PROJECT PESSIS: PROMOTING EMPLOYERS’ SOCIAL SERVICES ORGANISATIONS IN SOCIAL DIALOGUE

EDITED BY JANE LETHBRIDGE

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Introduction

The aim of the research project ‘Project PESSIS: Promoting employers’ social services in social dialogue’ was to provide a detailed understanding of how social dialogue is organised and structured (or not) in the social services sector in Europe. It aimed to identify the lack of structures, in the form of umbrella organisations, for employers in the sector as well as highlighting examples of good practice. Eleven national studies contributed to an overall European perspective of social dialogue in the social services sector, which are included in this European Synthesis Report. The research project involved studies of social dialogue in the social services sector in Austria, Belgium, Finland, France, Germany, Greece, Ireland, The Netherlands, Scotland, Slovenia and Spain.

This European Synthesis Report provides an introduction and conclusion to the eleven national reports. Each national report presents a ‘picture’ of how social dialogue is organised at local, regional and national levels and addressed the following six research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?
3. What are the types of social dialogue or collective agreements that exist?
4. How many employers of the sector are involved in social dialogue and at what level?
5. What are the key labour issues dealt with and at what level?
6. Are there any labour issues that could be dealt with at European Union (EU) level?

1.1 Definitions
There are several terms which have been used in this research project which are defined below.
1. The term social dialogue is defined as ‘a dialogue between employers and employees’.
2. The terms public, for-profit and not-for profit sectors are widely used across Europe. They are defined in this report as:
   - Public sector commissioners of social services – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services.
   - Public sector funders of social services – public authorities (national, regional or local government) fund social services by providing money directly to individuals.
Public sector – In some countries, social services are still delivered by municipal or regional government authorities.

For-profit sector – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size.

Not-for-profit sector – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

1.2 Methodologies

‘Project PESSIS: Promoting employers’ social services in social dialogue’ was an exploratory research project which aimed to gather data on a sector that is under-researched in terms of social dialogue. A research strategy, drawn up by the European Research Coordinator, was discussed with the project partners in January 2012. After the appointment of the 11 national researchers, the strategy was further clarified after discussions between the national researchers and the European Research Coordinator via Skype.

Each national study started by gathering research that had already been done on the social services sector in each country. There were four main sources of information: employer organisations, trade unions, government departments and academic research. Reports covered the numbers of workers in the social services sector, the structure of the sector, existing systems of social dialogue, collective bargaining arrangements, and wider perspectives on employment relations in the social services sector. This information was used to map out the key elements of the social services sector.

As social dialogue in the social services sector is an under-researched topic, the main form of data collection took place either through a national workshop or through a series of key informant interviews. Workshop participants and key informants were sent a short briefing paper which outlined the initial mapping of the social services sector. The stakeholders included employer organisations, government (national, regional, provincial, municipal) departments, trade unions, not for profit sector, for-profit sector and worker associations. Stakeholders were asked about their experience of social dialogue, the structures that exist to support social dialogue, existing collective agreements and the resources that the stakeholders have available to develop social dialogue at EU level. This stage of data collection was also used to raise awareness of the PESSIS project among stakeholders in each of the eleven countries. It generated a wide range of views and insights into social dialogue in the social services sector. The research was written up as a series of eleven national reports, which were then translated into English, when required.
A further testing of the findings of the research was done through the second meeting of project partners in April 2012. Initial research findings were presented and discussed by national researchers. Their comments and recommendations have been incorporated into the report.
National Report
Belgium

UNIPSO

François DAUE

Supported by: DG Employment, Social Affairs and Inclusion
Introduction

This report has been compiled within the scope of the European project PESSIS (Promoting employers’ social services organizations in social dialogue). The main aim of this project is to provide a better understanding of how social dialogue is organized and structured in the social profit sector in Europe.

PESSIS is being coordinated by the European Association of Service Providers with Disabilities (EASPD) in partnership with eight European organizations and eleven national partners including, for Belgium, UNIPSO (Union des Entreprises à Profit Social). Under this project, each partner is responsible for submitting a report presenting the situation in its own country, in this case Belgium.

The eleven national reports together with the European synthesis report will contribute to developing the prospect of installing a European level social dialogue where social profit sector employers will hold a proper place.

