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Abstract

This report analyses the evolution and the role of industrial relations in the public sector in the Netherlands in the period 2000-2015, focussing on three sub-sectors: hospitals, primary education and municipalities and their task of re-integrating jobseekers. After introducing the Dutch public sector, public sector reforms, and industrial relations, the parts on sub-sectors discuss 1) changes in industrial relations and the shape of public sector reform; 2) the influence of social partners on reform processes and implementation; and 3) effects of reforms on employment and, in turn, effects of the latter on availability and quality of public services. The role of the financial and economic crisis is a recurring theme in addressing these topics. Our in-depth analysis of the various sub-sectors is based on statistical data, documents and interviews with social partners and policy makers.

We find that for hospitals, municipalities, and primary education, the landscape of actors has remained stable overall. However, patterns of interaction of the social partners varied from somewhat more consensual in the hospital sector to less consensual in municipalities where collective agreement negotiations were long-drawn and sometimes got held up by industrial action. The latter was also the case in the primary education sector, which recently saw widespread collective action. Furthermore, all sub-sectors experienced major systemic changes between 2000-2015, although the speed differed: municipalities saw stepwise reforms in re-integration and a large reform in 2015. Hospitals were confronted with systemic health system change in 2006. In primary education, schools' financing method changed to lump-sum financing. Social partners mainly used lobbying strategies towards the central government, however, with differences in intensity between employers and trade unions across sub-sectors and over time. Next, effects of reforms on employment included mixed developments in terms of employment numbers and consequences in terms of e.g. higher work pressure and crisis-induced zero-wage policies in some sub-sectors. Finally, effects of changes in employment on public service provision are hard to establish because of other influences, but the risk of deterioration of services is recognized by especially trade unions despite notable efforts to increase public transparency of quality, for instance in hospitals, and professionalization, for instance in municipal re-integration services.

1. Industrial relations in the public sector

1.1 Introduction

In this report, we analyse the evolution and the role of industrial relations in the public sector in the Netherlands in the period 2000-2015, focussing on three sub-sectors: hospitals, primary education and municipalities and their task of re-integrating jobseekers. We start with a brief discussion of the Dutch public sector, public sector reforms, and general features of industrial relations in the sector. Then, for each sub-sector, we discuss the following interrelated research questions: 1) How have industrial relations changed and what shape has public sector reform taken in the various sub-sectors; 2) To what extent and how have the social partners influenced these reform processes, as well as their implementation; and 3) What effects have reform policies had on the number and quality of jobs in the public sector, and, in turn, what effects have the latter changes had on the availability and quality of public services? In answering these questions, we pay particular attention to the role of the financial and economic crisis. The in-depth analysis of the various sub-sectors is followed by a comparative section that highlights several themes. We conclude with a summary of our findings, followed by brief reflections on their implications for the following issues: a) the underlying reasons for changes in the three public sub-sectors (New Public Management and austerity-related or otherwise); b) the role of the state; and c) for the position of women in the labour market.

The organisation of the Dutch public sector

The Dutch public sector in its narrow definition includes: central government, regional and local government, the judiciary, the district water authorities, education, the defence forces and police, and university hospitals. Moreover, the state has depended on not-for-profit organizations for some of these tasks, including education, health and housing (Noordegraaf 2009). All schools are government funded and supervised by the school inspectorate. As they serve a public goal, they are regarded as part of the public sector. However, the constitutional principle of freedom of education, limits the government's power to execute full control over the primary school sector. Primary and secondary schools are entities with a statutory task and are legally based either on public or private law (Yesilkagit and Van Thiel 2012: 181). The healthcare sector consists of academic hospitals, which are legal entities appointed by law to carry out particular public tasks for which they receive government funding (Ibid: 181), and of general hospitals, which tend to be foundations or private corporations for which public law does not hold. Yet, both types of hospitals are financed by government and collective funding and are legally not allowed to make a profit and to pay dividends to stockholders. They are denoted as semi-public organizations (Ministry of Health 2013), being private organizations with a public goal.

Public sector tasks are organized either at the central, regional (provincial, water authorities) or local (municipal) level. Next to the territorial tier of central government, the Netherlands has 12 provincial authorities, and 388 municipal authorities as of the beginning of 2017 (VNG, n.d.). The municipal and provincial authorities are fully fledged democracies. They have a directly elected people's representation: the municipal councils and the Provincial Councils, which are elected every four years. In addition to the municipal and provincial authorities, the Netherlands also has another category of decentralized government: the water authorities. They have a limited package of tasks regulated by law: protection against water, regulation of water management and the treatment of waste water. There are 24 water authorities (in 1950: still more than 2,600), each with their own directly elected councils.

The relationship of the central government and the two decentralized administrative tiers is in between the French centralist model and the German of Belgium federal model, being called as a decentralized unified state. Unlike in a federal state, the tasks of the provinces and municipalities are not explicitly mentioned in the Constitution, and, contrasting with the centralized model, municipal and provincial authorities are autonomous and have their own rules and regulations. Therefore, they are free to execute

tasks, to develop policies for those tasks, and to impose rules, within certain limits. The upper limits are the laws and regulations of higher-level tiers of government (normally the central government) on the same subject, and the lower limit is formed by citizens´ constitutional rights. As of 2016, municipalities have about 10% autonomous tasks among their responsibilities, concerning matters such as culture, sport, recreation and maintenance of public spaces, as well as more controversial matters, such as dealing with asylum seekers who exhausted their legal recourse. The other 90% of their responsibilities concern co-administrative tasks, i.e. the government assigns the execution of a particular task to a municipal or provincial authority by means of a Co-administration Act. Parts of social insurance, youth care, spatial planning and public housing are examples of co-administration tasks. Following a number of decentralization reforms in recent years, the municipal package of tasks has been expanded considerably (Klijnsma, 2016: 15).

Special status of public sector workers and the standardization process

As for the distinctiveness of the public sector, the most important features are its formal characteristics: regulation by public law (for most organizations), government funding and the public goals of its organizations. In 1929, the 'public statute' of public sector workers was established by the civil servants law (*Ambtenarenwet)*) based on Article 109 of the constitution, and similar to other countries with a *Rechtsstaat* tradition The public employment statute is accompanied by distinctive employment conditions, which include: unilateral appointment of public employees, appeal procedures in the case of employer decisions such as disciplinary measures and dismissal and unilateral binding determination of employment conditions by the employer. The public statute holds today for about 900.000 employees in the central, provincial and municipal governments, the police, the armed forces, the judiciary, the water authorities and for a large part those employed in education (Leisink 2016: 165-166).

Public sector employees enjoy a special status compared with private sector employees, in that they have a civil servant status (although the government also employs 'ordinary' employees. It differs from the private sector in that in a formal sense civil servants do not have an employment contract, but are (unilaterally) appointed. Furthermore, dismissal law does not apply to the government sector. Most material arrangements can be found in the General Rules on Civil Servants in the Central Government (Algemeen Rijksambtenarenreglement, ARAR). These cover recruitment procedures, appointment and dismissal and also subjects like pay and working time. Regarding the latter, the normal rules for employees (found in the Law on Working Time) also apply to civil servants. The same goes for legislation about the right to adapt the duration of working hours and legislation on work and care. Since the end of the 1990's and the beginning of the 2000s, the social security for ordinary employees also applies to civil servants. Before, they fell under separate arrangements. Moreover, since the 1990's, collective bargaining has become more important in the setting of the terms of employment (see also below the section on industrial relations). Since 1995, the scope of the law on works councils has been widened to include the government sector, with the restriction that political decisions cannot be subject of co-determination. On the whole, there are no differences with the private sector with regard to the right of association, the right to collective bargaining and the right to strike (except for parts of defence). Finally, no special conditions apply before gaining the status of public sector employee, such as public examinations, certain tenure, nationality or others (EurWork 2008). Since the 1980's, successive governments have taken measures to diminish the differences between civil servants and ordinary employees in terms of applicable labour law. This process is referred to as standardization and is still continuing (Barentsen, 2016). On the unions' side, it raises strong discontent because the government is unwilling to guarantee that at the end of this process, civil servants employment conditions will not have deteriorated. The goal to abolish all differences, however, has not yet been reached, although the process so far has culminated in legislation approved by parliament in late 2016. The Ministry of Interior Affairs expects it to be fully implemented by 2020 (CAOP 2017).

Some data on the Dutch public sector

Next, we offer a bird's eye view of the spending patterns and the contribution to employment by the Dutch public sector for the period under review. An overview of spending on public services in the first 11 years is given in Table 1 below. In 2011, total government spending was nearly 300 billion euro, that is, almost half of GDP. There was a slight increase in 2009 and 2010 compared to the period 2000-2008, when this percentage was around 45 percent. The economic crisis slowed down economic growth as a whole while government spending kept increasing. Public spending grew on average 2, 8 % per year from 2006-2011 and did so faster than in 2000-2005 when it was 1,7 % per year. Especially costs for care services increased faster (about 4% per year) and the costs for defence and development aid fell slightly (1% per year). Most public services are taking an ever greater share on GDP, especially care, education and public security (police and judiciary). Taken together, they were about 40 % of public service spending, about 120 billion euro (corresponding to 20% of GDP). They also saw a relatively large real spending growth (2006-2011): 3,9 % for the care sector and the security sector and 2,5% for education (SCP 2012: 21)

Table 1 Government spending per subsector, 2000-2011 (in billion euro and prices of 2011, and in percentages of GDP)

	Real spending (x bln €)/ annual growth in % GDP*			annual growth in % of GDP		
	2011	2000-2005	2006-2011	2011	2000-2005	2006-2011
Total care	75,7	4,7	3,9	12,6	3,4	3,0
extramural curative care	14,2	4,7	4,7	2,4	3,3	3,7
intramural curative care	25,0	4,5	3,5	4,1	3,2	2,5
Medical products	7,6	3,2	3,4	1,3	1,9	2,5
Long-term care	24,8	5,4	3,3	4,1	4,0	2,4
Other care	4,2	4,0	9,6	0,7	2,6	8,6
Education	34,7	3,0	2,5	5,8	1,7	1,5
Primary education	11,9	2,9	2,1	2,0	1,6	1,2
Secondary education onderwijs	13,4	3,0	2,0	2,2	1,7	1,1
Higher education	7,5	3,6	4,1	1,2	2,3	3,2
Other education	2,0	1,8	1,5	0,3	0,4	0,6
Police and Judiciary	10,7	6,6	3,9	1,8	5,3	3,0
Police	5,1	5,3	2,4	0,9	3,9	1,5
Courts	2,0	9,3	5,0	0,3	7,8	4,1
Other police and judiciary	3,6	7,4	5,6	0,6	6,0	4,7
Other services	62,0	1,7	1,5	10,3	0,4	0,6
Administration	12,7	3,6	–0,2	2,1	2,3	–1,1
Culture and recreation	10,5	2,4	1,3	1,7	1,0	0,4
Environmental protection	10,0	3,2	1,5	1,7	1,9	0,6
Defence	8,2	–0,7	–0,6	1,4	–2,0	–1,5
Social security	15,2	–1,0	4,4	2,5	–2,3	3,5
Other services	5,4	3,2	2,1	0,9	1,9	1,2
Other tasks	116,8	–0,4	2,8	19,4	–1,7	1,8
Development aid	4,2	–0,8	–1,0	0,7	–2,1	–1,9
Economic affairs	16,9	4,3	5,5	2,8	3,0	4,6
Transport	15,9	2,0	2,0	2,6	0,6	1,0
Housing and spatial development	3,5	–4,0	6,0	0,6	–5,2	5,1
Social benefits	63,5	0,3	3,1	10,5	–1,0	2,2
Interest govt debt	12,9	–6,7	–0,3	2,1	–7,9	–1,2
Total	299,9	1,7	2,8	49,8	0,4	1,9

**Growth in 2006 has been omitted because on the introduction of the Health Insurance Act (source: SCP 2012: 22, translation by the author)*

To offer a recent overview of the size of the public sector, Table 2 shows the numbers of personnel in the government and education sectors, taken as a broad concept, totaling more than 950,000 in 2013.

Table 2. Employment in different public subsectors including education and university medical centres (excluding care) in 2013, absolute numbers

Central government	116,413
Municipal authorities	155,140
Provincial authorities	11,494
Judiciary	3,537
Water authorities	10,091
Primary education	177,921
Secondary education	105,920
Senior secondary vocational education	51,204
Higher professional education	43,352
University education	53,086
Research institutes	2,763
University medical centres	67,336
Defence	60,185
Police	65,089
Joint regulations	33,548
Total	*957,079*

Source: Van der Meer and Dijkstra (2016), Table 1.

After the economic recovery at the end of the 1990s, governments distanced themselves from earlier reforms aiming at public employment cuts. From 2000–2010, public employment in the strict sense of the word (i.e. central and local governments, the police, armed forces, water districts, judiciary and public corporations) expanded again from 456.900 to 486.400 employees, however, with fluctuations between years (Van der Meer and Dijkstra 2013: 16–19 cited in Leisink 2016: 166). In some years, such as the 2003–2005 period, employment declined modestly by gradual reductions and the privatization of the Netherlands Central Bureau for Statistics. From 2006–2009, modest growth occurred particularly because of an increase of about 10.000 employees in the public safety sector (including the police, judiciary and intelligence services). Focusing on 2003-2013, the influence of the economic and fiscal crisis can be seen. Over this period, public sector employment (in headcount) declined from 12.3% of the total labor force in 2003 to 11.3% in 2013 (OECD 2012). Next, we consider the development of public sector employment in the period under investigation. Turning to the trends of employment in our sub-sectors (and adjacent sub-sectors) over time, table 4 summarizes the picture.

Table 4. Number of employees in specific public subsectors (2000-2015)

	2000	2003	2004	2005	2006	2007	2008	2009	2010
Central Government	116.000	125.393	119.630	116.615	120.287	123.171	123.335	123.599	122.537
Provincial Government	13.000	14.019	13.686	13.341	13.337	13.180	13.003	13.285	13.217
Municipal Government	177.000	191.727	187.731	180.329	177.618	171.353	171.189	171.133	175.176
Primary Education	n.a.	178.934	180.147	180.676	180.708	184.790	187.072	189.586	186.587
Secondary Education	n.a.	100.799	102.027	100.283	100.984	106.429	105.051	108.324	106.093
Academic Hospitals	45.000	55.663	56.614	56.478	57.661	60.391	62.121	64.252	65.196
General Hospitals	n.a.	169.275	170.894	176.022	176.142	178.397	178.786	188.365	185.648

	2011	2012	2013	2014	2015	changes 2000-2015 (%)	changes 2008-2015 (%)
Central Government	119.064	116.997	116.413	116.865	116.528	+0.5	-5,5
Provincial Government	12.625	12.179	11.494	10.868	10.970	-15,6	-15,6
Municipal Government	168.051	163.115	155.140	147.827	145.464	-17,8	-15
Primary Education	182.793	177.193	177.921	175.864	171.654	-4,1	-8,2
Secondary Education	106.002	105.991	105.920	106.376	107.037	+6,2	+1,9
Academic Hospitals	66.718	65.297	67.336	67.861	67.754	+50	+9,1
General Hospitals	185.491	188.348	185.523.	190.268	n.a.	+12,4 (2003-2014)	+6,4 (2008-2014)

Central government excludes: the police, the judiciary and military personnel. Source: Ministry of Interior and Kingdom Relations (2014:12; 2016: 8). Changes are own calculations.

Patterns of change differ across sub-sectors (Leisink 2016: 166-167). Employment in central government declined from 2003 until 2005, then rose modestly from 2006 to 2009, continued by a decline until 2013. In contrast, employment in the provincial and municipal governments declined every year over the full period (except for 2009), with municipal employment decreasing by 15 % in the post-crisis years. In both primary and secondary education, employment rose until 2009 (with slight fluctuations for secondary education), then declining modestly but steadily from 2009 onwards. Primary education lost 8,2 % of employment after the crisis. In contrast, the number of employees in health care (academic and general hospitals) increased steadily over the whole period with small fluctuations since 2009. Overall, since 2009, when the crisis struck, employment has declined in all subsectors with the exception of healthcare, which has seen a slight increase: employment in general hospitals increased 6,4% and in academic hospitals even by more than 9%.

1.2 The general direction of public sector reform focussing on the three sub-sectors (2000-2015)

As Dutch governments typically consist of coalitions of at least two political parties, reforms is most often based on political compromise, making extreme ideological positions rare; moreover, their character tends to be incremental rather than structural (Pollitt and Bouckaert 2011).

In terms of content, Leisink (2016: 172) argues that public service reforms since the 1980s were driven by similar objectives, such as increasing efficiency and flexibility, reducing bureaucracy and improving services to both citizens and businesses. While past agendas had slightly different emphases, such as efficiency, innovation and quality, and, from the early 2000s, accountability, the current one (under the last Liberal-Social Democratic government led by Prime Minister Rutte 2012-2017) can be summarized as follows:

"…aims at a smaller government by emphasizing the active role that citizens and businesses should play in society and the restricted supplementary responsibility that the government has in providing additional professional services through non-profit service organizations when citizens are unable to provide for work and welfare themselves" (Ibid: 172-173).

Here, a central feature is the reversal of the state´s role in providing services, stressing the responsibility of the citizen instead. Next to reforms that were in part influenced by ideas of New Public Management, from 2010 onwards there were also numerous austerity measures by subsequent governments that were explicitly linked to the crisis that started in 2008. Many of those measures affected public services as well as, sometimes, indirectly public service employment relations. Table 5 below lists some examples.

Table 5. Governments' austerity measures 2007-2015

Time period	Coalition Government	Examples of austerity measures
2007-2010	Balkenende IV (CDA, PvdA, CU)	Reduction of central govt by 10,000 jobs; € 600 million wage restraint; € 231 million efficiency cuts in government; € 310 million savings on childcare (subsidies)
2010	Rutte I (VVD, CDA)	€ 1.5 billion cuts in central govt €870 million wage restraint public sector €500 million cuts on defence €300 million restructuring/cuts education children with special needs
2012	Rutte I and Parliament	€ 1.6 billion wage freeze public sector 2012 & 2013; Increase pension age to 66 in 2019 and 67 in 2024
2012-2015*	Rutte II (VVD, PvdA)	€ 1 billion efficiency cuts on central government; Harmonization of dismissal law Pension age to 66 in 2018 and 67 in 2021

*Source: adapted from Leisink (2016: 179), * Rutte II finalized its period in government in 2017*

Next to NPM-inspired reforms and those motivated by economic and financial (austerity) considerations, it was also demographic developments that drove reforms at least since the 2000s. In the public administration and education sectors that are especially affected by the ageing of employees, the social partners initially

agreed to age-related policies to avoid labour market shortages and knowledge loss by excessive outflows. The government followed up on this, also driven by economic considerations, raising the statutory retirement age successively (Leisink 2016: 182). Finally, as mentioned in the section above on the distinctiveness of the public sector, the normalization process of public sector employment relations went on in the early 2000s (after important changes had been made in the 1990s), focussing since 1997 (and initiated by members of Parliament) on ending the special statute of public sector employees (Leisink 2016: 164)

As for the sub-sectors under consideration in this report, several important substantive reforms have been undertaken since the early 2000s. General hospitals have been affected by the restructuring of the health care sector through the 2006 Health Insurance Act, which introduced a certain degree of market regulation for the entire health care sector (excluding long-term care). Apart from abolishing the previous system of budgeting, it foresaw a prime role for health insurers in regulation prices and quality of health care services, subjecting hospitals to a process of annual negotiations about contracts with insurers on prices and volumes of services (see section on hospitals). Municipalities were given substantially more tasks in the domain of welfare arrangements, including re-integration of job seekers, social welfare recipients, sheltered work places, home care and youth care services. The most far-reaching reform in this respect was the 2015 Participation Act and included efficiency cuts up to 20% for these tasks, legitimized by the argument that their provision "closer to the citizens" would make them cheaper, too (Leisink 2016: 181). The sector of primary education has also been affected by the redistribution of responsibility for children with special needs, formerly concentrated in special schools (see also analysis of the primary education sector below).

