.3%, including wage and price adjustments, with downward adjustments after 2014 (Ministry of Health 2011, National Court of Audit 2016). Their effects on collective bargaining remain unclear, however, as explicit guidelines about the development of wages (and prices) are lacking (National Court of Audit 2016).

### **3.2.2 IR actors and ways of influencing reform processes and implementation of reforms**

Collective bargaining activities played no role in influencing reform processes. Rather, negotiators typically dealt with the consequences of legislative changes if reforms had ramifications for wages or employment conditions. Similarly, discussions in the social dialogue fora focussed on the implementation of policy objectives and regulations, some of which dealt with the effects of government policies and legislation. For instance, following the 2013 Health Care Pact, a role was given to both the ROZ and the STAZ in an active labour market policy that would help retain well-trained employees, encourage investments in training and development, and career trajectories (collective agreement 2014-2016).

### **3.2.3 Relationships with central government and the role of lobbying in reform processes**

Efforts to influence government legislation took place through lobbying efforts, although to varying degrees if comparing employers and employee organisations. The NVZ maintains close contact with ministry circles, and describes its role as a lobbying organisation, representing their members' interests in the light of new rules and legislation and keeping policy-makers informed of the consequences of their plans. Apart from their links to ministries, employers and other professional organisations reportedly keep in touch with the Parliamentary Commission for Healthcare, another common venue for political lobbying. Several respondents indicated that the FMS (Federation of Medical Specialists), which represents self-employed specialists in hospitals, is closely involved when legislation impinges on their interests such as the regulation of their income.

On the whole, unions' lobbying efforts have been less consistent and widespread over the period in question, partly due to organisational change and priorities, changes in internal leadership and limitations of staff capacity. Consequently, any clear successes are hard to pinpoint. For some, policy advisors and directors are responsible for lobbying activities of the central government in The Hague, but their achievements are perceived as limited. In addition, negotiators maintain regular contact with the department monitoring labour market issues at the Ministry of Health (MEVA) on issues relevant to collective bargaining, but their impact remains unclear.

From the perspective of policy-makers, unions have overall been much less visible in lobbying efforts than professional organisations, as the FMS and NVZ, which habitually keep strong links with the ministerial department for healthcare are regularly consulted on the process of initiating new legislation. Also, the unions were not involved in the Health Care Pact and the financial agreements from 2011 onwards.

### 3.3 Effects of reform policies on employment

#### 3.3.1 Number of jobs

A sectoral employment report (UWV 2015) stresses that the healthcare sector was still growing in the post-crisis period from 2008 to 2012, unlike the private sector. After that, some factors led to an overall decline of employment in the health sector of 4% (49 000 jobs) between 2012 and 2017. Hospitals, however, were said to be less affected. The development of total employment in general hospitals in the post-crisis period (table 1) shows a general upward trend in employment with an increase of nearly 2.5% between 2010-2014.

Table 1 Total personnel employed in hospitals 2010-2014

	2010	2011	2012	2013	2014
Total	254 778	256 419	261 195	260 068	262 530
General hospitals	185 648	185 491	188 348	185 523	190 268
Change general hospitals	NA	-157	+2 847	-2 825	+4 745

Source: [www.dutchhospitaldata.nl](http://www.dutchhospitaldata.nl), Kengetallen NL ziekenhuizen 2013, 2014. Row 'total' includes teaching hospitals.

The picture is different when focussing on the core of hospital personnel such as medical and care staff, as shown in table 2. Taking into consideration total numbers and full-time equivalents, there has been a declining trend in employment since 2012. Interestingly, during the last 5 years, the initial growth in total numbers has decreased on average while the data on full-time equivalents (FTE) shows an average increase. The NVZ interprets this contradiction as an increase in average working time per employee (NVZ 2016).

Table 2 Total personnel employed in hospitals (1) and personnel in general hospitals (2) in FTE (in thousands)

	2010	2011	2012	2013	2014	2015
(1)	176.7	177.4	179.1	177.2	175.9	175.3
change in %	NA	0.4	0.9	-1.0	-0.7	-0.3
(2)	123.9	125.4	127.0	125.8	124.6	125.2
Change in %	NA	1.2	1.3	-0.9	-1	0.5

Numbers exclude trainees and non-salaried personnel.

Source: NVZ Brancherapport 2016, p. 61, 62.

It is unclear to what extent the 2006 Health Care Act affected this downward trend and if so, how. Regarding the separate employment effects of the crisis, the NVZ doubts a direct (and additional) effect on absolute numbers of personnel.

#### 3.3.2 Quality of jobs

The hospital sector has seen a number of trends that affect the quality of jobs including types of jobs, qualifications needed (especially for nurses), etc. In general, these trends

are specific to the healthcare sector and are partially related to austerity, that is, cost-containment pressures that had already been present before the financial-economic crisis, but were likely exacerbated in its aftermath. Looking at the period 2006-2016, wage increases based on collective agreements declined from around 3% before 2009, becoming relatively modest (1-2%) during the immediate crisis years 2009-2012, only to recover somewhat after 2014 (collective agreements, various years and Loonwijzer n.d.).

Most recently, the distribution of contract types in hospitals was as follows (AZWInfo databank, n.d.), showing more than 85% open-ended contracts. This figure is higher than for the whole health and social care sector (73.9% open-ended and 15.7% flexible contracts in 2016).

Table 3 Contract types in hospitals 2015-2016

	2015	2016
Open-ended contract, fixed hours	85.9%	85.6%
Fixed-term, fixed hours	4%	5.3%
Flexible contracts	3.8%	4.5%
Self-employed	4.5%	4.6%

Source: AZWInfo database, n.d., figures do not add up to 100% because of an 'other' category.

Respondents note the creation of many more flexible contracts and an increase of outsourcing facilitating jobs in recent years (e.g. in administration, ICT, catering), resulting possibly in lower pay if those jobs are covered by less generous sectoral collective agreements. Also, the increase in patients' 'own risk' payments may have increased the demand for flexible staff. This is due to increased economic risks (effects of less treatments consumed) being met by hospital boards through diversifying their personnel composition, using more flexible and temporary contracts than before. Greater financial uncertainty also manifested itself through the introduction of a new funding system for treatments based on *diagnose behandelcombinaties* (DBC's – Diagnosis Treatment Combinations), leading hospitals to use their financial reserves to cover expenses before getting reimbursements, with potential effects for personnel policy. In addition to more flexible jobs, employees tend to work more hours. The part-time factor for hospital personnel has been slowly increasing over time from 0.72 in 2004 to 0.77, being closer to four days a week in 2015 (0.77) (AZW info databank/CBS n.d.).

Along with changes in types of contracts and working hours, patient-related staff have been confronted with changing demands on the shop floor, translating into higher requirements for competences, education and ongoing training. Dealing with more serious conditions of in-house patients and shorter stays necessitates more responsibility and resilience for caring professionals. Furthermore, we can discern an increasing level of qualifications towards higher professional education. Employers also see more diversification in job positions compared to the pre-2006 situation. How to facilitate and fund continuous training has been on the agenda of the social partners throughout the period, with labour shortages looming on the horizon, supported by

a ministerial programme called *Kwaliteitsimpuls Personeel Ziekenhuiszorg* and co-financed by the Ministry of Social Affairs since 2014. The 2014 collective agreement directed attention towards training facilities, budgets and securing permanent contracts, but putting these objectives into practice is another issue.

