

DEVCOPA

Developing **C**ollective **B**argaining in the Care Sector

WP2 Country Report THE NETHERLANDS

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Introduction

The DEVCOBA project aims to examine the dynamics, mechanisms, and impacts of the development of collective bargaining and representation in the arena of the care sector, concentrating in particular on services in ECEC (Early Childhood Education and Care) and LTC (Long Term Care). Collective bargaining institutions are important to enhance working conditions and job quality, as well as to strengthen the attractiveness and the retention capacity of a crucial segment of the tertiary sector that is challenged by high turnover and severe labour and skill shortages (see project website <https://devcoba.unimi.it/>).

This country-report about the Netherlands is part of the project's WP2, that analyses the country-specific configuration, structure, and characteristics of collective bargaining institutions and actors in the care sector in six European countries. The methodology is based on elaborated and integrated i) academic literature review, ii) content analysis of policy reports from the government and social partners, iii) content analysis of collective agreements, and iv) in-depth qualitative interviews among the most important and largest collective bargaining parties in the ECEC and LTC sector. The analyses and the structure of the report focus on collective bargaining structures, coordination within and among employers' associations and trade unions, recent developments and strengths and weaknesses in collective bargaining (see section 1) and collective representation, interrelations between social partners and the role of the state (all in section 2). The final section describes the social partners' challenges - and some of its actions - in labour shortages and job quality. The interviews have been done in the period May – October 2024, with BK, BMK, FNV and CNV in the ECEC sector and ActiZ and FNV in the LTC sector (see Annex 1). In addition, some results are based on interviews that had already been conducted as part of the project "SOWELL – Social dialogue in welfare services" in the years 2020 to 2022 (see Annex 2).

Section 1: Literature Review

1.1 Literature review

1.1.1 Industrial relations studies

Academic literature about labour relations in the care sector in the Netherlands is limited, although it has grown in the last decades. Several publications focused on the impact of ‘New Public Management’, austerity measures, and public sector reforms on social dialogue and employment relations. Leisink & Bach (2014) showed a picture of the Netherlands in which employment and budgets of municipalities have been cut after 2008, despite giving municipalities extra public tasks, including homecare for its citizens. Stiller & Boonstra (2020) pointed to the development that after the crisis of 2008 also the curative care sector in the Netherlands came more under the focus of cost containment and increasing market competition. Generally speaking, this led to stronger positions of employers, less powerful unions, and increased powers from private healthcare insurers. It is assumed that workers, jobs and unions are pressured by neo-liberal policies, although it is also true that there is no empirical base to conclude that the traditional Dutch social partnership model has shifted towards a pluralist/fragmented model as we see in Anglo-Saxon countries. By comparing it to England for example, Marino & Keizer (2023) conclude that the regulative framework of social dialogue and collective bargaining in the Netherlands at least maintains the discussion about the effects on quality of care and on job quality and about the need for satisfying terms and conditions of employment as reversal of the earlier cutbacks in funding, the introduction of staffing norms and the improved conditions in the collective agreements (Marino & Keizer, 2023: 171). The same kind of conclusion can be drawn from a Dutch study about the negative effects of public procurement on job quality in sectors like homecare: working in this sector intensified as a result of employers’ competition on low costs, but these jobs are still regulated in collective agreements and stakeholders in public procurement are aware of the risks in bad quality jobs (Kuijpers et al., 2023; Tros et al., forthcoming). Nevertheless, in the Netherlands, there is growing migrant labour outside the scope of collective bargaining and in the non-unionized informal live-in domiciliary care in the Netherlands. The study of Van Hooren and colleagues (2021) showed that trade unions in the Netherlands, like in Germany, organized some political lobby campaigns on behalf of domestic workers but were not able to negotiate collective agreements such as in France, so that Dutch domestic workers have been left completely without income or social security (Van Hooren et al., 2021).

Brinkman (2023) questions the effects of the current labour scarcity and growing demands in care services on collective bargaining. He is critical about the adaptability of the instrument of collective bargaining because of its rigidity. In the Netherlands, collective bargaining in the care sectors is set at national/sectoral level, while according to him, more flexibility and tailor-made solutions are needed at the more decentralised level of organisations and workplaces. Also, in the SOWELL-project, 3 years ago, we have pointed to the weak factors in the Dutch system of industrial relations, that trade unions do not have a formal, nor a position at the level of companies in practice (Tros & Kuijpers, 2022).

1.1.2 Welfare state and governance studies

Relevant studies can be also found outside the industrial relations literature, such as in disciplines of welfare states studies and governance studies in the care sectors. Important here is to state that continental welfare states, like the Dutch and the German, have undergone more structural, path-shifting experiences compared to the Nordic, Anglo-Irish and Mediterranean counterparts during the post-war era (Hemerijck, 2023). Women participation in the labour market and childcare provision was for a long time at an extreme low level in the Netherlands as a result of the male-breadwinner family model in a highly gender-related and Christian conservative culture.

In the article with the title ‘One welfare state, two care regimes’, Van Hooren & Becker (2012) analyzed the different developments of childcare and elderly care in the Netherlands, reflecting the hybrid character of the Dutch welfare system, which, until the 1980s, featured both conservative elements (childcare), as well as social-democratic elements (elderly care). In the last decades the conservative model in childcare has been replaced by a liberal model. Hemerijck (2023) criticizes the liberal Dutch approach in regulating childcare by the path of privatization and marketisation, what made the Dutch childcare system one of the most expensive in Europe, and what reinforced the parttime preferences among women in many working families in the Netherlands. For other reasons, the governance of the long-term care sector in the Netherlands was subject in international publications. Especially about its institutional reform in 2015 (Maarse & Jeurissen, 2016) and about innovation in the organization of small scale and ‘self-organising’ teams in district nursing (Alders, 2015; Monsen & De Blok, 2013). The article of Da Roit & Van Bochove (2017) points to the problematic Dutch policies in emphasizing the importance of informal care as a partly substitute of the lower accessibility and lower social desirability of institutional, while at the same time the rise of a demand for professional intensive care at home that neither the current home care services nor families are entirely able and willing to fulfill. This situation opened up entrepreneurial opportunities for the development of solutions based on 24-hour care arrangements by migrant care workers, similar to what is found in other national contexts (Da Roit & Van Bochove, 2017). Recently, more criticism is heard about the effects on lower service access and job quality problems as a result of liberalization in the LTC sector. Van Hooren & Ladoux (2023) made the point that during the Covid-19 crisis it became visible that the resilience of the long-term care sector in the Netherlands was undermined by fragmentation and marketization of the sector, limiting the government’s ability to respond adequately to new challenges such as improving working conditions and combating labour scarcity in the sector.

Advisory bodies for the Dutch government, like the tripartite SER (2020) and more academic WRR (2021), point to the limits to growth of the LTC sector in the Netherlands, regarding the access in LTC-services and the quality of LTC-provisions in current times of demographic ageing, labour market scarcity and budgetary challenges.

Interestingly, we see more far-reaching policy discussions for the childcare regime in the Netherlands. Studies showed that the current privatized demand-driven model tends to strengthen unequal access to high-quality ECEC, favoring high income groups and eroding ECEC-provision in remote, rural or poor areas with low purchasing power (Kok et al. 2020; Noailly and Visser 2009). Lower educated mothers make less use of childcare than higher educated mothers in the

Netherlands (Kok et al., 2020). Private parties are responsible for public tasks but, in combination with increased freedom of choice, this also leads to differentiation between organisations in their quality and pricing of ECEC-services (Van der Werf et al, 2021). Furthermore, in 2020, a survey showed clearly that many parents were not aware of the level of their payments for ECEC-services (Kok et al, 2020: 7), while the tax service in the Netherlands made persistent mistakes in calculating the parents' costs and tax-reimbursements, leading to a deep public scandal and the fall of the government Coalition in 2020. Bokhorst & Hemerijck (2023) warn that the Dutch childcare is in danger of falling behind internationally because of its expensive and inaccessible system. They advocate for more experimentation in a more public based system instead of the current privatized model. Less than for the LTC-sector, policy studies, thinktanks and advisory bodies for the government are less focusing on budgetary constraints in childcare provision and more on public investments and the intention to make childcare more financially affordable for parents (SER, 2021). This can be understood by the quite small ECEC sector in the Netherlands, compared to the large LTC sector in the Netherlands and to the ECEC sector in other European countries.

