DEVCOBA

Developing Collective Bargaining in the Care Sector

WP2 Country Report

THE NETHERLANDS

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Introduction

The DEVCOBA project aims to examine the backgrounds, mechanisms, and impacts of the development of collective bargaining and representation in 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 for enhancing working conditions and job quality, as well as for strengthening the attractiveness and 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 mixed-method 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, iv) descriptive statistical analyses, and iv) in-depth qualitative interviews among the most important and largest collective bargaining parties in the ECEC and LTC sector (6 in 2024 and 14 in 2020-2022). The structure of the report starts with a short overview of relevant literature (section 1), followed in section 2 by collective bargaining structures, coordination within and among employers' associations and trade unions, and recent developments and strengths and weaknesses in collective bargaining. In section 3, the report evaluates collective representation, interrelations between social partners and the role of the state. The final section describes the social partners' challenges and some of their actions relating to labour shortages and job quality. The analysis of documents statistics and main interviews was done in the period May 2024 – October 2024 (see Annex 1). In addition, some results are based on interviews that had already been conducted as part of the previous project "SOWELL – Social dialogue in welfare services" in the years 2020 to 2022, done by the same research consortium (see Annex 2).

Contents

Section 1: Literature Review

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 have 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 municipalities' employment and budgets had been cut after 2008, despite giving municipalities extra public tasks, including homecare for their citizens. Stiller & Boonstra (2020) pointed to the development that, after the crisis of 2008, the curative care sector in the Netherlands also came to feature more 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 under pressure from 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 the Netherlands with 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 a 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 (Kuijpers et al., 2023) Most stakeholders in public procurement are aware of the risks inherent to poor quality jobs; some of them have more social views and are experimenting with new public procurement practises (Tros et al., in press). Nevertheless, in the Netherlands, there is a growth in migrant labour outside the scope of collective bargaining and in the non-unionised 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, had organised some political lobbying campaigns on behalf of domestic workers but had been unable to negotiate collective agreements such as in France, so that Dutch domestic workers had 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 he states that 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 pointed to the weak factors in the Dutch system of industrial relations, that trade unions do not have a formal position at the level of companies in practice (Tros & Kuijpers, 2022).

1.2 Welfare state and governance studies

Relevant studies can be also found outside the industrial relations literature, such as in disciplines of welfare state studies and governance studies in the care sectors. It is important here to state that continental welfare states, like the Dutch and the German ones, have undergone a more structural, path-shifting experience compared to their Nordic, Anglo-Irish and Mediterranean counterparts during the post-war era (Hemerijck, 2023). Women's 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-oriented and Christian conservative culture.

In the article entitled 'One welfare state, two care regimes', Van Hooren & Becker (2012) analysed the different developments of childcare and elderly care in the Netherlands, reflecting the hybrid nature of the Dutch welfare system, which, until the 1980s, featured both conservative elements (childcare), as well as social-democratic elements (elderly care). In recent decades, the conservative model in childcare has been replaced by a liberal model. Hemerijck (2023) criticises the liberal Dutch approach to childcare regulation by the path of privatisation and a market approach, which made the Dutch childcare system one of the most expensive in Europe, and which reinforced the part-time 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 a topic of international publications, especially about its institutional reform in 2015 (Maarse & Jeurissen, 2016) and about innovation in the organisation of small scale and 'self-organising' teams in district nursing (Alders, 2015; Monsen & De Blok, 2013). The article by Da Roit & Van Bochove (2017) points to the problematic Dutch policies in emphasising the importance of informal care as a partial substitute for the reduced accessibility and lower social desirability of institutional care, with at the same time the rise in demand for professional intensive care at home that neither the current homecare services nor families are entirely able or willing to provide. 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 has been voiced about the effects on lower service access and about job quality problems resulting from liberalisation in the LTC sector. Van Hooren & Ladoux (2023) made the point that during the Covid-19 crisis, it became apparent that the resilience of the long-term care sector in the Netherlands had been undermined by fragmentation and marketisation 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 in the LTC sector in the Netherlands, regarding access

to LTC services and the quality of LTC provisions in current times of demographic ageing, labour market scarcity and budgetary challenges.

