Working conditions and social dialogue - The Netherlands

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There is a bi-annual study performed by the Ministry of Social Affairs and Employment which makes an inventory on the topics covered by Collective Agreements (CA's). Agreements on violence, intimidation and harassment, as well as psychosocial work load in general are most prevalent. Agreements on biological agents, adjustment of tasks when an employee gave birth or on pregnant employees are least prevalent.In the period of 1999-2007 sectors were stimulated to agree on 'Health and Safety Covenants'. About 58 (sub)sectors did so. Recently the effect of these covenants was evaluated. The effects were shown as a reduction of sickness absence. Effects on the reduction of working conditions could not very well be shown.The obligation to agree on a workig conditions 'catalogue'at sectoral level is introduced in the amended Working Conditions Act.

A. Mapping of existing research and administrative reports

Please limit your answers to this first section on mapping (questions 1 to 3) to 2,500 words.

Please identify the most relevant research in your country that identifies and / or analyses the relationship between working conditions and social dialogue. This could include surveys that look at working conditions in sectors/enterprises with and without collective agreements. Please note that we are only interested in research where a relationship between working conditions and social dialogue is discussed, rather than just statistics on collective agreements. Please examine recent research, ideally since 2000.

1. Surveys

Present a summary of the survey(s), its findings and methodology, including any caveats about the research

Present, where relevant, the exact wording of the questions that address the relationship between working conditions and social dialogue

In the Netherlands there is no survey on the relationship between working conditions and social dialogue. There is a survey by the Labour Inspectorate which is based on interviews with about 2000 employers on the quality of their Risk Assessment, the risks in working conditions that are identified/acknowledged within the organisation, and the actiones (measures) taken at organisational level to manage these risks (http://docs.szw.nl/pdf/129/2007/129_2007_3_11183.pdf). To provide some indication as to what kind of information this survey provides, table 1 shows what the degree organisations in the Netherlands contract occupational health services or other professional organisations, and what kind of services they contract.

Tabel 1: Contract with an occupational health service or other professional organisation and services contracted. Bron: AI Monitor 2006

	2004	2005	2006
Contract with occupational health service?			
Yes, certified service	89,9	85,6	82,4
Yes, uncertified service	0,4	0,6	2
No	9,6	13,8	15,6
Which services are in the basic contract?			
Consultation on issues of work and health (per hour)	56,4	54,2	63,7
Guidance/counseling when employee reports absent	95,6	97,4	98,6
Evaluating Risk Assessment	25,1	18,3	28,7
Performing an employee check up	13	16,2	22,2
Contract woth other professional service?			
Yes, only on basis of Collective Agreement (CA)	-	0,8	0,4
Yes, only on basis of agreement with works council	-	0,5	0,5
Yes, on basis of CA and works council	-	0	0,1
Yes, but not on basis of CA or works council	-	0	4,1
No	-	98,7	94,9

Source: Labour Inspectorate Monitor 2004, 2005 and 2006

Other professional services are often contracted in case of (order of importance; AI-Monitor 2006):

- Hekping employees to resume work after a (long) period of absence (42,4%);
- Mental, psychological or psychiatric help (34,9%);
- Ergonomic support (31,1%);
- Education/training (28,3%);
- Physiotherapy (incl. Back training; 27,4%);
- Counseling (21,3%);

A Risk Assessment (obligitory) is present in 50,4% of the organisations in the Netherlands. When it is not present, this is often the case in SME's. Of those organisations up till 10 employees 57% have no Risk Assessment. In those organisations of 10-100 employees this is the case in 19% if the organisations, whereas in the 100 organisations this is the case for only 3%.

On those risks identified in the Risk Assessment (if present) it is asked what kind of measures have been taken, if these measures were necessary or -if taken- sufficient. Table 2 shows the answers of employers on the question regarding measures to manage risk factors at work.

Table 2: Measures against risk factors at work.