1.1.3 Statistical data

Statistics Netherlands (cbs) intensified the collection of labour market and working conditions data in the care sector, such as about employment, jobs, job-to-job mobility, vocational education, vacancy rates, sickness absence, several working conditions and forecasts in labour market scarcity.¹ In these investigations, statistics and related publications are categorized and detailed by several branches within the care sector, including nursing homes, homecare and childcare.

Regarding residential nursing homes and homecare, cbs-statistics show that employment in the Netherlands is in especially residential care relatively high. To give a rough picture about the employees that work in the whole long term care sector (LTC) in 2022: 24% are middle-educated care workers in residential nursing homes with mostly 3 years of vocational education; 16% are middle-educated care workers in homecare with mostly 3 years of vocational education; 13% are cleaners; 9% are social workers; 8% are higher educated nurses and 7% are higher educated specialized nurses. Other professions, such as administrative staff or doctors are less than 5% of the workforce in the sector. Quantitative studies in working conditions point to high levels of workloads, verbal aggression at the workplace, and sickness absence in the LTC sector (De Rooy & Raateland, 2023a). Lack of personnel is mentioned as the most challenging HR problem. Although the investments and access to LTC-services in the Netherlands are relatively generous in international perspective (SER, 2020; OECD, 2023), citizens in the Netherlands are worried and concerned about the quality of care for the elderly, and the effects of the lack of personnel, high work pressures and low salaries in the care sector.

¹ <https://azwstatline.cbs.nl/#/AZW/nl/> ; [AZW Info - Betrouwbare informatie over de arbeidsmarkt van zorg en welzijn](#)

Regarding the ECEC sector, the levels of workload and sickness absence are even higher than in the LTC sector. One third of the sickness absences are work-related. Also here, lack of personnel is mentioned as the most challenging HR-problem (De Rooy & Raateland, 2023b).

Section 2: Industrial Relations and Collective Bargaining

1.2 Collective bargaining in the ECEC and LTC sectors

1.2.1 Collective bargaining structure

In both the ECEC sector and the LTC sector, the main level of social dialogue and collective bargaining is the sectoral level. Formally, both sectors are private sectors and not public sectors, although they depend financially on public funds. There is just *one* regular collective agreement for the ECEC sector ('cao kinderopvang') and *one* for the LTC sector ('VVT-cao'). For-profit care providers are bound to the same collective agreement as non-for-profit providers. Related to that, there are employers' associations in both sectors that have a diversified mix of members that are more or less commercial, but they agree on single sectoral agreements with the same standards in terms and conditions of employment for more or less commercial employers.

In the Netherlands, childcare services and homecare services can be provided 'for-profit'. Care activities in residential care – in nursing homes or in homes for the elderly - can only be organised 'not-for-profit', although profits can be made by residents' investments in real estate and in rentals of apartments (interviews ActiZ). In such residential care apartments, the same organisations can provide 'homecare' on a commercial base, so there exist hybrid companies that organise not-for-profit and for-profit care services at the same time.

Collective bargaining in both care sectors reflects the general multi-employer bargaining regime from the Netherlands: 75 percent of the employees in the country are covered by a sectoral agreement. Besides the earlier mentioned and further analyzed sectoral agreement for the ECEC sector and the agreement for the LTC sector, there are other sectoral agreements in the care sector in the Netherlands, such as for Hospitals, for Academic hospitals, for social work and for Disability care. Between these sectors there is some level of so-called 'pattern bargaining'. For example, in the last years where labour scarcity and inflation led to high wage agreements in the sector of Academic hospitals and after that influenced wage agreements in the hospital sector, the LTC sector and the Disability care sector (interviews ActiZ). In the Dutch collective bargaining regime, the presence of sectoral agreements means that there is (almost) no bargaining at the regional nor company level in the related sectors (Rosenbohm & Tros, 2023). So, in contrast to other European countries like Italy, France, Belgium, and Scandinavian countries, the Dutch collective bargaining system is not a multi-level one. Neither, nor in contrast to Germany, trade unions in the Netherlands follow a strategy to regulate negotiation rights for unions at the company level in the framework of sector agreements. Generally speaking, employers in the Netherlands do not like 'double' negotiation rounds as well. At company level, workers are represented by works councils according to national legislation, also in the care sectors. Works councilors can be member of a trade unions, but mostly they are not.

The high coverage of workers under collective bargaining in both the ECEC and the LTC sectors can be understood by national labour law in the Netherlands. Both sector agreements are declared ‘generally binding’ by the Ministry of employment and social affairs for all employees in the sectors, including those not members of a trade union and those working under employers that are not member of employers’ associations. The main legal requirement is that the employers’ organisations that have signed the sectoral agreement do represent together at least 60 percent of the employees in the sector. This is the case in both sectors. It is estimated that 75 percent of the employees in the ECEC are employed by employers’ associations that are parties to the collective agreement. In the LTC sector this is 80 percent (see further section 1.3 about the membership levels of employers’ associations in both sectors). So-called *self-employed workers* are not included in the collective agreements because they do not have employment contracts but ‘contracts for services in labour’. In the ECEC sector, in 2022, around 7.5 percent of the workers had self-employed contracts (AZW, 2023). In the same year, in the LTC sector around 4.5 percent worked in self-employed contracts (AZW, 2023). Furthermore, homecare can also be delivered by *informal domestic workers* that are not covered by any collective agreement at all. Employees with (small) part-time or temporary employment contracts are covered by the regulations in the collective agreements in the same way as full time, permanent employees are.

1.2.2 Coordination

The FNV negotiators in both sectors tell us that they are quite autonomous in their strategy. *‘Of course, there is a national FNV agenda in negotiating terms and conditions of employment, but that does not mean that everything has to be implemented in the sectors.... we are not following the national FNV-actions in early retirement, because the employers in childcare are really against it’* (interview FNV-ECEC). Also, the FNV-negotiator in the LTC-sector points to autonomy: *‘I think that my sector does independent things and can be even somewhat decisive for other healthcare sectors...’*. An example is a new collective insurance for disability, including the coverage of Covid-19 patients in LTC that is later copied by the hospital sector and other care sectors. Also, CNV negotiators see freedom in collective bargaining in the specific sectors within the national CNV-policy on negotiating collective terms and conditions of employment. Interestingly, at the table in the ECEC sector they see even *‘more opportunities to draw from’*, compared to other sectors where already a lot is regulated (CNV interview). In this sector play also bigger topics and discussions (see f.e. section 1.1.2). Both FNV and CNV do see the ECEC-sector as a special sector because of its position between ‘care’ and ‘education’. The educational development of young children has gained social importance, which can be also illustrated by changing the wording from first ‘childcare centers’ into ‘child development centers’.

Also, employers’ associations in both sectors seem to be quite autonomous in their collective bargaining strategy. They ‘softly’ coordinate with other health and care sectors and regard ECEC also with the education sector. In both sectors there are links with peak employers’ organizations VNO-NCW and/or MKB-Nederland, although not all employers’ associations in the ECEC and LTC sectors are a member (see section 1.3.3).

Coordination in collective bargaining is high *within* both sectors, what can be understood by the condition that there is just one single agreement by sector and the need for support of the (diversified) rank and files of both unions and employers' associations. At employers' side, divides between for-profit and non-for-profit companies and between large companies and SMEs are bridged by integration within the same employers' associations ActiZ (LTC) and BK (ECEC) and the same sectoral agreements. Remarkably, the interviewed employers' associations in both sectors are nuancing and putting things into perspective in the dichotomy between profit and not-for-profit employers when it comes to labour and HR. Regarding the ECEC sector: *'I think that the interests between profit and non-profit do not differ that much, but that it is the interests between large and small companies that differentiate'* (interview BK). *'Larger childcare companies, for example, can handle better all administrative requirements and do have more interests in flexibility in the collective agreements'* (interview BK). Regarding the LTC-sector: *'the profit versus non-profit distinction does not create a schism, the divide is more between strong and weak financial positions of the companies'* (interview ActiZ). Nevertheless, coordination in collective bargaining within the sectors has also its limits. This is especially visible in the ECEC sector where recently one employers' organization – representing the specific interests for commercial operating SME's in the ECEC sector - tried to escape from the main sectoral agreement (see section 1.2.3).