By way of an introduction to this national report, it seems important to explain a few of the main methodological principles having guided our research:

1. First, the definition of ‘social profit sector’ is that used in Belgium by UNIPSO. The social profit or ‘non-market’ sector groups together "all organizations functioning on a ‘not-for-profit’ or ‘non-market’ basis with non-market resources and providing goods or services of a collective or semi-collective nature mainly in the areas of education, health, social action and culture". This is a relatively broad notion from the outset but one that becomes more restrictive owing to the demarcation of sectors. A more detailed explanation is contained in the UNIPSO publication entitled "Dix années d'évolution du secteur à profit social".

2. The ‘social dialogue’ concept is to be understood as the dialogue between employer(s) and worker(s). We shall see that in the social profit sector, this dialogue can take on several forms depending on the level it is conducted and whether it concerns the private or the public sector. Moreover, this dialogue within the social profit sector sometimes leaves room for a third interlocutor: public authorities.

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1 A list of the partners is available in the appendix to this report (annex 1)
2 "Dix années d'évolution du secteur à profit social", (Ten years development of the social profit sector), economic study by UNIPSO, 2009 via:
3. Given the limited timeframe set for submission of this report and the need for succinctness, our focus was on:

   a. providing the clearest possible description of a relatively complex system of social dialogue and an understanding of how it came into being (see chapters 3 and 4 – Who’s who and Organization of social dialogue)

   b. adopting the methodology of the Focus Group to address the key issues of social dialogue taking on board the input and feedback of its participants (as fully reflected in chapter 5), while pointing out that the synthesis of these considerations and exchanges does not necessarily mirror the views of UNIPSO or all of its members and that they are not bound by it.
2. Statistical profile of the social profit sector

This chapter aims at setting the statistical profile of the social profit sector. It is based on the most recent available data and gives an overview of the sector in terms of its number of jobs (employment), of institutions and of added value within the Belgian economy. As for the social dialogue aspect, the representation of the social profit sector within the joint committees is also highlighted, in particular at employment level.

The statistics presented in chapter 2 are taken from the ‘decentralized’ statistics of the ONSS and the ONSSAPL. This means that they are based not on the enterprise considered as a homogeneous entity, but on all of the ‘places of business’ (places of work) it has. Use of the ONSS and ONSSAPL data implies that the statistics cover only salaried employment or, more precisely, all of the employers and workers subject to social security contributions. Volunteers and institutions that do not have workers liable for payment of social security contributions are therefore not included in the statistics. Moreover, employment is divided up by job.

2.1. The social profit sector in number of jobs

The social profit sector in Belgium, according to the latest statistics available, accounts for 720,000 jobs excluding education (376,982 jobs). This represents 17% of total salaried employment estimated at 3,816,435 jobs. These figures concern both the private and public branches of the non-market sector.

The five main sectors of activity are:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital activities</td>
<td>186,663</td>
</tr>
<tr>
<td>Rest/nursing homes</td>
<td>97,970</td>
</tr>
<tr>
<td>Home help and carers</td>
<td>49,451</td>
</tr>
<tr>
<td>Enterprises employing the disabled</td>
<td>38,431</td>
</tr>
<tr>
<td>Child care</td>
<td>32,778</td>
</tr>
</tbody>
</table>

With 394,665 jobs, these five sectors of activity account for nearly 55% of total employment.