Measure to manage…	2004	2005	2006
Psycosocial risks at work	73	85	83
Lifting and carrying	81	85	89
Vibrations	71	-	77
RSI	78	80	69
Noise	95	97	95
Dangerous substances	79	90	93
Danger of falling	-	89	85
Biological agents	82	-	83

Source: AI-monitor 2004, 2005, 2006

The Ministry of Social Affairs and Employment does make a check on Collective Agreements (CA's) every other two years. The most recent one is performed on a sample of 122 collective agreements in the first few months of 2007 (Houtkoop, Feenstra, Machiels-Van Es & Wilms, 2007). The reference date is January 15th, 2007. For those CA's that were expired and not reniewed (yet) at the reference date it was assumed that the previous agreements were prolonged. The CA sample provides a representative picture of the agreements that apply to employees under CA. Together the sample applies to about 5,5 billion employees and represent about 85% of the total number of employees under CA in the private and public sector (incl. health care).

Below we summarize the main findings of this report.

A number of issues on prevention and absenteeism in CA's has been studied/checked. Within the sample about 60% of the CA's (about 54% of employees covered) at least one general goal is reported. A general goal is a general intention like 'improvement of the working conditions'. Concrete goals like a specific reduction of the absence percentage, are much less prevalent: in about 2% of the CA's at least one specific goals has been reported.

The 122 CA's are presented by sector in table 3. Table 3 also shows the coverage of CA's by sector

Table 3 Percentage of coverage of CA's by sector
CA's by sector, both actual figures and representation in sample, as well as coverage of employees. Most CA's are agreed in manifaturing.

sector	Totsal number of CA's	Sample of CA's	% cao-employees in sample
Agriculture and fishing	11	5	95
Manifacturing	293	21	79
Building and construction	15	4	79
Trade and horeca	104	29	88
Transportation	88	16	97
Private services	109	19	89
Other services	95	28	94
Total	715	122	91

Source: Voorjaarsrapportage CAO-afspraken 2007; Min SZW, juni 2007

Specific topics have been checked in the CA's (see table 4).

Table 4 Number of collective agreements (CA) and percentage of employees by topic
Number of collective agreements and percentage of employees by topic (e.g. sectoral service desk, prevention worker, occupational health service etc.)

Topic	Number CA's	% CA's	% employees
Advice, counseling	51	42	35
Education	24	20	21
Sectoral service desk	11	9	8
Study/research	39	32	30
Occupatinal Health Service	41	34	35
Custom made regulation (maatwerkregeling)	10	8	7
Prevention worker (occupational health consultant)	14	12	21
Budget for working conditions and health	20	16	17
'Working conditions catalogue'	1	<1	<1
Programme on safety improvement	1	<1	3

Source: Houtkoop, Feenstra, Machiels-Van Es & Wilms (2007)

Table 4 shows that collective agreements on advice/counseling, occupational health service and study/research are most prevalent.

Prevention:

Almost all CA's include one or more agreements on prevention. The main findings are:

- About 12% of the sample CA's (cover 11% of the employees) includes an agreement on the creation of handicap-friendly work environments.
- About 28% of the CA's (cover 28% of the employees) includes agreements on the occupational health service in relation to prevention. The majority of the agreements are about help to individuals.
- Because work processes in organisations of the same sector are comparable to a large extent, sectors developed a model for the Risk Assessment (RI&E) and the 'Plan of Action'. About 22% of the CA's (cover 32% of the employees) includes a reference to a risk assessment model. In 8% of the CA's (cover 15% of the employees) a reference is included to a model on a 'plan of action'.
- About 43% of the CA's (cover 41% of the employees) includes at least one agreement on the 'Periodic occupational health check'. Most agreements relate to this check being conducted on the request of the employer (in 18% of the CA's).
- a prevention perspective it may be important to agree on some specific measures regarding some specific working conditions in the 'Risk assessment' or the 'Plan of action'. In 17% of all CA's that were checked (cover 17% of the employees) agreements were made on the management of specific risks in the risk-assessment. The agreements on specific 'plans of action' were found in only 12% of the CA's (cover 17 % of the employees). Table 3 presents the working conditions on which agreements were found.

Table 3 Working conditions in collective agreements (CA's)

Working conditions	Number CA's	% CA's	% employees
Ergonomic risks	36	30	30
Physical risks	21	17	21
Safety/dangerous work	54	44	36
Dangerous substances	17	14	17
Biological agents	1	<1	4
Psychosocial work load	57	47	50
Violence, intimidation & harassment	78	64	75
Life style/health	21	17	10
Pregnant employee	6	5	3
Adaptation of job employee who gave birth	2	2	1
Elderly employees	64	53	50
Young employees	20	16	21
Safety/prevention general	47	39	37
other	53	43	53

Source: Houtkoop, Feenstra, Machiels-Van Es & Wilms (2007)

Table 2 indicates that agreements most often were about violence, intimidation & harassment, and about psychosocial work load.