Interestingly, there are a larger number of far-reaching policy discussions for the childcare regime in the Netherlands. Studies have shown that the current privatised, demand-driven model tends to strengthen unequal access to high-quality ECEC, favouring 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). Less well educated mothers make less use of childcare than better educated mothers in the Netherlands (Kok et al., 2020). Private parties are responsible for public tasks but, when combined with increased freedom of choice, this also leads to differentiation amongst 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 coalition government in 2020. Bokhorst & Hemerijck (2023) warn that 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 privatised model. To a lesser extent than for the LTC sector, policy studies, think tanks and government advisory bodies are focusing less 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 in the context of 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.

1.3 Statistical data

Statistics Netherlands (CBS) intensified its collection of data on the labour market and working conditions 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] These investigations categorise and detail statistics and related publications from 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 relatively high, especially in residential care. In recent years, around 4.3% of the total number of employees in terms of fulltime equivalents are employed in LTC. To give a rough picture about the employees working in the whole long-term care sector (LTC) in 2022: 24% were middle-educated care workers in residential nursing homes with mostly 3 years of vocational education; 16% were middle-educated care workers in homecare with mostly 3 years

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

of vocational education; 13% were cleaners; 9% were social workers; 8% were higher educated nurses and 7% were higher educated specialised nurses. Other professions, such as administrative staff or doctors, were less than 5% of the workforce in the sector. Quantitative studies in working conditions point to high levels of workloads, verbal aggression in 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 from an 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 pressure and low salaries in the care sector.

Regarding the ECEC sector, employment is relatively low in the Netherlands. In recent years, around just 1.3% of the total number of employees in terms of fulltime equivalents were employed in ECEC: that is less than one third of the employment in LTC. Statistics on jobs in the sector are less detailed than in LTC. Also, lack of personnel is mentioned as the most challenging HR-problem in ECEC (De Rooy & Raateland, 2023b).

In section 4.3 in this report, we compare some data from CBS (2025) about job quality factors in 2019-2024 in both sectors.

Section 2: Industrial Relations and Collective Bargaining

2.1 Collective bargaining in the ECEC and LTC sectors

2.1.1 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 partly depend on public funds.[2] 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 not-for-profit providers. Related to that, there are employers' associations in both sectors with 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 home care services can be provided 'for-profit'. Care activities in residential care – in nursing homes or in homes for the elderly - can only be organised on a 'not-for-profit' basis. In what are termed 'clustered residential facilities based on the principle of separating living and care provision', profits can be made by residents' investments in real estate and in rentals of apartments (interview ActiZ).

Collective bargaining in both care sectors reflects the general multi-employer bargaining regime from the Netherlands: 75% of the employees in the country are covered by a sectoral agreement. Besides the earlier mentioned and further analysed 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. Within these sectors, there is some level of what is called 'pattern bargaining', for example in recent years where labour scarcity and inflation led to high wage agreements in the academic hospitals sector, which then influenced wage agreements in the wider 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 or company levels 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, in contrast to Germany, do 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. At the company level, workers are represented by works councils according to national legislation, including in the care sectors. Works councillors can be members of a trade union, but mostly they are not.

[2] ECEC is for a substantial part financially dependent on contributions by parents, and not all kinds of jobs in ECEC are subsidised by the government.

The high coverage of workers under collective bargaining in both the ECEC and the LTC sectors can be understood by reference to 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 who are 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 should collectively represent at least 60% of the employees in the sector. This is the case in both sectors. It is estimated that 75% of the employees in ECEC are employed by employers' associations that are parties to the collective agreement. In the LTC sector this figure is 80% (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% of the workers had self-employed contracts (AZW, 2023). In the same year, in the LTC sector, around 4.5% worked through self-employed contracts (AZW, 2023). Furthermore, homecare can also be delivered by *informal domestic workers* who 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.

2.2.2 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 was 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 a lot is already regulated (CNV interview). This sector also features bigger topics and discussions (see e.g. 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 centres' into 'child development centres'.

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 as also being within the education sector. In both sectors there are links with the main employers' organisations *VNO-NCW* and/or *MKB-Nederland*, although not all employers' associations in the ECEC and LTC sectors are members (see section 1.3.3).