Turning to trends in some key indicators of the quality of employment, we see that work stress, and ways of reducing and handling its risks for employees' well-being, has been a recurring issue in the healthcare sector as a whole, including general hospitals. Trade unions have been consistently pointing to the problem and putting it on the (collective bargaining) agenda. An FNV survey (2016) reports no improvement since 2014, summing up that 50% of hospital employees have considered looking for another job outside the sector (especially for those aged 25-44), and 75% of all hospital employees rate their work pressure as high or too high (Nursing 2016). Moreover, absenteeism amongst hospital personnel was 4.35% cent in 2015, somewhat higher than the Dutch average across the whole economy.

Taking a broader look at working life, sectoral labour market fund STAZ and the ministerial research programme AZW have been monitoring areas such as work experience, feeling secure at work and sustainable employability of employees since 2013. Despite reportedly high work pressures and moderately high absenteeism, the NVZ (2016: 69-71) reports improvements compared to benchmarks from other subsectors and the general Dutch workforce. At the same time, the nature of patient-related work in hospitals regarding the level of demandingness, long and irregular working hours and rising complexity continually poses challenges for employees' work-life balance, especially for older employees. After 2009, when the collective agreement opened up possibilities to expand the deployment of older employees in irregular shifts, and following research into the risks of such working patterns for patient safety (IGZ/Ministry of Health 2011, IVA 2011), the social partners worked together to explore efficient ways of enabling safe night shifts. More recently, techniques such as 'self-scheduling', have been deployed as promising tools: innovative scheduling methods have advantages such as respecting the preferences of employees, contributing to control over workload and pressure, and helping to save costs by attuning personnel to fluctuations in demand for patient care and the intensity of care (STAZ 2017).

### 3.4 The debate on changes in employment and public service provision

These changes in employment may potentially have an impact on the provision of care services, but whether this is actually the case is up for debate. We limit ourselves here to presenting some data on the evolution of Dutch hospital performance, and to providing an outline of the views of social partners and policy-makers on the matter.

In its 2010 sector report, the NVZ reported on the performance of Dutch hospitals in a comparative perspective in terms of quality criteria. Then, Dutch hospitals scored highest within the Euro Health Consumer Index, (8.75 on a scale from 1 (lowest) to 10 (highest)) in 2009, ahead of nine other European countries. Looking at accessibility and quality of hospital care, there are numerous indicators for the former, included

e.g. in consumer surveys, while the aspect of quality is much harder to measure, both on a national scale, and with an international perspective (NVZ 2010: 22-23). As for regular international comparisons, judgements on countries' performance are greatly dependent on the types of indicators used. For instance, the OECD's annual Health at a Glance report has separate indicators on 'access to care' and 'quality of care' (OECD 2015a), amongst others, while the Euro Health Consumer Index (Health Consumer Powerhouse, n.d.) offers indicators on 'accessibility/waiting times for treatment' and 'outcomes', among others.

In general, systemic change in 2006 increased cost pressures on hospitals, leading to organisational changes based on efficiency considerations as well as pressure from health insurers through contracting to keep treatment costs low. At the same time, demands on and complexity of healthcare have increased, adding extra pressure to the workload of hospital staff. Any employment effects of the latter will have negatively influenced availability. Although there has been an overall reduction of staff in hospitals since 2012, it is unclear whether this comparatively small change has affected waiting times and by how much. However, in cases where hospitals downsized or even closed down whole departments due to mergers or specialisations, in the absence of alternatives, patients are probably left with longer travelling and/or waiting times than before, meaning reduced accessibility of health services. Respondents offer different opinions, with policy-makers (for instance, a former Ministry of Health official) observing an upward trend in quality in general terms, while recognising the danger of waiting lists in some specialised areas. Trade unions seem more pessimistic about the effects of changes in employment on quality, partially as a result of the system change, speculating that higher qualified personnel does not mean better quality services, and that health insurers having a greater say on services may put pressure on employment in some hospitals.

## **4. Primary education**

### **4.1 Recent changes in industrial relations and public sector organisation**

The collective labour agreement that covers the primary education sector was last concluded for the years 2016-2017. On the employers' side, there is only one signatory, the Primary Education Council (Primair Onderwijs raad, PO-raad). On the workers' side, there are five signatories: firstly, two so-called categorical trade unions, i.e. trade unions that represent a specific occupation, and secondly three unions that represent specific categories of school personnel, including school management. All industrial organisations are private law associations with legal personality, which is a condition to conclude collective agreements under Dutch law. Their statutes are public.

In several ways, the school population has changed. In many urban areas, due to immigration and the influx of refugees, the population has become less homogeneous. Immigrant and refugee children not only have a linguistic disadvantage, they also come from very different cultural backgrounds. As schools are obliged to provide primary schooling to all children, it is mandatory they cater to all these different

needs. In many rural areas, the population is shrinking because young people are moving to urban areas. Over the years 2012-2017 there was a decrease of 63 400 pupils (PO-Raad 2017). In urban areas, segregation by socioeconomic status and/or ethnic origin has increased. Teachers report that they sometimes feel pressured by parents of higher socioeconomic status to give more attention to their child or introduce higher qualifications for entry to secondary schools. Although these issues are on several agendas, both in the sector and the government, no actual programs that counter these developments have emerged.

#### **4.1.1 The merger of organisations on the employers' side and its effect on industrial relations**

Prior to the 2007 merger into one single organisation, the PO-raad, four administrative bodies existed on the employers' side, either with a public character or organised by religious, philosophical or education-doctrinal denomination. The merger followed from a tripartite agreement in which the government and the social partners expressed commitment to professionalisation, autonomy and increasing efficiency of (public) school boards. Centralisation and professionalisation was the aim of this operation, which should lead to a wider range of a larger number of schools covered by a more professional board. The number of school boards diminished subsequently from 2 800 to 1 000, of which 500 boards cover only one school.

A longstanding tradition in the Netherlands is the constitutional doctrine of 'freedom of education'. This implies that parents have the constitutional right to establish a school and run it in line with their philosophy of life, be it religious or otherwise. Obviously, schools are required to deliver on cognitive subjects, but this equality principle to establish schools according to conviction or belief has always been very prominent. Although the basic principle underlying this practice is in general not widely contested, it does have some drawbacks. In the past, whenever a budget was made available to one of the denominations or the non-denominational schools, the idea was that the same amount had to be given to the other(s). The merger of the administrative organisations was intended to allow the government to increase efficiency and issue budgets as a response to actual needs, instead of the equality per denomination principle.

#### **4.1.2 The social dialogue structure, collective bargaining and other joint processes**

IR are relatively consensual in comparison to those in the private sector. Ultimately, the parties have no alternative than to start the same negotiations with the same partners. Notwithstanding, collective bargaining processes do regularly come to a standstill, sometimes over matters that could be solved by the social partners themselves, other times directed at the government as the budget provider. A striking example of such practice is the recent 2017 collective action, that included one-day strikes, called *primary education in action*. Although this was spontaneously organised through social media outside the realm of the trade unions, these picked up on it fast, and even the employers embraced the initiative, at least initially. Parties bargain in the shadow of the government as the provider of the budget. The bargaining margins are therefore

not very flexible, which sometimes unites both sides. Some changes in this mutual attitude seem to have taken place from 2006 however, when lump-sum financing was introduced (see below for more details).