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3 ONSS = Office national de la sécurité sociale, ONSSAPL = Office national de la sécurité sociale des administrations provinciales et locales (secteur public)
<table>
<thead>
<tr>
<th>Job (NACE-BEL)</th>
<th>Brussels</th>
<th>Flanders</th>
<th>Wallonia</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health care:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital activities (86.1)</td>
<td>27,710</td>
<td>100,048</td>
<td>58,905</td>
<td>186,663</td>
</tr>
<tr>
<td>Activities of doctors and dentists (86.2)</td>
<td>3,438</td>
<td>10,413</td>
<td>4,789</td>
<td>18,640</td>
</tr>
<tr>
<td>Other activities for human health (86.9)</td>
<td>1,609</td>
<td>11,717</td>
<td>7,270</td>
<td>20,596</td>
</tr>
<tr>
<td>Activities of practitioners of the art of nursing (86.906)</td>
<td>298</td>
<td>7,808</td>
<td>4,753</td>
<td>12,859</td>
</tr>
<tr>
<td><strong>Social services (87 and 88):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With accommodation (87)</td>
<td>12,913</td>
<td>92,542</td>
<td>51,566</td>
<td>157,021</td>
</tr>
<tr>
<td>Institutions accommodation for the elderly (87.101, 87.301 and 87.302)</td>
<td>8,734</td>
<td>57,630</td>
<td>31,606</td>
<td>97,970</td>
</tr>
<tr>
<td>Residential care activities for adults with a disability (87.202 and 87.304)</td>
<td>703</td>
<td>14,670</td>
<td>8,232</td>
<td>23,605</td>
</tr>
<tr>
<td>Residential care activities for under-age children with a disability (87.201 and 87.303)</td>
<td>941</td>
<td>9,457</td>
<td>5,579</td>
<td>15,977</td>
</tr>
<tr>
<td>Welfare services for young people with accommodation (87.901)</td>
<td>1,292</td>
<td>5,797</td>
<td>3,850</td>
<td>10,939</td>
</tr>
<tr>
<td>Other social services with accommodation (87.109, 87.203 - 87.205, 87.209, 87.309, 87.902 and 87.909)</td>
<td>1,243</td>
<td>4,988</td>
<td>2,299</td>
<td>8,530</td>
</tr>
<tr>
<td>Without accommodation (88)</td>
<td>19,510</td>
<td>109,984</td>
<td>43,965</td>
<td>173,459</td>
</tr>
<tr>
<td>Activities of domestic help, except home care-givers (88.101)</td>
<td>2,905</td>
<td>34,700</td>
<td>11,846</td>
<td>49,451</td>
</tr>
<tr>
<td>Activities of enterprises employing individuals with physical or mental disabilities (88.995)</td>
<td>2,354</td>
<td>26,761</td>
<td>9,316</td>
<td>38,431</td>
</tr>
<tr>
<td>Child care and welfare services (88.911, 88.912 and 88.919)</td>
<td>4,165</td>
<td>19,267</td>
<td>9,346</td>
<td>32,778</td>
</tr>
<tr>
<td>Other social services without accommodation (88.103, 88.104, 88.109, 88.991 - 88.994, 88.996 and 88.999)</td>
<td>10,086</td>
<td>29,256</td>
<td>13,457</td>
<td>52,799</td>
</tr>
<tr>
<td><strong>Culture, leisure and sport:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training for adults (85.207, 85.591 - 85.593)</td>
<td>8,771</td>
<td>13,143</td>
<td>5,886</td>
<td>27,800</td>
</tr>
<tr>
<td>Activities of community groups and associations n.c.a. (94.99)</td>
<td>8,963</td>
<td>6,962</td>
<td>4,252</td>
<td>20,177</td>
</tr>
<tr>
<td>Sport : facilities, clubs (excl. fitness centres), leagues and federations (93.11, 93.12, 93.19)</td>
<td>2,167</td>
<td>9,297</td>
<td>4,262</td>
<td>15,726</td>
</tr>
<tr>
<td>Broadcasting of radio and television programmes (60.10 et 60.20)</td>
<td>5,191</td>
<td>1,239</td>
<td>1,282</td>
<td>7,712</td>
</tr>
<tr>
<td>Running of theatres, concert halls and cultural centres (90.04)</td>
<td>1,263</td>
<td>3,469</td>
<td>1,729</td>
<td>6,461</td>
</tr>
<tr>
<td>Performing arts, artistic creation and activities supporting live entertainment (90.01, 90.021, 90.023, 90.029 and 90.03)</td>
<td>2,157</td>
<td>2,807</td>
<td>1,604</td>
<td>6,568</td>
</tr>
<tr>
<td>Libraries and archives (91.01)</td>
<td>858</td>
<td>3,739</td>
<td>1,126</td>
<td>5,723</td>
</tr>
<tr>
<td>Museums, historical monuments (91.02 and 91.03)</td>
<td>876</td>
<td>2,463</td>
<td>1,753</td>
<td>5,092</td>
</tr>
<tr>
<td>Botanical and zoological gardens, nature reserves, theme and amusement parks (91.04, 93.212 and 93.292)</td>
<td>143</td>
<td>2,779</td>
<td>1,334</td>
<td>4,256</td>
</tr>
<tr>
<td>Making and distribution of films for cinema and television (59.111 - 59.113, 59.13 and 59.14)</td>
<td>1,119</td>
<td>1,124</td>
<td>666</td>
<td>2,909</td>
</tr>
<tr>
<td>Youth hostels (55.201)</td>
<td>109</td>
<td>450</td>
<td>92</td>
<td>651</td>
</tr>
<tr>
<td><strong>Intermediate total</strong></td>
<td>96,797</td>
<td>372,176</td>
<td>190,481</td>
<td>659,454</td>
</tr>
<tr>
<td><strong>Education (85), except training for adults (see above)</strong></td>
<td>52,680</td>
<td>208,647</td>
<td>119,620</td>
<td>380,947</td>
</tr>
<tr>
<td><strong>Mutual insurances (84.302)</strong></td>
<td>3,992</td>
<td>7,168</td>
<td>4,760</td>
<td>15,920</td>
</tr>
<tr>
<td><strong>Activities of associative organizations (94.1, 55.201)</strong></td>
<td>9,990</td>
<td>10,251</td>
<td>8,325</td>
<td>28,566</td>
</tr>
</tbody>
</table>
2.2. The social profit sector in number of institutions