Furthermore, centralisation *within* both sectors is high because of the content of collective agreements: both collective agreements in the ECEC sector and in the LTC sector contain *standardized* wage levels, specified by job level (education, responsibilities) and by years of job experience. Also, regarding other terms and conditions of employment, both sectoral agreements do not give the opportunity to deviate at the company or at the individual workers' level. So, opportunities for inequality and flexibility in the terms and conditions of employment are limited by the collective agreements.

We summarize the above-mentioned findings in table 2.1 and table 2.2. Roughly we can conclude that there are many similarities in the structure and coordination of collective bargaining between the two care sectors in the Netherlands, but that there are differences in the details.

Table 1. Collective bargaining in the ECEC-sector in the Netherlands

Analytical dimensions		Research questions	NL (ECEC)
CB structure	Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	Only sectoral, multi-employer bargaining
	Second main level		Some soft involvements at national level
	Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Medium fragmentation at the employers' side (but at the same negotiation table)
	Country-specific addendum	Are there any country-specific dimensions to add?	Public-legal mechanism to make sector agreement generally binding towards all employment in de sector
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Soft cross-sectoral coordination FNV and CNV Soft cross-sectoral coordination employers
	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	Both for-profit and non-for-profit are integrated in one agreement (no public sector)
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	There is just one sectoral agreement (although one employers association tried to make a second one, what is prevented by the public-legal mechanism to make sector agreement generally binding for the whole sector)
	Country-specific addendum	Are there any country-specific dimensions to add?	no
Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	1
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOs) - % coverage - sector (public and/or private)	Signatory parties: FNV + CNV (TUs) & BK + BMK (EOs) Coverage: max. 92%, including general binding mechanism (8% solo self-employed workers) Private sector: not-for-profit and for-profit

Table 2. Collective bargaining in the LTC sector in the Netherlands

Analytical dimensions		Research questions	NL (LTC)
CB structure	Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	only sectoral, multi-employer bargaining
	Second main level		Some soft involvements at national level
	Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Low fragmentation
	Country-specific addendum	Are there any country-specific dimensions to add?	Public-legal mechanism to make sector agreement generally binding towards all employment in de sector
Coordination in CB	Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Soft cross-sectoral coordination FNV at national level Soft cross-sectoral coordination employers at national level (MKB Nederland)
	Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	Both for-profit and non-for-profit are integrated in one agreement (no public sector)
	Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	There is just one agreement
	Country-specific addendum	Are there any country-specific dimensions to add?	no
Collective agreements	Number of CAs applied	Enumerate the main CAs signed in the sub-sector	1
	Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOs) - % coverage - sector (public and/or private)	Parties: FNV, CNV, NU'91, FZ & ActiZ, Zorgthuisnl Coverage: max. 95% of formal workers (5% solo self-employed workers; no data about. informal workers) Private sector: not-for-profit and for-profit

1.2.3 Recent developments and strengths and weaknesses

This section focuses on the main developments in collective bargaining and subjective reviews from the collective bargaining parties towards the collective agreement (CA) in the two sectors, all based on the interviews.

Instability in the ECEC sector

In 2021, two factors created instability in the industrial relations in the ECEC sector in the Netherlands. First, FNV withdrew from the negotiations in the sector. FNV did not agree to the positions of the other collective bargaining parties regarding the required flexibility of staff and the limited increases in wages. This conflict at the sectoral negotiation table can be also understood by FNV's strategy of 'organizing' to attract more members in the sector (see section 1.3.2). However, this withdrawal of FNV did not prevent the signing of a CAO between the other union (CNV) and two employers' organisations BK and BMK, and did not effected the subsequent decision of the Ministry of Employment and Social Affairs to declare this agreement 'general binding' for the whole sector in January 2022. A second 'disturbing' development occurred at the employers' side, where BVOK – an employers association with membership among mostly commercial SME's in the sector - challenged the Ministerial decision to make the collective agreement between CNV and BK/BMK generally binding through the signing of an alternative CA with a so-called 'yellow union' (LBV). Regarding 'yellow unions': in Dutch labour law there are almost no requirements to be a union. This means that employers' organisations can sign a CA with whichever union they wish, no matter how small or unrepresentative this union is (De Beer & Keune, 2017). The BVOK has made use of this situation and found LBV willing to sign their proposed agreement. This cheaper agreement was meant to be applied to organisations that are a member of the BVOK, but it lost its legal effect because of the overruling of the agreement between CNV and the much larger employers' organisations when it was declared generally binding for the whole ECEC sector. On top of these factors, the covid-19 pandemic was not a good period for smoothening the conflicts at the negotiation tables in a sector that was hardly hit by the pandemic (several interviews).

Strengths and weaknesses in ECEC

Employers' associations and trade unions point to different factors in their self-evaluation of strengths and weaknesses of the collective agreement in the ECEC sector.

Firstly the largest employers organization in the ECEC sector: *'well, for us it could be a little less detailed and with a little more room for own interpretation within certain frameworks, because it is really all defined to the letter'* (interview BK). BK refers also to the wish of so called 'individual à la carte systems' as it is already existing in other sectors in which money or time can be used by individual employees for training and education (interview BK). More individual flexibility and more autonomy for individual employees in the job and in working hours, is a theme in the coming period where social partners try to renew more structurally the sectoral agreement in the sector (interview BK). Another wish, mentioned by BK, is more flexibility in the qualification requirements which are regulated in the CA: *'not necessarily by certifications as it is now, but more by regulating a 'competency framework' in which people can show there capability to work in childcare'*. Secondly, BMK. BMK stresses the importance of decent/fair wages and guaranteeing the quality of ECEC-services, where the CA do play a role. Talking about renewing the CA, they refer to topics like increasing the integration/similarities with

other CAs in the care and education sectors,² and the desired process to redefine ECEC jobs which are less based on the current detailed tasks descriptions and more on ‘roles’ and ‘objectives’ in supporting children in their developments (interview BMK).

A weak point of the CA is according to FNV the long days that workers can be scheduled: *‘sometimes from 7 AM to 7 PM, or from 6:30 AM to 6:30 PM without breaks if a worker works in a standalone location and children need to have ‘fixed faces’ in the childcare organization’* (interview FNV). Another problem according to FNV is the possibility in the CA in variable work scheduling on a year’s base, that can increase the workers’ workload and stress in certain periods too much. Finally, FNV mentions the strict current qualification requirements as a problem (interview FNV). FNV points to the strong points of the CA that *‘salaries are standardized without giving employers the option for deviations, to prevent wage competition’* (interview FNV). FNV is fine with the options in the CA for work councils and other bodies of workers representation (‘pvt’) in ECEC companies to agree with tailor made HR-regulations for issues like working hours, holidays and travel expenses schemes.

Interestingly, CNV is pointing to a weakness of the CA, not mentioned by FNV nor the employers. In 2017/18 the text of the CA has been made more simple and popular for reasons of readability/accessibility for those working in the ECEC sector. But according to CNV this leads to a problem of legal ambiguities: *‘CNV considers it a big problem if collective agreement rules are not legally enforceable for the employee... the employer can more easily convince that he is right in its interpretation, so that a worker even do not make a step in contacting the union’* (interview CNV). Another kind of weakness, more towards social dialogue and collective bargaining, mentioned by CNV is that *‘it takes relatively long time in the ECEC-sector to make steps in negotiations, with employers separated in two associations and the differences between the two unions’* (interview CNV). At the positive side, CNV points to recent change in the CAO 2024 to limit the employers’ flexibility in rostering employees. In the past, part-time workers had to agree the availability during an *extra* weekly day that they could be rostered, but this rule is abolished. Also, in the same CAO 2024, notification periods in the rostering of individual workers have been made longer from 10 to 21 days before the shift starts. *‘This is better for employees’ work-life balance and less workloads and stress at the workplace’* (interview CNV).