Coordination in collective bargaining is high *within* both sectors, which can be understood by the condition that there is just one single agreement per sector and the need for support of the (diversified) rank and file of both unions and employers' associations. On the employers' side, divides between for-profit and not-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 framing 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 apparent in the ECEC sector, where one employers' organisation – representing the specific interests for commercial operating SMEs in the ECEC sector - recently 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 the collective agreements: both collective agreements in the ECEC sector and in the LTC sector contain *standardised* wage levels, specified by job level (education, responsibilities) and by years of job experience. Also, regarding other terms and conditions of employment, neither sectoral agreement provides any opportunity for deviating 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 summarise 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 on the employers' side (but at the same negotiating table)
	Country-specific **addendum**	Are there any country-specific dimensions to add?	Public law mechanism to make sector agreement generally binding towards all employment in the 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 not-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, which is prevented by the public law mechanism of making 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 law mechanism to make sector agreement generally binding towards all employment in the 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 not-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

2.3 Recent developments and strengths and weaknesses

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

2.3.1 Instability in the ECEC sector

In 2021, two factors created instability in the industrial relations in the ECEC sector in the Netherlands. Firstly, 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 negotiating table can be also understood by FNV's strategy of 'organising' to attract more members in the sector (see section 1.3.2). However, this withdrawal by FNV did not prevent the signing of a CA between the other union (CNV) and two employers' organisations BK and BMK, and did not affect the subsequent decision by the Ministry of Employment and Social Affairs to declare this agreement 'generally binding' for the whole sector in January 2022. A second 'disturbing' development occurred on the employers' side, where BVOK – an employers' association with membership among mostly commercial SMEs 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 made use of this situation and found LBV willing to sign its proposed agreement. This cheaper agreement was meant to be applied to organisations that were members of the BVOK, but it lost its legal effect because of being superseded by 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 smoothing out conflicts at the negotiating tables in a sector that was hit hard by the pandemic (several interviews).

2.3.2 Strengths and weaknesses in ECEC

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

Firstly, the largest employers organisation 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 care systems' as already exist in other sectors, where 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 will be a theme in the near

future when social partners try to renew the sectoral agreement in the sector more structurally (interview BK). Another wish, mentioned by BK, is for greater 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 their 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 does 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[3] and the desired process of redefining ECEC jobs to be less based on the current detailed task descriptions and more on 'roles' and 'objectives' in supporting children in their development (interview BMK).

A weak point of the CA is, according to FNV, the long days for which workers can be scheduled: '*sometimes from 7 AM to 7 PM, or from & 7 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 for variable work scheduling on a year's base, that can excessively increase the workers' workload and stress in certain periods. Finally, FNV mentions the strict current qualification requirements as a problem for easy access for new employees (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 works councils and other bodies of workers' representation ('pvt') in ECEC companies to agree to tailor-made HR regulations for issues like working hours, holidays and travel expenses schemes.

Interestingly, CNV points out a weakness of the CA that was not mentioned by FNV or the employers. In 2017/18, the text of the CA was made simpler and more popular for reasons of readability/accessibility for those working in the ECEC sector. But according to CNV, this is leading 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 himself that he is right in his interpretation... so that a worker does not even take a step towards 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). On 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 to availability for an *extra* weekly day when they could be rostered, but this rule has been abolished. Also, in the same CAO 2024, notification periods for 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).

[3] 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)

2.3.3 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 recent years*', according to the FNV negotiator in the LTC sector (interview FNV). This has not been always the case. FNV temporarily followed an 'organising' strategy in the 2010s in the LTC sector that created conflicted relationships with employers. An important concrete result of the more harmonious labour relations in the 2020s is that in 2023 the CA was 'broken open' to agree on an extra 10% collective wage rise to compensate workers for high inflation. Another more specific – and remarkable – chapter in the CA is about the promotion of representative and direct worker participation in 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 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 by both employers and unions to the government but also the title of the CA 2023/2024 in the LTC sector (see further section 1.3.2)

Despite the generally 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 far from 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 influence in working hours and also in the way the work is organised, 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).

Section 3: Collective representation

3.1 ECEC sector

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

3.1.1 Employers

On the side of the employers: *Brancheorganisatie Kinderopvang* (BK) *and Branchevereniging Maatschappelijke Kinderopvang* (BMK). BK is the larger, with around 875 members, and organises SMEs as well as large companies, and both for-profit and not-for-profit ECEC providers. BK organises around 50% of the employment in the sector (interview BK). They call themselves at least representative for ECEC providers with more than 50 FTEs (BK). So, BK is dependent on other employers association(s) to fulfil the requirement of organising at least 60% 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 only organises not-for-profit organisations in the ECEC sector (interview BMK). Compared to the other employers' organisation, BMK has relatively more larger companies as members. Because BK and BMK jointly organise around 1000 employers in a sector with 3000 employers, representing more than 60% of the employment, we can conclude that many SMEs are not members of BK or BMK. Remarkably, the ECEC sector in the Netherlands has many small companies: 72% of the companies have fewer than 25 employees (De Rooij & Raateland, 2023b). A third employers' association in the ECEC sector is BVOK. BVOK organises 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 the government from making the main CA general binding for the whole sector. Since 2024, BVOK was included at the negotiating table for the new CA of 2025. BK sees that as a positive development and is happy that all three employers' organisations are now on better speaking terms (interview BK).