These jobs are spread throughout 36,055 institutions, excluding education (12,234 institutions), as detailed in the table below:

<table>
<thead>
<tr>
<th>Establishments (NACE-BEL)</th>
<th>Brussels</th>
<th>Flanders</th>
<th>Wallonia</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital activities (86.1)</td>
<td>911</td>
<td>4,348</td>
<td>2,307</td>
<td>7,566</td>
</tr>
<tr>
<td>Activities of doctors and dentists (86.2)</td>
<td>59</td>
<td>223</td>
<td>153</td>
<td>435</td>
</tr>
<tr>
<td>Other activities for human health (86.9)</td>
<td>727</td>
<td>3,426</td>
<td>1,706</td>
<td>5,859</td>
</tr>
<tr>
<td>Activities of practitioners of the art of nursing (86.906)</td>
<td>125</td>
<td>699</td>
<td>448</td>
<td>1,272</td>
</tr>
<tr>
<td>Social services (87 and 88) :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With accommodation(87) :</td>
<td>1,392</td>
<td>4,621</td>
<td>3,283</td>
<td>9,296</td>
</tr>
<tr>
<td>Institutions accommodation for the elderly (87.101, 87.301 and 87.302)</td>
<td>343</td>
<td>1,617</td>
<td>1,279</td>
<td>3,239</td>
</tr>
<tr>
<td>Residential care activities for adults with a disability (87.202 and 87.304)</td>
<td>183</td>
<td>811</td>
<td>673</td>
<td>1,667</td>
</tr>
<tr>
<td>Residential care activities for under-age children with a disability (87.201 and 87.303)</td>
<td>33</td>
<td>233</td>
<td>191</td>
<td>457</td>
</tr>
<tr>
<td>Welfare services for young people with accommodation (87.901)</td>
<td>12</td>
<td>74</td>
<td>97</td>
<td>183</td>
</tr>
<tr>
<td>Other social services with accommodation (87.109, 87.203 - 87.205, 87.209, 87.309, 87.902 and 87.909)</td>
<td>75</td>
<td>268</td>
<td>149</td>
<td>492</td>
</tr>
<tr>
<td>Without accommodation (88) :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities of domestic help, except home care-givers (88.101) Activities of day and service centres for the aged (88.102)</td>
<td>1,049</td>
<td>3,004</td>
<td>2,004</td>
<td>6,057</td>
</tr>
<tr>
<td>Activities of enterprises employing individuals with physical or mental disabilities (88.995)</td>
<td>42</td>
<td>341</td>
<td>172</td>
<td>555</td>
</tr>
<tr>
<td>Child care and welfare services (88.911, 88.912 and 88.919)</td>
<td>27</td>
<td>276</td>
<td>120</td>
<td>423</td>
</tr>
<tr>
<td>Other social services without accommodation (88.103, 88.104, 88.109, 88.991 - 88.994, 88.996 and 88.999)</td>
<td>349</td>
<td>1,339</td>
<td>660</td>
<td>2,348</td>
</tr>
<tr>
<td>Culture, leisure and sport :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training for adults (85.207, 85.591 - 85.593)</td>
<td>2,494</td>
<td>4,623</td>
<td>3,249</td>
<td>10,566</td>
</tr>
<tr>
<td>Activities of community groups and associations n.c.a. (94.99)</td>
<td>276</td>
<td>533</td>
<td>459</td>
<td>1,268</td>
</tr>
<tr>
<td>Sport: facilities, clubs (excl. fitness centres), leagues and federations (93.11, 93.12, 93.19)</td>
<td>1,163</td>
<td>1,193</td>
<td>870</td>
<td>3,226</td>
</tr>
<tr>
<td>Broadcasting of radio and television programmes (60.10 et 60.20)</td>
<td>214</td>
<td>1,259</td>
<td>774</td>
<td>2,247</td>
</tr>
<tr>
<td>Running of theatres, concert halls and cultural centres (90.04)</td>
<td>43</td>
<td>51</td>
<td>47</td>
<td>141</td>
</tr>
<tr>
<td>Performing arts, artistic creation and activities supporting live entertainment (90.01, 90.021, 90.023, 90.029 and 90.03)</td>
<td>122</td>
<td>308</td>
<td>210</td>
<td>640</td>
</tr>
<tr>
<td></td>
<td>339</td>
<td>488</td>
<td>292</td>
<td>1,119</td>
</tr>
</tbody>
</table>
### 2.3. The value added of the sector