Agreements on biological agents, adaptation of work of employee who gave birth and pregnant women are least prevalent.

Absenteeism

About 90% of the CA's (cover 94% of the employees) includes agreements on absenteeism. The majority of these agreements relates to two topics:

- Regulation of the procedures like administrative obligations of the absent employee (68% of the CA's; cover 73% of the employees), and
- Regulation of control/sanctioning (50% of the CA's; cover 57% of the employees).

Developments 2005-2006

On the employee level the largest increase is seen in agreements on education, occupational health services, model on risk assessment and the prevention worker. Agreements on study/research have decreased most.

At the CA-level the increase is seen most on model risk assessment and the prevention worker. Agreements on study/research have decreased most.

With respect to working conditions:

On the employee level the largest increase in agreements on working conditions is seen in agreements for the elderly worker and violence, intimidation and harassment. Agreements on life style/health and safety/prevention in general decreased most.

At CA level the increase is largest in agreements for the elderly and younger worker. Agreements on violence, intimidation and harassement, life style/health and safety/prevention decreased most. The latter confusing conclusion on violence, intimidation and harassment may be explained by the fact that agreements on this topic were most often agreed upon in the larger sectors where specifically these risks are to be found (e.g. public sector & health care).

Is there a predominance of cases or more information available in certain sectors? Are any particular issues emerging? Has any monitoring or evaluation been carried out?

In the Netherlands a large project, initiated by the Ministry of Social Affairs and Employment has been the 'Health and Safety Covenants' http://www.arboconvenanten.szw.nl/ . These covenants are agreements between employers (representatives), employees (representatives) and this Ministry. They were aimed at improving working conditions and reducing (long term) sickness absence and disability. These covenants were concluded sectorwise. High risk sectors were actively approached by the Ministry, but sectors could also report themselves to the Ministry and by doing so apply for money to help them agree on a covenant and implement it in the sector. The Ministry subsidized half of the work done in these covenants. This 'project' started in 1999 and was concluded the first of July 2007. Sectorwise one can find information on these covenants. Recently some overall evaluations have been published. In general we can see a stronger decline in the absenteeism percentage in those sectors where these covenants have been concluded. Regarding working conditions, we are able to see some effect (sometimes on work pressure), but in general these effects are mild or absent. Some of these evaluations that were performed sectorwise are available in english:

NL0512NU01.htm

NL0602NU02.htm

As some of the sectoral evaluations show (e.g. on the police), even if a sector adopted the Work and Health Covenant, it did not reach all employees. In the overall evaluation it was not possible to control for the 'exposure' to these interventions. This may be one of the explanations why the overall analyses on working conditions were not successful in showing an effect, whereas some sectoral analyses in which an attempt was made to control for this phenomenon did show a positive effect on risks NL0512NU01.htm.

Table 6 shows the sectors where health and safety covenants have been concluded. Not in all sectors, the evaluation was a quantitative one.

Table 6 Overview of sector and subsectors with Health and Safety Covenants
Overview of sectors and subsector with health and safety covenants

sector	Number of Health and Safety Covenants	subsector

agriculture	1	Agriculture
Building & Construction	5	Completion and maintainance Building Roofing Groundworks Installation and isolation
Private services	18	Architects Horeca Contract catering Hairdressers Editors Banking Recreation Furnitures Housing corporations Mobility sector Employment agencies Health insurances Industrial cleaning Cleaning sector Trade (ambulant) Taxi sector Private security
Manifacturing	11	Graphical sector wood trade Processing of flour etc. Furniture industry Paper & cotton industry Publishers Leather and shoe repair industry Sugar processing industry Paint and ink industry Carpentry industry
Public Administration	8	Defense Municipalities Public transport County Councils Government Organisations for sheltered work Police Judicial organisations
Education & culture	6	higher education & universities Orchestras Stage arts Public libraries Professional & adult education Primary & secundary education
Health care & well being	9	Academic hospitals General hospitals First-aid care Mental health care Care for the handicapped Nursing homes Youth welfare work Child care & kindergartens Home care
Total	58	