Apart from the collective bargaining process between the PO-raad and the trade unions mentioned above, in which the government determines the budget but does not participate, many other formal and informal negotiation structures exist. There is some discontent on the workers' side that the PO-raad, which represents the school boards, is too closely associated with the government, excluding the input of the workers.

IR have shifted, with the employers' side gaining more weight. They speak with one voice and can consequently operate with more strength, both in the direction of the government and the unions. There is a potential risk in this shift in power relations. An imbalance of power between the employers' and the workers' side can easily occur. On the workers' side the interests potentially differ more between the five unions with different rank and files, including one union representing school management.

## 4.2 The influence of the social partners on public reforms of a financial nature

### 4.2.1 Governance of the sector and funding; from centrally allocated to lump-sum funding

The government provides 100% of the funding for the sector. Between 2001 and 2016 the budget was raised from €6.3 million to almost €10 million (Ministerie OCW, Rijksbegroting 2018). Until 2006 the whole detailed allocation of the budget for primary education was determined at the central level of the Ministry of Education, up to the spending on different posts in the schools (building, personnel, materials, etc). As a result, there was not much room to bargain. In order to allow schools to allocate the attributed funds more according to their own needs, convictions and opportunities, in 2006 this method of central allocation was changed to lump-sum financing.

The change to lump-sum financing potentially allows school boards to spend and pursue financial management according to their own discretion, allowing greater diversity in the distribution of the budget. And accordingly, more room for negotiation with the trade unions. There is some discontent on both sides however. The employers feel they cannot properly claim this attributed power, because the trade unions are unwilling to grant them the possibility to diversify labour conditions in a more flexible manner. The employers' side has not yet been successful at using the increased flexibility to allocate funds. The unions for their part are not confident that working conditions will be improved. They seem suspicious that funding will be spent on areas other than personnel costs. The effect of the lump-sum method is unclear as the Court of Audit states: 'The introduction of lump-sum funding in education gave school boards more discretion over the use of their budgets. Owing to the combination of discretionary spending powers and the great variation in how school boards account for their performance, no direct link can currently be made at a macro level between the funds and the goals. Furthermore, the policy information received by the government is

extremely fragmented. Insight into the relationship between budgets, expenditure and results has therefore disappeared' (Algemene Rekenkamer 2015).

#### **4.2.2 'Silent cuts'**

On its website, the PO-raad stated in 2012 that schools had to deal with what it defines as 'silent cuts'. It claimed that the costs per student have risen over the years, while funding per student has declined consistently. In fact, expenditure per student has not decreased but increased in the research period. As the ratio between teachers and students remained largely steady, there is no indication that the number of students per class has increased (Rijksoverheid 2018). However, more tasks were required from the schools, indirectly increasing the costs per student. School boards have indicated that as a result they could no longer provide the quality they want, as well as the quality expected from them by society, including politicians.

To summarise, over the last ten years the government has allowed the sector a major opportunity for greater differentiation in the allocation of funds according to needs. Obviously, this does not imply that these developments could start with a clean slate, as all the items included in the budget were already determined by history. It is not easy to shift funding from for instance buildings to personnel or from personnel to computers for the students. The sector has as yet not been able to translate this budgetary reform into effective action. The social partners hold each other somewhat in a deadlock situation, where the employers' side wants to differentiate the allocation of funds further, and the workers' representatives stipulate that this should not lead to deterioration in working conditions. The situation was not helped by the fact that the budget was frozen during the years of the crisis, while at the same time the government made unpredictable budget rises and cuts for specific reforms during the crisis period and the following years (Tweede Kamer 2013).

#### **4.2.3 Compulsory inclusive education (Passend onderwijs)**

From August 1st 2014 a new system for inclusive education was launched for special needs children. The aim was not only to integrate special needs children into the mainstream school system, but also to decrease the demands for expensive forms of special needs education. Every primary school administration carries a 'duty of care', which implies that they have a legal obligation to provide suitable education to all children, according to their needs. However, not all schools have to provide all forms of suitable education. When a school is unable to provide a particular service, it can, or rather shall, enter joint co-operatives with other schools that can do so. Schools can develop themselves into special needs providers and can jointly agree which school is best suitable for a specific child. On both the workers' and the employers' side, the general opinion is that this process is insufficiently facilitated and that the result is a strong intensification of every school's tasks. Not enough money is available and regardless of the number of special needs children, all schools have to reserve teachers' hours for this complex task. However, due to the lack of transparency and justification of how the budget is spent that was noted by the Netherlands Court of Audit, it is not possible to establish objectively the extent of the alleged intensification.

## 4.3 Quality of work and contracts

### 4.3.1 The increase of professional qualities in teachers' education and jobs

The primary education sector has a history of alternating staff shortages and surpluses. Prior to the period of this research, in the early nineties, a shortage of available teachers was resolved by hiring underqualified personnel. Even though strict causality cannot easily be substantiated, a common understanding is that this caused a deterioration of the quality of the workforce and, consequently of primary education. When this became apparent, additional mandatory tests at a higher level for arithmetic and Dutch grammar were introduced at the teachers' colleges.

Recently trade unions have challenged the situation that wages in primary education are lower than pay in secondary education. Their argument is that the level of required schooling is the same (higher vocational education). Over 37 000 teachers in primary education recently (2017) organised themselves in a movement that is independent from all the other parties, that do however, as a 'coalition-of-the-willing', support the initiative. It is called 'PO in Actie' (Primary education in action), and aims to put pressure on the government. Its goals are fair wages and diminished work-related stress. They have convened and announced strikes. This initiative was strictly speaking organised outside the trade unions, however it was quickly adopted by them. If this initiative successfully continues down the track of collective action, it will necessarily become part of the traditional industrial relations, as only trade unions can make legitimate use of the law and open strike funds.

### 4.3.2 Improvement of skills in the workforce

Primary schools were always characterised by what is described as a 'flat' or 'horizontal' organisational structure, meaning that traditionally, apart from the school principal who taught the highest grade and was responsible for the administration, all staff did the same work. The only way to pursue career advancement in primary education was to become a school principal.

To provide more career opportunities, the 2009 collective labour agreement introduced a new job structure. More differentiation in functions were intended to increase career prospects and increase the attractiveness of becoming a primary school teacher. The government stated its willingness to invest substantially in the new system. The changes did not concern the main educational tasks, but additional tasks like pedagogy and materials development, and supervision and coaching of junior teachers. The targets of the policy seem to be hindered by resistance among teachers to job diversification, maybe because of a perception that it would imply more hierarchy in schools. An analogous development aimed at improving the quality of schools and increasing opportunities for teachers was the introduction of a teacher's degree at university level, not replacing the standard professional training at college level. No conclusions can yet be drawn on the effectiveness of this program.

### 4.3.3 Individual labour relations

The use of fixed-term contracts for teachers is less than 10%. This is relatively low, compared to their use in the general working population. It should be noted, however, that temporary contracts for substitute teachers are not taken into account in the data. Part-time work is widespread, for women it stands at 83% (Stamos 2017). Male teachers are not only under-represented and a small minority, they are also relatively older. Although the gender ratio in management is becoming more equal, it is still male-dominated and therefore not equitable when we take into consideration the under-representation of male teachers in general. The share of young teachers is limited. Only 2% of teachers are younger than 25, while a little over 25% are between 25 and 35 years old. There is serious concern that young people, especially young men, do not consider a career in primary education to be an attractive option. Research shows that, although teachers in general state that they enjoy their work, they are unsatisfied with their pay and career possibilities in relation to the workload (Arbeidsmarktplatform Primair Onderwijs 2017).