Social profit activities generate an added value allowing to quantify the wealth produced by the sector. Added value is an economic concept allowing to measure the value created by an economic player.

The value added calculation method adopted by the National Accounts Institute (ICN) is to calculate costs (work and capital) generated by production. In the social profit sector, value added is calculated on the basis of the wages bill, as salaries represent almost total production costs.

According to regional accounts published by the ICN, in 2006, the value added of the non-market sector represented around 15% of the country’s total value added. In Wallonia, it accounts for over 19%.

It is to be noted that this system of measurement is partly responsible for underestimating the sector’s importance, as it does not take the contribution of volunteering into account. Yet the latter is of major importance and very frequent within the social profit sector.

<table>
<thead>
<tr>
<th>Value added 2010 (in millions of euros)</th>
<th>Brussels</th>
<th>Flanders</th>
<th>Wallonia</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>3,483.6</td>
<td>11,657.4</td>
<td>6,939.1</td>
<td>22,080.1</td>
</tr>
<tr>
<td>Activities for human health</td>
<td>2,020.9</td>
<td>9,154.3</td>
<td>4,956.4</td>
<td>16,131.6</td>
</tr>
<tr>
<td>Medical-social and social accommodation</td>
<td>1,036.7</td>
<td>4,543.7</td>
<td>2,283.2</td>
<td>7,863.6</td>
</tr>
<tr>
<td>Arts, performing arts and recreational activities</td>
<td>525.3</td>
<td>1,055.1</td>
<td>521.6</td>
<td>2,102.0</td>
</tr>
</tbody>
</table>

Source: 4th quarter 2010, Decentralized statistics ONSS (incl. ONSS APL)
2.4. The number of the jobs represented within joint committees

Nearly 500,000 jobs are represented within various joint committees for the ‘non-market’ sector. To be noted is the particularly high growth during the 5-year period 2006 to 2011, from 394,090 jobs to 488,500 jobs, i.e. a total growth of 24 % and annual growth of nearly 5 %. This accounts for 13.5 % of the number of jobs represented within joint committees.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture, hunting, forestry and fishing</td>
<td>32,529</td>
<td>30,912</td>
<td>32,160</td>
<td>34,941</td>
<td>37,032</td>
<td>32,300</td>
</tr>
<tr>
<td>Industries, gas and electricity</td>
<td>670,562</td>
<td>670,284</td>
<td>674,318</td>
<td>640,944</td>
<td>629,773</td>
<td>631,900</td>
</tr>
<tr>
<td>Building &amp; construction</td>
<td>159,225</td>
<td>163,842</td>
<td>165,328</td>
<td>161,717</td>
<td>162,464</td>
<td>163,900</td>
</tr>
<tr>
<td>Distribution, transport and logistics</td>
<td>396,845</td>
<td>407,214</td>
<td>415,003</td>
<td>411,465</td>
<td>414,747</td>
<td>421,800</td>
</tr>
<tr>
<td>Services to businesses and individuals</td>
<td>220,752</td>
<td>236,981</td>
<td>286,043</td>
<td>287,259</td>
<td>327,030</td>
<td>343,500</td>
</tr>
<tr>
<td>Financial sector</td>
<td>117,206</td>
<td>117,431</td>
<td>116,381</td>
<td>113,767</td>
<td>112,768</td>
<td>113,000</td>
</tr>
<tr>
<td>Hotels, restaurants, cafés, (Horeca), sport, leisure, media</td>
<td>140,463</td>
<td>142,012</td>
<td>143,661</td>
<td>142,045</td>
<td>144,754</td>
<td>144,500</td>
</tr>
<tr>
<td>(Social) ‘non-market’ sector</td>
<td>394,090</td>
<td>407,307</td>
<td>430,723</td>
<td>450,466</td>
<td>470,559</td>
<td>488,500</td>
</tr>
<tr>
<td>Miscellaneous sectors</td>
<td>505,208</td>
<td>526,588</td>
<td>516,354</td>
<td>487,884</td>
<td>477,812</td>
<td>481,400</td>
</tr>
<tr>
<td>No joint committees</td>
<td>690,186</td>
<td>690,337</td>
<td>689,042</td>
<td>696,334</td>
<td>696,461</td>
<td>688,200</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3,327,066</td>
<td>3,392,908</td>
<td>3,469,013</td>
<td>3,426,822</td>
<td>3,473,400</td>
<td>3,509,000</td>
</tr>
</tbody>
</table>