Source: www.arboconvenanten.szw.nl

2. Qualitative research

This section could include case studies and specific research work

Present a summary of the research, its findings and methodology, including any caveats about the research

Below you will find an overview of the most important studies and administrative reports from 2000 until now. However, a major annotation should be made here. In the Netherlands the topics on 'health and safety in general', 'training and life long learning', 'working time arrangements', 'work organisation' and 'work intensity', are not experienced to be very important, and do not rank high on the recent political and social agenda. The topic that does rank high on the political and social agenda is 'labour marker'. This particularly has to do with the greying of the labour market (including reduced inflow of young workers). There is a high demand for personnel, whereas the older unemployed, young handicapped, chronically ill, and migrant workers find it hard to get a job.

We summarised the literature review in table 7 below. It is clear that most reports were found for the topic 'health and safety in general'(6 and one from the research network), and one for the other topics except for work intensity: there was no report found on work intensity at all in the search from 2000 until now. On labour market five reports were found and discussed.

Table 5 Overview of reports on working conditions and social dialogue
Overview on reports on working conditions and social dialogue

Topic	Report/study	Goal of study/report	Result/conclusion	Attention for 'gender'
Health and safety	Towards effective intervention and sector dialogue in occupational safety and health: a European conference held during the Dutch presiden-cy in 2004, 15-17 Septem-ber in Amsterdam: a three-day conference on soft law and voluntary initiatives: proceedings / W. Baarde-mans, P. van Beek, L. Belt – Ministry of Social Affairs and Employment (2004)	What are effective instruments instead of (OSH-) legislation	Soft law and voluntary initiatives are useful, but exchanging good practices and experience is very important as well.	no
	Advice on occupational health services to the Minister of Social Affairs and Employment. Social abd Economic Council of the Netherlands (SER; 2004)	Advice about liberalisation of the occupational health services and the introduction of the prevention worker	Positive advice on the intention of the Government to not only 'buy' professional help from occupational health services, but also from other professionals	no
	The 'Work and health effect' of the works council (Popma, 2003)	Study the effectiveness of the works council	The thesis shows that having employees participate in decision making, e.g. through a works council, is associated with a positive effect on the work and health policy in organisations. However, the worker-participation does not function optimally.	no
	Chemics in sectors and chains: a study as step up towards a stronger policy on substances. Nossent, Jongen, Visser (TNO; 2003)	Inventory on developments in the topic of 'substances'	Strengthening of the policy on substances in many sectors and chains of production appears important.	No

	Evaluation of Woring Conditions Act 1998	Advisory report about a new legal system for Occupational Exposure Limits (OEL's)	The system aimed for starts from the so-called 'limiting value'. This is the value to be set by the company to prevent his employees from getting health problems due to substance or risk exposure. The private 'limiting values' are supplemented by the government with: - Public (legal) limiting values for those substances and risks the EU demands limits - National public limiting values for substances and risks where it is not to be expected the EU demands limits	No
	Advice on the extension of the application of the Working Conditions Act to self-employed	SER recommends extending the scope of health and safety regulations to include the self-employed	Health and Safety regulations should also apply to the self-employed who may encounter grave or even life-threatening dangers in the course of their work. The basic principle must be that everybody should work in a safe environment, without being exposed to serious risks.	No
Training	Educating is net-working: advice on the course of the secundary education of professionals and adults	Idem	The Netherlands has high ambitions with the secundary professional education and education of adults. However, the government should choose a less withdrawing attitude. It is important that the government remains involved uin this type of education and makes clear what performances she asks of education. The government should act when the renewal of education is halted or impeded.	No
Working time	Advisory report on the simplification of the Working Hours Act	Idem	The SER is in favour of simpler norms. However, there should be room for flexibility and custom made legislation/regulations. In collective agreements sectors may agree to diverge from national norms.	No
Work organisation	Advice on the Works Council Law	Idem	The SER gives its view on several topics: - The authority of the Works Council (WC) - The question if this law should be a Framework directive - The publication of incomes and information to the WC on incomes - The possible involvement of the WC in decision making on income policy - Elections and way of working of the WC - The employee participation of temporary agency workers	No
Work intensity				
Labour market	Labour market developments in the Dutch hospital sector / Sectorfondsen Zorg en Welzijn (2004)	Describing main characteristics of this sector	Overview of the main topics for the hospital sector in the near future and trends for the labour market for this sector.	No, only the statement that more than 75% of the employees is female.