1.3 Overview of public sector industrial relations: representation of workers and employers and changes 2000-2015

The organisation of industrial relations in the public sector today is at first glance relatively similar to the private sector, due to normalisation and decentralisation measures being developed since the 1990s. However, a major difference to the private sector is the government's presence as core actor through its financing and regulating role of the public sector. This unique role, in addition to the presence of the social partners, allows it to determine the degree of freedom and space for industrial relations actors to decide on wages, employment and working conditions, as well as to regulate top managers' wages. As this theme of the government as a powerful "third actor" cross-cuts the various research questions we address, we will return to this theme throughout the report.

Returning to the representation of workers, historically there was a strict division between the special status of the appointed civil servants and employment agreements for the market sector. Notwithstanding the legal statutory difference, the wages of the two groups had always been linked and legislation of conditions of labour was more or less similar, which was partly due to the fact that the government led a controlled wage policy from WWII until the 1970s. After this policy was abandoned for the market sector in 1982, government wage control for civil servants (including municipalities) was uncontested. However, the government was also unwilling to let go control over the wages for the workers in publicly financed sectors like hospitals and education (and also public transportation). Only after collective action, legal procedures and involvement of the ILO the government was willing, or forced, to ease its grip on the conditions of labour in these sectors. It was decided that, even where specific sectoral budgets were determined by parliament, the distribution of the budget was to be decided in the sector. The introduction of regular collective bargaining, within financial limits of the budget determined by parliament, was part of the development in these sectors. The latter should be distinguished from the normalisation process concerning industrial relations of civil servants in the strict sense, including those employed by municipalities. That process also started in the 1980s and was partly driven by government's desire to modernize the public sector. According to Steijn and Leisink (2007: 38) it is part of a greater reform agenda. Although the formal position of civil servants still differs from private sector employees, by the envisaged end date of the process in 2020, employment conditions will have more or less converged. This means that first, employment conditions for many have

become more similar to private sector employees (in terms of benefit entitlements and dismissal protection). Second, concerning collective relations, the right to strike was granted and works councils have acquired stronger rights since the mid-1990s (however, exempting them from consultation on changes in public organizations´ tasks and policies executing these tasks). Another important change also took place in the 90s already, leading to sectoral collective bargaining. Table 6 summarizes employers´ associations and trade unions involved in the main sub-sectors, showing that in each subsector, one employer association meets three to five unions at the bargaining table.

Table 6. Overview of Employer and TU organisations (2017)

Sector	Employer	Trade Unions
Central government	Ministry of Interior Affairs	ACOP, CCOOP, Ambtenarencentrum, CMHF
Provincial government	Association for InterProvincial Consultation (IPO)	ACOP, CCOOP, Ambtenarencentrum, CMHF
Muncipalities	Association of Dutch Municipalities (VNG)	FNV Overheid, CNV Publieke Zaak, CMHF
Primary Education	Council for Primary Education (PO Raad)	FNV Overheid, AOB, CNV Publieke Zaak, FvO, AVS
Secondary Education	Council for Secondary Education (VO Raad)	FNV Overheid, AOb, CNV Publieke Zaak, FvO
Academic hospitals	Netherlands Federation of University Medical Centres (NFU)	ACOP, FNV Zorg en Welzijn, CNV Zorg en Welzijn, Ambtenarencentrum, CMHF
General hospitals	Netherlands Association of Hospitals (NVZ)	FNV Zorg en Welzijn, CNV Zorg en Welzijn, FBZ, NU´91

Source: Leisink (2016: 172), updated by the authors.

Membership levels for unions and employers

The overall unionization rate of employees in the Netherlands has shown a declining trend, from 28 % in the mid-1990s until 20 % in 2011, and to 17% in 2017. Compared to the private sector, public sector unionization has been higher. Table 7 below shows the latest available data on the sub-sectors of government, education and health and social care, showing an overall declining trend. Since 2006, the total number of union members has declined from 1,87 million to 1,73 million in 2015 (CBS 2016).

Table 7. Unionization rates in large public sub-sectors

	2000	2006	2007	2008	2009	2010	2011
Government*	43	40	39	36	36	34	34
Education**	40	34	32	30	32	30	30
Health/social care***	25	22	21	20	20	18	19

**Central, provincial, municipal governments, military personnel, police, judiciary*
*** Primary, secondary, vocational, higher professional education, universities*
**** Hospitals, mental health, child care, youth care, elderly care, home care*
Source: Leisink 2016, p. 177

As for membership in the sectors' employers' associations, NVZ reports on their website that nearly all relevant hospitals and related organizations such as revalidation centres, are members (NVZ, n.d.). All municipalities are members of VNG on a voluntary basis (VNG, n.d.). As for the primary school sector, see the analysis of the primary education sector below.

Definition of wages and working conditions

Wages and working conditions are determined at the national sectoral level. There, trade unions represent employees´ interests through collective bargaining with employers´ associations. Importantly, the government plays a major role as third party through its considerable budgetary and regulatory influence. For the

publicly financed sectors that are covered in this study, budgets are determined at the central government level. The allocation of the budget however differs between the sectors. In primary education, a lump-sum is available, the actual share of this budget for the conditions of labour is open for negotiation. For general hospitals, within the limits of the budget made available by the ministry, collective negotiations are subject to a sectoral agreement to control health care costs (see section on hospitals). Finally, the budget available for municipalities' personnel costs depends on the amount allocated by central government through the municipality fund (Gemeentefonds); but negotiators are also bound by additional public sector agreements, such as the one in force between 2011-2015, banning any wage increases. The resulting collective agreements are typically covering all (public organization) employers, making them generally binding. Of the sub-sectors covered, only in the semi-public hospital sector the instrument of declaring collective agreements generally binding, subject to approval by the Ministry of Social Affairs (Algemeen Verbindend Verklaring, AVV), has been used. Collective bargaining typically brings three to five unions to the bargaining table, usually after some sort of coordination of their demands, with the Dutch Federation of Trade Unions (FNV) as largest umbrella organisation often taking the lead. Although they often do, not all unions always sign all agreements. For instance, FNV was no signatory to the agreement for central government employees in 2015, because they feared adverse effects of the agreed trade-off between a wage increase and changes in pension contributions for civil servants' future pensions (Binnenlands Bestuur 2015).Collective agreements usually run between 1-2 years although exceptions exist. They bind all employees in a specific sector, featuring some exceptions such as public top managers or medical specialists working in general hospitals, many of which are self-employed. The law regulating collective bargaining stipulates that the current agreement is extended automatically if no new agreement is concluded before the expiry date (Leisink 2016: 171).

It is difficult to specify the role of the crisis in public sector industrial relations in general. The sectoral analyses are going to address whether it increased tensions, affected negotiations, prompted industrial action or provoked unilateral decisions by governments or employers. Furthermore, there has surely been an effect on wages and parts of working conditions, such as sectoral pension schemes and schemes regulating pre-pensions across the public sector, wherever pay freezes have been agreed and government budgets have been affected by measures motivated by the crisis.

2. Industrial relations and their role in shaping the public sector: general hospitals

2.1 Changes in characteristics of the social partners

There are three trade unions active in the domain of health care, including general hospitals: FNV (Zorg en Welzijn), as part of the umbrella organisation FNV, CNV (Zorg en Welzijn/Connectief), as part of the Christian umbrella trade organisation CNV and the smaller union NU´91, representing mainly nurses. Another small trade union, De Unie (Zorg en Welzijn), is no longer active in this sector as of 2009.[1] Following internal conflict amongst its member unions and a leadership crisis around the tripartite pension pact concluded by former chair Agnes Jongerius, FNV has seen a long and conflictive process of reorganization that implied changes in terms of its internal organization, organization in "sectors" introduced by late 2014 and re-naming of some member unions. The "new" FNV ensued new ways of organization and working practices for collective agreement negotiators and policy advisors alike, some of which are still under development as of early 2017 (interviews 2, 4, 7). As for FNV Zorg en Welzijn, even before the reorganization, teams were set up around working for the different sub-sectors of health care with separate collective agreements, among which hospitals is one (interview 2). CNV, the second largest union, has also experienced internal organizational and strategic changes during this period, responding to societal change and diminishing numbers of members (interviews 1,5). More specifically, the part of CNV working for members in the health care sector has merged with the union active in education to form CNV Connectief, whose new director revived the focus on lobbying activities towards the central government (interview 4). NU´91, the smallest trade union, has reportedly gone through a process of professionalization after starting out as an activist movement. In becoming a more professional employee organisation, they have grown in their role as an industrial relations player taken seriously by employers and the government (interview 8). Finally, FBZ is a federation of professional organizations rather than a trade union, representing different care professions present in hospitals, such as employed specialists, physiotherapists, midwifes etc., and other local medical centres. They represent their member organisations at the collective bargaining table, while their members tend to come up for their interests vis-a-vis policy makers themselves. One important change for FBZ during this period has been taking on the representation of medical specialists employed by hospitals (*artsen in loondienst*), who covered by the hospital collective agreement (interview 6). For those medical specialists being self-employed but having their practices located in hospitals, other regulations and legislation apply. Represented by the Federation of Medical Specialists (FMS), their members´ employment conditions are negotiated for by the LAD (association of salaried specialists), which is again affiliated with FBZ.

As the only employer association, the Dutch Hospital Association (NVZ), has been representing nearly 100 % of general hospitals in collective bargaining with the unions and professional organisations and the government. After 2008, NVZ has re-organized its former department of Social Services in several teams to improve and intensify support for their members in terms of quality, safety and organization of care services. For instance, its team Work and Training runs projects that support hospitals in linking their strategic

[1] Disagreement between De Unie and De Unie Zorg en Welzijn about the name of the union led to a name change of the latter in mid-2009, which came to be SBZorg (Samenwerkende Beroepsverenigingen in de Zorg). The collective agreement 2009-2011 lists SBZorg as negotiating party for employees. As of October 1st, 2009, however, SBZorg ceased all of its activities, including its participation in collective agreement negotiations and related dialogues (Skipr, 14.12.09).

policies to their training policies and strategic personnel policy (interview 1), one large project being a spinoff of agreements in the Health Care Pact of 2013 with the government (*Kwaliteitsimpuls Personeel*).

Relationships and dynamics of collective bargaining and social dialogue

During the period 1999-2015, as many as ten collective agreements have been in place (varying in length from 12 months to 36 months), introducing numerous changes to primary and secondary working conditions in the sector. Rather than listing the numerous detailed changes in working conditions, we wish to highlight some trends pertaining to a number of themes that matter for employment relations. Attention for sustainable employability has increased by introducing instruments like a careers scan, a personal life stage budget (to promote work-life balance) and annual performance talks. At the same time, schemes to protect older employees (e.g. from working night shifts) have been reduced. Developments in these two themes have led to greater individual differentiation in working conditions. In terms of promoting personnel mobility, the focus has been rather on internal (within hospitals) than external mobility, as most of the time period, there was the threat of personnel shortages rather than surpluses (SEO 2014: 86-87). To mention only some of the contentious issues between the social partners (i.e. not being exclusive), analysis of collective agreements (and their preceding negotiator agreements) shows that the replacement of vested regulations concerning older employees, long defended by the unions, with instruments such as the personal life stage budget (introduced in 2009) was a long-drawn issue. Another issue, topical for the CA 2014-2016, was how to deal with flexible and temporary employment contracts – resisted by the unions which pleaded for job security - given the stated intention by both social partners to avoid personnel shortages and safeguard the provision of qualitatively good health care. In that quite long-drawn negotiation round, the threat of strikes was looming when unions rejected the NVZ offer of wage increases as too low, demanding more guarantees for increased job security and training (AIAS Collective Bargaining Newsletter database, 05.03.15).

Thus, there is a general picture of sometimes troubled negotiations in which social partners try to modernize working conditions, adapting them to the demands of the sectors' labour market. Moreover, earlier research found a moderate degree of conflict between social partners on the extent of wage increases as compensation for increased work pressure (Keune, Boonstra and Stevenson 2014). Interviews with the social partners confirm this picture: overall, the view of the unions (FNV, CNV, NU'91, and FBZ) indicates that their relations with NVZ have been somewhere between conflictive and consensual, with the unions stressing the contentiousness more than employers do. While such a judgement necessarily is subjective, looking at the extent to which deadlocks in negotiations were met by industrial action shows that this was hardly the case. Only at the beginning of the period (2001) some action in hospitals was staged in support of higher wages, and, as mentioned before, in early 2015 an extended threat of strikes after the breakdown of negotiations was not followed up after resuming talks and a compromise (AIAS Collective Bargaining Newsletter Database, Lexis Nexis, various dates). More specifically, FNV is critical of NVZ´s negotiation style. Against the background of some contentious developments in working conditions discussed (see above), they desire "a more genuine dialogue about reasonable solutions" (e.g. a better balance between older and younger employees; better usage of available funds for training spent by hospital employers). CNV mentions "distrust from both sides about whether 'agreements' are interpreted in the same way", and about "strategic behaviour on the part of NVZ" (interview 4). NU´91 refers to a "hate-love relationship", stressing that at the end of the day they need one another to reach consensus on collective agreements. Moreover, the relationship may be influenced negatively by union support of law suits about employee rights granted by collective agreements (e.g. about the denial of irregular work supplements by a hospital employer, interview 8). FBZ's character as professional umbrella organization was not conducive to a warm relationship with NVZ, as FBZ first had to work hard on their reputation as a knowledgeable partner at the bargaining table (interview 6). NVZ talks about a "constructive and consistent" relationship with unions, stressing their own responsibility in this: striving for results that all unions will be able to agree to, while formally only one

union needs to sign for a valid agreement and despite recent rounds of negotiations being more difficult by separate union offers (interview 1).

Turning to the dynamics of CB negotiations, separate collective agreements for general hospitals have been negotiated since 1999 (interviews 2,6). Coverage of hospitals by collective agreements is fairly complete. In order to extend coverage to (the small number of) private hospitals, which offer a substantial share of collectively insured services (and in that sense compete with general ones), one collective agreement (2011-2014) has been declared as generally binding (*avv*) by the Ministry of Social Affairs and Employment (interviews 1,6; Ministry of Social Affairs and Employment, n.d.).

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

- Increasing limits on the possibilities of bargaining: NVZ acted more cost-aware than before 2006, when hospitals' deficits were habitually covered by the Ministry of Health (interview 2). Structural changes in the organisation and financing of the health care system meant that hospitals had to negotiate contracts with insurers, putting greater cost pressures on hospitals. Moreover, specific agreements concluded between government and the sector intensified pressures to contain excessive cost increases, including on wages and employment conditions (see section on *reforms and reasons for change*).
- Decentralisation tendencies: since the beginning of the decade, the social partners have come to think of collective agreements as frameworks to be filled in further by hospitals locally. Given the increased diversification (scope of specialisms, personnel size) of hospitals, this was seen as more fruitful than detailed prescriptions on a central level that were deemed unlikely to be implemented by employers in the same way (interview 2; SEO 2014). Relatedly, employers reportedly view collective agreements as an instrument to contain salary costs (since 2011) and a vehicle for "employee emancipation", allowing negotiations as much as possible at the level of individual hospitals (interview 1).
- More variation in and attention to the preparation and starting phases of collective bargaining rounds: sometimes, negotiations began without initial offers, sometimes following previous coordination between unions (interview 8), while the latter has become more difficult since 1999 due to diverging union strategies (interview 6). Most recently (2014/2015), however, unions introduced practices to avoid tense starts of negotiations, including pre-discussions to pin down unions' positions and to foster agreement, including with NVZ, on "softer", non-controversial issues before official negotiations; and consulting union members at an earlier point in time about their initial offer for negotiations (interview 4).
- More variation in the duration of collective agreements: specifically, a trend towards longer agreements (2-3 years since about 2009, rather than 12-17 months) that offer more financial stability and predictability to the signatories (interview 6; various collective agreements).

Character of the sectoral social dialogue and the EU-level social dialogue

The sectoral social dialogue (ROZ) is conducted in regular monthly meetings of the unions with NVZ and in the context of the sectoral labour market fund STAZ (*Stichting Arbeidsvoorwaarden Ziekenhuizen*). NVZ talks about the two different fora in a neutral manner. Unions, on the whole, are positive about the dialogue being in place, while also voicing critique. FNV highlights its function as a forum to discuss issues that cannot be sufficiently regulated in a collective agreement, like work pressure and strategic personnel policies (interview 2), while CNV remarks that NVZ, for reasons not stated, seems not to be able to see to the implementation of CA regulations by all of its members (interview 4). NU´91 finds the social dialogue to be working rather well, also mentioning the cooperation with NVZ within the framework of STAZ projects. Criticisms voiced includes: disappointment about the level of involvement and presence of other employee organizations at meetings; and frequent cancellation of regular meetings due to lack of discussion points, leading to weaker relationships amongst representatives (interviews 2, 6, 8). FBZ recognizes its commitment to participate, but is critical of the achievements by STAZ, mentioning a critical external evaluation of the organization a few years ago.

The EU sectoral social dialogue has been active since 2008 in issuing guidelines, frameworks for actions and joint statements on many issues including: recruitment and retention, prevention from sharp injuries,

recognition of professional qualifications, addressing the challenges on an ageing workforce, and continuing professional development and life-long learning (EU Commission, n.d.). Social partners' views of the social dialogue vary and are, by large positive. Most organisations see it as valuable for staying informed and learning about practices elsewhere, but as time-consuming because of travels to Brussels and due to long-drawn coordination and decision-making processes. Examples of direct impact on national processes have not been stated. NVZ participates in the employers' organisation at EU level, the European Hospital and Healthcare Employers Association (HOSPEEM) (interview 1). FNV and NU´91 are participating in the European Federation of Public Sector Unions, EPSU, and CNV in the European Confederation of Independent Trade Unions (CESI), respectively. The NVZ respondent, with a leading role in HOSPEEM and in the health care social dialogue since 2006, calls it "the most active and effective" of all EU-level social dialogues. His prime objective is to increase its representativeness to include participants from more EU countries, on the precondition of being actively involved in industrial relations. While helping to initiate legislative proposals (e.g. the social partners prompted, through their 2009 framework agreement, the 2010 EU "sharp needle" directive), a more recent issue the social dialogue brought up is the facilitation of lifelong learning (interview 1). FNV reports a fairly high level of influence at the EU level, stressing that the Dutch health care sector has a respected status within EPSU because of its high level of employment conditions compared to other participating countries, e.g. from Eastern Europe. NU´91 (also frequently involved in EPSU) stresses the potential of picking up on relevant issues to bring back to social dialogue meetings at home, and the possibility of learning from different working practices in hospitals elsewhere. On the other hand, social dialogue meetings are seen as complicated and not always fruitful, yet they do sometimes lead to common positions, such as on the "sharp needle" issue (interview 8). In contrast, FBZ reports a low level of involvement, and if so, limited to the interests of junior doctors (interview 6). CNV sees the EU-level social dialogue as an important instrument to stay informed and to influence relevant EU legislation (interview 4).