Source: ONSS

2.5. The number of employers by joint committee

In 2011, for the overall non-market sector, there are 22,959 employers spread throughout the various joint committees. The highest number of
different employers is found in the health establishments and services sector (8,083 employers) and the socio-cultural sector (5,596 employers).

<table>
<thead>
<tr>
<th>Joint Committees</th>
<th>Number of employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>JC 152 - JC for subsidized institutions in charge of independent education</td>
<td>1,597</td>
</tr>
<tr>
<td>for manual/blue-collar workers</td>
<td></td>
</tr>
<tr>
<td>JC 225 - JC for employees of grant-aided independent educational establishments</td>
<td>854</td>
</tr>
<tr>
<td>JC 318 - JC for home helps and elder care services</td>
<td>105</td>
</tr>
<tr>
<td>JC 319 - JC for education and accommodation establishments and services</td>
<td>1,300</td>
</tr>
<tr>
<td>JC 327 - JC for enterprises employing disabled persons and 'sheltered' workshops for the disabled</td>
<td>230</td>
</tr>
<tr>
<td>JC 329 - JC for the socio-cultural sector</td>
<td>5,596</td>
</tr>
<tr>
<td>JC 330 - JC for health establishments and services</td>
<td>8,083</td>
</tr>
<tr>
<td>JC 331 - JC for the Flemish social welfare and health care sector</td>
<td>696</td>
</tr>
<tr>
<td>JC 332 - JC for the French- and German-speaking and bi-community</td>
<td>843</td>
</tr>
<tr>
<td>sector of social welfare and health care</td>
<td></td>
</tr>
<tr>
<td>JC 337 - JC for the non-market sector (set up on 8 March 2008) : residuary JC re</td>
<td>2,922</td>
</tr>
<tr>
<td>grouping the organizations of the non-market sector which are not part of another</td>
<td></td>
</tr>
<tr>
<td>joint committee with specific official attributions, i.e. in particular the</td>
<td></td>
</tr>
<tr>
<td>mutualités (mutual aid/insurance funds).</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>22,959</td>
</tr>
</tbody>
</table>

Source: ONSS 2011
3. Who's who in 'social dialogue'?

Belgium’s system of social dialogue, or ‘around the table’ discussions between employers and workers is seen and recognized as a model in Europe. Such face to face meetings allow representatives of both sides to address issues of concern and to reach agreements in matters of labour law.

Before explaining in the following chapter the organization and operation of this social dialogue and its specificities for the social profit sector, it is first of all necessary to present its main players and the steady progress that allowed social profit sector employers to get organized and take up their place within the social dialogue.

Social dialogue players, called ‘social partners’, represent the employers and the workers. They are both organized in their own way, but to be able to play a role in the collective relations, they should be considered as ‘representative’.

This representativeness is defined by law, but is also founded on the mutual recognition of representative organizations in relation to one another. Such mutual recognition effectively guarantees the accountability of the interlocutors and their legitimacy for negotiating on behalf of each organization.

The legal criteria\(^4\) in this regard differ somewhat for workers’ organizations and for employers’ organizations.

3.1. The workers' organizations

Workers are represented by their trade union or union organizations. In order to be representative and legally recognized as such, union organizations must:

- be constituted at national level
- have at least 50,000 members
- be represented on the National Labour Council and the Central Economic Council

In Belgium, there are three organizations meeting these prerequisites: the *Centrale Générale des Syndicats Libéraux de Belgique* (CGSLB), the

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Confédération des syndicats chrétiens (CSC), and the Fédération Générale du Travail de Belgique (FGTB).