As in many other sectors, it is very difficult for young people to obtain a permanent contract. Often, they start their career as a substitute teacher. School boards seem unable or willing to provide contractual security. Notwithstanding the already existing shortage of teachers, which is growing, teaching is not regarded as a solid career choice. This may be caused by the above-mentioned volatility of employment in schools.

The employers stipulate they need flexibility in contract types, because they have few other instruments with which to control their budget. The instability of student numbers is countered by using non-standard contracts. The collective agreement is too detailed, according to employers who claim there is a fundamental difference in opinion between the social partners. The employers feel the collective agreement should allow more flexibility, while the teachers' unions wish to maintain existing rights, and are reluctant to allow more room for manoeuvre to employers, potentially risking a deterioration of the quality of jobs and working conditions. They argue that while perhaps some school boards would be sufficiently professional to deal with broader competencies, others would not.

### 4.3.4 Sector plans related to unemployment during the economic crisis

During the economic crisis all sectors could adopt sector plans and claim government funding under the condition that the sector would also provide part of the funding. The education sector (although it was not directly hit by the crisis like the market sector, but rather by a decrease in the number of students) also adopted a sector plan that aimed to enable transfers from unemployment to a job, or from one job to another. The social partners were responsible for the development of the plan and its administration. School boards received 20% of the wage costs. Regional transfers and mobility centres were organised, as well as substitution pools for unemployed teachers. A total number of 2 240 teachers were beneficiaries of the sector plan (SEO Economisch Onderzoek 2014).

### 4.3.5 Work-related stress and workload

The discussion around working hours per week, workload and annual leave has been ongoing for years. In 2002 it was legally confirmed that a full-time teacher (1 659 hours per year) would have to work 4 hours extra every school week to compensate for holidays (Hoge Raad 2002). The idea of shifting tasks to holiday periods proved difficult to organise. Quite a few research projects investigating work pressure have been carried out; national media picked up on the subject and it gained wide attention. A striking finding was that it is not primarily the teaching process that is considered a burden, but rather secondary conditions around the work. Nevertheless, the trade unions have issued a claim for smaller classes (23 students instead of 25) and fewer contact hours (22 instead of 25 per week). A significant portion of the work pressure is caused by administrative obligations, defined as regulatory pressure. The perceived pressure is closely connected to the exigency of the administrative requirements. The burden is considered as excessive and is perceived as merely a duty to justify one's actions, while it is unclear what the benefit in the actual practice is, for the teacher or the school. This is especially the case when the obligation to keep records is complicated and requires complex formats. Teachers indicate that repetitive registration of class results, rather than those of the individual students, is burdensome. An additional difficult task is the extensive administration of mandatory suitable education for special needs children. Teachers indicate that even when they consider registration useful, they are often hindered by the complexity of the process and inadequate communication between administrative systems. Research shows that often the pressure does not result from mandatory legal obligations, but from agreements within the school system (Tweede Kamer 2017). This is labelled internal regulatory pressure. The government has stated that it recognises the need to co-operate with the social partners in facilitating relief from internal regulatory pressure.

## 4.4 The effects of reform policies on the quality of jobs and of the public service

This chapter shows that in this sector there are not only multiple ways to organise reform policies, but also multiple ways for the social partners to react to government reform policies. To summarise, on the issue of labour relations in the larger picture of industrial relations, it can be noted that the social partners often step aside from their role as opponents at the negotiating table in order to formulate joint demands directed at the government. The government is quite willing to facilitate the liaison and co-operation between the social partners, either through the collective bargaining process or by the establishment of specific agencies, plans or programmes. The structures and choices of how to regulate and 'arrange' initiatives are somewhat unclear. The interconnectedness of the roles of government, social partners and other forums in which they organise matters, is consistently strong. However, it is difficult to disentangle when these links are part of the formal collective bargaining process, or of lobbying, bi- or multilateral contacts or haphazard ad-hoc connections between all parties.

A lot of attention, both within the sector and in the public media, is paid to teachers' job quality. The notion that their workload is too heavy and that the budget for the sector needs to be increased, in order to pay higher wages and limit work pressures, is generally supported. Public support for these issues is substantial, which is also reflected in the debate in parliament. It is likely that this attention, along with the shortage of teachers and the difficulty of filling job vacancies, will enable the sector to improve working conditions. On the other hand, if it remains difficult to fill these vacancies, pressures on the workers will remain high.

The question of whether the quality of primary education has been impacted negatively by the problems related to job quality mentioned in this chapter is difficult to answer. No clear objective facts are available that suggest that students' education has suffered from the additional tasks that were attributed to schools. The same is true for the developments concerning working conditions. Although the Netherlands shows a slight decline in quality results in the PISA scores, it still holds an above average position (OECD 2015b: 11). A similar development can be detected in other European countries. Research shows that the decline is most prominent concerning vocational secondary schools (PISA assesses 15 year olds). That could raise the question of whether teachers' job quality issues have impacted certain groups of children more than others. That question, however, falls outside the scope of this study.

## **5. Municipality case - re-integration of jobseekers**

### 5.1 Changes in characteristics of the social partners

Three Dutch trade unions are active in the area of municipalities: FNV Overheid, as part of the umbrella organisation FNV, CNV Publieke Z zaak, as part of the Christian umbrella trade union CNV and one smaller union (Centrale van Middelbare en Hogere Functionarissen, CHMF) representing a mix of employees in different layers of government, education, the care sector and in the commercial sector.

Following internal conflict amongst its member unions, FNV has undergone important changes in its internal organisation and working practices since 2011, with a new organisational structure introduced at the end of 2014. CNV and CHMF have also experienced internal changes and/or professionalisation in view of membership losses. On the employer side, the Association of Dutch Municipalities (Vereniging Nederlandse Gemeenten, VNG) represents Dutch municipalities as a whole (along with other organisations that represent the interests of the four largest municipalities and those larger than 100 000 inhabitants). Gradually, and following a conflict with the central government about financing and early retirement reforms in 2004, the body dealing with employee relations and collective bargaining, the VNG's College voor Arbeidszaken (CvA) has been adopting a more assertive position than previously.

### 5.1.1 Relationships and dynamics of collective bargaining and social dialogue

During the period 2000-2015, nine collective agreements have been implemented (varying in length from 12 months to 36 months), introducing numerous changes to working conditions in the sector. Rather than listing the numerous changes, here we will describe a number of trends related to themes considered important in employment relations and HRM. Attention to sustainable employability has increased in municipalities as their tasks have broadened, necessitating in their view a more flexible and universally employable workforce. Instruments such as personal budgets, a career scan, and a generic contract have followed, and the collective agreement pays more attention to employee well-being. In contrast, schemes to protect older employees have been reduced to a minimum while regulations on reducing working hours were scrapped. These developments have led to greater individual differentiation in working conditions. The extent of differentiation and decentralisation has been relatively high as the collective agreement offers room for customised arrangements for individual employees, e.g. for training (introduction of a personal budget in 2013), and municipalities had significant leeway to negotiate local arrangements, for historical reasons. In the 1990s, when municipalities started sectoral negotiations, they attached value to local autonomy and their 'own' regulations on remuneration. VNG has become increasingly critical of this in recent years, as differences in local working conditions constrain external mobility. VNG thus demands more centralisation on this point, that is, more uniform working conditions across municipalities (SEO 2014a: 81).