Role of the crisis

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

More specifically, NVZ points out the much stricter demands on budgetary discipline imposed by the government compared to the pre-crisis period, and the necessity to contain costs on the macro-level. Importantly, the government did not downsize the statutory package of collectively insured services, forcing hospitals to deliver care as previously, but with a lower total budget. The NVZ post-crisis stance in collective agreement negotiations 1) excluded a guarantee for existing jobs, 2) did not request unions to reduce wage demands in turn for preserving jobs, but 3) expected workplace innovations to lead to more efficient working practices and higher productivity (interview 1). Trade unions note different aspects of the crisis. According to some, they were felt later in hospitals than in the private sector. In the first post-crisis years, the sector was still generating jobs, even in weaker regions such as a southern Limburg, where unemployment had risen (interview 2). CNV notes much more attention for cost containment in the wake of the crisis at the expense of investments in personnel, such as continuing training. With an eye to future labour-market shortages, they plead for a long-term view, not neglecting the quality of care (interview 4). Some unions recall that the crisis was present in discussions on employment conditions but certainly did not dominate them as it was not quite visible in hospitals' working practice. NU '91 notes a growth – perhaps in anticipation of negative employment effects - of their membership amongst nurses (interview 8).

With a view to government – sector relations, ministerial policy-makers add that the crisis was an important factor in intensifying their relationship with sector stakeholders (employers and professional organizations,

patients´ organizations), which was less true for trade unions. This is because at the time, the decrease in spending for health care appeared to be paramount, leading to stepped up efforts to win those stakeholders to curb spending in sectoral agreements, while trade union were seen as less important in this context, with the exception of their necessary involvement in a separate agreement on employment (*Zorgakkoord*) in 2013 (interview 9).

To conclude, there have been some small changes amongst social partners of an organizational nature, especially regarding the unions' internal organization (FNV, CNV) that likely impacted their strategies. On the whole, however, the landscape of actors in the hospital sector has remained stable. The different patterns of interaction among social partners – collective bargaining and social dialogue - have been relatively consensual on the whole despite habitual confrontations at the collective bargaining table and, sometimes, in lawsuits. Faced with an important system change affecting the entire curative health care sector, including hospitals, there has been an atmosphere of tackling and solving problems together in the domains of employment conditions and employment relations. On top of all this, the crisis introduced a stricter focus on cost containment both on a macro level and within individual hospitals, confronting social partners with additional difficulties in formulating working conditions, but not leading to a crisis in cooperation.

2.2 The role of industrial relations in shaping the sector

Reforms and reasons for change

During the last decade, numerous developments have been affecting the hospital sector. Within the sector, we look at general hospitals only, excluding academic medical centres. There are differences in financing between the two, as the latter also receive funding from the budget on higher education, in addition to a budget from the Ministry of Health and collective insurance funding. Our analysis does not cover privately financed and often very specialised clinics, either.

Prominent challenges that affect the organisation and working practices in the hospital sector include:

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

Importantly, in 2006, the government introduced a structural reform of the health care system (Health Care Act). It marked the shift from a public budgets-financed and fully government-regulated system to a semi-public system of regulated market competition, with private insurers playing an important role vis-à-vis suppliers of health services, such as general hospitals. Being prepared since the 1990s, the liberal-party Minister of Health succeeded in concluding this operation in 2005. One important motive behind the reform was a systemic change that introduced market competition between insurers to curb endemic increases in health care spending (Helderman and Stiller 2014). Limiting cost increases is a recurring issue to control overall costs in relation to GDP and to keep hospital and other care services affordable, while ensuring the other two statutory goals for care: high quality and accessibility.

However, despite the phasing in of regulated market competition, health care costs continued to rise more than deemed acceptable (6-7 percent annually) at a time when the financial crisis started to trigger austerity measures across ministries. With its large share of the government budget, attention of the government was redirected to the sector. Therefore, in 2011, the Ministry of Health concluded the first of several financial agreements (*Bestuurlijk Hoofdlijnenakkord* 2012-2015) with the most important sectoral actors including health care providers (general hospitals and academic medical centres) and health care insurers (interview 9). The agreements had as objective to limit structural growth rises to 2,5 percent, excluding wage and price adjustments (or 5,3 percent, including wage and price adjustments, respectively); after 2014, the limits to structural growth were reduced to 1,5 and 1 percent, respectively (Ministry of Health 2011, National Court of Audit 2016). The effects of these agreements on collective bargaining, however, remain unclear, as explicit guidelines about the development of wages (and price) are lacking, as noted by the National Court of Audit (idem).

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

Social partners' collective bargaining activities played no role in influencing reform processes. Rather, negotiators typically dealt with the consequences of legislative changes if reforms had consequences for wages or employment conditions. For example, the bargaining round for the CA 2014-2016 was hampered by government plans to drastically reform and cut costs in the long-term care sector (with a separate CA), where unions' demands to ban zero-hour contracts also spilled over into the hospital sector negotiations, complicating the course of discussions (interview 1). Similarly, discussions in the social dialogue fora focussed on the implementation of policy objectives and regulations, some of which dealt with effects of government policies and legislation (interviews 1, 2, 4, 8). For instance, following the 2013 Health Care Pact, the collective agreement 2014-2016 gave a role to both the ROZ and the STAZ in an active labour market policy that helps retaining well-trained employees in the sector, encouraging investments in training and development and work-to-work trajectories (Collective agreement 2014-2016).

Relationships with central government and role of lobbying in reform processes

Efforts to influence government legislation took place through lobbying efforts, although to varying degrees if we compare employers and employee organizations. NVZ maintains close contacts to ministry circles, and describes their role as a lobbying organisation, representing their member's interests in the light of new rules and legislation and keeping policy-makers informed of the consequences of their plans. They supported the introduction of regulated competition in health care (introduced in 2006) and also showed their commitment to contribute towards stricter cost containment with the Ministry of Health by agreeing to the financial agreements in 2011 and later (interview 1). Apart from their links to ministries, employers and other professional organizations reportedly keep in touch with the parliamentary commission for health care, another common venue for political lobbying (interview 9). Several respondents feel that FMS (Federation of Medical Specialists), which represents self-employed specialists in hospitals, is closely involved when legislation touches upon their interests such as the regulation of their incomes (interviews 5, 7, and 6).

Unions' efforts in lobbying have been, taken on the whole, less consistent and widespread over the period in question, is partly due to organisational change and priorities, to changes in internal leadership and to limitations in staff capacity. Consequently, any clear successes are hard to pinpoint. For some, policy advisors and directors are responsible for lobbying activities in The Hague, but their achievements are perceived as limited. In addition, negotiators maintain regular contact with the department monitoring labour market issues at the Ministry of Health (MEVA) on issues relevant to collective bargaining, but with what effects remains unclear. A FNV policy advisor reports that lobbying activities related to legislation have been sparse during the last decade - in contrast to the more organised and intensive efforts in the run-up to the 2006 Health Care Act – due to a change of strategy in the transition towards the new organization (interview

3). For CNV, lobbying efforts have intensified by the sectoral union leaders since the formation of CNV Connectief but had been sporadic before, when lobbying belonged to the realm of negotiators (interview 4). At NU´91, only the union´s top - and not policy advisors - has been involved in political lobbying since 2008, following internal organisational changes. Results have included becoming a party to the 2013 Health Care Pact (*Zorgakkoord*) in 2013, and getting involved at ministry meetings about issues relevant to their members (interview 8). FBZ has been relatively less active in lobbying due to their character as umbrella organization: their members are involved in lobbying themselves (interview 6).

Looking at the influence of social partners from the perspective of policy-makers, (former) Ministry of Health respondents state that unions have overall been much less visible in lobbying efforts than professional organizations (e.g. the Federation of Medical Specialists representing those being self-employed) and NVZ, who habitually keep strong links with the ministerial department for curative care and are regularly consulted in the process of initiating new legislation (interviews 5,9). As one former high-placed official stated, trade unions did not get (and were not) involved except for high-level ministry meetings aimed at concluding the Health Care Pact (that dealt with hospital and long-term care). Notably, union participation was not considered necessary in the financial agreements in 2011 on the part of the ministry, when health providers, and amongst them, mainly hospitals and insurers were seen as the prime negotiation partners to help control excessive cost rises (interview 9).

To sum up, the role of IR actors in influencing reform processes, including systemic reform through the Health Care Act and sector-wide agreements on cost containment and employment, manifested itself mostly through lobbying. Here, looking at the entire period, employers (next to professional organizations) were reportedly more active and better connected to policy-makers (ministerial civil servants and members of parliament) than the trade unions.

2.3 Effects of reform policies on employment

Number of jobs

A UWV sectoral employment report (2015) stresses that the health care sector as a whole was still growing in the post-crisis period 2008-2012, as opposed to the private sector. After 2012, UWV sees the government's initiative to control excessive cost rises, the growing role of insurers in containing costs and downward effects on health services demand by the large increase in patients own risk payments as factors that influenced the number of jobs, leading to an overall decline of employment in the health sector of 4 percent (49.000 jobs) between 2012 and 2017. Hospitals as a whole, however, were said to be affected less, amounting to a decrease of around 5000 jobs. The development of total employment in general hospitals in the post-crisis period is displayed in Table 8. Looking first at data that includes all types of employees, we see a general upward trend in employment since 2010 (with an increase in employment of nearly 2,5 percent over 2010-2014 but with ups and downs between years).

Table 8. Total amount of personnel employed in hospitals 2010-2014

	2010	2011	2012	2013	2014
Total	254.778	256.419	261.195	260.068	262.530
General hospitals	**185.648**	**185.491**	**188.348**	**185.523**	**190.268**
Change general hospitals	NA	-157	+2847	-2825	+4745

Source: www.dutchhospitaldata.nl, Kengetallen NL ziekenhuizen 2013, 2014. Row 'total' includes academic hospitals.

The picture changes, however, if we focus on the core (medical and care staff) of hospital personnel, as shown in tables 9 and 10 (which rely on different sources and calculations compared to table 8). In 2015, hospitals employed more than 175.000 employees, excluding trainees and non-salaried persons. Considering

both total numbers (Table 9) and fulltime equivalents (Table 10), there has been a *declining trend* in employment since 2012. Interestingly, during the last 5 years, the initial growth in total numbers has decreased on average (-0,2 %) while the FTE data shows an average increase (0,2 %). NVZ interprets this apparent contradiction as an increase in average working time per employee (NVZ 2016). From all categories of hospital personnel, nursing and caring personnel forms the largest group (36,5%), corresponding to almost 46.000 FTE in 2015 (NVZ 2016: 62).

Table 9. Total amount of personnel employed in hospitals 2010-20145

	2010	2011	2012	2013	2014	2015
	176,7	**177,4**	**179,1**	**177,2**	**175,9**	**175,3**
change in %	NA	0,4	0,9	-1,0	-0,7	-0,3

Numbers excluding trainees and non-salaried personnel. Source: NVZ Brancherapport 2016, p. 62

Table 10. Development of personnel in general hospitals 2010-2015, in FTE (x 1000).

	2010	2011	2012	2013	2014	2015
	123,9	**125,4**	**127,0**	**125,8**	**124,6**	**125,2**
change in %	NA	1,2	1,3	-0,9	-1	0.5

Numbers excluding trainees and non-salaried personnel. Source: NVZ Brancherapport 2016, p. 61

It is unclear to what extent the 2006 Health Care Act has had an effect on this downward development and if so, what the effect has been. Ministerial policy-makers estimate, in response to the system change and, later on, to the agreed cap on cost increases, a stagnation of employment. As one respondent put it, hospitals have become "more cautious" about the use of personnel (interview 9). Efficiency wins during this period were estimated to have led on average to fewer personnel; also, the number of nurses employed decreased somewhat due to shorter patient stays and more ambulant treatments. Another stresses that these trends may have taken place anyway but have probably been catalysed by the increase in cost pressure (interview 5). Regarding separate employment effects of the crisis, NVZ doubts a direct (and additional) effect on absolute numbers of personnel (interview 1).

Quality of jobs

The hospital sector has seen a number of trends that affect the quality of jobs including types of jobs, qualifications needed (especially for nurses), etc. In general, these trends are specific to the health care sector and are partially related to austerity, that is, cost-containment pressures that had already been present before the financial-economic crisis, but were likely exacerbated in its aftermath. Table 11 summarizes the CA-based wage increases which became relatively modest during the immediate crisis years 2009-2012.

Table 11. Changes in remuneration for hospital employees in collective agreements 2006-2016

collective agreement	Salary rises and lump-sum changes in remuneration
2006-2008	3,15 % per 9/2007
2008-2009	3,25 % per 6/2008, 1 % (one-time) per 10/2008
2009-2011	1% per 9/2009, 0,3 % (one-time) per 9/2009, 1% per 7/2010
2011-2014	1% per 7/2011, 0,55% per 10/2011 (0,3% one-time, + lump-sum min. 75 Euro), 1,5 % per 7/2012, 2% per 7/2013
2014-2016	1,5% per 1/2015, 1,5 % per 1/2016 and twice a lump-sum

Source: collective agreements general hospitals, various years; Loonwijzer.nl

Most recently, the distribution of contract types in hospitals was as follows (AZWInfo databank, n.d.), showing more than 85% open-ended contracts. This figure is higher than in the entire health and social care sector that featured 73,9 % open-ended contracts and 15,7 % flexible contracts in 2016 (7,7 % fixed-term/fixed hours, 8,0 % others).

Table 12. Contract types in hospitals 2015-2016

	2015	2016
Open-ended contract, fixed hours	85,9%	85,6%
Fixed-term, fixed hours	4%	5,3%
Flexible contracts	3,8%	4,5%
Self-employed	4,5%	4,6%

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

One union interviewee notes in recent years the creation of many more flexible contracts and an increase in outsourcing facilitating jobs (e.g. in administration, ICT, catering). The consequence of the latter development may be lower pay if those employees are then covered by another, sometimes less generous, sectoral collective agreement (interview 4). Another respondent notes that the increase in the patients' 'own risk' has indirect effects on types of contracts in hospitals, increasing their demand for staff flexibility. This is due to increased economic risks (effects of less treatments consumed) being met by hospital boards through diversifying their personnel composition, using more flexible and temporary contracts than before (interview 6). Greater financial uncertainty manifested itself also through the introduction of a new funding system for treatments (DBCs) and led hospitals to make use of their financial reserve funds to cover expenses before getting reimbursement (interview 4), with potential effects for personnel policy. In addition to more flexible jobs, employees tend to work more hours. The part-time factor for hospital personnel has been increasing (slowly) over time looking at the long term, rising slowly from 0.72 in 2004 to 0.77, being closer to four days a week in 2015 (0.77) (AZW info databank/CBS n.d.).

Next to changes in types of contracts and hours of work, patient-related personnel has been confronted with changing demands on the work floor that translate into higher requirements for competences, education and on-going training. Dealing with more serious conditions of in-house patients and shorter stays necessitates more responsibility and resilience as professionals in patient care. NU'91 sees a role for themselves in supporting their members to handle these changing conditions (interview 8). There are also other tendencies: Employers point to numerous efficiency-enhancing processes in ICT and logistic processes in hospitals that are beneficial for patients´ waiting time and, in turn, the quality of care (interview 1). Unions also point out the disadvantages of more efficient working practices which tend to add to already high work pressure and reduce time for patients. For them, these are both triggered by reform-related austerity measures and systemic changes in the financing of treatments (interview 2).

Furthermore, an increasing level of qualifications, towards higher professional education (HBO) and higher can be discerned. Employers refer to a recent project revolving around the differentiation and description of tasks of medium- and higher professional educated nurses, which is expected to lead to upgrading of both professional profiles. More generally, they see more diversification in job positions (and more creativity by individual employers creating them) compared to the pre-2006 situation, also owing to the fact that hospitals are not public but private entities (interview 1). A former Ministry of Health official confirms that reacting to a more complex work environment, employers increased demand for upgrading the qualifications required for hospital personnel, especially nurses, from medium to higher professional education (HBO); another trend is said to be 'supra-specialisation', i.e. the formation of special areas within existing medical specialisations. Sources of funding for continuing training were an issue for discussion in the 2013 Health Care Pact (interview 9).

The issue of how to ensure and fund continuous training has increasingly been on the agenda of the social partners throughout the period, and especially with labour shortages looming on the horizon. It received an added impetus by government through the 2014 programme (Kwaliteitsimpuls Personeel Ziekenhuiszorg), co-financed by the Ministry of Social Affairs. FBZ adds that the collective agreement of 2014 directed more attention towards training facilities, training budgets, approaching personnel, and securing permanent contracts, including attention for personnel that need to find another job elsewhere. Yet it fears that many

employers have not yet brought these demands into daily practice and might regret their lack of proactivity in the near future (interview 6). FNV warns that continued training of personnel seems to have a low priority with employers and with funds earmarked for training being underused, even in the eye of the labour market shortages ahead (interview 2). Worrying about extra demands on lower-skilled employees and more demanding working conditions, some unions see the imminent upgrading of skills to some extent as a "threat". Other trends in patient care have led to more demand for high quality expertise on treatments and technology and less on soft skill care competences, possibly downgrading the importance of the latter (interview 2). In this context, especially FNV is concerned about retaining sufficient numbers of personnel able to deal well with the multiple changes in work processes etc. in a responsible manner. Observing various quality of work issues, they observe an increase in flexible and temporary contracts in combination with a deficit in employer investments in the employability of staff during the crisis, which is said to produce "crisis effects" in the hospital sector after general economic recovery, seems to have arrived. As a consequence, they see the reputation of the sector as offering safe employment in danger (interview 2).

We now turn to trends in some key indicators of the quality of employment. Work stress, and ways of reducing and handling its risks for employees' well-being, has been a recurring issue in the health care sector as a whole, including general hospitals. Trade unions have been consistently pointing to the problem, trying to make it visible and put it on the (collective bargaining) agenda. In a 2014 survey among more than 500 nurses, 87 % of general nurses rated work pressure as too high, 76 % found mental pressure and 75% physical pressure too high. Slightly lower numbers apply to specialized nurses (Nursing, 14.05.14). A larger recent FNV survey, conducted in November 2016, reports no improvement, summing up that 50% of hospital employees considers at times looking for another job outside the sector, this goes especially for the age group 25-44. For between 56% of patient-related employees and up to 98 % (those working in emergency wards) the reason is high work pressure. 75% of all hospital employees rate their work pressure as high or too high (Nursing, 16.11.2016). Additional data by Statistics Netherlands stemming from the national survey on working conditions (2015) shows that the subsector health care (including hospitals) scores highest on work pressure indicators (working particularly hard: 37,5% /very fast: 42,6% /quite a lot: 45,4%). The percentages lie higher than other subsectors within the greater health and social care sector, which in turn shows higher scores than the general workforce does (CBS 16.11.2016). Looking at the consequences, actual absenteeism of hospital personnel has first been decreasing during 2012-2015, but was back to the 2012 levels in 2015 (4,35 %). This percentage is lower than the greater sector average but is somewhat higher than the Dutch average in the whole economy. The increase was highest for employees in the age group 55 and older, who apparently report ill less frequently but for longer periods compared to younger age groups (NVZ 2016).

Taking a broader look at working life, the sectoral labour market fund STaZ and the ministerial research programme AZW (covering the greater health and social care sector) have been monitoring - through different surveys - themes such as work experience, feeling secure at work and sustainable employability of employees in the last few years (since 2013). Despite reportedly high work pressure and moderately high absenteeism, NVZ (2016: 69-71) reports improvements and higher scores compared to benchmarks from other subsectors and the general Dutch workforce.

At the same time, the nature of patient-related work in hospitals (level of demandingness, long and irregular working hours, rising complexity) keeps posing challenges for employees' work-life balance, especially for older employees. After 2009, when the collective agreement opened up possibilities to expand the deployment of older employees in irregular shifts, and following research in the risks of such working patterns for patient safety (IGZ/Ministry of Health 2011, IVA 2011), the social partners worked together to explore efficient ways of enabling safe night shifts (interview 2). In this context, innovative scheduling methods such as 'self-scheduling', have been put forward more recently as a promising instrument that is publicized by commercial advisors as well as by sectoral actors such as the labour market fund STAZ. Innovative scheduling methods have advantages for unions and employers alike, such as respecting the preferences of

employees, contributing to control both work load and work pressure, and helping hospitals to save costs by attuning the personnel on duty to fluctuations in demand for patient care and the intensity of care needed (STAZ, 13.06.2017).