	Labour market segmentation revisited: a study of the Dutch call centre sector / A. de Grip, I. Sieben, D. van Jaarsveld. Researchcentrum voor Onderwijs en Arbeidsmarkt	To what extent is the labour market in the call centre sector a dual market?	By far the largest part of the labour market in the call centre sector can be classified as a secondary labour market segment, i.e. characterised as less favourable in terms of employment and working conditions, a large number op part-time and temporary contracts and a high turnover rate amongst workers. Only a small number of the call centre agents can be described as a primary labour market segment.	No
	Participating without restrictions: more opportunities for participation of the young handicapped. SER, 2007	Advice on the improvement of the labour market position of young handicapped.	A plea for a better approach towards young handicapped. Part of this approach: - The individual is central - Legal regulations should be attuned	No
	Improving the labour market position of ethnic minority youths / Sociaal-Economische Raad (2007)	Advisory report improving labour market position of ethnic minority groups	Some of the main conclusions: - To increase the educational level of ethnic minority youths; - to remove language and educational disadvantages in primary and secondary education; - to prevent young people from dropping out of school; - to increase the number of pupils who continue their education, and create work placement and apprenticeship places.	No
	Advisory report on the medium- and long-term senior citizens' policy in the Netherlands (SER, 2007)	Idem	The SER believes that a senior citizens' policy that targets senior citizens exclusively is 'too little, too late'. The position of older workers in the labour market and the income of retired senior citizens are in fact largely determined by the choices that these people have made earlier in life and during the course of their career. This long-term or lifelong perspective suggests that a future-oriented senior citizens' policy should not exclusively target senior citizens as a separate group, but also the younger generation of today – and therefore, in fact, all generations.	No

Source: literature search 2000-now

A salient finding of the above search is that none of the reports adressed the gender issue. The discussion on gender is absent in the agreements made thus far on social dialogue and working conditions. It is in agreement with the conclusion of 'Emancipation monitor' link: http://www.scp.nl/boeken/9037701906.shtml .

In the Netherlands the social dialogue is strongly institutionalised. Not only employers organisations and employee (representatives) organisations talk to each other at the company, sectoral and national level. These conversations and discussions are often with the government as well. Since the Second World War a tripartite 'deliberative body' exists in the Netherlands: the Social and Economic Council in the Netherlands (SER; www.ser.nl). In this council not only a representation is present of the employer and employee representative organisations, but also 'Crown members' are present, these members are appointed by the government. These 'Crown members' often are professors (often from economical or social sciences) or other national figures with high political or societal standing. This council gives advice to the Dutch government on all kinds of topics she decides to be relevant, asked or not asked for. It is an unwritten rule that important national policy intentions of the government relating -amongst others- to working conditions on work and health issues are presented to this Council in request for advice. Most advisory reports by the Council are unanimous. But on some subjects employers and employees do not succeed to meet. A recent example of the latter is the advice document of the SER on the intended policy on the easening of the law governing dismissal.

The government feels strengthened when an advisory report by the SER is positive about their policy intention(s), and vice versa of course. A positive advice of the SER on a policy intention of the Government will contribute to the social basis and support for the policy itself. In the table above a lot of the documents refer to the advisory reports by this Council.

Next to the SER there is the Labour Foundation (STichting van de ARbeid; STAR; www.stvda.nl). In this Advisory organisation only employers and employee representatives are active (so no representatives from the government either). Also the STAR provides advice, asked or not-asked for.

In the governmental policy in The Netherlands there always has been a lot of attention for and participation of social partners. As previously mentioned, from 1999 to 2007 the Health and Safety Covenants were a unique example of 'social dialogue on working conditions'. As indicated, these covenants now have ended (by July 1st, 2007). The government does want to keep the sectors active on working conditions & health and wants to prevent long term absenteeism and disability. It is obligatory on sector level to agree on a 'working conditions catalogue'. This is a document in which methods and means are described to manage working conditions relevant to the sector and recognised by employer and employee representatives. To stimulate the use of this catalogue, again a subsidy is available.