The CSC and FGTB are made up of ‘core’ organizations set up, firstly, by sector of activity and, secondly, according to the status of the workers. Thus, employees (salaried/white-collar workers) are represented by the CNE within the CSC and by SETCa within the FGTB. Public services workers are represented by CSC-Services publics within the CSC and by the CGSP within the FGTB. Manual/blue-collar workers are represented by various union organizations according to their trade or industrial sector e.g. building/construction, metallurgy, and so on. The CSC and FGTB core organizations are therefore legally fully-fledged representatives on the relevant joint committees at sector level.

The CGSLB regroups all sectors within one core union organization.

Union organizations are also federated at regional level. This enables them to be in closer touch with ‘on the ground’ realities.

3.2. The employers’ organizations

On the employers’ side, it is laid down in legislation that the following are considered to be representative:

1. the inter-professional employers’ organizations constituted at national level and represented on the Central Economic Council and the National Labour Council. Among these are the Fédération des entreprises de Belgique (FEB) and, more recently, the Union des Entreprises à Profit Social (UNISOC)

2. the professional organizations affiliated to an inter-professional organization, e.g. Agoria (Fédération de l’industrie technologique)

3. the national inter-professional organizations and professional organizations recognized under the law of 6 March 1964 ‘unionizing’ the middle classes and which are representative for the heads of skilled crafts and trades enterprises, small- and medium-sized businesses, and light industry, as well as for persons who are ‘freelance’/self-employed in a professional/intellectual occupation. These are the Union des Classes Moyennes (UCM), UNIZO, the Fédération Wallonne de l’Agriculture (FWA), and the Boerenbond.

4. the professional employers’ organizations which in a given branch of activity are declared as being representative by the King on the

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advice of the National Labour Council. Among these are the sectoral federations of the social profit sector having a seat on joint committees. It is to be noted that a branch of activity does not necessarily correspond to one joint committee, for it may be broader or smaller than the field of competence of any one such committee.

3.3. The sectoral employers' representation

Whether at cross-sector or sector level, representativeness within the social profit or non-market sector proved to be more easily ‘established’ for trade union representatives than for employer representatives.

Indeed, following World War II, the criteria laid down in the 1944 Social Security Act and taken up in the legal texts\(^6\) have had the effect of guaranteeing the FGTB, CSC and CGSLB a monopoly on workers’ representation.

On the other hand, the setting up of employers’ representation was more complex owing to the diversity and heterogeneity of the sector's employers.

We have seen that to be a ‘social partner’, an employers’ organization must be considered as representative if it comes under one of the categories previously defined. This is a prerequisite as regards both general and external representational status and powers. Moreover, to have a seat on a joint committee and thus take part directly and fully in the sectoral social consultation, it has to prove it has internal or particular representational ‘standing’ within a sector of activity.

To do so, it must follow a special recognition procedure by applying to the federal administration (\textit{Service public fédéral Emploi, Travail, Concertation sociale}). This federal public department for employment then examines whether it fulfills the representational criteria for the joint committee concerned, i.e. that it brings together a sufficient number of employers in the sector and that these employers are ‘autonomous’. The National Labour Council is also consulted for its view on the request for recognition prior to the final decision, which is taken by the Minister for Employment.

In the social profit sector, the degree of organization of employers was for a long time very unequal. This held up not only the process of some organizations being recognized as representative but also the constitution of new joint committees able to take charge of the new activities being developed on the ground.

\(^6\) Law of 20 September 1948 on the organization of the economy (Belgian Official Journal ‘Moniteur belge’ of 27 September 1948) and law of 29 May 1952 establishing the National Labour Council (Moniteur belge of 31 May 1952)
The discrepancy is particularly apparent in the diversity of social profit sub-sectors (health, child care, socio-cultural activities, etc.), in the size of sectoral employers’ federations (the older hospital federations which represent a large number of institutions employing thousands of workers and other more recent sectoral federations which represent only a few institutions, themselves small in size), and in the membership of or adherence to a philosophical or political movement in Belgian society, e.g. socialist, catholic, pluralist.