To conclude, there have been indirect (and delayed) effects of government reforms on the decrease of overall employment in hospitals that has been observed since 2012. As for the quality of employment, wages have been increasing throughout the period, most strongly at the beginning when there was a shortage of employment, and to a lesser degree in the immediate post-crisis years. It is plausible that the 2006 Health Care Act has indirectly influenced the, albeit limited, growth of forms of flexible employment and possibly increased the part-time factor. Changes in the type of care service and in patient care, coupled with elements of the structural reform (hospital funding system, diagnose-based treatment combinations) brought more focus on realizing efficiency and productivity gains, have made patient-related work more complex and demanding, and added to already existing high levels of work pressure. In response to this, and in the context of promoting sustainable employability of the sector's ageing workforce, several measures have been put forward in the area of work organization and work-life balance (e.g. innovative scheduling methods) to lighten the burden on care workers, however it is up to hospitals themselves to pick them up and implement them to increase the well-being of their staff. Especially since the crisis, sector-specific changes in the type of work and work organization have highlighted shortages in initial education of hospital personnel and led to a greater demand for continued training of staff already employed (on open-end contracts). Efforts at improving efficiency and saving costs at the level of individual hospitals after 2006 intensified after additional sector agreements with the government came into force since 2012. Whether the extent of continuing training that is taken up will be sufficient in the light of future labour market shortages is a contentious point among social partners.

2.4 Effects of changes in employment on public services

This section considers how the slight decrease in employment and the changes in job quality described above may have affected the provision of services to hospital patients. Because of the difficulty of showing such effects, we will first consider data on the development of Dutch hospital performance, and then consider the judgements of interviewees on possible effects.

In its 2010 sector report, NVZ reported on the performance of Dutch hospitals in comparative perspective in terms of quality criteria.[2] Then, it reported a high performance of Dutch hospitals within the Euro Health Consumer Index, where the Netherlands had the highest score (8,75 on a scale from 1 (lowest) to 10 (highest)) in 2009, ahead of other nine European countries included. Looking more closely at accessibility and quality of hospital care, one needs to note that there are numerous indicators for the former, included e.g. in consumer surveys, while the aspect of quality is much harder to measure, both on a national scale, and in international perspective (NVZ 2010: 22-23). As for regular international comparisons, judgements on countries' performance are greatly dependent on the types of indicators used. For instance, the OECD's annual Health at a Glance report has separate indicators on 'access to care' and 'quality of care', amongst others, while the EuroHealth Consumer Index published by Health Powerhouse offers indicators on 'accessibility/waiting times for treatment' and 'outcomes', next to others.

Accessibility

Being one of the three objectives of the Dutch health care system next to quality and cost efficiency, accessibility revolves around whether health care services are at reach for patients in terms of distance, in terms

[2] Interestingly, later NVZ annual reports refer to the performance of hospitals not in terms of quality criteria, but in terms of production indicators.

of waiting times for first appointments and surgery, and financially, in terms of patients' own contributions to care services. Only the first two aspects are affected by hospital personnel and will be considered here.

NVZ concluded in 2010, on the basis of Eurostat and SHARE data (2010: 23-24), that accessibility to Dutch health care was outstanding: in 2007, only 0,4 % of the Dutch reported that they have not received the care they needed (0,2% because of long waiting times, 0,1% because of financial obstacles, and for 0,1% due to distance to the care provider). Furthermore, 70% are able to reach a hospital within 20 minutes (based on data from 2002), waiting times for appointments with specialists were about EU average in 2004, and financial barriers (out-of-pocket payments) in 2006 were reportedly low. Admittedly, these data may be outdated: waiting times should have been improved given systemic changes since 2006, and out-of-pocket payments for hospital treatments have risen as patients´ own risk has been increasing substantially since 2006 (from € 185 in 2008 to € 385 in 2017). More recent data (OECD 2015) lists the Netherlands in the top-third of performers (including data on care coverage and on unmet care needs) and as a middle-range performer for the share of out-of-pocket medical expenditure in household consumption, respectively (data is unavailable on waiting periods for certain types of surgery). The EuroHealth Consumer Index 2015, is also positive about Dutch performance on its 'accessibility' indicators, including waiting times for different treatments and surgery, except for direct access to specialists that rated less well (Health Powerhouse 2015)

In general, systemic change in 2006 has increased cost pressures in hospitals in general, leading to organizational changes based on efficiency considerations as well as pressure by health insurers through contracting to keep costs for treatments low. At the same time, demand and complexity of health have increased, adding extra pressure on the work of hospital staff. Any employment effects this may have had – as described in the previous section above – will have influenced availability in a negative way. Although there has been an overall reduction of staff in hospitals since 2012, it is unclear whether this comparatively small change has affected waiting times and by how much. However, in cases where hospitals sized down or even closed down whole departments due to mergers or to choices to specialize, in the absence of alternatives, patients are probably left with longer travelling and/or waiting times than before, meaning a decrease in the accessibility of health services.

Quality of services

The NVZ 2010 sector report also contains some quantitative indicators of hospital care, such as on the perceptions of citizens of its quality – in 2007, 87% evaluates it as 'good', with only Austrians and Belgians rating their systems higher - and on the survival chances for patients with breast, colon and cervical cancer – which are, taken together, consistently higher than in other countries reporting these numbers (NVZ 2010: 23). As for measures on the aspect of safety, progress has been made: health-care associated infections in hospitals decreased from 6.2 per 100 patients in 2008 to 3.2 per 100 in 2013, and the hospital standardized mortality rate has decreased by 34% over the period 2007-2012 (Kroneman, Boerma et al 2016: 200-201). Most recent data shows a mixed picture of further development of quality. OECD data from 2015 on the quality of care shows the Netherlands in the top-third performing group of countries when it comes to avoidable hospital admissions, yet only in the middle-third group regarding case fatalities and survival chances for three sorts of cancer (OECD 2015). The 2015 EuroHealth Consumer Index on 'outcomes' is generally good (and listing the Netherlands among the top-four countries) except for its 'intermediate' performance on cancer survival (Health Power House 2015).

What has happened to monitor quality of hospital care since the systemic changes? Monitoring of quality and efforts to increase transparency have been stepped up, but has been a slow process. This involved several (public) studies about the state of transparency, and the establishment of the Institute of Health Care Quality (*Kwaliteitsinstituut*) in 2014. The Minister of Health's proclamation of the year 2015 as the "year of transparency" signified that the job has not yet been cleared (Kroneman, Boerma et al 2016). To supplement general indicators of health care quality, the "Window on Quality" initiative (starting in 2014), supported by

NVZ and hosted on their website, consists of 10 aspects that describe the quality of care in individual general hospitals, academic medical centres or revalidation centres. Since May 2016, information on hospitals' treatment result of breast and intestine cancer has been added. Aspects include: Patient satisfaction; medical specialist evaluations, waiting periods (first appointment, surgery); frequency of doing risky surgeries, medicine control, frequency of infections, dealing with post-surgery pain, quality accreditation, death statistics, and dealing with elderly patients. Patients can check how their hospital's scores on a certain aspect compared to earlier years, the country's average or the country's norm. Hospitals are free to elaborate on the score (NVZ n.d.)

Linking developments in quality indicators and the monitoring in quality to the consequences of reforms in hospitals, and especially effects in employment, is no easy task. Where some hospitals re-organized their provision of certain treatments in processes of specialization, there may have been an increase in quality, as complex treatments become concentrated in a limited number of hospitals, but at the same time reducing accessibility (Kroneman, Boerma et al 2016). Recent comprehensive studies like the 2016 Dutch Health System Review (Idem.) are silent on effects of changes in Human Resources on the sector's performance.

Asked to what extent changes in quality of care can be related to changes in employment, interviewees had different opinions. Some speculate about an increase in the quality of care; for instance a former Ministry of Health official observes an upward trend in quality in general terms, while recognizing the danger of waiting lists in some specialisms. The latter threat to accessibility is due to the concentration of some care services in the wake of 2006 as well as to health insurers´ contracting behaviour that is little flexible when confronted with unexpected extra demand for treatments (interview 9). NVZ states that since 2006 (and continuing through the crisis), efforts to train more medical specialists - to avoid demographical shortages - have been stepped up, the same goes for nurses. At the same time, they see many efforts to improve the quality of hospital care and to make it more transparent to patients (e.g. via displaying quality indicators in individual hospitals (interview 1). They do not see effects of the crisis on the quality of care due to lack of investments in personnel, stating that in principle (although exceptions exist) there are no longer financial incentives for hospitals to economize on further education and training, since funding has been set apart from regular budgets.

Trade unions are more pessimistic about effects of changes in employment on quality, mostly as a result of the system change. One respondent speculates that requiring personnel to obtain higher qualifications will not necessarily translate into better-quality care services (interview 2). Others see potential dangers to quality once specific treatments are less or no longer covered by contracts with insurers, employment in those hospital departments (and numbers of staff) gets under pressure. They fear that the desire of hospital boards to restructure organisations or merge specialisms to create larger units weigh more heavily than the objective of providing high-quality care More drastically, effects may include the complete closure of e.g. emergency wards or specific clinical specialisms, and, in extreme cases, entire hospitals may go bankrupt, which has recently being permitted by Dutch government policy (interviews 6,4). NU'91 links the threat of personnel shortages and, in turn, negative effects on accessibility and quality of care to the fundamental changes in the competences of health sector actors after 2006, expressed, for instance in the practice of contracting treatments annually by insurers. The latter complicates hospitals' long-term planning including staffing needs, while it is exactly strategic and forward-looking personnel planning that is needed (interview 9).

To conclude, data from surveys and other sources and respondents sketch a development of both progress in and dangers to the quality of care. Yet it is difficult to distinguish direct effects of changes in employment on the performance of hospitals in terms of care services. NVZ and policy makers on the one hand and employee representatives on the other, disagree on that point. The former tend to be more optimistic about quality improvements than the latter, who stress negative effects because of beginning shortages in the supply of skilled personnel. On the whole, conclusions are hampered by the lack of aggregate national data

on the state of quality and accessibility of care in hospitals as a whole, despite considerable efforts in recent years to increase transparency.

3. Industrial relations and their role in shaping the public sector: municipalities and re-integration of job-seekers

3.1 Changes in characteristics of the social partners

Three Dutch trade unions are active in the domain of municipalities: FNV Overheid, as part of the umbrella organisation FNV, CNV Publieke Zaak, as part of the Christian umbrella trade union CNV and the smaller CHMF, representing a mix of employees in different layers of government, education, the care sector and in the commercial sector (Centrale voor Hoger en Middelbare Functionarissen), member of VCP, the umbrella trade union organisation for professionals.

Following internal conflict amongst its member unions, FNV has seen important changes in terms of its internal organization and working practices since 2011, starting with a new organizational structure at the end of 2014. FNV respondents differ in their perceptions of the merger of individual unions and its significance for their work. According to one former collective agreement negotiator, the merger has tipped the balance within collective bargaining towards a more confronting and activist stance, leaving less room to people wishing to negotiate in a consensus-oriented and business-like manner (interview 7). Another negotiator sees the organizational consequences of the merger less pervasive, stressing the change of issues on the agenda for CAs: secondary quality of work issues have become more salient now than primary working conditions including wages or holidays. Finally, notable changes in the eyes of a policy advisor include greater attention to social welfare recipients, groups at the bottom of the labour market, and to issues of participation (interview 12). CNV has also experienced internal changes during this period due to trends in their external environment and diminishing number of members. Since the 1990s, they have professionalized internally and developed strategies to approach and support different groups of members (interview 15). Since the end of the 2000s, they have also searched for a more optimal organizational structure, but falling short of a merger to one united CNV, sectoral internal mergers have occurred. Current concerns include how to reach out to workers in non-standard forms of employment and young workers; and finding out how 'average' employees think about CNV's policy positions in order to see how representative of the working population these positions are (interview 15). CMHF, as the smallest trade union, has changed relatively little since 2000s, although there have been some changes in the sectors they cover, e.g. defence personnel has been relatively strong among their followers, and their umbrella organization has changed from MKP to VCP in 2014 (interview 13).

The Association of Dutch Municipalities (*Vereniging Nederlandse Gemeenten*, VNG) has been representing Dutch municipalities as a whole, although there are also other organisations that seek to represent the interests of the four largest municipalities and those with more than 100,000 inhabitants (called the G4 and G32, respectively). Over this period, and following a conflict with the central government about financing and early retirement reforms in 2004, the body dealing with employee relations and collective bargaining, the VNG's *College voor Arbeidszaken* (CvA) has been adopting a more assertive position than it had done previously (interview 22).

Relationships and dynamics of collective bargaining

During the period 2000-2015, nine collective agreements have been in place (varying in length from 12 months to 36 months), introducing numerous changes to primary and secondary working conditions in the sector. Rather than listing the numerous detailed changes in working conditions, we describe a number of trends on themes considered important in employment relations/HRM. For instance, attention for sustainable employability has increased in municipalities as their tasks have been broadened, necessitating in their view a more flexible and universally employable workforce. Instruments such as personal budgets, a career scan, and a generic contract have ensued and the collective agreement pays more attention to vitality of employees. In contrast, schemes to protect older employees have been reduced to a minimum and regulations on reducing working hours have been scrapped. Developments in these two themes have led to greater individual differentiation in working conditions. The extent of differentiation and decentralization has been relatively high as the collective agreement offers a lot of room for customized arrangements for individual employees, for instance for training (introduction of a personal budget in 2013), and municipalities have had a lot leeway to agree on local arrangements. This has historical reasons, as in the 1990s, when municipalities started sectoral collective agreement negotiations, they attached a lot of value to local autonomy and thus, their own regulations concerning wages and other forms of compensation. The ensuing variety has been evaluated more critically in recent years by VNG, as differences in local working conditions hampers external mobility between municipalities. VNG thus pleads for more centralization on this point, that is, more uniform working conditions across municipalities (SEO 2014: 81).

There were several contentious issues between the social partners, as analysis of collective agreements (and preceding negotiator agreements) shows. The replacement of early retirement regulations and benefits for emergency service employees (*functioneel leeftijdsontslag*, FLO) by less generous rules in 2006 and a compensation arrangement agreed on 2008 put its mark on (and delayed) the negotiations for as many as three collective agreements (2004-2005, 2005-2007, 2007-2009). In the post-crisis years, there were several negotiation rounds that included strike action by municipal workers to put pressure on employers. In 2010, employers offered a zero wage increase for 2010-2011, which was rejected by union on the grounds that it did not fit the envisaged increase in purchasing power in the April 2009 Social Pact. The confrontation in 2011 revolved around efficiency savings, less bureaucracy and modernized employment conditions on the part of employers versus demands to keep up purchasing power, more job security and focus on the quality of work by the unions. Finally, in 2014 (and coinciding with strikes in other parts of the public sector), unions clashed with employers about demands for more decent pay, steady jobs and more respect for their work. Then, strike action speeded up a compromise after a long period of 1.5 years of negotiations resulting in the collective agreement 2013-2015 (Lexis Nexis, AIAS Collective Bargaining Newsletter, various dates). After that, a short agreement (2016-2017) was concluded relatively rapidly to implement an earlier agreement on wage increase and to work out together both the procedures and substantial ideas to modernize regulations on holidays, remuneration and amongst the social partners (and their constituencies) in the near future (VNG, 2016).

The picture arising is one of regularly confrontational negotiations, often leading to collective agreements concluded long after the expiration date of the previous one. A possible red threat in this was the wish, on the part of VNG, to modernize working conditions, adapting them to the demands of the changing role of municipalities in the face of financial uncertainty that was intensified for many municipalities by the crisis, threatening their tax and other sources of income. Looking to the views of interviewees from the social partners, overall, the unions (FNV, CNV, CMHF) indicate that their relations with VNG have been tense as they have been characterised by regular confrontations during negotiation rounds and, sometimes, union action against VNG proposals. In this context, unions stressed the contentiousness to the same degree as employers did. While such a judgement is necessarily subjective, and considering the extent to which threats to industrial action occurred – especially in the post-crisis years – one may argue that relations have become more troubled in the second half of the period 2000-2015.

Unions describe the relationship with VNG in varying terms. FNV describes them as "cumbersome as VNG does not dare to step forward with own proposals" but also as "relatively constructive", and improving over time. They also mention difficulties with a previous VNG head of delegation, who showed little sensitivity to unions as negotiation partner (interview 12). CNV talks about a "variable, but confronting relationship", observing tensions between the CvA and unions at times (interview 15). CMHF confirms tensions because of the leadership and negotiation style of a former VNG secretary which had a negative impact on the speed of proceedings while noting decent personal relations (interview 13). On the other hand, the VNG's College for Employment Matters (*College voor Arbeidszaken*) is critical of the unions' position towards local government, especially in the years up to the crisis. Reportedly, the former (2000-2008) secretary of the CvA took a confronting approach to what were seen as excessive union demands (interview 22), which points to a particular conflictive stance.

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

- focus on modernizing employment relations: starting in 2000-2008 and continued during the post-crisis years, assisted by strong leadership of the former CvA secretary in support of the VNG director
- a tendency towards long-drawn and retrospective negotiations and sometimes accompanied by industrial action before concluding an agreement (an exception being the CA in 2016 that was rapidly concluded due to VNG, being willing to agree to the first salary rise after the crisis, interview 12)
- procedural changes in preparing negotiations: pre-discussion of positions on salient issues among social partners before the start of negotiations since 2010; an externally supported co-creation process by the social partners involving working groups to define the initial offers of unions and VNG (LOGA 2016)
- centralization of employment conditions: unions note and welcome a movement away from concluding one central plus up to 100 locally differentiated agreements on some employment conditions, towards one central agreement covering as many employment conditions as possible at the national level (interviews 12,15). VNG supports this process to encourage more external mobility amongst municipal employees (SEO 2014). Moreover, in the course of normalizing the status of civil servants, the special status of the current agreement will change in 2020 towards a standard collective agreement under civil law (VNG 2016).

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

Character of social dialogue in the sector and connections to the social dialogue at EU level

The municipal sector has different fora for social dialogue: first, a country-wide social dialogue (LOGA) discussing issues connected to the implementation of CA-regulated issues, second, local variants with aldermen and trade union officials, and, third, meetings under the auspices of the sectoral labour market fund (*A+O fonds Gemeenten*), which finances projects supportive of employee training and other employment conditions-related issues. According to participants, LOGA meetings are perceived as more easy-going than regular negotiations (interview 13), although they are more bureaucratic (in terms of procedures, preparation, decision-making) than comparable social dialogue rounds in other sectors (interview 12). CNV, in addition, stresses the value of local social dialogue for employees where from a union perspective good

results have been reached; that is, mostly looking well after the interests of employees during reorganisations and the implementation of social plans (interview 15). The meetings connected to the labour market fund are intended to facilitate local personnel policy as much as possible, and are perceived as useful (interview 12). In general, respondents are positive about the way social dialogue facilitates problem-solving related to collective agreement issues for municipalities. Beyond these sector-specific fora, since 2013, there has been another body, the *Werkkamer*, where VNG, trade unions, and the employers association VNO-NCW meet, including delegates from the Ministry of Social Affairs and the Employee Insurance Agency (*Uitvoeringsinstituut Werknemersverzekeringen, UWV)* as observers. The functioning and results of the *Werkkamer* will be discussed in the section on influence of industrial relations below.