Stability, strengths and weaknesses in LTC

Compared to the ECEC sector, industrial relations in the LTC sector seem to be more stable and collective bargaining parties seems to work more (harmonious) together. *‘The quality of social dialogue is very good in the last years’*, according to the FNV negotiator in the LTC sector (interview FNV). This has not been always the case. FNV followed temporarily an ‘organizing’ strategy in the 2010s in the LTC sector that effected conflictual relations with employers. An important concrete result of the more harmonious labour relations in the 2020s, is that in 2023 the CA has been ‘broken open’ to agree on an extra 10 percent collective wage rise to compensate workers for the high inflation. Another more specific – and remarkable – chapter in the CA is that about the promotion of representative and direct worker participation at the workplace and in LTC companies. *‘That is also a positive point’* (interview FNV). Employers’ association ActiZ: *‘what is strong is that we not only*

² Related to this topic, the joint social partners in the ECEC sector initiated in 2023 a study about ‘Collective Agreement of the Future’ (<https://www.kinderopvang-werkt.nl/werkgevers/nieuwsoverzicht/nieuwe-cao-kinderopvang-2023-2024>)

have the joint credo of 'the employee at 1!', but that we also find that really important..... labour is our most important expenses, but also our most important assets' (interview ActiZ). 'The employee at 1!' is the title of the joint lobby of both employers and unions towards the government but also the title of the CA 2023/2024 in the LTC sector (see further section 1.3.2)

Despite the in general high appreciation of labour relations in the LTC sector by the collective bargaining parties themselves, both the largest trade union (FNV) and the largest employers association (ActiZ) refer to several weaknesses. FNV is by far not satisfied with the small improvements of the relative wage levels (compared to other sectors) in the LTC sector: 'we still have a wage gap of 7% compared to other sectors... so that is really a big problem' (interview FNV). Further, *'new people that begin to work in the sector, run into high working pressures, low wages and too irregular working hours .. so many new, young workers also leave soon the sector'* (interview FNV). The CA should give employees themselves more influences in working hours and also in the way the work is organized, according to the FNV. ActiZ mentions another weak point of the CA in the LTC-sector: *'HR-managers complain about the difficult application of all those many rules in the collective agreement.. not everything is easy to implement in practice...there's a lot of detail in the rules.... sometimes directors can agree to things, which later turns out to be more difficult for HR managers in practice'* (interview ActiZ).

1.3 Collective representation

1.3.1 ECEC sector

In the ECEC-sector, in total five associations – three employers' associations and two unions - are involved in social dialogue and collective bargaining.

Employers

At the side of the employers: *Brancheorganisatie Kinderopvang* (BK) en *Branchevereniging Maatschappelijke Kinderopvang* (BMK). BK is the largest with around 875 members and organizes SME's as well as large companies, and both for-profit and not-for-profit ECEC providers. BK does not know how much employment they organize exactly, but important is to say that they employ in total less than 60 percent of the employment in the sector: *'we are not that far from that level, but the gap is not that big as well'* (BK). They call themselves at least representative for ECEC providers with more than 50 FTE (BK). So, BK is dependent on other employers association(s) to fulfil the requirement of organizing at least 60 percent before the Ministry can make a sector agreement generally binding for the whole sector. The second employers' association in the ECEC sector, is BMK. BMK has 150 members with around 30.000 workers (25% of the total employment in the sector) and is only organizing not-for-profit organizations in the ECEC sector (interview BMK). Compared to the other employers' organization, BMK has relatively more larger companies as a member. Because BK and BMK jointly organize around 1000 employers in a sector with 3000 employers that represent more than 60 percent of the employment, we can conclude that many SME's are not member of BK nor BMK. Remarkably, the ECEC sector in the Netherlands has many small companies: 72 percent of the companies have less than 25 employees (De Rooij & Raateland, 2023b). A third employers' association in the ECEC sector is BVOK. BVOK organizes

entrepreneurial SMEs in the sector and collaborated with a so called ‘yellow union’ in 2022 (see section 1.2.2). They failed in their action of agreeing an alternative CA for their members because they could not prevent that the government made the main CA general binding for the whole sector. Since 2024, BVOK is included in the negotiation table for the new CA of 2025. BK sees that as a positive development and is happy that all three employers’ organisation are more on good speaking terms (interview BK).

The employers’ associations have not the same ideological and political ideas about the development of the ECEC sector in the Netherlands. BK sees much more problems in the new governmental policy: *‘it is an impossible combination to increase the demand of services by lower costs and to solve scarcity in the labour market’* (BK interview). BMK is ideologically in favour of organizing and financing ECEC as a broad public and social service and not to limit ECEC access to parents that have a job. BMK wants to prevent segmentation between high costs and low costs ECEC-companies. BVOK is strongly in favor of marketisation. Because of their different profiles, the direct competition between the three employers organisations is limited: they fish in different ponds.

Trade unions

At the workers side, only general unions play a role in the ECEC sector: FNV *Zorg en Welzijn* (largest) and CNV *Zorg en Welzijn* (Christian backgrounds). Unionization in the ECEC sector is estimated around 10 to 12.5 percent, according to the unions themselves.³ FNV is around three or four times larger than CNV in this sector (interviews FNV, CNV). The unionization level in the ECEC sector is lower than average in the total care sector in the Netherlands, and also under the national average (see table 1.3.1).

According to the FNV negotiator in the ECEC sector: *‘this union density is far too little, because it does not give us clear means of exerting pressure to convince employers that they should listen to us better’... ‘because we have good relations with the employers’ associations BK and BMK, the fact of few members does not automatically mean that we have no influence, but we would like to have a few more members, because that would allow us to exert more pressure’* (interview FNV). In 2020 and 2021, the FNV-strike in the sector and the corona pandemic increased the number of members. *‘After 2021, it was back to normal and people thought ‘we can cancel the membership again’* (interview FNV). In 2024, FNV is running a project to recruiting so called *‘kaderleden’* (Dutch), unionized shop floor workers’ representatives, also to deploy those executives to recruit more FNV-members at the workplace (FNV interview). To strengthen representation, FNV strives for 6 to 15 of such *‘kaderleden’* by region.⁴ However, this is not an easy task: *‘the difficulty is that people have the impression that they already have to work a lot and they can hardly be scheduled at work to do union activities, so it has to take place mainly online in the evenings. We also do something live from time to time, but then we see the number of participants immediately halved... so that’s one of our biggest obstacles’* (interview FNV).

CNV also wants more members in the ECEC-sector. They do not see a competitive relation with FNV, which has a more protesting approach: *‘our members are a little more focused on thematic policies*

³ At this specific sector level there is no available statistical data (only a the total care sector there is).

⁴ There are four regions in the Netherlands: North, Mid, South, West.

and are less in action mode’ (interview CNV). The number of active members (*kaderleden en vakbondconsulenten*) of CNV in the ECEC sector is ‘minimal’, and lower than in other sectors (interview CNV).

Despite the limited members in the ECEC sector, FNV do not see a problem in being seen as representative (FNV interview). Looking to characteristics, FNV members in ECEC are more young. Where the average member of FNV in the care sectors is aged 48, the average FNV member in the ECEC sector is aged 37. This has all to do with the younger working population in the childcare sector: *‘there are few people who start in childcare at the age of 18 and work in childcare until retirement. After about 10 years, sometimes 15, many choose another profession. Some go to a care profession, others go to a teaching profession and some become funeral directors or taxi drivers or cooks or train drivers...’* (interview FNV). There are also workers in their mid-career from other education and care sectors who enter the ECEC-sector, but these numbers are lower.

Table 3: organizational density of trade unions in the Netherlands, national and care sector, 2011-2022

Year	National average	Care sector
2011	23,3	24.3
2013	21,9	25.8
2018	18,4	23.0
2020	17,6	22.7
2022	16,3	20.5

Bron: Brinkman, 2023; Nationale Enquête Arbeidsomstandigheden 2022 (TNO/CBS, 2023)

Since mid-2010s the differences between FNV and CNV in the care sector have grown. FNV has become more activist and followed, first in the LTC sector and later in the ECEC sector, an ‘organizing’ strategy to be more visible for its rank and file. CNV became more independent from FNV and more cooperative towards the employers; they did not follow the FNV in its unwillingness to sign the CA in 2021.