The employers' associations do not have the same ideological and political ideas about the development of the ECEC sector in the Netherlands. BK sees many 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 organising and financing ECEC as a broad public and social service, not limiting ECEC access to parents who have a job. BMK wants to prevent segmentation between high-cost and low-cost ECEC companies. BVOK is strongly in favour of marketisation. Because of the broad profile of BK, BK competes with BMK and also with BVOK for memberships: '*we fish in the same pond*' (BK interview).

3.1.2 Trade unions

On the workers' side, only general unions play any role in the ECEC sector: *FNV Zorg en Welzijn* (largest) and *CNV Zorg en Welzijn* (Christian backgrounds). Unionisation in the ECEC sector is estimated at around 10% to 12.5%, according to the unions themselves.[4] FNV is around three or four times larger than CNV in this sector (interviews FNV, CNV). The unionisation level in the ECEC sector is lower than average in the total care sector in the Netherlands, and also below 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 ran a project to recruit '*kaderleden'* (Dutch), unionised shop floor workers' representatives, and also to deploy those representatives to recruit more FNV members in the workplace (FNV interview). To strengthen representation, FNV is strivings for 6 to 15 of such 'kaderleden' by region.[5] 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 any competitive relationship with FNV, which has a more protest-oriented approach: '*our members are a little more focused on thematic policies 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 perceive a problem in being seen as representative (FNV interview). Looking to characteristics, FNV members in ECEC are younger. 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 is 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.

[4] At this specific sector level there is no available statistical data (only for the total care sector).
[5] There are four regions in the Netherlands: North, Mid, South, West.

Table 3: organisational 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 the mid-2010s, the differences between FNV and CNV in the care sector have grown. FNV has become more activist and, firstly in the LTC sector and later in the ECEC sector, has pursued an 'organising' strategy to be more visible for its rank and file. CNV became more independent from FNV and more cooperative with the employers; they did not follow the FNV in its unwillingness to sign the CA in 2021, and again not in 2025.

3.1.3 Interrelationships

The interrelationships and the interplays between the social partners in the ECEC sector have been in a kind of 'wave motion' over time. The activist strategy of FNV in 2020-21 and the undermining and disruptive action of BVOK in the same period put relationships on edge – between the unions, between employers' associations and between workers and employers. Where the interviews in 2024 point to the development that relationships had 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) – experience in 2025 is disappointing. The members of FNV voted against the CA, so FNV could not sign the CA in ECEC 2025-2026 (interviews in WP3_report). The impact of a third employers' association (BVOK) at the regular negotiating table since 2024 has yet to be seen. FNV and CNV expected a different dynamic in 2024; BK was happy to see the problematic relationship with BVOK being cleared up.

Good interrelationships are of course different from having the same problem definition or ideas. As the FNV negotiator says: '*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 conflicting in times of FNV's organising strategy
	Degree **of centralisation in decision-making**	At what organisational level does decision-making take 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 unionised
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, but in competition: BK: most diverse in size, mix of not-for-profit and for-profit BMK: only not-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 unstable commitment of BVOK
	Degree **of centralisation in**	At what organisational level does decision-making take	ECEC sector level (whole country)

	decision-making	place within EOs?	
	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, child minder care)
	Inter-sectoral horizontal coordination between EOs	Do the various 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: estimated 50% of the employment (n=875, diverse in size, not-for-profit and for-profit) BMK: estimated 25% (relative larger companies, only not-for-profit) BVOK low % (SMEs, for-profit)

3.2 LTC sector

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

3.2.1 Employers

The largest employers' association is ActiZ with 400 mostly not-for-profit members, including large providers in the sector. ActiZ organises almost all nursing homes and homes for the elderly in the country and also 60% of the workers in homecare organisations. ActiZ members employ around 383,000 workers, i.e. around 82% of the total of 465,000 employees in the sector who are covered by the CA (including those employed in companies not belonging to any employers' association in the sector). ActiZ does less organisation with 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 file membership of ActiZ is the financial capacity of the LTC organisations. Some of the richer members of ActiZ want to provide higher wages to attract and to retain workers, which 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 now more profit-making organisations than in the past. Since the introduction of public procurement

in the homecare sector, homecare organisations have been allowed to make profit. Also, (listed) companies such as 'Orpea' and 'Domus Magnus' make profit through real estate operations. These companies are members of ActiZ and have also signed the 'governance code' around profit making 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 does not know if these companies abide by the CA as they ought to. '*ActiZ is not police, but if the unions complain, then we will contact the company* (interview ActiZ). Responding to the question whether 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 *Zorgthuisnl* with 200, mostly commercial, SMEs in the homecare sector alone.