In all the Governmental actions relating working conditions the social partners have been and are involved. The Labour Inspectorate is NOT involved in this dialogue. The Labour Inspectorate is part of the Ministry of Social Affairs and Employment, but it has the role of enforcer. To a minor extent it is also involed in a monitoring role. Enforcement topics are working conditions and working times at the company level.

Is there a predominance of cases or more information available in certain sectors? Are any particular issues emerging? Has any monitoring or evaluation been carried out?

See table and discussion above, in and below that table.

3. Administrative reports

See the above paragraph.

Do reports from Labour Inspectorate / Health and Safety Authorities exist where the absence of dialogue between the two sides of industry on OHS matters is mentioned? (present the findings briefly)

Is there predominance in a certain sector?

When so, mention the five most quoted sectors.

The role of Labour Inspectorate in an advice / information role to get the social dialogue going whether establishment-specific or not.

Is the gender aspect taken up in OHS, is it taken up in the OHS social dialogue, who puts it on the agenda and what is its outcome, if any?

B. Actual examples of social dialogue influencing working conditions

The objective of this section of the CAR is to find out the views of the social partners on the influence of social dialogue on working conditions and to report real-life examples of where social dialogue has had an influence on working conditions. Our focus is on the “success stories”, where there has been a positive and reported outcome, but we would also welcome “failure stories” where, for whatever reason, social dialogue either broke down or did not have the desired influence on working conditions, or a particular intervention was tried and failed. Bear in mind that failure stories may be under-reported and success stories may be over-reported.

Please limit your answers to this second section (questions 4 and 5) to 2,500 words. National centres are asked to report at least two, but no more than four, cases in this framework. Please report, where possible, cases that are considered to be typical for your country.

4. Examples of social dialogue

Please ask the social partners in your country for what they consider to be successful or unsuccessful examples of social dialogue influencing working conditions and the criteria on which they make these judgements. This section could also include social partner views on which case studies are representative of the situation in your country.

The reporting for this section of the CAR should include:

The actors involved;

A description of the issue;

The level (national, sectoral, company, other). For example, there might be some evidence of sector-level experience transferring down successfully to company-level experience; and

The outcomes. If the intervention was a success, please list the success factors. If the intervention was not a success, please list the reasons or presumed reasons, why it was not a success.

The results of any relevant research findings.

Answer for the situation in the Netherlands:

We had interviews with prominent people active in three sectors:Their names are available upon request.

Ad 1: Health and Safety Covenant in the police sector

Background:

In 2000 a study was performed on work stress in the police organisation. It appeared that work stress was a problem in the sector, and the percentage of sickness absence was quite high (9,4%). Since 2001 the project started in the sector. The main attention was put into the psychosocial work load.

What was done:

The activities employed were:

- Collection of information and set up of a centre of information about working conditions, absenteeism and work-resumption;
- Providing support to police departments, for example on prevention and safety, specifically for case managers, occupational health services and occupational health physicians;
- Starting a campaign about 'fun at work' (tapping onto positive things)

In the first few years (2001-2005) a so-called 'stress meter' was developed. A reference of this 'meter' was the physical stress.

Apart from this the employee had to be helped after a stressful situation. In 2004 there was a 'Plus-Covenant' in which the specific need for this sector was inventoried. In the following years the following issues were targeted:

- The development of a health check and specific health complaints for the police professions;
- The Risk Assessment (RI&E) for the sector.

Results:

The evaluation turned out to be quite positive. Both sickness absence as well as the exposure to psychosocial risks appeared to be reduced, and aims set were reached. Sickness absence appeared to be reduced to 6%. Exposure to risks appeared to have been reduced for those who said to have been involved in the preventive activities (see the link presented above on: NL0512NU01.htm).

The risk assessment was a succes, the health check did not become a great success. The police organisation is not ready yet to apply this instrument.

Ad 2: Primary education example:

Background:

The sector organisation was already founded in 1992. It is a bipartite organisation, with both employer and employee representatives as member. The task of this organisation is to support (financially) employee absence because of illness. There is no main focus on working conditions, mainly the goal was to control absence costs.

In 2000 it was decided to renew the package of activities. Part of this was the obligation for schools to have a 'model contract' for the occupational health services.

Activities:

A model contact was developed, together with several other activities (amongst other a management approach towards harassment and discrimination). More than 80% of the schools made use of the model contract. Also a Risk assessment instrument was developed for this sector.