There have been several contentious issues between the social partners, based on the analysis of collective agreements (and the provisional agreements preceding them). The replacement of early retirement regulations and benefits for emergency service employees (*functioneel leeftijdsontslag*, FLO) by less generous rules in 2006 and a compensation arrangement agreed in 2008 left its mark on (and delayed) the negotiations for as many as three collective agreements (2004/05, 2005/7, 2007/9). In the post-crisis years, several bargaining rounds included strike action to put pressure on employers. In 2010, employers offered a zero wage increase for 2010-2011, which was rejected by unions as it did not allow the increase in purchasing power envisaged in the 2009 Social Pact. Another confrontation in 2011 revolved around efficiency savings, less bureaucracy and modernised employment conditions on the part of employers against demands to protect purchasing power, ensure greater job security and focus on the quality of work by the unions. Finally, in 2014 (coinciding with strikes in other parts of the public sector), unions clashed with employers over demands for better pay, steady jobs and more respect for their work. Then, strike action speeded up a compromise after a long period of one and a half years of negotiations resulting in the 2013-2015 collective agreement (Lexis Nexis, AIAS Collective Bargaining Newsletter, various dates). After that, a basic collective agreement (2016/17) was concluded rather rapidly to implement earlier promises of wage increases and of working out modernised regulations on holidays and remuneration amongst the social partners and their constituencies (VNG 2016a).

The picture developing is one of regularly confrontational negotiations, often leading to collective agreements concluded long after the expiration date of the previous one. A

possible common thread here was the desire by VNG to modernise working conditions, adapting them to the changing role of municipalities in the face of financial uncertainty that was intensified for many by the crisis, threatening tax and other sources of income. Overall, unions (FNV, CNV, CMHF) indicate that their relations with VNG have been tense, being characterised by regular confrontations during negotiation rounds and, sometimes, union action against VNG proposals. In this context, unions stressed the contentiousness to the same degree as employers did. While such a judgement is necessarily subjective, and considering the extent to which threats of industrial action occurred – especially in the post-crisis years – we argue that relations have become more troubled in the second half of the period 2000-2015.

In the municipal sector, agreements on employment conditions are concluded on a different legal basis than the Act on Collective Agreements that defines procedures for the private sector. The agreement concluded is formally a collective agreement (Collectieve arbeidsvoorwaardenregeling en Uitwerkingsovereenkomst, CAR-UWO) based on administrative law. Procedurally, for the agreement to apply to employees of a particular municipality, the municipal council has to approve it first. Processes of collective bargaining may be characterised in the following ways over time:

- focus on modernising employment relations starting in 2000-2008 and continuing during the post-crisis years;
- a tendency towards protracted and retrospective negotiations, sometimes accompanied by industrial action before concluding an agreement;
- procedural changes in preparing negotiations, such as pre-discussion of positions on salient issues among social partners before the start of negotiations since 2010;
- centralisation of employment conditions: unions note and welcome a movement away from concluding one central agreement plus up to 100 locally differentiated agreements on some employment conditions, towards one central agreement covering as many employment conditions as possible at the national level.

Despite the changes above, union negotiators note particularities in the municipality sector compared to other government sectors and the private sector such as processes being characterised by large groups of negotiators (representing, on the part of VNG, different groups of municipalities) and long periods needed to accommodate procedures allowing cross-checking of VNG positions with their members.

The municipal sector has different fora for social dialogue: first, a country-wide social dialogue body (LOGA) discussing issues connected to the implementation of collective agreement regulated issues, second, local variants with aldermen (municipal council members) and trade union officials, and third, meetings under the auspices of the sectoral labour market fund (A+O fonds Gemeenten), which finances projects supporting employee training and other employment conditions related issues. In general, respondents are positive about the way social dialogue facilitates problem solving related to collective agreement issues for municipalities. Beyond these sector-specific fora, since 2013, there is another body, the *Werkkamer*, where the VNG, trade unions, and the employers' association (Verbond van Nederlandse Ondernemingen

en het Nederlands Christelijk Werkgeversverbond, VNO-NCW) meet, including delegates from the Ministry of Social Affairs and the Employee Insurance Agency (Uitvoeringsinstituut Werknemersverzekeringen, UWV) as observers. The results of the *Werkkamer*, a relatively new social dialogue institution, will be further discussed in section 5.2. The body's activities included reaching agreements between social partners on some important details regarding the implementation of sections of the 2013 Social Pact, and clarifying practical details of the Participation Act, including the definition of the target group for specific reintegration measures.

### 5.1.2 Role of the crisis

The period 2009-2015 saw very low salary increases that only kept up with inflation (1-2%) in subsequent collective agreements (Leisink 2016: 183). This had to do with the municipalities being subject to the 'zero line' wage policy (zero wage increase) that was in place in all public sectors at the time. The first 'post-crisis' collective agreement (2016-2017) was concluded unusually fast, as a wage increase of 1.4% in 2016 had previously been decided in the framework of a public sector agreement between the cabinet, most unions (except for FNV) and VNG (2015). Moreover, crisis-inspired austerity measures led to a substantial reduction of municipal reintegration budgets. Apart from posing a real challenge for municipalities, this issue fuelled the perennial discussions between central government and municipalities about the method of budget financing in relation to the increase of their statutory tasks.

## 5.2 The role of industrial relations in shaping the sector

### 5.2.1 Reforms

After 2000, Dutch municipalities have seen many changes to their responsibilities regarding social welfare and reintegration of long-term unemployed and welfare recipients (see box below), underlining the influence of central government that social partners have to deal with. Following the crisis austerity measures, the 2013 Social Pact between central employers and trade union organisations represented in the Labour Foundation (Stichting van de Arbeid) and central government was an important step, as it laid down common positions and set out policy guidelines regarding the future of the labour market and social security. This implied a more active approach to preventing unemployment and helping jobseekers with job-to-job transitions, preferably before applying for unemployment benefits (Hemerijck and van der Meer 2016). Notably, although the pact concerned issues related to municipalities' reintegration tasks, it was concluded without consulting the VNG, but followed by the establishment of the *Werkkamer*, which did include VNG delegates.

The reform which received most publicity was the 2015 Participation Act (Participatiewet), as it fundamentally and speedily transferred responsibilities for the provision of social services and youth care away from central government. Regarding reintegration, it deepened municipal responsibilities already in place since 2004 for administering benefits and supporting jobseekers in finding employment, including

disabled young people previously covered by special legislation. What made these changes controversial was that available budgets for reintegration (and for the other new tasks) experienced substantive cuts at the same time (Leisink 2016: 183). For instance, the municipal ‘participation budget’ was cut by €740 million out of the €2.9 billion earmarked in 2015, before decentralisation (van Nijendaal 2014: 87).