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 quickly'* (interview ActiZ).

3.2.2 Trade unions

On the workers' side, 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. *NU '91*, as the professional union for nurses, and FBZ as the federation for higher-level professionals are also included.

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

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

FNV's rank and file is quite varied in terms of educational level: from domestic care workers to therapists and doctors. The biggest group comprises 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, also has 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).

3.2.3 Interrelationships between social partners

In recent years, relationships between the social partners in the LTC sector have been harmonious. The fact that the largest employers' association ActiZ also performs the role of secretariat of the CA can be seen as a sign of trust among the unions (NB: mostly secretariats are bipartite or are done by a more neutral party). Also, the 'joint coalition' of both employers and unions in their lobby called '*de medewerkers op nummer 1*' of the national government can be seen as a sign of good social partnership in the sector. Trust relationships were challenged in the period when FNV followed the more activist strategy of 'organising' in the sector. Through profiling the specific workers' interests instead of the joint interests in the sector, and through appointing FNV officials who were more focused on conflicts, the relationships at the collective bargaining table became troubled (interview ActiZ). Trust needed to be restored in the years after the 'organising' 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 of a third party: no longer by sending each other traditional letters with a list of demands, but through direct dialogue in thematic working groups. This has led to more joint problem definition and joint policies, to arrive at 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 TU **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 conflicting at the time of FNV's activistic/'organising' strategy
	Degree **of centralization in decision-making**	At what organisational level does decision-making take place within TUs?	LTC sector for the whole country
	Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with	FNV and CNV are general unions for all groups of workers.

		other groups?	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 unionised 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 not-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. Zorgthuisnl is kind of 'overshadowed' by ActiZ.
	Degree **of centralization in decision-making**	At what organisational level does decision-making take 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 into subdivisions, but works with informal thematic/local networks
	Inter-sectoral horizontal coordination between EOs	Do the various 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 not-for-profit, around 82% of the employment in the sector. Zorgthuisnl: 200 small members, commercial SMEs in homecare.

3.3. National level

3.3.1 Marketisation and legislation in the ECEC sector

FNV sees marketisation in the ECEC sector as an important '*point of attention'* in the context of unequal access to high quality services, bankruptcy risks and overseeing specific workers' interests, but at the same time the interviewee sounds quite relaxed and realistic: '*investment-companies can give childcare a boost, which is not necessarily a bad thing'* (interview FNV). Also, CNV is not giving a statement strictly about marketisation. CNV is currently developing a vision on balancing marketisation/privatisation with the sector's social function in the light of the recent policy discussions about reforming the role of public investments. The SER (2021) spoke about 'almost free childcare for parents' but CNV points to the fact that in that case you would also need a maximum tariff for financing ECEC services, otherwise you would 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 making profits in the sector. As mentioned before, employers' association have different views: BK (and BVOK) defends the interests of commercial ECEC providers, while BMK is in favour of delivering ECEC services as a public provision for all children, applying a not-for profit approach.

It is important to stress here that privatisation and marketisation in the Dutch ECEC-system go hand-in-hand with a rather strict State requirement on the quality and organisation of ECEC services. So, a commercial model is not the same as facilitating high discretionary power among employers in their business management. The greatest impact comes from 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 for the ratio between an employee and numbers of children: 1:3 for babies and 1:8 for toddlers aged two and three. And also the 'professional/pedagogical child ratio' of 1:16. Another legal standard regulates the so-called 'familiar faces principle' that ensures that any individual child is served by at most two different employees. Social partners were consulted during 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, on 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 by the Dutch Childcare Allowance Scandal (*kindertoeslag 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 who requested tax refunds for childcare costs. The tax authorities in the Netherlands, but to a certain extent also the government, lost the trust of many citizens in the context of this scandal, in which the problems have still not been resolved. Direct public financing of the ECEC services might be seen as a correct policy response to an ever-failing tax authority and excessively complicated regulations 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 investment 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.6 And both the government and social partners are still searching for pathways to renew the ECEC regime.