Results:

A direct result of these activities was that absence was reduced with 35%. Of course this has implications for the spending of the funds.

A challenge is now present: how to get more teachers into the class room!

One of the success factors is the broad support from the employers. The project opened doors for the improvement of working conditions. E.g. a new project was started on the elderly teacher, and how to keep him or her working in the sector.

Ad 3: BOVAG: Employers representation in the automobile industry

Background:

Four times a year the BOVAG and trade unions come together. There was a strong pre existing relationship with the employees reprentatives. The sector covers 90.000 employees and 11.000 companies. It is a typical SME sector!! The focus of BOVAG on working conditions is a broad one: not only physical load but also work pressure and occupational health.

Activities:

- Development of a digital Risk assessment tool. This took more than 1 year.

Results:

More than 10 subsectors took over this instrument. It is perceived as very successful! Presently the development of the working conditions catalogue is in preparation. In general the Risk Assessment, Health and Safety Covenant and the Working Catalogue have had a positive effect on the sector as a whole. As an SME sector the BOVAG itself thinks it is doing very well on working conditions right now.

5. Social partner views

Ad 1: employers view:

The social dialogue in NL is nothing new. The social dialogue in NL is intense, particularly at decentralised (sectoral or organisational) level. Soft law on working conditions has a lot to do with that: (1) in the (very) recent past there were the health and safety covenants, and (2) at present the working conditions catalogue. It has even become a bigger issue. The EU level has been 'sparked' as well.

The Dutch deliberation model may be an example for other countries. The employer coverage is more than enough. More than 85% of the employers are covered by (only) VNO-NCW. In his view the 'employee coverage' is low… somewhere between 10-25%. In his view it is an illusion that the unions can speak on behalf of all employees.

From the evaluation of the Health and Safety Covenants sickness absence was reduced but the reduction in working conditions did not seem to be as expected. This may be due to latency effects of activities and projects.

The strong points are:

- Increase in awareness
- Increase in support
- Indesputable reduction in risks/unhealthy effects
- Participation of all (empoyers and employees) in the process… i.e. not top down!

The negative points are:

- Longer time span from idea to action to result.
- A point of care (not directly 'negative') is the 'salvage' of the prolongation of the agreements made.
- Implementation and evaluation have been neglected issues in the past and may be again on these issues.
- Agreements in the future may be more general and less detailed.

Ad 2: employee representative view:

The Netherlands is a 'polder land' they say.. it would indicate a high level of participative communication. There is no scarcity in social dialogue, only the result is sometimes not very clear.

Employee representatives are in discussion with employers in the Social and Economic Council (SER) where agreement on limiting values on dangerous substances is not an easy one to make. This discussion is going quite rough.

The employee representatives claim their members constitute about 20% of the work force (largest part -70%- is a member of the FNV, whereas 29% is member of the CNV). It could be better, but it sure may be more.

Before the new Working Conditions Act there was a reduction in the quality of the social dialogue. This retained its previous positive atmosphere only after the new Working Conditions Act was installed.

Strong points of the social dialogue:

- When talking together long enough some mutual decision will be reached
- Sector specific issues have become discussable.

Negative/weak points of the social dialogue:

- When employers and employees do not meet.. they need the government to decide… the government does not always want this… a bad situation then occurs…
- the present/new Working Conditions Act gives too much room for interpretation at present. Employees often want concrete legislation, where employers want 'implicit' legislation. This can result in dangerous situations, e.g. in the case of dangerous substances, physical overload or extreme noise.
- Collaboration does not always go easy..

Commentary

The main commentary is that the Labour Inspectorate in the Netherlands has little role in social dialogue. The social dialogue on working conditions is rather institutionalised in the Netherlands. The text provides a lot of evidence for that. The Labour Inspectorate only has an enforcing role, and to a minor point also a monitoring role. The monitor info as used in this CAR is, however, not coming from the Labour Inspectorate but from other parts of the Ministry of Social Affairs and Employment.

Author / research institute (please indicate).

Literature:

Houtkoop, A., Feenstra, P. Machiels - Van Es, A & Wilms, A. Preventie en ziekteverzuim 2006. Ministerie van SZW, directie uitvoeringstaken Arbeidsvoorwaardenregelgeving. September 2007.

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