#### Overview of legislative changes affecting municipal reintegration tasks

- 2002: SUWI Act: municipalities remain responsible for reintegration of clients, keeping tasks associated with implementation of ‘protected’ and ‘additional’ jobs; outsourcing of tasks to private reintegration firms)
- 2004: Work and Welfare Act replaces General Welfare Act of 1996
- 2009: Investing in Youth Act (annulled in 2012)
- 2010: Cabinet Rutte I envisages introduction of checks on household income (in effect as of Jan 2012)
- 2012: Working According to Capability Act stopped due to the sudden end of Cabinet Rutte I in April 2012
- 2012: Cabinet Rutte II envisages further changes to Work and Welfare Act
- 2013: Additional legislation to step up monitoring and sanctions for welfare recipients
- 2014: Parliament approves Participation Act
- 2015: Participation Act: decentralisation in the domain of work & income along with care services and youth policy

Content-wise, in terms of reintegration the ‘work first’ principle had been established, considering any work as preferable over granting welfare benefits, and jobseekers are to be directed towards paid work as quickly as possible. Since 2015, municipalities have been implementing the Participation Act and determine - within budgetary responsibilities and legal limits - their own policies in terms of reintegration, with a vested interest in preventing new inflows to the pool of welfare recipients and maximising outflows. Generally, there is a sense of dissatisfaction from municipalities over the allegedly insufficient government contribution to municipal finances and, more generally, the relationship between municipalities and central government is under debate (e.g. RFV 2017, VNG 2016b).

#### 5.2.2 IR actors and ways of influencing reform processes and implementation of reforms

As with the hospital sector, collective bargaining activities played no role in influencing reform processes. Rather, negotiators dealt with the consequences of legislative changes if these had consequences for wages or employment conditions. Similarly, discussions in the social dialogue fora focussed on the implementation of collective agreement regulations. The *Werkkamer* represents an important exception to this, as its activities were crucial in working out points agreed to in the 2013 Social Pact and in clarifying the application of the 2015 Participation Act - including the definition of the target group for specific reintegration measures. Turning to the VNG, aldermen delegates stress difficulties in the start-up phase, when trust had to be re-established between VNG and the social partners following its exclusion from the 2013 Social Pact,

typifying consultations so far as ‘learning by falling and getting up again’. In terms of substantive issues, they see the *Werkkamer* as a forum that works together co-operatively, although it has been more occupied so far with ‘repairing’ mistakes and filling in voids in the Social Pact and the Participation Act than looking ahead to the future. In this vein, consensus has been reached over the target groups for different reintegration services under the Participation Act and related aspects.

### 5.2.3 Relationships to central government and the role of lobbying in reform processes

Next, we consider how the social partners related to central government, how they have tried to influence government reforms and what the results were. Starting with the employers, interviews with the VNG indicate that the relationship has been in a process of transformation over time, being dependent on societal developments and changes in government coalitions. While it reached a low point in the early crisis years under the Rutte I cabinet, currently it is described as varying between co-operative and sometimes confrontational, and characterised by searching for a new balance in mutual relations. Particularly after the multiple decentralisations of tasks in 2015, VNG aldermen representatives in the *Werkkamer* see the relationship with the central government as being dominated by discussions around the level and method of calculating municipal finances. VNG’s influence on legislation through lobbying is judged to be moderate.

Trade union officials are generally positive about the relationship during the past five years. Ministerial policy-makers, on the other hand, clearly differentiate between different types of relationships with the social partners, seeing the employer’s associations (i.e. not VNG) as more important than trade unions. In addition, they consider VNG to be the representative of a government layer which should be involved only if legislation gives them a role in policy implementation. As for social partners’ lobbying efforts, policy-makers indicate that unions were less visible in their lobbying efforts compared to employers, who have a strong standing in consultations on the initiation and implementation of legislation, and Divosa, the association of municipal directors of social services. The latter is valued as a knowledgeable partner concerning municipal working practices and the potential applicability of new rules and practices in the social domain. However, respondents note a more intensive exchange both with trade unions and employers in the realm of reintegration and participation since the 2013 Social Pact, thanks to State Secretary Klijnsma. VNG, as the formal employer in the social domain, is allegedly consulted and asked for administrative advice by ministerial staff, yet a notable difference with Divosa is their political character and quite diverse membership. There seems to be a double-edged approach here, as their consultative role was apparently disregarded by ministerial chiefs when VNG (to its great dismay) was excluded by the few individuals who, on behalf of the social partners and the central government, concluded the Social Pact.

## 5.3 Development of employment in municipalities

### 5.3.1 Numbers of jobs

This section presents data on total employment in municipalities based on annual employee surveys. The trend was an overall slight growth in employment of around 1.2% from 2000-2008. Notably, from 2009-2015 a decrease of almost 13%, or 21 317 in total numbers, occurred (table 4, *Personeelsmonitor 2015*).

Table 4 Development of total employment in municipalities after the crisis (2009-2015, in persons)

	2009	2010	2011	2012	2013	2014	2015
Total (persons)	184 340	181 550	177 640	174 290	168 490	157 980	155 960
Change (from previous year)	+2.8%	-1.5%	-2.2%	-1.9%	-3.3%	-3.5%	-1.9%

Source: A+O fonds *Personeelsmonitor 2009-2015*.

Looking into the reasons for the large decrease in employment (in 2013: 3.3%), a survey of those municipalities with the most pronounced decrease yielded the following: privatisation or splitting off organisational parts, e.g. of formerly municipal transport services (which means that these jobs were not necessarily lost), but also real cuts in staffing because of budget cuts, reorganisations and/or merging of departments (*Personeelsmonitor 2013*). Moreover, the A+O fonds annually publishes data about the extent of staff reductions due to budget cuts (that are not specified further as stemming from central government cuts or decisions at the local political level or management-induced). Table 5 shows the consequences for reductions in personnel, which occurred most frequently during the years 2012-2014, when more than two-thirds of organisations implemented staff reductions. Coinciding with the post-crisis period, an indirect effect of the economic crisis on these developments seems to be plausible, although a direct effect cannot be proven.

Table 5 Municipalities affected by budget cuts and translation of cuts into decrease of personnel, in percentages

	2010	2011	2012	2013	2014	2015
Affected by budget cuts	66	86	90	86	79	68
Cuts translated into less personnel	33	59	66	69	68	50
Average personnel cuts	2.7	3.9	3.1	3.9	4.0	2.2

Source: A+O fonds *Personeelsmonitor*, various years.

Municipalities made staff reductions by selectively filling up vacancies, putting partial caps on new vacancies and not extending fixed-term contracts (A+O *Personeelsmonitor*, various years). Despite a lack of data, these measures may have indirectly led to work intensification for the remaining staff and a negative effect on the quality of work, to which we turn next.

### 5.3.2 Quality of jobs

The municipal sector has been exposed to developments affecting the quality of jobs negatively, including wage development, diversifying types of contracts and the need for continuous training. For instance, central government austerity measures brought cost containment pressures, which had been present already before the economic-financial crisis, but certainly intensified in its course. Table 6 shows a slowdown of wage rises for municipal employees from 2009 onwards with wage decreases in 2011 and 2013.

Table 6 Annual changes in wages based on collective agreements 2004-2014, in %\*

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Municipalities	0.00	0.58	3.38	2.60	3.61	0.92	1.77	-0.39	2.50	-0.50	0.95
Public Administration	0.33	0.57	3.16	3.01	3.16	1.88	2.31	-0.20	1.33	-0.22	0.50

\*Including spill-over effects from previous years. 'Public Administration' includes the average change for the subsectors, central government, municipalities, provinces, judiciary, and water authorities together.