3.3.2 Role of the state in the LTC sector

Compared to the ECEC sector, the government is more involved in setting wages in the LTC sector through the '*OVA system'*. Employers and the government (here the Ministry of Public Health, Welfare and Sports) have an agreement called the 'Government contribution to the labour cost development in the care sector' (= OVA, *Overheidsbijdrage in de Arbeidskostenontwikkeling zorg*]. This agreement ensures that wages in the LTC sector develop in parallel with wages in other sectors. The OVA calculation operates 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 labour agreement. We are completely transparent about this to the unions'* (interview ActiZ). Further, this OVA system also impacts 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 Akoord*', 2022). To prevent a 'race to the bottom' in public procurement practices in homecare, the National association of Dutch municipalities (*Vereniging Nederlandse Gemeenten)* agreed a guideline that procurers and homecare service providers had to work with 'real prices' (respecting the labour costs levels in the CA).

3.3.3 Link with federations

The general unions and some of the employers' organisations in the ECEC and LTC sectors are represented by national trade union federations (FNV and CNV), or national federations of employers (the large VNO-NCW and the smaller MKB Netherland). 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 professionalisation and less fragmentation and better access to ECEC services (SER 2016, SER, 2021). Regarding the whole care sector, the SER asked for more awareness and actions on the increasing labour market shortages in the

[6] See e.g. Op weg naar (bijna) gratis kinderopvang, maar kabinet gaat eerst bezuinigen - NRC

public sectors that were challenging prosperity, citizens' confidence, equality of access, and public service quality (SER, 2022; SER, 2023).

In ECEC, BK is a member of both VNO-NCW and MKB-Nederland. BMK is not a member, which has to do with its ideology. Although BMK members are employers, they do not feel connected to these peak organisations, with their dominant ideology of marketisation, privatisation and profit-making (interview BMK). Non-membership has led to the situation where 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 healthcare commission (*Commissie gezondheidszorg*). ActiZ advises his members not to organise their own lobby towards national politics but cannot prevent the large cities in the Western part of the Netherlands from lobbying for more money, related to the bigger social problems in big cities and the relatively larger labour market scarcities compared to smaller municipalities in other regions (interview ActiZ).

Section 4: Labour shortage and job quality

Not only care sectors but also education sectors and many other (public and private) sectors in the Netherlands are struggling with labour shortages and with the expectations that these shortages will grow even further in the near future. In 2021, social partners in the tripartite Social Economic Council discussed the action 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 prevent early exit among care workers. Another main recommendation was to increase the number of contractual hours in the many (small) part-time employment contracts in the care sectors. After the pandemic and after this report from 2021, the number of vacancies in the care sectors increased even more.

The whole sector of healthcare and welfare expects a 22% increase in demand for personnel in the period 2021-2032.[7] 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 rise in the longer term in almost all sectors.

4.1 Labour market policies

4.1.1 ECEC sector

In the ECEC sector, there are many bipartite and tripartite project groups, social dialogue platforms, programs, and other 'policy circles' dealing with labour market policies. CNV counts as many as 30 to 35 groups, including those with the Ministry of Social Affairs and Employment: *'Let's 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, then sectors like youth care, social work or education will have fewer 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).

I will now go on to mention some of the recent labour market programs 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 from governmental subsidies, the training and first year wage costs for a

[7] Arbeidsmarktprognoses zorg en welzijn vernieuwd - ABF Research

'group helper' (groepshulp) are partly paid from a fund.[8] National and regional labour market authorities play a part 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 for (re-)integrating unemployed people in the labour market, but is afraid that these temporary subsidies will lead to unsustainable labour contracts. Once the subsidy program is no longer there, '*these group helpers will fly out again'* (interview CNV). Some regions are more active than others in participating in the program.

Secondly, there is a program called *Recognition of Acquired Competencies in the ECEC sector* ('*EVC-traject Kinderopvang*').[9] Social partners are discussing more opportunities for workers who did not finish education as a pedagogical professional and practices to integrate 'skill-based' recruitment and selection (interviews BK/CNV). Related to this, CNV is a proponent of more job differentiation within the sector (and in the CA's salary table) below the level of the pedagogical professional and also a proponent of greater flexibility in the formal educational requirements (interview CNV). This topic is also linked to the government's policy in reimbursing costs, that must not be limited by the hours of professionals but also includes costs for assistants, group helpers or domestic workers (interview CNV).