As for the linkages of social partners to the EU level social dialogue, VNG has participated in the Council of European Municipalities and Regions (CEMR) since the beginning of the 2000s. CEMR unites national associations of local and regional governments from 42 European countries, representing all levels of government. It promotes a united, peaceful and democratic Europe founded on local self-government, respect for the principle of subsidiarity and the participation of citizens, both through influencing European policy and legislation, and providing a forum for debate between local and regional authorities via their national representative associations (CEMR, n.d.). However, more recently, participation has been rather passive due to time constraints and other organisational priorities. One VNG respondent assumes that the importance of CEMR is going to increase in the future with more responsibilities being transferred to lower government levels, hoping that VNG will decide to play a more active role there soon (interviews 22, 24). Next to CEMR, there is also the European Centre of Employers and Enterprises providing Public Services (CEEP), which represents the interests of its members vis-à-vis EU institutions. CEEP is active in lobbying the European Commission, as well as the European Council and the European Parliament, seeking an impact of any legislative proposal affecting Services of General Interest and their place in the Internal Market (CEEP n.d). Dutch government organisations are formally represented by the Ministry of Home Affairs, with involvement of the VNG if issues require it, for instance, the EU directive on working times and working hours of local firemen (interview 24).

Trade unions gave various judgements about their role in the EU level social dialogue, ranging from close to no involvement to having an institutional managing position. The former CMHF representative sees no specific forum addressing municipal employees, although he used to participate informally in networks in France and at activities of the European Institute of Public Administration (EIPA) to get in touch with developments relevant for his work (interview 13). In contrast, CNV reports few specific activities relevant to the sector, while being actively involved in CESI (European Confederation of Independent Trade Unions). From this position, this interviewee stays in touch with issues that may affect national CA negotiations. Activities flowing from this include biannual meetings for European municipal employees to learn about each other's working practices.

Role of the crisis

The period 2009-2015 saw very low salary increases that only made up for inflation (1-2%) in subsequent collective agreements (Leisink 2016: 183). This had to do with the municipalities being subject to the zero wage policy that was in place in all public sectors at the time. Apart from remuneration issues, the role of the crisis was mentioned only sparsely by respondents. For instance, the first "post-crisis" collective agreement (cao 2016-2017) was concluded unusually fast, as a wage increase of 1,4% per 2016 had previously been decided in the framework of a public sector agreement between the cabinet, most unions (except for FNV) and VNG that ended a deadlock in negotiations on collective agreements in several core government sectors (VNG 2015). However, this exceptional circumstance does not change the troubled character of VNG-union relations (interviews 12, 15). Another instance reported by ministry officials is the impact of crisis-inspired austerity measures leading to a substantial reduction of municipal re-integration budgets. Apart from posing a real challenge for municipalities in how to pay for growing numbers of clients in need

of a new job in the wake of the crisis, this issue fed the perennial discussions between central government and municipalities about the method of budget financing in relation to the increase of their statutory tasks (interview 14). The latter exemplifies well how government reforms and centrally made rules on financing municipal activities may increase tensions in the area of labour relations and inter-governmental relations.

To conclude, the municipal sector has seen some organizational changes, especially regarding the unions' internal organization (FNV, CNV) that impacted on their strategies; however, actors have remained stable. Interaction among social partners has been often confronting at the bargaining table but less so during social dialogue, where the focus lay on solving problems together. Before 2013, relations between trade unions and municipal employers (represented by VNG) with the central government have not been particularly strong; since then, contact has been intensified in the preparation of the decentralization reforms. The role of the crisis has been to direct more focus on cost containment, both on a macro level, when it comes to the general municipal budget, and within municipalities, which was subject to a zero increase wage policy in the post-crisis years.

3.2 The role of industrial relations in shaping the sector

Reforms

Since the year 2000, Dutch municipalities have seen many changes to their responsibilities regarding social welfare and re-integration of long-term unemployed and welfare recipients (see Figure 1 below). This underlines the influence of central government within the public sector that continuously needs to be dealt with by the social partners. Following austerity measures in the wake of the crisis, an important next step was the 2013 Social Pact between central employers and trade union organisations represented in the Labour Foundation (*Stichting van de Arbeid)* and central government. It laid down common positions and set out policy guidelines regarding the future of the labour market and social security. Importantly, this implied a more active approach to prevent unemployment and to help job seekers with work-to-work transitions, preferably before they apply for unemployment benefits (Hemerijck and van der Meer 2016). Notably, although the pact concerned issues that were directly related to municipalities' reintegration tasks, it was concluded without consulting VNG (interview 14), followed by the set-up of a new social dialogue institution, the *Werkkamer*, which *did* include VNG delegates.

The change receiving most publicity because of its far-going character and speed of transferring responsibilities from central government in social services and youth care was the Participation Act (*Participatiewet*) of 2015. In the domain of re-integration, it intensified municipal responsibilities already in place since 2004 for administering benefits and supporting job-seekers in finding employment, including young people with a handicap previously covered by special legislation. What made these changes controversial, was the fact that available budgets for re-integration (and for the other new tasks) experienced substantive cuts at the same time (Leisink 2016: 183). Looking at the municipal 'participation budget', covering expenses for subsidized low-skill jobs for people with handicaps, and, in the future, the group of young handicapped work-seekers, the cuts envisaged in 2017 are 740 million out of the 2.9 billion earmarked for the budget in 2015, before the decentralization exercise (van Nijendaal 2014: 87).

Figure 1. Overview of legislative changes 2000-2015 affecting municipal re-integration tasks

2002 Act SUWI: difference established between public assessment of social welfare claims/welfare administration and commercial re-integration activities (municipalities remain responsible for re-integration of clients, keeping tasks associated with implementation of 'protected' and 'additional' jobs; outsourcing of tasks to private re-integration firms)

2004 Act Work and Welfare (Wet Werk en Bijstand) replaces General Welfare Act (Algemene Bijstandswet) of 1996 (and some additional Acts)

2009 Act Investing in Youngsters (annulled in 2012)

2010 Cabinet Rutte I government programme envisages introduction of check on household income (in effect as of Jan. 2012)

2012 Act Working According to Capability (Wet Werken naar Vermogen) is stopped due to the sudden end of Cabinet Rutte I in April 2012

2012 Cabinet Rutte II: government programme envisages further changes to Act Work and Welfare

2013 Additional legislation introduced to step up monitoring actions and sanctions for welfare recipients in case of abuse as well as check-ups at home

2014 Parliament approves Participation Act

2015 Participation Act comes into in effect: decentralization in the domain of work & income (in addition to the areas of social care services and youth policy)

In terms of policy contents, in the area of re-integration the 'work first' principle has been established, seeing work of any kind as preferable over simply granting welfare benefits. Job-seekers are to be re-directed to paid work as quickly as possible. Since 2015, municipalities are implementing the Participation Act and determine, within their extended budgetary responsibilities and legal limits, their own policies in terms of re-integration, having a vested interest in preventing new inflow to the pool of welfare recipients and maximize outflows. More generally, there is a lot of debate - and dissatisfaction on the part of municipalities - regarding the allegedly insufficient government contribution to municipal finances and, more generally, the relationship between municipalities and central government (e.g. Raad voor Financiele Verhoudingen 2017, VNG 2016).

3.3 IR actors and ways of influencing reform processes and implementation of reforms

As with the hospital sector, collective bargaining activities played no role in influencing reform processes. Rather, negotiators dealt with the consequences of legislative changes if these had consequences for wages or employment conditions. Similarly, discussions in the social dialogue fora focussed on the implementation of collective agreement regulations. The *Werkkamer* forms an important exception to this. Its activities included reaching agreement between social partners on some important details to implement parts of the 2013 Social Pact, and clarifying practical details of the Participation Act, including the definition of the target group for specific re-integration measures (interviews 17, 16, 18). However, perceptions of the purpose and achievements of the *Werkkamer* so far are quite diverse (interviews 12, 16, 17, 18). FNV's views as primary task translating the *Banenafspraak* into more concrete measures and, eventually legislation. As for the process, it is noted that between regular meetings consultations are going slow, as VNG regularly gets back to their

members to get feedback on their positions. The VNO-NCW interviewee is in general less optimistic about the establishment and working practice of the *Werkkamer,* as the latter are still not exactly defined. Results of the Werkkamer consultations are seen mixed from the employer perspective. They include the realization of sufficient new jobs as a result of the *Banenafspraak* to avert the introduction of an obligatory quota for individual employers (which amounts to a fine), greater awareness in municipalities about the working practice of employers, and setting the stage for achieving various objectives in the future: an effective preventive approach precluding unemployment for youths at risk; streamlining institutional characteristics in regional labour markets; and, in the longer term achieving a genuine public-private partnership for implementing legislation on participation and re-integration (interview 18). Turning to the VNG, aldermen delegates stress difficulties in the start-up phase, when trust had to be re-established between VNG and the social partners following its exclusion from the 2013 Social Pact, typifying consultations so far as "learning by falling and getting up again". In terms of substantive issues, they see the *Werkkamer* as a forum that works together cooperatively, although it has been more busy so far 'repairing' mistakes and filling in voids in the Social Pact and the Participation Act than looking ahead to the future. In this vein, consensus has been reached on the target groups for different re-integration services under the Participation Act and related aspects. Regarding target groups, VNG and trade unions differ in their preferences, with the latter sticking to a more narrowly defined and clearly disadvantaged group compared to a somewhat broader group that municipalities would like to see. Moreover, the VNG's insistence clearly helped to formulate recently adopted legislation (2017) on the practice route (*Praktijkroute*), facilitating frontline workers' decisions on whether clients are entitled to certain reintegration measures based on their labour market characteristics (interviews 16, 17).

Relationships to central government and role of lobbying in reform processes

Next, we consider how the social partners related to central government, how they have tried to influence government reforms and what the results were. Starting with the employers, interviews with VNG indicates that the relationship has been changing over time, being dependent on societal developments and changes in government coalitions. While it reached a lowest point in the early crisis years under the Rutte I cabinet, currently it is described as moving between cooperative and sometimes confronting, and characterized by searching for a new balance in mutual relations, particularly after the multiple decentralization of tasks in 2015, VNG aldermen representatives in the Werkkamer see a domination of the relationship with the central government by discussions on the level and method of calculating municipal finances. VNG's influence on legislation through lobbying is judged as moderate. A policy advisor indicates regular ministerial consultations and involvement when it came to implementing, for instance, the 2004 *Wet Werk en Bijstand*, but concedes that their impact in the preparation phase, e.g. of the Participation Law had been very limited. Despite moderate results, they have diversified their lobbying instruments beyond traditional ministry contacts, as the context of exerting influence has changed: for instance, there are more detailed government agreements (2012), leaving less leeway for lobbyists generally, and a stronger role for the Liberal party in government and a weaker one for the Social Democrats (which tended to be strongly represented at the municipality level and in VNG commissions, making it a natural partner to talk to) (interview 24). Other respondents indicated room for improvement by adopting a more proactive attitude and by cooperating more with the other two municipal organisations, G4 and G32 (interviews 16, 17).

Trade union officials are generally positive about the relationship during the past five years. For instance, FNV reports good relations with the Ministry of Social Affairs under the current state secretary from the Social Democrats who seeks and appreciates consultations with the unions (interview 12). When considering the entire period 2000-2015, uunion influence through political lobbying on legislative changes in the domain of re-integration was moderate. One notable success of FNV was to delay and eventually stop one reform, the Working According to Performance Act (spring 2012). Then, FNV opposed and then deferred parliamentary voting by industrial action, which happened to be followed by disintegration of the cabinet, due to party-political distrust and disagreement about austerity measures to be taken. Since then, FNV has

been positive about the quality of contact with the ministry and about the extent of their influence there. CNV reports an increase of lobbying efforts to influence legislation after the end of the Rutte I cabinet (in 2012) compared to the period before, noting though that their protests could not stop some reforms. Efforts included a White book with advice to the new state secretary in 2012, but also cooperation on municipality level through aldermen (interview 15). The smallest union, CHMF, indicates a certain extent of influence by helping to produce reports in the tripartite Social Economic Council (SER), although direct results of ministry lobbying (done by the union's director and their umbrella organisation VCP) are unknown.

Ministerial policy-makers, on the other hand, clearly differentiate between different types of relationships with the social partners, seeing the employer's associations (i.e. not VNG) as more important than trade unions. In addition, they consider VNG as the representative of a government layer to be involved only if legislation gives them a role in policy implementation (interview 14). As for social partners' lobbying efforts, policy-makers indicate that unions were less visible in lobbying efforts compared to employers, who have a strong standing in consultations on the initiation and implementation of legislation, and to Divosa, which is valued as a knowledgeable partner concerning municipal working practices and the potential applicability of new rules and practices in the social domain (interviews 14, 21). However, respondents note a more intensive exchange both with trade unions and employers in the realm of re-integration and participation since the 2013 Social Pact, and thanks to state secretary Klijnsma (interview 14). VNG, as the formal employer in the social domain, is allegedly being consulted and asked for administrative advice by ministerial staff, yet a notable difference with Divosa is their political character and quite diverse membership (interview 14). There seems to be a two-edged approach here, as their consultative role was apparently disregarded by the ministerial top when VNG, (to its great dismay) was excluded by the few individuals who, on behalf of the social partners and the central government, concluded the Social Pact (interview 14).

Notably, the influence of social partners is subject to ups and downs dependent on the political colour of the respective coalition government and the extent of their majority in parliament, as interviewees from unions and the VNG stress (interviews 15, 24). After 2012 (during the Rutte II cabinet), a small government majority necessitated a consensus with the social partners, while in the period before, at the beginning of the crisis (during the Rutte I cabinet, a minority government with the support of the populist party PVV led by Geert Wilders) in a climate of wage moderation, such a consensus was deemed unnecessary. Before the crisis, however, conservative governments did consult extensively with the social partners on all kinds of legislation. One union respondent observes that the influence of tripartite bodies (SER and STAR) on government policy and the influence of social partners generally have not increased during the last ten years.

Summing up, the role of IR actors in influencing reform processes - including a series of stepwise legislative changes and a recent major decentralization of other social support services and youth care to municipalities - and tripartite agreements in the wake of the crisis, was most visible through lobbying efforts directed at ministries. Here, both employer associations and trade unions were becoming more active after 2012. While VNG had not been very visible before the Social Pact of 2013, it has adopted a more proactive role during recent years.

3.4 Development of employment in municipalities

Numbers of jobs

This section presents figures on the total employment in municipalities, based on the *A+O fonds* annual employee surveys. The trend until 2008, as table 9 shows, is an overall slight growth in employment.

Table 9. Development of total employment in municipalities before the crisis (persons)

Year	2000	2002	2004	2006	2008	2000-2008
Total (persons)	177.277	193.219	192.550	183.860	179.380	+2.103
Change	+1,3% (1999)	+2,9%(2001)	-2,5% (2003)	-0,9% (2005)	+0,2% (2007)	+ 1,19%

Source: A+O fonds Personeelsmonitor 2000,2002,2004,2006,2008.

Notably, after increasing employment in the years preceding the crisis, from 2009-2015 a decrease of almost 13% took place (table 10, Personeelsmonitor 2015). Overall, in the period 2000-2015 total employment in numbers went down by 21.317.

Table 10. Development of total employment in municipalities after the crisis (2009-2015, in persons)

Year	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Total (persons)	184.340	181.550	177.640	174.290	168.490	157.980	155.960
Change (from previous year)	+2,8%	-1,5%	-2,2%	-1,9%	-3.3%	-3.5%	- 1,9%

Source: A+O fonds Personeelsmonitor 2009-2015.

Table 11 displays the accompanying annual in- and outflows from 2011-2015, showing a variable trend followed by a considerable increase in 2015 compared to 2014, with especially inflows rising sharply after some years in which municipalities hardly hired new employees (Personeelsmonitor 2015: 6).

Table 11. Development of in- and outflows 2011-2015, in percentages

Year	**2011**	**2012**	**2013**	**2014**	**2015**
Inflow	4,7	3,9	4,1	3,5	6,2
Outflow	6,7	6,6	7,4	5,3	6,2

Source: A+O fonds Personeelsmonitor 2015.

Looking to the reasons for the large decrease in employment (in 2013: 3,3 %), a survey of those municipalities with the most pronounced decrease yielded the following: privatization or splitting off organizational parts, e.g. of formerly municipal transport services (which means that these jobs were not necessarily lost), but also real cuts in staffing because of budget cuts, reorganizations and/or merging of departments (Personeelsmonitor 2013). Moreover, the *A+O fonds* annually publishes data about the extent of staff reductions due to budget cuts (that are not specified further as stemming from central government cuts or decisions at the local political level or management-induced). Table 12 shows the consequences for reductions in personnel, which were occurring most frequently during the years 2012-2014, when more than two-thirds of organisations implemented staff reductions. Coinciding with the post-crisis period, an indirect effect of the economic crisis on these developments seems to be plausible, although a direct effect cannot be proven.

Table 12. Municipalities affected by budget cuts and translation of cuts into decrease of personnel, in percentages

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

Source: A+O fonds Personeelsmonitor, various years.

When asked what sorts of measures they used most frequently to realize a reduction of staff, municipalities mentioned selectively filling up vacancies, putting partial caps on new vacancies and not extending fixed-term contracts (A+ O Personeelsmonitor, various years). Although there is no data available on this, it can be assumed that such measures indirectly lead to work intensification for the remaining staff and thus a negative influence on the quality of work, to which we turn next.

Quality of jobs

The municipal sector has been exposed to a number of developments that affect the quality of jobs negatively, including wage developments, types of contracts and the need for continuing training. For instance, these included central government austerity measures which led to cost-containment pressures on the level of municipalities which had been present already before the economic-financial crisis, but certainly became larger in its wake. As for wages, Table 13 shows a slow-down of wage rises for municipal employees from 2009 onwards with wage decreases in 2011 and 2013.

*Table 13. Annual changes in wages for municipal employees based on collective agreements 2004-2014, in %**

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Municipalities	0,00	0,58	3,38	2,60	3,61	0,92	1,77	-0,39	2,50	-0,50	0,95
Public Administration	0,33	0,57	3,16	3,01	3,16	1,88	2,31	-0,20	1,33	-0,22	0,50

**Including spill-over effects from previous years. 'Public Administration' includes the average change for the sub-sectors central government, municipalities, provinces, judiciary, and water authorities together. Source: Report Trends en Cijfers, Werken in de Publieke Sector, Ministry of Interior Affairs 2015.*

Working time and contract types

In the municipality sector, a fulltime workweek is equivalent to 36 hours. During the period 2000-2015, the percentage of employees working part-time (=less than 36 hours) has risen steadily. In 2002, 36% of municipal employees worked part-time, in 2009, 40,5% and in 2015 42%. The part-time factor was in 2006-2009 0.87, rising slightly in 2011 to 0.88 and back to 0.87 (31,3 hours/week) in 2013. As for gender differences, the factor was 0,78 for women (28,1 hours/week) and 0,96 (34,6 hours/week) for men (A+O fonds 2013). The proportion of flexible contracts in the sector has been rising overall since 2011 by 4 percent points (2011: 11%, 2015: 15%). In 2015, the highest share of flexible work (17%) was seen in municipalities of 100,000 inhabitants (excluding the four biggest ones). In addition, the extent of hiring external workers, including self-employed and temp agency workers, has been a debated issue for years, with municipalities pledging to reduce their numbers against the background of shrinking budgets and making better use of the staff that is already there (Winthagen and de Leede 2012). Lately, numbers have gone up again due to the decentralization reforms, which called for specific expertise that municipalities often could not find among existing staff (A+O fonds 2015: 12).

Work pressure and absenteeism

Work pressure and resulting work stress for civil servants has been a long-known and persistent problem. A frequent consequence of work stress, sick leave, seems to be persistent, too. Already during 2001-2004, occupational health and risks at work have been high on the agenda after an Occupational Health Convenant (*Arboconvenant)* was signed between the Ministry of Social Affairs and the sector. Evaluations of awareness-raising and actions taken were then cautiously positive about the results (A+O fonds Gemeenten 2004). In the group of employees deemed most at risk of work pressure and stress, policy advisors, 28,3%

reported signs of work stress when surveyed first and 27,8% after interventions had been taken, for people experiencing both work pressure and stress, there was also a reduction from 17,9% to 15,1% (A+O fonds Gemeenten 2005).