Interrelationships

The interrelationships and the interplays between the social partners in the ECEC sector have been in a kind of ‘wave motion’ in time. The activist strategy of FNV in 2020-21 and the undermining and disruptive action of BVOK in the same period have put the relations on edge, between the unions, between employers’ associations and between workers and employers. Nevertheless, the interviews in 2024 point to the development that relationships have improved. *‘We are working well together with employers in the context of the network and joint sectoral fund discussing labour market issues and we have also good relations in collective bargaining’* (interview FNV). The effect of a third employers’ association (BVOK) at the regular negotiation table in 2024/2025 has to be seen. FNV and CNV expect another dynamic; BK is satisfied seeing the problematic relationship with BVOK cleared up.

Good interrelationships are different from having the same problem definition or ideas. As the FNV negotiator tells: *‘in the area of labour market policies, we have a good dialogue with the employers’ associations, but in other areas, such as regarding the Childcare Act, FNV can have totally different views than the employers’* (interview FNV). *‘Unions look to what is good for workers and employers always look to costs and benefits... ‘of course, ECEC providers must be maintained but not at the expense of workers’* (interview FNV).

Table 4. Collective representation in the ECEC-sector in the Netherlands

Analytical dimensions		Research questions	NL (ECEC)
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	2 general unions (FNV + CNV).
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	FNV 80% and CNV 20% total union members; Limited direct competition between the unions.
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	Normally collaborative, but conflictual in times of FNV's organizing strategy
	Degree of centralization in decision-making	At what organizational level decision-making takes place within TUs?	ECEC-sector level (whole country)
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	Both are general unions for all groups of workers
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	Workers in not-for-profit and for-profit ECEC-providers are united
Characteristics of TUs	Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	FNV: 10% private sector
			CNV: 2.5% private sector
EOs structure	Degree of EOs fragmentation	How many EOs organise in the sector?	3
	Membership of EOs	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	Different profiles: BK: most diverse in size and mix nor-for-profit and for-profit BMK: only non-for-profit BVOK: SMEs for profit
	Nature of the relationship between EOs	How would you define the relationships between EOs? Collaborative or competitive?	Collaborative, but instable commitment BVOK
	Degree of centralization in decision-making	At what organizational level decision-making takes place within EOs?	ECEC-sector level (whole country)
	Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	BK has several informal networks regarding size, ideology/philosophy, region,

			and subsectors (day care - after-school care - childminder care)
	Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	High coordination
Characteristics of EOs	Characteristics of the most representative EOs	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	BK: estim. 55% of the employment (n=875, diverse in size and not-for-profit and for-profit) BMK: estim. 25% (relative larger companies, only non-for-profit) BVOK low % (SMEs for profit)

1.3.2 LTC sector

There are six associations involved in social dialogue and collective bargaining in the LTC sector in the Netherlands: two at the side of employers and four at the side workers. In a regular base of around one or two years, all parties negotiate for renewing the CA.

Employers

The largest employers' association is ActiZ with 400, mostly not-for-profit members, including large providers in the sector. ActiZ is organising almost all nursing homes and homes for the elderly in the country and also 60 percent of the workers in homecare organisations. ActiZ-members employ around 383.000 workers, that is around 82 percent of the in total 465,000 employees in the sector that are covered by the CA (including those employed in companies not member of any employers' association in the sector). ActiZ is less organizing the smaller homecare organisations, but because they organise the bigger ones and the companies that combine residential care with homecare, *'ActiZ is organizing around 80 percent of the total homecare turnover in the Netherlands'* (interview ActiZ). The most differentiating HR-factor within the rank and files of ActiZ is the financial capacity of the LTC-organisations. Some of the rich members of ActiZ want to provide higher wages to attract and to retain workers, what is not possible for members with lower financial capacity. Generally speaking, providers in residential care have better financial positions than providers in homecare. For this reason, *'organisations often do both: the shortages in homecare are then resolved/offset against the part of residential care'* (interview ActiZ). Where the LTC-sector in the Netherlands is traditionally a 'private, not-for-profit' sector, there are nowadays more profit-making organisations than in the past. Since the introduction of public procurement in the homecare sector, homecare organizations are allowed to make profit. Further, (listed) companies such as 'Orpea' and 'Domus Magnus' make profit by exploitation in real estate. These companies are member of ActiZ and have also sign the 'governance code' around profitmaking in the care-sector in the Netherlands. Insurance companies ask for compliance with this governance code and sometimes there are *'fights with the members'* about non-compliance with this governance code (interview ActiZ). ActiZ do not know if these companies apply to the CA as they have to do. *'ActiZ*

is not police, but if the unions complain, then we will contact the company (interview ActiZ). Responding to the question if these companies have different interests regarding collective bargaining or the CA: *the large commercial companies are not extra active or differently oriented with regard to the collective agreement* (interview ActiZ).

The second, much smaller employers' association is *Zorgthuis.nl* with 200, mostly commercial, SME's in only the homecare sector.

According to ActiZ, the numbers of workers employed by non-organised employers seem to have increased slightly in the past years. Nevertheless, these numbers mostly refer to new start-up companies and *'many start-ups in the sector disappear fastly'* (interview ActiZ).

Trade unions

At the side of workers, the subsidiary of the largest general union in the Netherlands *FNV Zorg & Welzijn*, together with *CNV Zorg & Welzijn*, part of the Christian union federation, are both included in collective bargaining in the LTC sector. Further is included *NU '91* as the professional union for nurses and *FBZ* as the federation for higher level professionals.

FNV do not give information about numbers of members but can confirm that the amount of FNV-members in the LTC-sector has been stabilized in 2023 and that most of the members are aged 40-60 years. FNV initiated in the 2010s a 2- or 3-years period of 'organizing' where the numbers of members increased and where a structure of 'kaderleden' has been set-up (interview FNV). The biggest barrier to recruiting new members is that homecare workers are working very individually so there is low information and communication about trade unions membership among colleagues. FNV developed different initiatives to recruit more members, such as doing visits at nursing schools to inform students about the trade union movement and in trying to set up a network structure of active union members that work in the sector ('kaderleden') (interview FNV).

In total, the estimation is that the unionization level in the LTC sector is a bit under the average in the Dutch care sectors because of the relative high numbers of workers that work in quite isolated work conditions (namely homecare), but somewhat higher than in the ECEC sector.

FNV's rank and file is quite pluriform in the sense of educational level: from domestic care workers to therapists and doctors. The biggest group are care givers and nurses at middle-educational level 3 (*MBO verzorgende IG*), so FNV is focusing on this group with its problems regarding the extreme irregularities in the rostering, causing high workloads/stress. This group, together with the higher educated nurses, has also relatively lower wages than workers with the same educational levels in other sectors. *'Recently we've been trying to catch up a little bit and we've made a little bit of progress there, but there's still a 7% gap!'* (interview FNV).

Interrelationships between social partners

In the last years, relationships between the social partners in the LTC sector have been harmonious. That the largest employers' association ActiZ also has the role of secretariat of the CA can be seen as a sign of trust among the unions (NB: mostly secretariats are bipartite or being done by a more neutral party). Also, the 'joint coalition' of both employers and unions in their

lobby called *‘de medewerkers op nummer 1’* to the national government can be seen as a sign of good social partnership in the sector. Trust relations were challenged in the period that FNV followed the more activist strategy of ‘organizing’ in the sector. Through profiling the specific workers’ interests instead of the joint interests in the sector, and through appointing FNV officials that were more focused on conflicts, the relationships at the collective bargaining table were troubled (interview ActiZ). Trust needed to be restored in the years after the ‘organizing’ period. Nowadays, *we know how to find each other and we look for common starting points* (interview ActiZ). Negotiation processes in collective bargaining have been renewed under the supervision by a third party: not anymore by sending each other tradition letters with a list of demands, but through direct dialogue in thematic workgroups. This has led to more joint problem definitions and joint policies, to come to better job quality, such as wage increases, more workers rights in (flexible) working hours and joint initiatives in sectoral labour market programmes. *‘The agreement in 2024 for an extra wage increase of 10 percent and the intention of all social partners to further increase the minimum wage in the collective agreement in the coming years is also a sign that social dialogue in the sector is strong’* (interview FNV).