Thirdly, FNV mentions a project targeted at part-time workers to increase their working hours (entitled '*het potentieel pakken*'), initiated in the ECEC sector and now applied more widely in other care and public sectors.[10]

Another pathway to solve some staffing problems is to change the ratio of professionals to children; for a long time, BK has wanted to peg this ratio 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 cost 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'…. 'we 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.

4.1.2 LTC sector

Employers and trade unions in the LTC sector govern a sectoral fund for the 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 subsidising programs aimed at having enough educated and competent workers in the LTC sector in the future, through new workers

[8] See: Veelgestelde vragen over het Ontwikkelpad kinderopvang | Kinderopvang werkt! (kinderopvang-werkt.nl)
[9] https://www.kinderopvang-werkt.nl/kwalificatie-eisen/evc-traject-kinderopvang
[10] https://www.hetpotentieelpakken.nl/initiatieven/ons-werk-in-de-kinderopvang/

and through employee retention in the sector.11 The fund is bipartite, governed by all collective bargaining parties. Its policy program is organised 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 in the workplace;
- Collective bargaining topics, like workers' participation in regulating working hours and 'self-organising'; and
- Campaigns to inform schools, teachers and students about working in the LTC sector, in order to attract new students and care workers for the LTC sector.

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 limits on public budgets, especially in the LTC sector. Can digitalisation, robotisation and Artificial Intelligence replace labour and increase labour productivity? There are initiatives and experiments ongoing in the LTC sector where workers save time 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 quality in service provision. Acceptance by healthcare workers of working with innovations is an important condition for the implementation of technological innovations.12 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 and train, and where work processes are organised 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' (which trade unions mostly focus on), but worker participation is seemingly becoming more and more important in the 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 organisational changes.

[11] Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen, Thuiszorg en Jeugdgezondheidszorg (aovvt.nl)

[12] https://www.zorginstituutnederland.nl/publicaties/rapport/2022/08/24/onderzoeksrapport-technologische-innovaties-in-de-zorg

4.3 Promoting job quality

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

4.3.1 ECEC sector

Job quality in the organisation of childcare not only relates to the job tasks, but also to the sectoral governance structure. The ECEC sector has been suffering since 2010 from high fluctuations in the number of workers, reflecting the marketised nature of the sector with lower demand for ECEC facilities 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 their 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 includes a relatively low proportion of assistants. Because of the high numbers of part-timers, many workers in childcare organisations experience income problems.

In the ECEC sector, the levels of workloads and sickness absence have increased further in recent years and are even higher than in the LTC sector. 35% of 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 experienced by 69% of ECEC workers, that is related to high flexibility in the weekly rostering of part-time workers and high administrative burdens on the staff to report on the cognitive and emotional development of children and other administrative duties. Sickness absence in ECEC is high and rose from 4.5% in 2010 to 8.3% in 2022. One third of 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 excessive irregularity of working hours and also the low resistance of workers when they are confronted with specific demands by the employer (CNV relates that to the opacity of the CA rights).

4.3.2 LTC sector

A first problem in the LTC sector is the workers' high workloads. This is mentioned by both unions and employers' associations in the interviews. In the last years, around 45% of workers in the LTC sector reported that 'the workloads are (far) too high'.13 In 2022, 29% of LTC workers experienced 'stressful work'. Sickness absence is high and rose from 6.2% in 2010 to 9.2% in

[13] https://azwstatline.cbs.nl/#/AZW/nl/dataset/24126NED/table?ts=1706806142215

2022.[14] Especially in the sector of homecare, the work was intensified in the 2010s because of the introduction of the public procurement model together with austerity measures at the level of municipalities (Kuijpers et al., 2023).

A second, related problem, especially raised by FNV, is the inconvenient working hours and excessively flexible scheduling. According to FNV: '*80 to 90 percent of people suffer from the uncertainty and lack of clarity of irregular work schedules'* (interview FNV). *Some years ago, we have agreed some improvements in the 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). In response to the problem of unpredictable schedules and short shifts, FNV was successful in agreeing new regulations in the CA 2025-2026, in which workers are given a say in the number of working days in a week. Every employee makes a written agreement with the manager once a year, and if the employee has to work more days in a week, then he/she receives a bonus of €25. '*This is an example how constructive social dialogue can lead to worker participation about working time patterns and innovation of terms and conditions of employment*' (email FNV 2025).