However, more than ten years later, work pressure in municipalities is still reported to be high. The national employee survey by TNO/CBS (2016) finds that more than half of respondents (56%) qualifies measures taken by employers against work pressure as either insufficient or not forthcoming at all. Employees in public administration, including municipalities, score highest together with employees in education and the health and social care sector (Binnenlands Bestuur 2016). In 2015, absenteeism stood at 5.3%, after only slight fluctuations in the period 2011-2015. Notably, the most frequent reasons included work pressure and stress (51%), physical/physiological problems (49%), and, at some distance, private circumstances (29%), and organisational changes, reorganization and retrenchment of staff (23%). Over the whole period, a notable reduction in the rate of absenteeism (from levels as high as 8,3 % in 2000) only occurred between 2001-2005, reaching a lowest point 5,3% in 2008 (but still being considerably higher than the national average of about 4%). Many municipalities apparently have too few incentives to tackle the problem to decrease the rate further (A+ O fonds Gemeenten 2015).

Summing up, in municipalities as a whole, total employment has been decreasing over the period 2000-2015, with a continuous downward trend since 2009, coinciding with the post-crisis years that saw not only privatization of some municipal tasks but also reorganization and reduction of staff due to austerity measures. In terms of quality of work, municipal employees have had to accept lower or no wages rises due to the public sector 'zero-wage' policy and they have worked more often more part-time. Work pressure (and stress) has been a persistent problem, with absenteeism being reduced somewhat from very high levels at the beginning of the century, but still being persistently higher than the national average.

3.5 Changes in job quality and effects on the provision of re-integration services[3]

For looking into changes in job quality and the consequences for service provision, we zoom in at the municipal activity of re-integrating long-term job seekers and social assistance recipients. As data on the overall quality of employment in social services departments (or the organisations in which several municipalities cooperate) is unavailable, we instead offer a snapshot of the social services of three larger (100.000+ inhabitants) municipalities (Leeuwarden, Amersfoort, Apeldoorn) and of *Werkplein* Drentsche Aa (Assen), in which several municipalities cooperate. This snapshot includes an overview of changes in several aspects of job quality based on the accounts of managers of social services and of aldermen responsible for Social Services.

Regarding *changes in social services staff* employed over the period at hand, Drentsche Aa reported 'fluctuations over time' without referring to a sharp drop in staff numbers, while the municipality of Amersfoort saw a slight increase of overall staff numbers (we do not know about staff numbers in Leeuwaarden and Apeldoorn). In terms of the *types of contracts* used, i.e. the use of flexible work all Social Services make use of a moderate percentage of flexible contracts. The manager of Drentsche Aa reports 15 percent, while in

[3] We had to refrain from analyzing effects of reforms on municipal staff levels in re-integration, as it poses a number of analytical and practical constraints confirmed by some of our respondents. First, there is the challenge to disentangle effects of a whole series of legislative changes from other influences on employment levels (e.g. organizational changes, involving restructuring and social plans, demographic changes, and labour market changes). Second, it is hard to distinguish reform effects from effects by crisis-related austerity measures (which partly triggered reforms) on municipalities' budgets and, in turn, on changes in staff levels.

Amersfoort this was up to 30 percent. In the latter place, more recently, more flexible staff is going to be offered a permanent contract due to improved budgetary prospects and an expectation of shortages of qualified personnel. Regarding *qualifications needed* for working in the field, Drentsche Aa, Amersfoort and Apeldoorn state a trend of upgraded education required for job positions dealing with re-integration, especially for coaches (from medium to higher professional qualifications and above). Beyond staff numbers, flexible work and minimum educational requirements, organizations report a notable shift in *competences required* and in the view on *professionalization of re-integration* activities. All four organizations mentioned at length a *shift in required personal competences* (flexibility, thinking from the client's perspective, more integral perspective), both for positions dealing with administrative tasks and for re-integration coaches and other personnel working with clients. Next to the switch to an activation approach, this was due to the need to cooperate internally - across the newly created Social Domain units connecting work and income issues with societal support and youth counselling and services - and also externally, with employers and other stakeholders municipalities are increasingly reaching out to. There was also explicit mentioning of a broadening of competences required of employees that visit clients in newly formed 'neighbourhood teams', such as in Leeuwarden. In addition, all organizations recognized a *trend of professionalization* in the reintegration field and the promotion of craftsmanship (*vakmanschap*). The latter concept, however, has different meanings and takes different forms across municipalities, including self-steering teams consisting of 'masters and disciples' (Drentsche Aa) or a stronger focus on accountability of performance of social services, using effective instruments to get people back into work (Amersfoort). Finally, the issue of *work pressure* is seen as being largely under control in the organizations covered: in Drentsche Aa "working hard" within teams is taken for granted but specific risk factors causing work pressure, such as ICT problems, are being acknowledged. In Amersfoort, management restricts employees' numbers of clients ('case loads') in order to keep work pressure limited while acknowledging that this may not be common practice in larger municipalities such as Rotterdam with much higher total client numbers.

This illustration of developments in several municipalities, although limited in scope, has signalled some possible sector-specific tendencies that impact on the quality of work. While job numbers may not have changed greatly over time, flexible contracts have been used to some extent. There is a tendency for staff working in re-integration to be more highly educated and to be asked more emphatic and problem-solving competences rather than strictly bureaucratic application of rules and legislation. Work pressure (and work-related stress) is potentially a problem dependent on client numbers. Linking changes in employment to changes in service provision by social services directly is not straightforward. In part this is because - in the wake of the 2015 reforms - differences in social service provision across municipalities have increased due to different political choices made by local councils. Moreover, many municipalities saw reorganisations and organizational changes that impacted on how central government reforms were implemented. Last but not least, there are - sometimes sizable - differences in local circumstances including (regional) labour market opportunities for job seekers and varying numbers of welfare recipients per capita.

Availability of services

Speaking about the "availability" of welfare services may be somewhat misplaced because the approval and administration of welfare benefits is based on legal obligations and municipalities cannot refuse to process citizens' applications for welfare benefits in principle. However, according to several respondents, one important change can be discerned when comparing today's situation to the late 1990s. While at that time, little support was offered to benefit recipients in the realm of re-integration, nor demanded from them. Since the establishment of the "work first" approach in the early 2000s, this has changed markedly. Often, even before applying for welfare benefits, applicants are required to start on their job search activities. In that sense, the availability of benefits has been decreasing, at least for those with good chances of finding another job rapidly, while this has been substituted by the rise of other services offered (interviews 19, 21, 20). On the other hand, the extent and the organization of re-integration services as well as the range of 'instruments' offered to job-seekers may vary across municipalities depending on local political and or-

ganizational choices and, last but not least, on the availability of budgets. Moreover, the likelihood of intensive coaching may depend on discretional decisions by individual client managers and welfare administrators towards the client group they are serving (interview 19). In this sense, availability of specific services varies across municipalities as the intensity of support on offer depends on many factors.

Quality of services

Next, the question is how to establish changes in the quality of welfare and re-integration services. Research in 2016 by the Dutch CPB seriously questioned the effectiveness of the current Dutch reintegration approach (van der Aa 2016). Some scholars ask whether all possibilities to support jobseekers have been developed and tested or whether there is still room for learning and innovation. Improvement of the current practice of re-integration may be sought in better tailoring interventions to different target groups among job seekers, in improving the involvement of employers in re-integration, and in improving organizational and working conditions for re-integration staff, among others (idem). In this vein, we describe sectoral changes in work organisation (i.e. related to changes in the quality of work) which, according to respondents familiar with the field, can be expected to increase the quality of services from the perspective of the client.

First, during the last 15 years the paradigm of activation – that may be seen as a sector-specific transnational trend - has spread across *all* municipalities to at least some degree. Coupled with an increasing focus on participation of the most vulnerable groups of jobseekers in some sort of work, this has led to changing internal working practices in municipalities such as adapting and differentiating services to different target groups and to selective use of instruments that have proven to be effective. From the perspective of clients, one may expect more effective and custom-made service provision that is of more value to clients. Second, municipalities are doing their share in the implementation of an agreement (*Banenafspraak)* to create extra jobs for people with 'a distance to the labour market' following the 2013 Social Pact in collaboration with employers. This has led to changing working practices by seeking closer relations and new forms of collaboration with employers (e.g. employer service points) to place jobseekers. In turn, this is likely to lead to more tailor-made job offers for clients that may be seen as better service provision from their perspective. Finally, as described in our illustration of changes in employment quality, there is an ongoing shift to demand extra competences from staff working in re-integration (creativity, consciousness of needs of clients and use of discretion to bend the rules (within limits) to solve pressing client problems, in addition to more differentiation between tasks or specialization of staff (e.g. between purely administrative and frontline employees who advise and coach clients). These changes may ultimately lead to a more pronounced 'client-centred' approach in both administration and coaching (in addition to more custom-made services as discussed before) and, consequently, translate into a higher quality of service provision.

Higher quality of service provision in the field has also been linked to professionalization. In 2010, van Berkel et al. concluded that 'frontline workers are professionals without a profession', lacking, for instance, a recognised body of knowledge, vocational associations and standardized processes of accountability (van Berkel, van der Aa, van Gestel 2010). Since then, efforts to promote professional standards for municipal employees working in re-integration have intensified in the last five years, with the association of managers of social services, Divosa playing a key role. Together with the interest organisations of client managers and the Ministry of Social Affairs, sponsoring the programmes *Vakkundig aan het Werk* and *Effectiviteit & Vakmanschap (*Ministry of Social Affairs 2016) it has sought to create both more knowledge and more awareness for craftsmanship in the sector, i.e. more professional working practices. In this context, Divosa facilitates and keeps track of municipal efforts, including mapping which municipalities participate in knowledge-sharing meetings and networking events; attend training courses; use analytic tools and procedures for application in daily working practice; and use programmes that measure performance indicators. As of January 2017, 310 of the 388 municipalities were shown to participate in one form or another in a programme seeking to apply knowledge to frontline practices (Divosa, n.d.). Some research on the extent of professionalization however, indicated that anchoring professionalism may take more time than expected:

research on progress made by municipalities in this area since the start of the ministry programme (Regioplan 2014) did find a rise in the awareness of craftsmanship and the field of re-integration as a "profession", but also a stagnating number of client managers who work according to the definition of craftsmanship. Looking back at the sector's recent professionalism strategy, observers of the field confirm a deficit in the extent to which practitioners making use of the accumulating body of knowledge about professional practices in re-integration (van der Aa, 2015).

In sum, it is difficult to gauge the effects of qualitative changes in employment and processes that are still ongoing, on the quality of services in re-integration, although some indication of the direction of changes may be given. Shifts in the approach in dealing with job seekers (stressing activation and participation), combined with budgetary restrictions, have probably resulted in decreasing availability of those services seen through more difficult access to welfare benefits and selective re-integration instruments offered to clients. Furthermore, it is likely that the quality of services will depend on how social service organisations and its employees organize their working processes and on the breadth of their competences. Professionalization is considered of increasing importance given the variety of actual working practices and approaches towards job-seekers across municipalities, especially since the 2015 decentralisation reforms.

4. Industrial relations and their role in shaping the public sector: primary education

4.1 Recent changes in industrial relations and public sector organization

The collective labour agreement that covers the primary education sector was lastly concluded for the years 2016-2017. On the employers' side, there is only one signatory, the PO-raad (Primary education council). On the workers' side, there are five signatories; firstly, two so-called categorical trade unions, i.e. trade unions that represent a specific occupation, the AOB (Algemene Onderwijsbond or General education union, affiliate of FNV the Confederation of trade unions in the Netherlands) and CNV Onderwijs (Christelijk Nationaal Vakverbond or Christan National Union for Education, affiliate of CNV Christian national trade union). And secondly three a-typical unions; FNV Overheid (the general civil servants' union of above mentioned FNV), the AVS (Algemeen verbond van schoolleiders, General union of school managers), and the FvOv (Federatie van Onderwijsvakorganisaties, or Federation of Education unions, that also represents management of schools as well as teachers specializing in physical education, arts and other specialized tasks in schools). These two latter organizations hold a special position because they represent also the management of the school. Although these school leaders were in the legal sense always employees of the schools, just like their 'subordinates' the teachers, in earlier days they were regarded as the employer. When the PO-raad was formed, the question on which side the management of the school should be placed, either employer or worker, took some internal consideration. In the end the AVS, the leading organization of this category of personnel, decided to take a seat on the workers' side of the negotiating table, thereby acknowledging that the school board is the actual formal employer.

All organisations are private law associations with legal personality, which is a condition to conclude collective labour agreements under Dutch law. Their statutes are public.

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

The PO-raad on the employers' side was established in 2008. Prior to the merger into this single organization, four Administrative Bodies existed, either with a public character or organized by religious, philosophical or education-doctrinal denomination. The merger originates in - and can be regarded as - the result of a process known as the 'Schevenings Beraad', that started in an era before the period on which this research focuses. In the early nineties, a tripartite agreement was concluded in which the government and the social partners expressed commitment to professionalization, autonomy and increasing efficiency of (the public) School boards.[4] These latter were organized in different ways; a school board could cover one or maybe a few schools within a municipality or be linked to a certain denomination.[5] Many of these boards were considered to operate in an unprofessional manner. Centralization and professionalization was the aims of this operation, which should lead to a wider range of more schools covered by a more professional

[4] Tweede Kamer der Staten Generaal, vergaderjaar 1993-1994, Bestuurlijke vernieuwing in het onderwijs, 23309, nr. 5.

5 The school board is the responsible administrative body that governs one or several schools, not to be confused with the everyday school management.

board. The number of School boards diminished from 2800 to 1000, of which 500 boards cover only one school.[6]

The merger into one PO-raad instead of four denominational organizations had as its aim to enable the government to deal with the sector in a more efficient way. A longstanding tradition in The Netherlands is the constitutional doctrine of 'Freedom of Education'. This doctrine implies that parents have the constitutional right to establish a school and run it in line with their philosophy of life, be it religious of otherwise. Obviously, schools are required to deliver on cognitive subjects, but this equality principle to establish schools per conviction or belief, has always been very prominent. Although the basic principle underlying this practice is in general not widely contested, it does have some downfalls. In the past, whenever budget was made available to one of the denominations or the non-denominational schools, the idea was that just as much had to be spent on -and therefor given to- the other(s). The merger of the administrative organizations should allow the government to increase efficiency and issue budgets per actual needs, instead of the equality principle.

Contributions of school boards make up for 99,5% of the fixed budget of the PO-raad. Additional earmarked income for projects is financed by the government. On the workers' side all income comes from contributions of the members. The level and composition of membership on the workers' side, or the union coverage is 20-25%. On the employers' side 81% of the schools are covered, corresponding with 94% of the number of children in regular primary education.

Relationships are relatively consensual, the labour relations in this sector are, in comparison to those in the private sector, not highly conflictual. In the end, the parties have no alternative than to start the same negotiations with these same partners. Notwithstanding, collective bargaining processes do regularly come to a standstill. Sometime the cause is a difference of opinion on matters that could be solved by the social partners themselves. In 2011 no agreement was reached on subjects that were initiated by the employers: the replacement of seniority regulations by another policy; a simpler mix of tasks in functions; a specific regulation for the school management and simplification of the collective agreement's chapter on wages. In 2015/16 it was a conflict on the use of indefinite fixed-term contracts for substitute teachers. But quite often, disagreement was indirectly directed at the budget provider, the central government. A striking example of such practice is the recent collective action, that includes one-day strikes, called *Primary education in action*. Although this was spontaneously organized (through social media) outside the realm of the trade unions, these picked up on it fast, and also the employers embraced the initiative, at least initially. Parties bargain in the shadow of the government as the provider of the budget. The bargaining margins are therefore not very flexible. Nevertheless, some changes in this mutual attitude seem to take place from 2006 when the lump sum financing was introduced. See below where it is explained that the social partners are keeping each other to an extent in a deadlock regarding how to allocate the budget in a differentiated manner.

The social dialogue structure, collective bargaining and other joint processes

Apart from the collective bargaining process between the PO-raad and the trade unions mentioned above, in which the government does not participate, but does determine the budget, there exist many other structures. Quite a few of them will be reviewed below where specific developments and reforms are presented (Arbeidsmarktplatform PO, Participatiefonds, VervangingsfondsLerarenOntwikkelFonds). It is not uncommon to refer problems that become apparent in the deliberations between the sector and the government or in the collective bargaining process, to a specifically established body or forum, in which the government sometimes also participates. There is some discontent on the workers' side that the PO-raad, that represents the school boards, is too close with the government, excluding the input of the workers.

6 In 2014 the PO-raad called for a recast of the Schevenings Beraad because of the developments on pre-schools.

To summarize, it can be noted that industrial relations in the primary education sector have shifted with the employers' side gaining more weight. The employers' side is far more concentrated into one body that can operate with more strength and can speak with one voiceds, both in the direction of the government and the unions. Deliberations within one body are obviously easier than in a cooperation of the five different organisations on the unions' side. There is a potential risk in this shift in power relations. On the employers' side the negotiators of the School boards organized in the PO-raad are professional administrators, who do not necessarily have knowledge about the day-to-day running of a school. On the other hand, it seems as if quite a number of persons working in the administration or governance of the PO-raad, also have work experience in schools. On the workers' side the interests potentially differ more between the five unions with different adherents, including one union representing the management of the schools. As stated above, the school management, not to be mistaken with the school board, has taken position on the workers' side. Notwithstanding this fact, the unions usually seem to operate in concordance, and are able to incorporate newcomers like the initiators of the *Primary education in action* initiative.

Organisation at EU Level

At EU level there is a Sectoral social dialogue concerning Education between ETUCE (European Trade Union for Educations) and EFEE (European Federation of Education Employers). Social dialogue in this sector covers early childhood education and primary and secondary education, as well as vocational education and training, higher education and research, teaching, management and administrative staff.

The website of the European Commission stipulates: "There is a broad consensus that education is essential for Europe's economic vitality, driving the employability, productivity, innovativeness and entrepreneurial spirit of tomorrow's working population *and* that its role in creating a better and more inclusive society is of equal importance. However, even though there are significant disparities between EU countries, the latest available data (end 2015) show a worrying fall in investment in education in the EU in general for the 3rd year running. This jeopardises the EU's progress towards these objectives. Professional development for teaching staff and school principals is a key factor in ensuring successful outcomes for pupils. Greater efforts must be made to attract more suitably qualified people to the profession and to combat the teacher shortages that may face many European countries in the future."

The social partners of the Netherlands do participate in these EU processes. However, any direct effects on the domestic situation cannot be determined.

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

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

The government provides 100% of the funding for the sector. Until 2006 the whole detailed allocation of the budget for primary education, to the spending on different posts in the schools (building, personnel, materials, etc.) was determined at the central level of the Ministry of Education. As a result, there was not very much room to bargain. In order to allow schools to allocate the attributed funds more according to their own needs, convictions and opportunities, this method of central allocation was changed in 2006.