Table 5. Collective representation in the LTC sector in the Netherlands

Analytical dimensions		Research questions	NL (LTC)
TUs structure	Degree of TUs fragmentation	How many TUs organise in the sector?	4 unions: FNV, CNV, NU '91, FBZ.
	Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	FNV is larger than CNV; little competition.
	Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	Normally collaborative, but conflictual in times of FNV's activist/‘organizing’ strategy
	Degree of centralization in decision-making	At what organizational level decision-making takes place within TUs?	LTC-sector for the whole country
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	FNV and CNV are general unions for all groups of workers. NU '91 is a professional union for nurses. FBZ is a professional union for health and care specialists.
	Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	Workers in not-for-profit and for-profit LTC providers are united in the same 4 unions.
Characteristics of TUs	Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	No data. Middle-educated care givers are dominant FNV-members.
EOs structure	Degree of EOs fragmentation	How many EOs organise in the sector?	2
	Membership of EOs	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	ActiZ: diverse in size and mix non-for-profit and for-profit Zorghuisnl: for-profit in subsector of homecare. Low competition because of different profiles.
	Nature of the relationship between EOs	How would you define the relationships between EOs? Collaborative or competitive?	Collaborative. Zorghuisnl is kind of ‘overshadowed’ by ActiZ.
	Degree of centralization in decision-making	At what organizational level decision-making takes place within EOs?	LTC-sector level for the whole country

	Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	ActiZ is not split-up in subdivisions, but works with informal thematic/local networks
	Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	High coordination
Characteristics of EOs	Characteristics of the most representative EOs	For each EO, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - kind of firms organised	ActiZ: 400 members, incl. large companies, mostly non-for-profit, around 82 percent of the employment in the sector. Zorgthuisnl: 200 small members, commercial SMEs in homecare.

1.3.3. National level

Marketisation and legislation in the ECEC sector

FNV sees marketisation in the ECEC sector as an important ‘*point of attention*’ in the context of inequal access to high quality services, bankruptcy risks and overlooking specific workers’ interests, but is in the same time the interviewee sounds quite mild and realistic: ‘*investment-companies can give childcare a boost, which is not necessarily a bad thing*’ (interview FNV). Also, CNV is not giving a strict statement about marketisation. CNV is currently developing a vision on balancing marketisation/privatization with the social function of the sector in the light of the recent policy discussions about reforming the and the role of public investments. The SER (2021) spoke about ‘almost free childcare for parents’ but CNV is pointing to the fact that in that case you need also a maximum tariff in financing ECEC services, otherwise you will see that ‘*in some cases public money simply goes to big investment companies*’ (interview CNV). The important conclusion is that both unions are not by definition against profit making in the sector. As mentioned before, employers’ association have different views: BK (and BVOK) is defending the interests of commercial ECEC providers, while BMK is in favour of delivering ECEC services as a public provision for all children in a non-for profit approach.

It is important to stress here that privatization and marketisation in the Dutch ECEC-system goes hand-in-hand with rather strict state requirement in the quality and organization of ECEC services. So, a commercial model is not the same as facilitating high discretion power among employers in its business management. Most impact has the Innovation and Quality Childcare Act [*Wet Innovatie en Kwaliteit Kinderopvang*] that is enforced by the public authority GGD. This includes for example the legislative standards in the ratio between one employee and numbers of children: 1:3 for babies and 1:8 for kids aged two and three. And also the ‘professional/pedagogical-child-ratio’ of 1:16. Another legal standard regulates the sso-called ‘familial faces principle’ that ensures that any individual child is served by at most two different employees. Social partners were consulted in the establishment of this Act in the years before 2018 and they still regularly discuss these rules with the Ministry of Social affairs and Employment. For example, regarding the

certification rules for new employees in the sector: *‘the minister comes up with all kinds of crazy rules and then says to the collective bargaining parties: ‘you have to arrange the implementation’* (FNV interview).

The ongoing public debate on reforming the ECEC sector is highly influenced on the Dutch Childcare Allowance Scandal (*kindertoelag affaire*). In January 2021, the cabinet of Mark Rutte, Prime Minister of the Netherlands resigned after the revelation that the Dutch tax administration had infringed fundamental rights of an estimated 35,000 parents of children that requested tax refunds in childcare costs. The tax service authorities in the Netherlands, but to a certain extent also the government, lost its trust from many citizens in the context of this scandal, in which the problems still have not been solved. Direct public financing of the ECEC services might be seen as a right policy response to an ever-failing Tax service authority and too complicated regulation for parents, but the key question here is how much the government wants to spend. Where the LTC sector in the Netherlands has a tradition of social democracy, the ECEC sector is rooted in a Christian conservative political context that was followed up by a liberal model. The fact is that the political debate shifted towards a scenario of more public investments to make childcare more accessible for parents with a job (SER, 2021a). However, it is still unclear if and how this will be implemented by the government.⁵ And both the government and social partners are still searching for pathways to renew the EREC regime.

Role of the state in the LTC sector

Compared to the ECEC sector, the government is more involved in the wage setting in the LTC sector through the so called ‘OVA-system’. Employers and the government (i.c. Ministry of Public Health, Welfare and Sports) have an agreement called the ‘Government contribution in the labour cost development of the care sector’ (= OVA, *Overheidsbijdrage in de Arbeidskostenontwikkeling zorg*). This agreement ensures that wages in the LTC sector develop alongside wages in other sectors. The OVA-calculation works as a ceiling for the employers’ budgets for workers’ salaries, travel reimbursements, early retirement arrangements and pension premiums. *‘If employers exceed the OVA- margins, it is at their own expense: they must pay for it themselves’* (interview ActiZ). In this system, on the one hand, employees are assured of a minimum level of wage development, but on the other hand, it also means that the trade union have little room for negotiating higher wages. *‘OVA is the most important anchor point for determining wage space in the collective labor agreement. We are completely transparent about this to the unions’* (interview ActiZ). Further, this OVA system has also impact on the care services tariffs regulated in the Long-Term Care Act [*Wet langdurige zorg*], the Care Insurance Act [*Zorgverzekeringswet*] and the Social Support Act [*Wet maatschappelijke ondersteuning*]. Translating OVA into tariffs was a major issue in a recent national care agreement between the Ministry of Public Health, Welfare and Sports and the care providers (= *‘Integraal Zorg Akkoord’*, 2022). To prevent a ‘race to the bottom’ in public procurement practices in homecare, the National association of municipalities (*Vereniging Nederlandse Gemeenten*) agreed a

⁵ See f.e. [Op weg naar \(bijna\) gratis kinderopvang, maar kabinet gaat eerst bezuinigen - NRC](#)

guideline that procurers and homecare service providers have to work with ‘real prices’ (respecting the labour costs levels in the CA).

Link with federations

The general unions and part of the employers’ organisations in the ECEC and LTC sectors are represented by national trade unions federations (FNV and CNV), resp. national federations of employers (the large VNO-NCW and the smaller MKB Nederland). These federations are part of the bipartite Labour Foundation (*Stichting van de Arbeid*) and tripartite Social Economic Council (SER, *Sociaal-Economische Raad*), both social dialogue bodies at the national level. SER was especially active in the ECEC sector, by promoting professionalization, and less fragmentation and better access in ECEC-services (SER 2016, SER, 2021). Regarding the whole case sector, the SER asked for more awareness and actions in the field of increasing labour market shortages in the public sectors that is challenging prosperity, citizens’ confidence, equality in access, and public services’ quality (SER, 2022; SER, 2023).