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 to work more often on 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 rose from 15,000 to 26,000 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.

And last but not least, there is a wage problem in LTC, especially regarding the low wages for nurses and the low-income levels of part-time workers. Both employers and unions agree on this problem in wages and income. The investigations by the General employers' association Netherlands (AWVN) were quite shocking, showing that salary levels of middle educated nurses were structurally 6-9% lower than for similar functions in the public and private sector (SER, 2021). The continued practice in recent years of following the average wage development in the private sectors has not filled these gaps, but has only reproduced wage gap that has existed for so long. 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 seriously (interview FNV).

4.3.3 Comparing both sectors

Statistics Netherlands (2025) have collected data since 2019 among workers in the care sectors about several aspects of job quality. Looking at wages, just 26% of the LTC workers agreed in 2019 with the statement that they are 'sufficiently paid' for their job (Statistics Netherlands, 2025). Remarkably, this figure rose substantially to 39% in 2024, which might be related to the relatively high collective wage increases in the CA in this period. The proportion of LTC workers who are satisfied with the level of work pressure in their jobs has also recently risen from 53% to

[14] https://azwstatline.cbs.nl/#/AZW/nl/dataset/24015NED/table?dl=6912C

62% in the period 2019-2024 (Statistics Netherlands, 2025). The cooperative social partnership relations and the improvements in the CA go hand-in-hand with the rising levels of worker satisfaction since 2019 in LTC (see table 6). In contrast to LTC, statistics in ECEC do *not* show positive developments in worker satisfaction about payments, workloads and working hours (table 6). This might be related to the more modest improvements in CAs in ECEC and the related instability and fragmentation in representation and social dialogue in the Dutch ECEC.

Table 6. Job quality indicators ECEC sector and LTC sector, 2019, 2024

	ECEC 2019	ECEC 2024	LTC 2019	LTC 2024
Sufficiently paid	34.4	36.0	26.4	38.6
Workload is good	55.5	55.2	53.3	62.2
Working hours align with home situation	65.7	64.4	72.0	76.4
Sickness absence	5.4	7.7	6.8	8.9

Source: Statistics Netherlands (2025).

In sum, the social partners in both care sectors face serious and structural problems in the labour market and in job quality. These pressures will grow further by demographic ageing, political environments pushing for public budget cuts, growing demands for service quality, and scarcities in the Dutch labour market. These challenges demand strategic social partnerships between strong employers' associations and strong trade unions. Stability and coordination in collective representation and collective bargaining seems to be better embedded in LTC than in ECEC.

Executive summary / General conclusions

Collective bargaining institutions are important for enhancing working conditions and job quality, as well as for strengthening 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 and strategies in the care sector. It is part of the broader (comparative) European research project DEVCOBA.

The research underlying this report confirms the picture in the literature that the regulatory 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 recent years. The quite centralised collective bargaining structures and sectoral agreements in the ECEC (Early Childhood Education and Care) and LTC (Long Term Care) sectors are not that different from each other, but there is more instability and fragmentation in collective representations in the ECEC sector, a sector that is also under high pressure in the context of the government's (controversial) intention to reform. Fragmentation between employers and little unionisation is challenging for social dialogue and the development of a collective response in the public debate to reform the childcare sector in the Netherlands.

Both sectors are plagued by persistent problems in job quality (especially low wages and high workloads) in times of labour scarcity and growing demands for care provision. Social partners are involved in initiating and implementing labour market programs to recruit new (young) workers and to support sustainable employability (especially through training and education on the job). Improving job quality by renewing the collective agreements, especially regarding wages and greater predictability in working hours, are also being used as policy instruments to make jobs in the care sector more attractive. Further, organisations in the LTC sector are experimenting with technological and social innovations to increase productivity and service quality with fewer people. In the same project (DEVCOBA-WP3), there will be follow-up research in three case studies on tackling labour shortages and improving job quality.

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Annex

1. List of interviews, DEVCOBA WP2, 2024

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

2. List of interviews, SOWELL Part I, 2020–2022

Name	Type association	Sector
FNV/SER	Trade union /social dialogue	LTC
Iederin	Clients' organisation in homecare	LTC
Ministry of public health, welfare, sport	Government, state levels	LTC
VNG	Association of Dutch municipalities	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
SER - childcare	Social dialogue	ECEC
BK	Employers' association	ECEC
BMK	Employers' association	ECEC
FNV	Trade union	ECEC
BvoK	Employers' association (SME)	ECEC