Table 14. Public spending, development of the available budget for primary education

2001	6.290.000
2002	6.877.000
2003	7.245.000
2004	7.504.000
2005	7.485.000[7]
2006	7.796.497
2007	8.238.646
2008	8.699.919
2009	9.113.188
2010	9.460.420
2011	9.503.772
2012	9.635.936
2013	9.727.312
2014	9.555.294
2015	9.963.954
2016	9.957.395

Source: Ministry of Education, Culture and Sciences, (n.d.) Rijksbegroting OCW, vastgestelde departementale begrotingsstaat van het Ministerie van Onderwijs, Cultuur en Wetenschap, deel VIII: Uitgaven

The above-mentioned merger into one administrative body the PO-raad allows the employers in their role as administrator, to operate with more efficacy. The ministry and the PO-raad concluded an administrative agreement (*Bestuursakkoord*) first in 2012 and again a sequence in 2014 (Ministry of Education, Culture and Science/PO-raad 2014). This is not a legally binding contract (like a collective labour agreement), but a plan of action. It is remarkable that the trade unions are not the signatories, which suggest they were not directly included in this process, taking into consideration that the agreement does indeed mention the interests of the teachers. However, the execution and detailing of an actual policy for the workforce is referred to the collective labour agreement, where the government is not seated at the negotiating table. The main actor in the administrative agreement is the school board that directs the school team. The agreement starts with the notion that the realisation of the perspective for the future that is outlined, requires a government that not merely directs by means of rules and formats, but that chiefly leaves room to move, and gives support to schools to fulfil that future. It seems as if the PO-raad has successfully positioned itself as linking pin between itself and the other parties. The agreement stipulates that to provide good education to pupils, the teachers and the schools must be better equipped. This includes improvement of didactic skills, more knowledge of ICT and the introduction of digital learning tools.

As said, in 2006 the government changed the financing method for primary schools from specific posts for personnel, materials and other costs to the lump-sum method. Before 2006, schools had to submit expenses per item at the Ministry of Education. This change to lump-sum financing potentially allows school boards to spend and pursue financial management according to their own insights, instead of a prescribed division on budget posts. This financing method is monitored and evaluated on a regular basis. Potentially this allows greater control over allocation of the budget by the schools, or rather their boards possible through their joint organisation, the PO-raad at the central negotiating level. And accordingly, it allows more room for negotiation or co-determination for the trade unions. There is some discontent on both sides however. The employers feel they cannot properly claim this attributed power, because the trade unions are unwilling to grant them this possibility to diversify in conditions of labour in a more flexible manner. The employers' side has not yet been successful to use the increased room to allocate funds. The unions on their part are not confident that the conditions of labour will be improved. They seem suspicious that funding will be spent on other posts than personnel costs. It should be noted however, that the time span to achieve this effectively

7 Before the introduction of the lump-sum financing method in 2006 the figures were noted in a different fashion, therefor they are rounded up at 000

has not been very long for primary conditions of labour (wages, working hours). These were on the negotiating table for the first time in 2014. The secondary conditions of labour were on the table in 2007, just one year after the introduction of the lump-sum financing method. The effect could have been much clearer there, were it not that the wages were frozen from 2009-2014.

Concerning the conditions of labour, the lump sum method led to changes in the method of determination of secondary conditions of labour in 2007 and of the primary conditions of labour in 2014. The actual changes were however relatively marginal, considering that from 2009 until 2014 all civil servants' wages, including those of the teachers, remained at the so-called zero-line, meaning no wage -or rather budget for wage- increases during that period. Real wages effectively declined. An announced structural post-crisis increase in the budget of 200 million euros in 2017 (for primary and secondary education together) was not met with unconditional enthusiasm. The social partners stipulated that it was in fact merely a smaller budget-cut than was foreseen before. The effect of the lump sum method is unclear as the Court of Audit states: 'The introduction of lump sum funding in education gave school boards more discretion over the use of their budgets. Owing to the combination of discretionary spending powers and the great variation in how school boards account for their performance, no direct link can currently be made at macro level between the funds and the goals. Furthermore, the policy information received by the government is extremely fragmented. Insight into the relationship between budgets, expenditure and results has therefore disappeared' (Algemene Rekenkamer 2015).

'Silent cuts'

On its website, the PO-raad stated in 2012 that primary – and special needs schools for years had to deal with what is it defines as 'silent cuts'. The costs per pupil have risen over the years, while the funding per pupil has declined consistently. School boards have indicated that they could as a result no longer provide the quality they want, as well as the quality expected from them by politicians. In times of economic crises, the sector does not ask for more funding, but it does request stable policy; not cuts, no intensification of tasks and the possibility for the sector to find more creative solutions, in order to improve the quality of education.

Table 15. Development of public expenditure per pupil

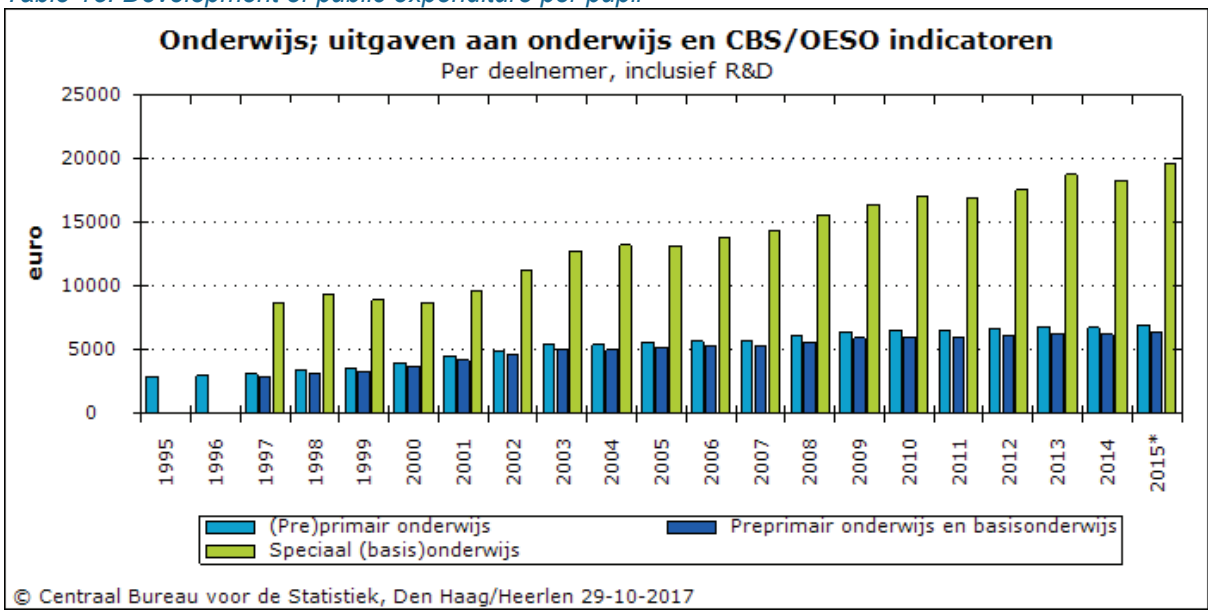

Table 15, however, shows that the expenditure per pupil has not decreased but increased in the research period. Many of the interviewed from both employer and worker sides however indicated, that more tasks were required from the schools as well. They claim that the costs per pupil have increased. From 2009 a

strong decline in the number of teachers (full-time equivalent) set in, due to a decrease of pupils. As the ratio between teachers and pupils remained largely equal, here is no indication that the number of pupils in the classes was increased (Rijksoverheid 2018).

To summarize, over the last ten years the government allowed the sector a major opportunity to differentiate more in the allocation of funds according to needs. Obviously, this did not imply that these developments could start with a clean slate, as all the posts on the budget were already determined by history, and it is not easily possible to shift funding for instance, from buildings to personnel or from personnel to computers for the pupils. The margins for the school boards were close to non-existent when the government held the power before 2006, but still small when the sector itself could potentially exert power over it afterwards. The sector has as yet not been able to translate this change into effective action. According to several interviewees, the social partners hold each other in a somewhat deadlock situation, where the PO-raad wants to differentiate allocation of funds further, and the workers' representatives stipulate that this should not lead to deterioration in conditions of labour. The situation was not helped by the fact that the budget was frozen during the years of the crisis, while at the same time the government was volatile in unclear budget rises and –cuts for specific reforms during these and the next years (Tweede Kamer 2013).

Reforms of a non-financial nature; changes in policy that (real or potentially) increase the work load

Mandatory suitable education (Passend onderwijs)

A policy called "going to school together again' was initiated in 1998. This policy provided that special needs children shall be able to attend regular schools, with the help of specific funding where needed. The aim was not only to integrate special needs children in the regular society, but also to decrease the claims for expensive forms of special needs education. The *Algemene Rekenkamer* (Netherlands Court of Audit) stipulated in 2015 that the result was unclear (Algemene Rekenkamer 2016).

The government announced an austerity-related budget cut of 300 million euro for this program in 2012. Strongly supported actions by teachers and a strike meeting of 50.000 of them on March 6th of that year made the government decide to withdraw this cut.

From August 1st 2014 a new system for suitable education started for special needs children. Every primary school administration has a 'duty to care', which implies that they have a legal duty to provide suitable education to all children according to their needs. However, not all schools have to provide all forms of suitable education. When- or wherever a school is unable to provide such a form, it can, or rather shall, enter joint cooperatives with other schools that can do so. Schools can develop themselves into special needs providers and can jointly agree which school is best suitable for a specific child. On both the workers and the employers' side, the general opinion is that this process is insufficiently facilitated and that the result is a strong intensification of every schools' tasks. Not enough money is available and regardless of the number of special needs children, all schools have to reserve teachers' hours for this complex task. Obviously, this development would suggest an intensification of the school's tasks. However, due to the lack of transparency and justification of how the budget is spent, that was noted by the Netherlands Court of Audit, it is not possible the establish objectively what the extent of the alleged intensification is.

Demographic and socioeconomic impact on school population

In several ways, the school population has changed. In many urban areas, the population has become les homogeneous due to immigration. The influx of refugees in recent years has also had an impact. When they obtain the right of residence after a period in a shelter, the regular schools are obliged to provide primary schooling. Immigrant – and refugee children do not only have a language deprivation, they also stem from very different cultural backgrounds. In many rural areas, the population is shrinking because young people move to the urban areas. Over the years 2012 -2017 there has been a decrease of 63.400 pupils (PO-Raad 2017). This sometimes threatens the existence of the school as schools must have at least a certain number of pupils (the number differs per the circumstances around the school and the reason why the school's population has diminished)

In the urban areas, segregation by socioeconomic status and/or ethnic origin has increasingly developed. Teachers report that they sometimes feel pressured by parents of higher socioeconomic status to give more attention to their child or attribute higher qualifications for access to secondary education. Although these subjects are on several agendas, both in the sector and of the government, no actual programs that counter these developments have emerged.

4.3 Quality of work and contracts

The increase of professional qualities in teachers' education and jobs

The primary education sector has a history of alternating shortages and surpluses of employment. Prior to the period of this research, in the early nineties, a shortage of available teachers was resolved by hiring underqualified personnel (MBO, intermediate vocational education). Even though strict causality cannot easily be substantiated, a common understanding seems to be that this led to deterioration of the quality of the work force and consequently the quality of primary education. When this became apparent, additional mandatory tests at higher level for arithmetic and Dutch grammar were introduced at the Pabo (the teachers' college for primary education).

Recently the trade unions have challenged the situation that the wages in primary education are lower than pay in secondary education. Their argument is that the level of required schooling is equal (HBO, higher vocational education), see below. Over 37.000 teachers in primary education have recently (2017) organized themselves in a movement that is independent from all the other parties, that do, as a 'coali-tion-of-the-willing', however support the initiative. It is called PO in Actie (*Primary education in action)*, and aims to put pressure not only on the government, but also other political actors. Its aims are fair wages and diminished work-related-stress. They have called and announced strikes in case their demands are ignored. Even if this initiative was strictly speaking organized outside the trade unions, it was quickly adopted by them. Furthermore, if this initiative wants to proceed on the track of collective action, it will have to rely on the role of trade unions in industrial relations. Only these are familiar with the legitimate use of the law and can open strike funds.

Improvement of skills in the work force

Primary schools were always characterized by what is describes as a 'flat' or 'horizontal' organizational structure. Meaning that traditionally, apart from the headmaster who taught the highest grade and was responsible for the administration, all personnel was equal and did the same work. The only way to pursue a career in primary education was to become the headmaster.

To provide more career opportunities, the collective labour agreement 2009 that followed a sector wide covenant with the government of 2008 introduced the Functiemix system. The new job structure was initiated on a request from the workers' side. Both sides of the sector presumed that more differentiation in functions could increase the career perspective and increase the attractiveness of becoming a primary school teacher. The government stated it was willing to invest substantially, initially 450 million euro's, but it was contested by the social partners if the amount that was decided at the level of the central government was over the years actually made available to the school boards. The changes did not concern the primary educational tasks, but additional tasks like developing methods and materials, and supervision and coaching of junior teachers. The target of this policy, which was implemented by means of the collective labour agreement was to reach 40% of these differentiated functions by 2020. That goal has not been reached however, the actual situation is 25%. There seems to be some resistance against diversification of jobs, maybe because of a perception that it implies more hierarchy in schools.

An analogous development to improve the quality of schools and increase opportunities for teachers was the introduction of a teacher's degree at academic university level. It did not replace the normal professional training at college level. No conclusions can yet be drawn on the effectivity of this program.

The Teachers' Agenda (Lerarenagenda) 2013-2020 that was adopted by the Ministry of Education with the support of the social partners in the sector (at all levels of education) built further along these lines. It is a continuous effort to improve the quality of teachers' education, the governance of school boards and organizations and, in general, the sector as a good workplace. The aim is to make the job more attractive, the means to achieve that is to ensure that teachers can pursue the best personal development.

Individual labour relations - non-standard labour contracts and specific problems concerning substitute teachers

On the basis of the data in table 16, at first glance it seems as if the use of fixed term contracts is fairly low, taking in regard that the use of these contracts in the general working population in the Netherlands is high, compared to other countries. It should be noted, however, that temporary contracts for substitute teachers are not taken into account in the data.

Table 16. Contract forms and hours of work

	2009	2010	2011	2012	2013	2014	2015
Indefinite contracts	92,5	93,5	93,9	94,6	94,1	92,9	91,8
Fixed term	7,5	6,5	6,1	5,4	5,9	7,1	8,2

Source: Stamos (2017), www.stamos.nl

Table 17. Contracts per hours worked

	2008	2009	2010	2011	2012	2013	2014	2015
0 - 0.5 FTE'S	10,5	8,9	9,0	9,5	9,7	9,7	9,8	9,6

0.5 - 0.8 FTE'S	25,2	25,4	26,3	27,6	28,8	29,7	30,8	31,8
More than 0.8 FTE'S	64,3	65,7	64,6	63,0	61,5	60,6	59,4	58,6

Source: Stamos (2017), www.stamos.nl

Table 18. Gender

	2009	2010	2011	2012	2013	2014	2015	2016
Men	23,6	23,2	22,7	22,2	21,7	21,1	20,5	19,7
Women	76,4	76,8	77,3	77,8	78,3	78,9	79,5	80,3

Source: Stamos (2017), www.stamos.nl

Table 19. Employment in fte

	2009	2010	2011	2012	2013	2014	2015	2016
Management								
Men	61,8	59,8	58,1	56,6	55,4	53,9	51,7	49,6
Women	38,2	40,2	41,9	43,4	44,6	46,1	48,3	50,4
Teaching								
Men	19,1	18,7	18,4	18,0	17,7	17,2	16,7	16,1
Women	80,9	81,3	81,6	82,0	82,3	82,8	83,3	83,9

Source: Stamos (2017), www.stamos.nl

Part-time work is widespread in the Netherlands, particularly among women. In the primary education sector this is even more the case. In 2013 78% of the teachers are women, when the part-time percentage is considered, this effect is even stronger, 83%. Over the last years the share of women is even increased, among the higher levels of personnel. Male personnel are not only under represented and a small minority, they are also relatively older. The average age of men in the sector is 46,9 and that of women 43. The small number and lack of influx of male teachers is sometimes considered as a problem for boys, for the lack of male role models in primary education.

Although the gender ratio in management is becoming more equal, it is still not equitable when we take into consideration the underrepresentation of male teachers in general. A number that is even more in decline over the research period.

The share of young teachers is limited. Only 2% of the teachers is younger than 25, a little over 25% is between 25 and 35 years old. There is serious concern that young persons, especially young men, do not

consider a career in primary education a good option. Research shows that, although teachers in general state that they enjoy their work, they are unsatisfied with their pay and career possibilities in relation to the workload (Arbeidsmarktplatform Primair Onderwijs 2017). This is often widely expressed in the media.

As in many other sectors, it is very difficult for young persons to obtain a contract of employment for an indefinite term. Often, they start their career as a substitute teacher. School boards seem not to be able or willing to provide security in contracts. Notwithstanding the already existing shortage of teachers, which is growing, becoming a teacher is not regarded as a solid career choice. This may be caused by the above-mentioned volatility of the employment developments.

The employers stipulate they need flexibility in contract forms, because according to them they have few other instruments to control the budget. The volatility in the number of pupils is countered by using flexible- and substitute contracts. The collective labour agreement is very detailed, according to the employers too detailed. In fact, according to an employers' spokesperson, it is basically the copy/paste translation from the earlier one-sided mandatory legal employment regulation that was issued by the government, before the sector was reformed, to a collective labour agreement between social partners. When the legal position was a government competence, there was little room for flexible contracts. There is, again according to the employers' spokesperson, a fundamental difference in opinion between the social partners. The employers feel that more leniency should be incorporated in the collective agreement. The teachers' unions stick to their achievements and rights and are suspicious to allow more room to the employers that could result in a deterioration of the quality of their jobs and conditions of labour. They bring forward that where maybe some school boards would be sufficiently professional to deal with broader competencies, others would not. And according to them this would put job quality, that is as yet not considered very high, even more at risk.

As stated above, young teachers will often start their career as substitute teachers. In 2015 the dismissal legislation (in general, not merely for this sector) was altered, resulting in more limited possibilities to contract a chain of fixed-term contracts. Several school boards used the media to express their discontent with the obligation to guarantee more job security. The government's reaction was that there was sufficient funding to enable more structural solutions, like specific 'job pools' that can contract and allocate teachers to different schools in a region according to the need of the schools, while at the same time providing consistent employment to the teachers. Some regional schoolboards have organized this well. Others have lagged. Obviously, media exposure like this, is not a good way to attract young people to teaching. In March 2016 the negotiations in the collective bargaining process were stopped by the trade union because the employers were unwilling to accept the unions' alternative solutions for this problem of indefinite and repeated substituting.

Sector plans related to unemployment during the economic crisis

On the basis of a general agreement (covering all sectors on the labour market) between the government and the social partners at the central level, a policy was developed to fight unemployment during the economic crisis and its aftermath. All sectors could adopt sector plans for employment that could be funded by the government on the condition that the sectors themselves matched the funding. This policy ran from 2013-2016. The education sector (even if it was not directly hit by the crisis like the market sector, but by a decrease in the number of pupils) also drew up a sector plan that aimed to enable transfers from unemployment to a job, or from one job to another one. The measures of the sector plan aimed for an extra influx of 840 young unemployed teachers; an extra influx of 560 young teachers that were to work in pairs with older teachers who were about to retire in a few years; and the transfer of 800 teachers who were at risk of losing their jobs because they worked in areas where schools would be closed due to the shrinking of the population in the region (Sectorplan PO n.d.)

The social partners were responsible for the development of the plan and its administration. School boards could apply for claims and would receive 20 % of the wage costs. Regional transfer- and mobility centers

were organized, as well as substitution pools for unemployed teachers. This operation was not funded by the Ministry of Education, but by the Ministry of Social Affairs and Employment. Funding was conditional on matching from its own finances by the school boards. A total number of 2240 teachers were beneficiaries of the sector plan (SEO Economisch Onderzoek 2014).

Work-related stress and work load

The discussion on working hours per week, work load and long leave for vacations/holidays has been going on for a long time. In 2002 after several legal procedures, it was acknowledged that in fact a fulltime teacher (1659 hours per year) would have to work about 4 hours extra every school week to be able to compensate those weeks in which the school is closed (Hoge Raad 2002). The idea was to distribute more tasks in these holiday week for the children, this is however difficult to organize. On top of this, there is general agreement that in large parts of the sector several developments and issues has made the primary school's teaching job more complex. Some of these developments have been deliberately initiated by policy, others are the result of social and demographical changes (see above). Sick leave percentages in education in general are relatively high, 4,9% in 2016.[8] The percentage in primary education is even a little higher, 6,4% and much higher for substitute teachers, about 10% (Dienst Uitvoering Onderwijs 2017).