Source: Report Trends en Cijfers, Werken in de Publieke Sector, Ministry of Interior Affairs 2015.

### 5.3.3 Working time and contract types

During the period 2000-2015, the percentage of employees working part-time (less than 36 hours) has risen steadily. In 2002, 36% of municipal employees worked part-time, in 2009, 40.5% and in 2015 42% (A+O fonds 2013). The proportion of flexible contracts in the sector has risen since 2011 by 4% (2011: 11%, 2015: 15%). In addition, hiring external staff, like self-employed and temp agency workers has been a controversial issue for years, with municipalities pledging to reduce their numbers against the background of shrinking budgets and making better use of the staff that are already there (Winthagen and de Leede 2012). Lately, numbers of external workers have increased again due to the decentralisation reforms, which called for specific expertise that municipal staff often do not have (A+O fonds 2015: 12).

### 5.3.4 Work pressure and absenteeism

Work pressure and resulting work stress for municipal civil servants has been a long-known and persistent problem. As a frequent consequence of work stress, sick leave seems to be persistent too. Already during 2001-2004, occupational health and risks at work were high on the agenda after an Occupational Health Covenant (*Arboconvenant*) was signed between the Ministry of Social Affairs and the sector. Evaluations of awareness-raising and actions taken were cautiously positive about the results (A+O fonds Gemeenten 2004). After interventions, several employee groups reported a slight decrease in the signs of work stress (A+O fonds Gemeenten 2005). However, ten years later, work pressure in the municipalities is still high. The 2016 national employee survey found that 56% qualify measures taken by employers to combat work pressure as either insufficient or not forthcoming at all. Employees in public administration, including municipalities, score highest on work pressure along with employees in education and the health and social care sector (Binnenlands

Bestuur 2016). In 2015, absenteeism stood at 5.3%, considerably higher than the national average of 4%. Amongst the reasons were work pressure and stress, but also organisational changes and staff retrenchment. Many municipalities apparently have too few incentives to limit the problem (A+ O fonds Gemeenten 2015).

#### 5.4 Changes in job quality and the debate on services

To examine changes in job quality, we will zoom in on one important municipal activity: the reintegration of long-term job-seekers and social assistance recipients. As data on the overall quality of employment in social services departments (or the organisations in which several municipalities co-operate) is unavailable, the original report gave a snapshot of the social services of three larger (100 000+ inhabitants) municipalities (Leeuwarden, Amersfoort, Apeldoorn) and of one inter-municipality co-operation, *Werkplein Drentsche Aa* (Assen). This snapshot – we limit ourselves to the conclusions here – included an overview of changes in several aspects of job quality based on the accounts of social service managers and of aldermen responsible for social services. Next, we add some observations about possible consequences for service provision.

The illustration of developments in four municipal organisations signalled some likely sector-specific tendencies with an impact on the quality of work. First, while job numbers may not have changed greatly over time, flexible contracts have been used to some extent. Second, there is a tendency for staff working in reintegration to be more highly educated and to be required to provide more emphatic and problem-solving competences rather than strictly bureaucratic application of rules and legislation. Third, work pressure (and work-related stress) is potentially a problem dependent on client numbers per employee.

Associating these qualitative changes in employment to changes in service provision by social services is not straightforward. In part this is because - in the wake of the 2015 reforms - differences in social service provision across municipalities have increased due to different political choices made by local councils. Moreover, many municipalities underwent reorganisations and organisational changes that impacted on how central government reforms were implemented. Last but not least, there are - sometimes sizable - differences in local circumstances including (regional) labour market opportunities for job-seekers and varying numbers of welfare recipients per capita.

## 6. Conclusions

Before presenting answers to our initial questions, it is worth reflecting on developments common to most or all public subsectors presented in the previous three sections. Regarding *changes in sector industrial relations* we found that for hospitals, primary education and municipalities, the landscape of actors has remained stable overall. At the same time, the patterns of interaction between social partners varied across cases, being somewhat more consensual in the hospital sector than in the municipal sector

where collective agreement negotiations were drawn-out and sometimes held up by industrial action. The latter was also the case in the primary education sector, which culminated over the last year in widespread collective action. This was not initiated by the trade unions, but they adopted these actions speedily. For all subsectors, social partner relations with the central government seemed more intense and continuous on the part of the employers than on the part of the trade unions. The government relinquished powers to the sector, but effectively more to the employers in their capacity as service providers. Moreover, the effect of the crisis on industrial relations was comparable: in the hospital sector, it added an extra focus on cost containment after the 2006 Health Care Act, which initiated a switch to regulated market competition. For municipalities, the crisis exacerbated an existing scarcity of funding for reintegration budgets. In primary education, the budget was not limited, but schools had to take on many more tasks with the same amount of money.

A strong theme that arises from the comparison of sectors is a *shift in the relationship between social partners, with possible effects on industrial relations*. This was certainly the case for primary education, where power relations formally changed due to a process of unification on the employers' side, leading some to expect to increase their clout in social partner relations over time. Moreover, social partners were confronted with a new group called 'Primary Education in Action' (PO in Actie), which emerged as recently as 2016. Since then, the debate on substantial wage claims has intensified. PO in Actie, a collective consisting of a large group of teachers, issued a manifesto for higher wages (comparable to secondary school teachers) and less work pressure. They called upon all collective agreement signatories to support their initiative and urged the government to provide the necessary funding. On the one hand, they do not consider the social partners' approach and the regular collective bargaining process to be a sound enough strategy to promote their interests. On the other hand, the past has shown that the sector tends to find new organisational frameworks to deal with particular problems. Yet, teachers have the wind in their sails because a major labour shortage is looming, and there is an increasing consensus that public sector workers are entitled to higher wages upon economic recovery. By spring 2019, teachers had achieved some financial concessions from the minister on lowering work pressure, but not yet on wage rises. Strike actions continued until and including 2018, although on a regional basis rather than country-wide. The PO in Actie initiative exemplified that the actions of social partners and the regular collective bargaining process were not considered as viable strategies to promote these teachers' interests. In contrast to primary education, changes of a similar kind had not occurred in the hospital and municipalities subsectors (neither on the side of employers nor on the side of unions), where only small changes occurred, e.g. regarding the internal organisation of sectors within trade unions.

Concerning *the shape of public sector reform and the extent (and forms of) influence by social partners on reforms and implementation*, all subsectors saw major systemic changes during 2000-2015, although at varying speeds. Municipalities saw incremental reforms in reintegration over the whole period, ending with a major decentralisation reform in 2015. Hospitals saw a systemic change in 2006, with gradual implementation ever since. In primary education, the financing method changed from government

responsibility for budgets to lump-sum financing. In all cases, the most prominent strategy used by the social partners was lobbying the central government. However, we saw more intensive lobbying activities in the hospital sector by employers and professional organisations than by trade unions. In the primary education sector, the employers were the frontrunners in lobbying. However, the trade unions often implicitly expected employers to defend their interests as well. This was particularly the case concerning budget cuts, or the attribution of additional tasks without extra budget. In the municipal sector, only after 2012 did both employers and trade unions take on an active role in lobbying (while before mostly employers were active). In response to the crisis, both sectors saw agreements with a ministry or the central government to help counter the crisis effects. In the hospital sector, trade unions were excluded from these, while in the municipal sector social partners were included but not the VNG.