In ECEC, BK is a member of both VNO-NCW and MKB-Nederland. BMK is not a member, what is linked with their ideology. Although BMK members are employers, they feel not connected with these peak organisations that have a dominant ideology of marketisation, privatization and profit-making (interview BMK). Non-membership led to the situation that BMK’s voice was less heard in social dialogue than BK’s voice. *‘The SER report of 2021 is going in the right direction, but there is too much restriction on the right to childcare for everyone’* (interview BMK).

In LTC, ActiZ is member of the national employers’ federation MKB Nederland: *‘the seat for VNO-NCW in the Social-Economic Council (SER) was already given to the employers in the hospital sector’* (interview ActiZ). Although not a direct member, ActiZ is involved in the important lobby of VNO-NCW together with banks and insurance companies through a national commission healthcare (*Commissie gezondheidszorg*). ActiZ advises his members not to organize their own lobby to national politics but cannot prevent that the large cities in the Western part of the Netherlands do organize lobbies in asking for more money related to the bigger social problems in big cities and the related larger labour market scarcities compared to smaller municipalities in other regions (interview ActiZ).

1.4 Challenges: labour shortage, innovation and job quality

Not only care sectors, but also education sectors and many other (public and private) sectors in the Netherlands, struggle with labour shortages and with the expectations that these shortages will even grow further in the near future. In 2021, social partners in the tripartite Social Economic Council discussed the actions that might be taken to recruit new workers for the care sectors and to prevent further outflow of employees from the care sectors (SER, 2021). One of the main policy recommendations was to provide better terms and conditions for care workers and better job quality (including higher wages, professional autonomy and less stress) to recruit new workers and

to present early exit among care workers. Another main recommendation was to increase the number of contractual hours on the many (small) part-time employment contracts in the care sectors. After the pandemic and after this report from 2021, the numbers of vacancies in the care sectors increased even more.

The whole sector of healthcare and welfare expects a 22 percent increase in the demand for personnel in the period 2021-2032.⁶ In absolute numbers, a shortage of 170.000 workers in 2032 is expected. The largest shortages are expected in the LTC sector, but shortages will increase in the longer term in almost all sectors.

1.4.1 Labour market policies

ECEC-sector

In the ECEC sector there are many bi- and tripartite project groups, social dialogue platforms, programs, and other ‘policy circles’ in the field of labour market policies. CNV counts even 30 to 35 groups, including those with the Ministry of Social Affairs and Employment: ‘Let say, *childcare is a sector where there is quite a lot of talk....*’ (interview CNV) and to add to this: ‘... *decision-making processes are slow*’ (interview CNV).

BK’s general approach is: ‘*We cannot afford not to participate in labour market policies and Ministerial programs, because there is a great deal to be done. Only we don't think it's the Holy Grail with which we are going to solve all shortages*’ (BK interview). *We need to look at the broader picture and in different ways* (BK interview). All care sectors are related to each other, so when the ECEC sector employs more people, than sectors like the youth care sector, social work sector or education sector will have less people. ‘*So you also want to avoid fishing in each other's ponds, because that just doesn't help us as a society*’ (interview BK).

Here under, I will mention some of the recent labour market program with an important role for the social partners in the ECEC sector.

Firstly, *The career path* (*Het ontwikkelpad*), a program initiated by employers and now jointly supported and co-financed by the bipartite labour market fund for the ECEC sector (*Kinderopvang werkt!*). With support of governmental subsidies, the training and first year wage costs for a ‘group helper’ (groepshulp) are partly paid from a fund.⁷ National and regional labour market authorities play a role in this to support employers in the ECEC sector. The new group helpers will reduce the workload of other employees as well. CNV thinks that this is a good policy, also as a measure to (re-)integrate unemployed people in the labour market but is afraid that these temporary subsidies will lead to not sustainable labour contracts. Once the subsidy-program is not any more there, ‘*these group helpers will fly out again*’ (interview CNV). Some regions are more active than others in participating in the program.

⁶ [Arbeidsmarktprognoses zorg en welzijn vernieuwd - ABF Research](#)

⁷ See: [Veelgestelde vragen over het Ontwikkelpad kinderopvang | Kinderopvang werkt! \(kinderopvang-werkt.nl\)](#)

Secondly, a program called *Recognition of Acquired Competencies in the ECEC sector* (*EVC-traject Kinderopvang*).⁸ Social partners are discussing more opportunities for workers that did not finish education as a pedagogical professional and practices to integrate ‘skill based’ recruiting and selection (interviews BK/CNV). Related to this, CNV is proponent of more job differentiation within the sector (and in the CA’s salary table) under the level of the pedagogical professional and also proponent for more flexibility in the formal educational requirements (int CNV). This topic is also linked to the government’s policy in reimbursing costs, that has not to be limited by the hours of professionals but also to include costs for assistants, group helpers or domestic workers (int CNV).

Thirdly, FNV mentions a project targeted to part-time workers to increase their working hours (titled *‘het potentieel pakken’*), initiated in the ECEC-sector and now broader applied in other care and public sector.⁹

Another pathway to solve some staffing problems is to change the ratio Professionals-Childs; since longer time, BK wants to set this ration for babies back from 1:3 to 1:4 ... *‘nevertheless, this is not negotiable for other parties, such as the Parents’ advocacy group who stick very much to service quality’* (interview BK). *‘Bringing it from 1 in 4 to 1 in 3 simply costed the industry 10,000 vacancies... and we doubt whether it has become that much better’* (interview BK). *‘It is a kind of taboo in the sector to make a better trade-off between having enough places at the childcare with maybe less quality’... ‘ee even don’t have the room to investigate how the relation is between the Professional-Child rate and the quality of services’* (BK interview). It is also a politically complex discussion, especially when incidents or accidents with children in childcare reach the media.

LTC sector

Employers and trade unions in the LTC sector are governing a sectoral fund for labour market, education and training programs in the sector. This sectoral fund is financed by employers’ premiums set in the sectoral agreement and is initiating and subsidizing programs that aim to have in the future enough educated and competent workers in the LTC-sector through new workers and through employee retention in the sector.¹⁰ The fund is bipartite governed by all collective bargaining parties. Its policy program is organized along 4 lines:

- Education and training: improving school-to-work transition and stimulating education and development for those already working in the sector.
- Health, safety and sustainable employability at the workplace.
- Collective bargaining topics, like workers participation in regulating working hours and ‘self-organising’

⁸ <https://www.kinderopvang-werkt.nl/kwalificatie-eisen/evc-traject-kinderopvang>

⁹ <https://www.hetpotentieelpakken.nl/initiatieven/ons-werk-in-de-kinderopvang/>

¹⁰ [Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen, Thuiszorg en Jeugdgezondheidszorg \(aovvt.nl\)](http://StichtingArbeidsmarkt-enOpleidingsbeleidVerpleeg-,Verzorgingshuizen,ThuiszorgenJeugdgezondheidszorg(aovvt.nl))

- Campaigns to inform schools, teachers and students about working in the LTC-sector to attract new students and care workers for the LC sector.

1.4.2 Technological and social innovations

Investing in technological innovation is – at least in theory – a logic and attractive policy strategy in a context of further growth in the demand for care, labour scarcity in the labour market and limitation in public budgets. Especially in the LTC sector. Can digitalization, robotization and Artificial Intelligence replace labor and increase labour productivity? There are initiatives and running experiments in the LTC sector where workers save time in doing administrative tasks (by speaking to the computer instead of filling in complex forms), where robots do physical (and cognitive and social) tasks, and ‘home automation’ supports more efficient service provision (ActiZ, 2019; Van Breda et al., 2023). ActiZ is convinced that all kinds of technological innovations are essential to continue to provide the right care with fewer people and to increase the quality in service provision. Acceptance of healthcare workers to work with innovations is an important condition for the implementation of technological innovations.¹¹ But it is more than just ‘acceptance’: employees have to adopt these technologies in their professions and job content and therefore have to be committed to and involved in information sharing, consultation and decision-making. Many technological innovations only work when there is also ‘social innovation’ in the way people cooperate, trained, and work processes are organized in a smarter way. It is interesting that the CA in the sector regulates that ‘parties will develop instruments and programs that promote and facilitate opportunities for employee participation’ (workers’ consultation, co-determination, and influence in management decision-making). This is important in the field of workers’ working hours and ‘self-rostering’ (as trade unions mostly focus on), but worker participation seems to become more and more important in fields of professional development, education and training, the need for digital skills, job autonomy and other job quality factors that are affected by technological and organizational changes.