Quite a few research projects on work pressure have been carried out, both by independent research institutes and by the sector itself (Regioplan 2015). National media picked the subject up and it gained wide attention. A striking outcome is that it is not the actual primary teaching process that is felt as a burden, but rather secondary conditions around the work. Notwithstanding, the AOB has issued a claim for smaller groups (23 per Fte instead of 25) and lesser contact hours (22 instead of an average of 25).

An important part of the work pressure is caused by administrative obligations; this is called regulatory pressure. The perceived pressure is closely connected to recognition of exigency of the administrative requirements. If it is merely perceived as a duty to justify one's actions, and it is unclear what the benefit in the actual practice is for the teacher or the school, the burden is often considered as too much. This is even more the case when the obligation to register is complicated and requires complex formats. Teachers indicate that repetitive registration of the group results, rather than those of the individual pupils, is burdensome. Another difficult task is the extensive administration that relates to mandatory suitable education processes. Teachers indicated that even where they consider registration useful, they are often hindered by the complex form and inadequate exchange between administrative systems. However, often, the pressure does not result from mandatory legal obligations, but from agreements within the school system. This is called internal regulatory pressure. The government has stipulated that it underpins the necessity to cooperate with the social partners in facilitating the relief of the internal regulatory pressure.

Several programs are initiated to better equip teachers and school boards to deal with the work pressure (Tweede Kamer 2017). A National Education Pact has been concluded that contains concrete agreements on the reduction of work and regulatory pressure and the augmentation of the autonomy of teachers. All parties agree that this has not yet been sufficiently successful.

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

This chapter shows that there are in this sector not only multiple ways to organize reform policies, but also multiple ways for the social partners to react to government reform policies. To summarize, on the issue of

8 The percentage is 3,9% for the entire economy.

labour relations in the larger picture of industrial relations, it can be noted that the social partners can step aside from their role as opponents at the negotiation table for collective labour agreements in order to formulate joint claims in the direction of the government. The government is quite willing to facilitate the operationalization by the social partners, either through the collective bargaining process or by the establishment of specific agencies, plans or programs. The structures and choices how to regulate and 'furnish' initiatives are somewhat unclear. The interconnectedness between the roles of government, social partners and the different other forums in which they organize matters is consistently strong. However, it is difficult to detangle when it is part of the formal collective bargaining process, lobbying, bi- or multilateral contacts or haphazard ad-hoc connections between all.

A lot of attention both within the sector and the public media is addressed to the job quality of teachers in primary education. The notion that their work load is too heavy and that the budget for the sector needs to be increased, in order to pay higher wages and decrease the work pressure is generally supported. Public support for these issues is substantive, which is also reflected in the debate in parliament. It is likely that this attention, along with the shortage of teachers and the difficulty to fill job vacancies, will enable the sector to improve conditions of labour in the sector. However, if it remains difficult to fill these vacancies, the pressure on the workers will remain high.

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

5. Comparison of the sub-sectors: similarities and differences

The first theme that arises from the comparison of sub-sectors is a *shift in the relationship between social partners, with their possible effects on industrial relations*. This was the case for primary education, where formally power relations changed due to a process of unification on the employers' side (resulting in the *PO-raad)*, leading some to expect to increase their clout over time in social partner relations. Moreover (and discussed further below under the fifth theme) social partners were confronted with a new group called 'PE in Action' (*PO in actie*), which emerged as recent as 2016, demanding wages comparable to secondary school teachers and a decrease of work pressure. Their initiative exemplified that the actions of social partners and the regular collective bargaining process were not considered as viable strategies to promote these teachers' interests. In contrast to primary education, changes of a similar kind did not occur in the sub-sectors hospitals and municipalities (neither on the side of employers nor on the side of unions), where only small changes occurred, e.g. regarding the internal organization of sectors within trade unions.

Second, we notice that *decentralization processes* have occurred in all three sub-sectors. For hospitals, this is noticeable in the character of the sector´s collective agreement, which has been increasingly seen by the social partners as a framework agreement, with more detailed regulation of issues, e.g. organization of working hours, left to the level of individual hospitals. For municipalities, a step-wise process of decentralization has been a red threat in reforms by central government regarding the area of re-integration since the beginning of the 2000s, meaning a constant process of adaptation to new competences and changing working processes. Moreover, and differently from hospitals, in the realm of collective bargaining, decentralization had been the rule for employment conditions, leading to a variety of arrangements across municipalities. Especially employers (VNG) but also unions have been working on achieving a more centralized mode of regulation in the form of a central agreement, keeping additional local rules or exceptions to a minimum. In primary education, a major shift in the determination of budget spending took place in 2006 when lump-sum financing of the sector was introduced. Before that moment, all expenses would have to be requested at, and granted by, the central government. Now, the central government still provides 100% of the school budgets, determined by parliament, but the actual distribution is, at least technically, a matter for the sector. The amount spent on conditions of labour and other posts is determined by the 'PO-raad' (the unified organisation of school boards), that received the lump-sum and then sets its stakes before starting negotiations with the trade unions. This renouncement of the power of the distribution of the budget by the central government aimed to put the government at distance and can accordingly be considered a decentralisation process. Nevertheless, as primary education is a very important public good, the Ministry of Education (the state secretary of primary education) retained the responsibility for the provision of qualitative good education, and despite the decentralization of fixing the conditions of labour, the public (and also the sector) will still regard the central government as the finally responsible actor.

Third, we saw that one of the three sub-sectors, hospitals, has also experienced a *new form of sectoral regulation.* Following the introduction of regulated market competition in the entire health care sector, it has seen a shift in relations among health care providers including hospitals, health care insurers, and the government. Under the auspices of government regulation and control, competition on price and quality of health care services is encouraged between health care providers. In this system, health care insurers have gained considerable power and are supposed to enforce efficiency and effectivity by contracting services with providers on a regular basis. Although this system does not incorporate industrial relations intentionally, employers, in their role as health care providers have been affected directly by being exposed to financial and organizational pressures stemming from renewed systems of financing services etc. These pressures have carried over into the collective bargaining sphere, also forcing trade unions to think about implications for

the conditions of labour. Finally, no comparable shift in sectoral regulation has taken place in the sub-sectors municipalities and primary education.

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

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

Finally, and related to the previous point, there are *debates on the actual quality of employment and, related to this, the appearance of new actors and strategies to achieve improvements*. There are large differences here between sub-sectors: primary education stands out here, while hospitals and municipalities have not seen new actors mobilizing for better quality of work (although continued high work pressure has been reported in the media, especially in the health sector). In primary education, a long-lasting debate on quality of work has until recently been centered on work pressure and the possibility to perform all the required tasks in the time given. Although the debate is older, it intensified in the crisis period during which a 'zero-line' for wages was followed. Teachers successfully claimed that their work pressure had become too high due to a number of factors, which was not really contested by the government and employers who showed willingness to tackle the problem by applying the administrative tasks with far more leniency and by working with trade unions on research about solutions to decrease work pressure and implement these on the work floor.

In the recent after-crisis years (2016 and onwards), the debate on substantial wage claims intensified. Under the catch-phrase 'PE in Action' (*PO in actie*), a collective consisting of a large group of teachers issued a manifest for higher wages comparable to the levels of secondary school teachers plus a notable decrease of high work pressure. Strikingly, this group requested all collective agreement signatories to support their

initiative and urged the government to provide the necessary funding. Notably, by doing so, they show distrust in the social partners and the regular collective bargaining process as channels that would sufficiently promote their interests. On the other hand, the past has shown that the sector tends to find new organizational frames, including coalitions between several actors, to deal with particular problems. Whether this is a sign of good or bad industrial relations is up for debate. Yet, 'PE in Action' has the wind in their sails because a major shortage of teachers is looming, and there is an increasing consensus that public workers are entitled to catch up on wages given economic recovery has arrived. As of the timing of writing (January 2018), after a second day of school closures in December 2017, teachers had achieved some financial concessions by the Minister of Education to reduce work pressure but below the amount requested to also cover higher wages.

6. Conclusions

Addressing question 1, the analysis has found that for hospitals, municipalities, and primary education, the landscape of actors has remained stable overall. At the same time, the patterns of the interaction of social partners varied across cases, being somewhat more consensual in the hospital sector than in the municipal sector where collective agreement negotiations were long-drawn and sometimes got held up by industrial action. The latter was also the case in the primary education sector, which culminated over the last year into widespread collective action. This was not initiated by the trade unions, but they adopted these actions speedily. For all sub-sectors, social partner relations with the central government seemed more intense and continuous on the part of the employers than on the part of the trade unions. The government handed off powers to the sector, but effectively more to the employers in their capacity of the providers of the service of task. Moreover, the effect of the crisis on industrial relations was comparable: in the hospital sector, it added an extra focus on cost containment after the 2006 Health Care Act, which initiated a switch to regulated market competition. For municipalities, the crisis exacerbated an existing scarcity of funding for re-integration budgets. In primary education, the budget was not limited, but schools had to take up many more tasks with the same amount of money.

Turning to question 2, in all sub-sectors major systemic changes occurred in the period 2000-2015, although at varying speeds: municipalities saw stepwise reforms in re-integration over the whole of the period, ending with a major decentralization reform in 2015. Hospitals saw a systemic change in 2006 with gradual implementation of some aspects ever since. In primary education, the financing method was changed from the government deciding all budget spending, to lump-sum financing. In all cases, the most prominent strategy used by the social partners was lobbying towards the central government. However, we saw more intensive lobbying activities in the hospital sector by employers and professional organizations than by trade unions. In the primary education sector, the employers were the frontrunners in lobbying. However, the trade unions often implicitly expected the employers' side to fend for their interests as well. This was particularly the case concerning budget cuts, or the attribution of additional tasks without extra budget. In the municipal sector, only after 2012 both employers and trade unions took on an active role in lobbying (while before mostly employers were active). In response to the crisis, both sectors saw agreements with a ministry or the central government to help counter crisis effects. In the hospital sector, trade unions were excluded from these, while in the municipal sector social partners were included but not the VNG.

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

Turning to the second part of question 3, dealing with the effects of changes in employment on service provision to citizens, it is hard to disentangle them from other influences impacting health care services and municipal services covering benefits and reintegration services that we were unable to study for this report.

As all children between ages 4 to 12 are guaranteed to receive primary education, this service remains unchanged. No indication can be found that the quality of primary education itself has changed. However, it is notable that unions (and sometimes also employers) consistently make the point - and added as their strategic focus - that the combination of austerity and work pressure put the provision of services in danger. The availability of services is rated highly in the hospital sector, while availability of re-integration services has been diversifying across municipalities, not at least in the last few years. Importantly, there have been notable efforts to increase the quality of service provision for citizens in both sectors, such as making the quality of hospital care more transparent and increasing attention and encouragement of professional working practices in municipal social services.

To further contextualize these findings, we look first at the underlying reasons for changes in the three public sub-sectors, asking *to what extent can reforms and changes in the three sectors indeed be characterised as New Public Management (NMP) and austerity driven or do we see different approaches*?

In the hospital sector, changes have been driven ultimately by endemic cost increases due to continuous technological and pharmaceutical innovations and changes. Consequently, policy makers have been searching for systemic ways of controlling these costs. In the Netherlands, the failure of the previous system in which the government allocated budgets to health providers, led to the belief that a regulated market competition system would better be able to control cost rises by introducing incentives for greater efficiency and cost-saving. It is an open question, whether these motivations can be grouped among the New Public Management paradigm. In addition, the efforts of the Ministry of Health to control macro-level costs through subsequent financial agreements after 2010 with the sector, were motivated by crisis-related austerity measures, given the fact that health care threatened to take up an ever larger share of GDP than was seen as acceptable at the time.

As for the municipal task of reintegration, changes have been driven by the spread of the activation paradigm across the sector of public employment and re-integration services. Later on, policy-makers' beliefs in that participation in the labour market should be realized for all – as far as possible – and that re-integration services could be most efficiently and effectively administered at the level of government closest to citizens, municipalities were added to that. At least the latter idea has some resemblance to NPM ideas. In addition, austerity in the wake of the crisis has definitely increased downward pressures on municipal re-integration budgets, and, arguably, it influenced the decision to further entrench the decentralization of re-integration tasks.

The reforms in the primary education sector cannot - strictly speaking - be defined as NPM-policy. The main reform has been a change in the budgeting system to lump-sum financing, but the schools cannot decide to change the services they provide, their performance so to say. Notwithstanding that fact, the government has transferred the power to allocate resources to personnel or other school expenditures to the school boards, instead of deciding how much is spent on every post itself. The employers feel however, to a large extent unable to exert that power. At the collective bargaining table, the parties have not yet been able to allow more differentiation in the spending of the budget. Austerity driven was the zero-wage increase policy that was pursued during the years of the economic crisis. The budget was increased, but not for the wages. Additional tasks were added that the sector had to take up. An example is the duty to provide education for children with special needs.

Next, we reflect about changes in the role of the state, by asking what the findings tell us concerning the development of its role in the economy and society. *Is it shedding responsibilities for the health, education and municipal services, or rather strengthening its role? Are the responsibilities for public services increasingly decentralised and therefore creating new inequalities in terms of level of services and access to them (e.g. between localities)*?

In the hospital sector, the introduction of the Health Care Act implied that the state has passed over important responsibilities for budgets to other actors who operate in the setting of a quasi-market. In regulated

market competition, health insurers assumed a large role vis-à-vis hospitals – which are private entities and as such take business decisions on how they organize their offering of specialisms. While shedding some responsibilities, i.e. allocating budgets to health providers, the regulated nature of market competition has meant that the state retains a fair extent of steering capacity. In addition, the austerity-related financial agreements with the sector have strengthened the hold of the state on macro-budgets in the sector, although with permission of NVZ and other sector organizations. Critics stress that market competition works imperfectly in this way. Through differences in the capabilities of individual hospitals to cope with the new system, inequalities in terms of personnel policies, supposedly have developed (and have been referred to by respondents on many issues).

For municipalities and their re-integration tasks, we see clearly that they have assumed ever more responsibilities, and finally, also in the sense of being responsible for budgets (since 2015). Instead of a shedding of state responsibilities, we see that central government has gradually decreased its role while municipalities have a greater role now, although it is still responsible for the monitoring of how legislation works. In addition, final responsibility for the lion share of municipal financing lies with the central level. For citizens who need to make use of social welfare facilities and re-integration services, decentralization has surely increased the diversity of the latter, although their legal entitlements to welfare benefits need be observed in whatever municipality they are registered as residents.

Next, powers in the primary education sector were theoretically transferred from the central government in 2006 when lump-sum financing was introduced. In practice, however, all decisions concerning primary education, including the performance expected by schools is still determined at the central government level, and every cabinet appoints, within the Ministry of Education, a state secretary for primary education. Finally, both the sector - school boards and teachers - and the general public, parents and children expect from the central government to act in their interest.

Finally, and turning to the effects of changes in the sector on employment, we ask about the implications of the findings for the position of women in the labour market. *What do they imply for the quantity and quality of female employment, considering that these are largely female sectors? Can any gender equality strategy be noticed in the adoption and implementation of reform and austerity measures, and if so, at which level?*

In hospitals, female employment has been relatively high (> 80%) and showed an increasing trend in the years before the crisis, while being relatively stable, with a slight decrease, in the years after the crisis. It is difficult to say what kind of female workers profited from this trend before the crisis and between 2006-2010, but it is likely that extra demand for nurses accounts for the increase, but there has also been an increase of higher qualified personnel. NVZ reports data on a notable increase of female medical specialists of 6,3 % during the past six years, owing to the fact that the influx is predominantly female while older specialists who retire tend to be male:

Table 20. Percentage of female medical specialists 2009-20014

Year	2009	2010	2011	2012	2013	2014
% women	33,2	34,7	36,1	37,1	38,2	39,5

Source: NVZ Brancherapport 2016, p. 66.

During data collection, gender equality strategies were not noted in the content of reforms or austerity measures, nor mentioned by respondents in commenting on changes in the quality of jobs. Instead, the question of working towards a better balance between younger and older employees in the sector was mentioned and has been salient in collective bargaining ("generational pact"). In the municipal sector, as already said, we lack comprehensive data on the specific composition of personnel in municipalities´ social

services. In a survey of a sample of Dutch front-line workers in the employment sector including municipalities (as well as not-for-profit and for-profit organizations), female employment was reported to be 65.4 % female in 1998, and 56.4 % female in 2008. These numbers show an increase in the proportion of male staff in that sector (Considine et al. 2015: 113); however, the trend among municipality frontline staff alone is not displayed. Overall, there was a consistent upward trend in the share of female employment in municipalities as a whole, from 36% in 2000 to 49% in 2015. In 2000, 33% of personnel worked part-time, with women being overrepresented relative to men (65% compared to 15%). Amongst managers, 12% were female, compared to only 7% in 1998. Moreover, in 2001, 50% of municipalities had a diversity policy directed at women, handicapped persons and persons with a foreign background (A+ O fonds. The 2007 Personnel monitor (2007: 9) reports on an "extra impulse to feminization of the workforce", that is, a yearly increase of women of 1% between 2003-2007 (while the percentage of men decreased with 16 percent in the same period and especially between 2005-2007). In 2011, the increase of women was reported to have been 7% over 2006-2011, with already 30, 5% of women working in managerial positions (A+O fonds 2011). Overall, in the post-crisis years (2009-2013), the overall number of women decreased by 4, 6 percent (to 80.750 in 2013) while their share of total employment was still on the rise (A+O fonds 2013: 13). In 2015, 49% of the municipal workforce was female, an increase of 13% compared to the year 2000. As with hospitals, specific gender equality strategies were not noted during data collection on reforms and austerity measures. At the least, women are among the groups at which municipal diversity policy is directed, e.g. in filling up vacancies, although more recently, diversity policy seems to be more directed towards persons with non-Dutch ethnic background.

Primary education has always been a predominantly female sector and this is still the case. The sector and the government have attempted to increase the appeal of the teaching job for men, but this has not been truly successful so far. Actually, quite the contrary has happened as the number of male students training to become a teacher is decreasing consistently. This seems to be due to the lack of career possibilities, which has tainted the image of primary education as a whole. Traditionally, male teachers in primary education are more often working in the management of the schools, with female teacher catching up at a slow pace. This development, however, does not alter the overall image of the sector.

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List of respondents for interviews (with numbering used for reference in the text)

Sub-sector general hospitals

1. NVZ, 8.12.2016

2. FNV, 15.12.2016

3. FNV, 24.01.2017

4. CNV, 17.02.2017.

5. former MinVWS official, 24.02.2017

6. former FBZ official, 24.02.2017.

7. FBZ, 14.03.2017.

8. NU´91, 16.03.2017.

9. former MinVWS official, 05.04.2017

Sub-sector municipalities/re-integration

11. former FNV official, 14.03.2017

12. FNV (2 officials), 23.03.17

13. former CMHF official, 28.03.17

14. MinSZW (2 officials), 29.03.17

15. CNV, 04.04.17

16. VNG municipal delegate, 18.04.17

17. VNG municipal delegate, 21.04.17

18. VNO-NCW, 02.05.17

19. Rotterdam University of Applied Sciences, 03.05.17

20. Werkplein Drentsche Aa, 04.05.17

21. Divosa, 04.05.17

22. former VNG official, 10.05.17

23. Municipality of Amersfoort, Social Services, 07.06.17.

24. VNG, 27.06.17

Sub-sector primary education

25. AOB, 27.01.17

26 AVS, 08.03.17

27. PO Raad, 08.03.17

28. Ministry of Education, Culture and Sciences, 10.04.17

29. Idem, 10.04.17