We note that *decentralisation processes* have occurred in all three subsectors. For hospitals, this is noticeable in the character of the sector's collective agreement, which has been increasingly seen by the social partners as a framework agreement, with more detailed regulation of issues such as the organisation of working hours left to the level of individual hospitals. For municipalities, a gradual process of decentralisation has been a common feature of central government reforms regarding the area of reintegration since the beginning of the 2000s, meaning a constant process of adaptation to new competences and changing working processes. Moreover, unlike hospitals, in the realm of collective bargaining decentralisation had been the rule for employment conditions, leading to a variety of arrangements across municipalities. Municipal employers (VNG) in particular, but also unions, have been working on achieving a more centralised mode of regulation in the form of a central agreement, keeping additional local rules or exceptions to a minimum. In primary education, a major shift took place in 2006 with the switch to lump-sum financing of schools, whereas previously school expenses would have to be requested of, and granted by, the central government. This renouncement of distributive power aimed to put the government at a distance and can accordingly be considered part of a decentralisation process. Nevertheless, the public (and also the sector) will still regard the central government as the ultimately responsible actor.

We noted that one of the three subsectors, hospitals, has also experienced a *new form of sectoral regulation*. Following the introduction of regulated market competition across the entire healthcare sector, it has seen a shift in relations among healthcare providers including hospitals, healthcare insurers, and the government. Under the auspices of government regulation and control, competition around prices and quality of healthcare services is encouraged between healthcare providers. In this system, healthcare insurers have gained considerable power and are supposed to enforce efficiency and effectiveness by contracting services with providers on a regular basis. Although this system does not incorporate industrial relations intentionally, employers, in their role as health care providers have been affected directly by being exposed to financial and organisational pressures stemming from renewed systems of financing services etc. These pressures have carried over into the collective bargaining sphere, also forcing trade unions to think about implications for working conditions. Finally, no comparable shift in sectoral regulation has taken place in the municipalities and primary education subsectors.

A fourth theme is *crisis-related austerity measures and their consequences*, especially for working conditions. In absolute numbers, funding for the primary education sector has increased, but there have not been any wage increases. The sector has been on the so-called ‘zero-line’ for five years, from 2009–2014. During this period, there has been a decline in the number of full-time equivalent jobs and a decrease in pupils. The budget for the sector, however, increased. Apparently, the budget increase was not allocated to wages or other working conditions. Municipalities were also affected by the public sector ‘zero-line’ on wages, although some of them tried to deliver a modest wage rise for their employees anyway. Only the hospital sector felt no immediate crisis effects, mainly because it was more difficult to include them in the government’s zero-wage policy because of the sector’s semi-public character. Only the cost containment agreements (after 2011) between the ministry and sectoral actors (excluding unions), motivated by general cost pressures in the entire health care sector, started to introduce an additional cap on spending in the sector.

A further observation that is visible in all three subsectors, is the *intention to improve working conditions via collective agreements*, with the government being an important extra player in industrial relations as the ultimate provider of (part of the) budgets. In primary education, over the last ten years several initiatives have been developed and incorporated into the collective agreement that aim to improve the sector’s image as a career option for young people. These included several initiatives to improve career prospects for primary school teachers. These policies were at first mostly initiated at the teachers’ request and, consequently, supported and promoted by both the joint employers and the government. The most prominent example is the introduction of the *Funciemix* system, introducing three different salary scales instead of one. The aim is to apply that system to 40% of the primary school teachers by 2020. Notwithstanding this and other initiatives to improve career prospects in the sector, the general image of the sector in the media is that teachers have to work too many hours for too little remuneration. As for hospitals, comparable initiatives to make working in the sector more attractive for incoming employees have been proposed through collective agreements. One significant change has been the introduction of a personalised budget to all employees independent of age, for extra hours to be spent according to individual wishes (on training, additional leave etc.). This change was meant to stimulate the mobility and employability of ageing employees. Equally, in the municipalities subsector, collective agreements have gradually introduced more instruments to stimulate both the mobility – across organisations – and the employability of employees.

There are *debates on the actual quality of employment and, related to this, the appearance of new actors and strategies to achieve improvements*. There are large differences here between subsectors: primary education stands out here, hospitals and municipalities much less, as the latter have not seen new actors mobilising for higher quality of work, although continued high work pressure has been featured in the media, especially in the health sector. In primary education, a long-running debate on the quality of work has until recently been centred on work pressure and the possibility of performing all the required tasks in the time given. Although the debate is longstanding, it intensified in the crisis period during which a ‘zero-line’ for wages followed. Teachers successfully claimed that their work pressure had become too high due to a number of

factors. This was not really contested by the government and employers, who showed willingness to tackle the problem by applying the administrative tasks with far more leniency and by working with trade unions on research into solutions to decreasing work pressures and implementing these on the shop floor.

As for the effects of government reform on employment (question 3), establishing such effects on employment levels has proven difficult. Yet we can say that employment in general hospitals slightly increased from 2000-2015, whereas employment in primary education decreased slightly and employment in municipalities decreased more substantially over the same period. In terms of the quality of employment, in all subsectors (and the Dutch labour market in general), the use of flexible contracts has increased, entry qualifications are expected to increase in the future, and continued education and training have become more prominent. In terms of wages, we found that austerity resulted in zero wage growth for the crisis and post-crisis period in municipalities and the primary education sectors, while hospitals experienced reduced wage increases. Work pressure is seen as a problem in all three cases and can be partially attributed to efficiency gains and a sizeable growth of productivity in the hospital sector. In primary education and also in hospitals, the administrative burden is considered to be a major driver of work pressure. Professionalisation is much more entrenched in the hospital sector and primary education than in municipalities, where awareness of the need for more professional working practices has not yet been followed up by implementation everywhere.

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All links were checked on 19.12.2019.

## Appendix

### List of interviewees

#### General hospitals

1. NVZ, 8.12.2016
2. FNV, 15.12.2016
3. FNV, 24.01.2017
4. CNV, 17.02.2017
5. former MinVWS official, 24.02.2017
6. former FBZ official, 24.02.2017
7. FBZ, 14.03.2017
8. NU'91, 16.03.2017
9. former MinVWS official, 05.04.2017

#### Municipalities/re-integration

11. former FNV official, 14.03.2017
12. FNV (2 officials), 23.03.17
13. former CMHF official, 28.03.17
14. MinSZW (2 officials), 29.03.17
15. CNV, 04.04.17
16. VNG municipal delegate, 18.04.17
17. VNG municipal delegate, 21.04.17
18. VNO-NCW, 02.05.17
19. Rotterdam University of Applied Sciences, 03.05.17
20. Werkplein Drentsche Aa, 04.05.17
21. Divosa, 04.05.17
22. former VNG official, 10.05.17
23. Municipality of Amersfoort, Social Services, 07.06.17
24. VNG, 27.06.17

#### Primary education

25. AOB, 27.01.17
26. AVS, 08.03.17
27. PO Raad, 08.03.17
28. Ministry of Education, Culture and Sciences, 10.04.17
29. Idem, 10.04.17