1.4.3 Promoting job quality

Better job quality is a joint goal of the social partners in all care sectors to recruit new workers for the sector and to promote longer working careers in the sector. Their joint strategy can be illustrated by their joint campaigns towards the government and some improvements in the CAs (wages, limits to extreme flexibility in working hours).

ECEC-sector

Job quality in childcare organisation not only related to the job tasks, but also to its sectoral governance structure. The ECEC sector suffers since 2010 from high fluctuations in the number of workers, reflecting the marketized nature of the sector with lower demands in ECEC facilities

¹¹ <https://www.zorginstituutnederland.nl/publicaties/rapport/2022/08/24/onderzoeksrapport-technologische-innovaties-in-de-zorg>

in times of economic downturn and cuts in tax bonus for parents (Van Hooren, 2021). The high staff turnover in the sector is related to dissatisfaction among child educators with terms and conditions of employment, in particular the lack of career opportunities and education and training facilities (Van den Tooren et al., 2019) and stressful work. The job structure in Dutch ECEC is not very differentiated and include a relatively low share of assistants. Because of the high numbers of part-timers, income problems existing among many workers in childcare organisations.

Regarding the ECEC sector, levels of workloads and sickness absence further increased in the last years and are even higher than in the LTC sector. 35 percent of the ECEC workers experience ‘stressful work’ (Dirven & Gielen, 2022). Stressful work is here defined as having high demands in job/tasks, combined with low autonomy. Stress in childcare is especially caused by ‘low autonomy’, as it is experienced by 69 % of the ECEC workers, that is related to high flexibility in the weekly rostering of part-time workers and high administrative burdens of the staff to report on the cognitive and emotional developments of children and other administrations. Sickness absence in ECEC is high and has increased from 4.5 % in 2010 to 8.3 % in 2022. One third of the sickness absences are work-related. As is also the case in other care sectors, lack of personnel is mentioned as the most challenging HR-problem (De Rooy & Raateland, 2023b). In the interviews, FNV and CNV mentioned the too high irregularity of working hours and also the low resistance of workers when they are confronted with specific demands of the employer (CNV relates that to the unclearness of the CA-rights).

LTC-sector

A first problem in the LTC sector are the workers’ high workloads. In the last years, around 45 percent of the workers in the LTC-sector report that ‘the workloads are (far) too high’.¹² In 2022, 29 percent of the LTC-workers experience ‘stressful work’. Sickness absence is high and has increased from 6.2 percent in 2010 to 9.2 percent in 2022.¹³ Especially in the sector of homecare, the work has been intensified because of the introduction of the public procurement model together with austerity measures at the municipality level (Kuijpers et al., 2023). According to FNV: *‘80 to 90 percent of people suffer from the uncertainty and lack of clarity of irregular work schedules’* (interview FNV). *We have agreed some improvements in the last collective agreement, but what was not solved are the short services... where people used to work 7 hours in a row, this is now split into 4 hours, 3 hours or 2 x 3 hours, which means that people simply have to travel more and have more on-call moments* (interview FNV). More working hours for part-timers is seen by the government as part of the solution, but according to FNV, many workers do not want that because they fear having to come more often to work in fragmented working schedules. To get a better work-life balance, some workers prefer to become self-employed. In the LTC-sector the number of solo self-employed workers increased from 15 to 26 thousand in the period 2013-2022. This causes an extra problem for other workers’ groups if the inconvenient working hours are left for those in regular employment contracts.

A second job quality problem in the LTC sector are the low wages for nurses and in general the low-income levels of part-time workers. Both employers and unions agree on this problem. In surveys, just 30 percent of the LTC workers agree with the statement that they are sufficiently paid

¹² <https://azwstatline.cbs.nl/#/AZW/nl/dataset/24126NED/table?ts=1706806142215>

¹³ <https://azwstatline.cbs.nl/#/AZW/nl/dataset/24015NED/table?dl=6912C>

for their job (in 2023).¹⁴ Quite shocking were the investigations from the General employers' association Netherlands (AWVN), showing that salary levels of middle educated nurses are structurally 6-9 percent less than similar functions in the public and private sector (SER, 2021). The continued practice in the recent years to follow the average wage development in the private sectors has not filled these gaps, but has only reproduced the longer existing wage gap. According to ActiZ: *'there was some extra money to fill a part of the pay gap for middle level personnel, but this was not enough'* (interview ActiZ). FNV takes this problem very serious (interview FNV).

In sum, the social partners in both care sectors face serious and structural problems in the labour market and in job quality. Pressures will grow by demographical ageing, political environments (that push for growth in ECEC services but also for financial cuts in both sectors), and increasing scarcities in the Dutch labour market. These challenges ask for strategic social partnership between strong employers' associations and trade unions.

¹⁴ [https://azwstatline.cbs.nl/#/AZW/nl/dataset/24126NED/table?ts=1706806142215\](https://azwstatline.cbs.nl/#/AZW/nl/dataset/24126NED/table?ts=1706806142215)

Executive summary

Collective bargaining institutions are important to enhance working conditions and job quality, as well as to strengthen the attractiveness and the retention capacity of the care sector that is challenged by high turnover and severe labour and skill shortages. This report about the Netherlands analyses the country-specific structure and characteristics of collective bargaining institutions, collective representation and actors' actions strategies in the care sector. It is part of broader (comparative) European research project DEVCOBA.

The research underlying this report confirms the picture in the literature that the regulative framework of social dialogue and collective bargaining in the Netherlands at least maintains the discussion about quality of care, job quality and the need for better terms and conditions of employment. This study goes further: wages and working hours have indeed been improved in collective agreements and new labour market programs have been developed in the last years. The quite centralized collective bargaining structures and sector agreements in the ECEC sector (Early Childhood Education and Care) and LTC sector (Long Term Care) not that different from each other, but there is more instability in collective representations in the ECEC sector, a sector that is under high pressure in the context of the (partly controversial) government's intention to reform. Fragmentation between employers and little unionization is challenging social dialogue and the development of a collective response on the public debate to reform the childcare sector in the Netherlands.

Both sectors are plagued by serious problems in job quality (especially low wages and high workloads) and growing labour scarcities in times of increasing demands in care provisions. Social partners are involved in making and implementing labour market programs to recruit new (young) workers and to support sustainable employability (especially by training and education in the job). Improving job quality by renewing the collective agreements, especially regarding wages and more predictability in working hours, are also used as policy instruments to make jobs in the care sector more attractive. Further, organizations in the LTC sector experiment with technological and social innovations to increase productivity and service quality with less people. In the project DEVCOBA, follow-up research will be done by developing three case studies in tackling skills and labour shortages and/improving job quality more in detail.

Annex 1: List of interviewees, DEVCOPA project, WP2, 2024.

Association	Type of association	Sector
ActiZ (2 respondents)	Employers' association	LTC
FNV	Trade union	LTC
BK (2 respondents)	Employers' association	ECEC
BMK	Employers' association	ECEC
FNV	Trade union	ECEC
CNV	Trade union	ECEC

Annex 2: List of interviewees, SOWELL project 2020–2022, Part I (national/sector level).

Association	Type of association	Sector
FNV/SER	Trade union/Tripartite social dialogue	LTC
Iederin	Clients'organisation in homecare	LTC
Ministry of Public health, welfare and sports	Government, state levels	LTC
VNG	Association of municipalities in the Netherlands	LTC
Actiz	Employers' association	LTC
Actiz	Employers' association	LTC
Zorgthuisnl	Employers' association	LTC
FNV	Trade union	LTC
NU'91	Trade union (for care-professionals)	LTC
Social Council Economic childcare	Social dialogue at national level	ECEC
BK	Employers' association	ECEC
BMK	Employers' association	ECEC
FNV	Trade union	ECEC
BvoK	Employers' association (SME)	ECEC

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