The professionalization of various sectors gradually led to the structuring of employers’ representation into sectoral employers’ federations. These were then step by step recognized as fully-fledged representatives and partners in the sector’s employer/worker consultation process.

At present, there are about fifty sectoral employers’ federations representing employers of the social profit sector. The fields concerned are as follows:

> **General health care**: hospitals, care of the elderly, home care workers, mental health services, blood transfusion and treatment services, transport of the sick and disabled, etc.

> **Social welfare**: child care, prevention and health promotion services, family planning, adoption, combating ill-treatment and abuse, telephone help lines, social service, combating drug abuse and addiction, etc.

> **Performing arts**: dance, music, theatre, opera, etc.

> **Socio-cultural**: training and integration, youth, sport, development and integration, cooperation for development, non-commercial tourism, non-commercial radio and television, cultural centres, museums, libraries, environment, etc.

> **At-home help and care**: assistance with domestic chores, minders and carers, ‘meals-on-wheels’, etc.

> **Employment of persons with a disability**: in businesses and in ‘sheltered’ workshops

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7 A list of the main sectoral employers’ federations is available in the appendix to this report (annex 2). These federations are themselves generally gathered in inter-professional federations such as UNISOC, UNIPSO, Verso, CBENM or AnikoS (see below).
> Educational and accommodation establishments and services:
help for the disabled, youth assistance, general social welfare,
social housing initiatives, etc.

> Education

These federations regroup employers of the private and/or public sector
and represent employers active at national level or on part of the
territory of Belgium (Flanders, Wallonia, Brussels, the German language
Community). Some federations are active in several sectors of activity.

3.4. The inter-professional representation of employers

While the gradual structuring of employers’ representation at sector
level began in the 1970s, the question of how to organize their social
profit sector representation at inter-professional level arose much later.

It was not until the early 1990s that, aware of their importance in terms
of employment, some sectoral employers’ federations – at the initiative
of hospital and health federations – called on the federal government to
join the National Labour Council, the national body for social dialogue
gathering representatives of the economic and social spheres.

What they wanted was to ‘have a say’ in the drawing up of inter-
professional agreements and conclusion of the national collective
agreements they were required to apply to their workers. Their request
was turned down. In point of fact, seats on this Council are allocated
exclusively to organizations deemed to be representative at inter-
professional level, which implies a minimum number of affiliations in all
of the sector’s branches of activity. Another prerequisite is that these
organizations have no ideological ‘leanings’.

The applicant federations did not meet these two conditions. They were
neither neutral nor inter-professional and were insufficiently
representative of the social profit sector as a whole. This led them to
consider creating an inter-professional umbrella organization.
The Confédération des entreprises non marchandes (CENM) was set up
on 29 June 1994 with 26 members, the federations of Dutch-, French-
and German-language employers. Today, it is called UNISOC\(^8\) (Union
des entreprises à profit social) and has 47 members.

As of the late 1990s, new inter-professional organizations\(^9\) were
constituted to respond to Belgium’s specific regional and community
interests:


> the Vlaamse Confederatie van de Social Profit Ondernemingen (VCSPO) was set up in 1997 to represent the Flemish associations. In 2007, It was renamed VERSO (Vereniging voor Social Profit Ondernemingen)

> the Union Francophone des Entreprises Non Marchandes (UFENM) was set up in 1998 to represent the French- and German-language associations. It was renamed UNIPSO in 2008

> the Confédération Bruxelloise des Entreprises Non Marchandes (CBENM) came into being in 2005

> AnikoS, the inter-professional platform of social profit enterprises set up at German-language Community level, was created in 2007

The distinctive feature of these inter-professional organizations is that they represent sectoral employers’ federations and not employers directly. These employers’ organizations belong to the private (non-profit making) or public social profit sector and adhere to various ideologies.

These five inter-professional employers’ organizations regroup some fifty employers’ federations active in the following sectors: health, care and accommodation of the elderly, home help and care, aid to the vulnerable, assistance and accommodation for persons with a physical or mental disability, child care and welfare, enterprises employing disabled persons, socio-professional integration, culture, sport, education, non-governmental organizations.

The common purpose of these umbrella structures is to represent and defend the social profit sector vis-à-vis public authorities and other social actors and to provide quality services to their members. The cross-sector employers’ federations position themselves as ‘fully-fledged’ participants in social dialogue, in inter-professional consultation/conciliation, and in the development of new policies.

3.5. The position of inter-professional in social dialogue

By creating umbrella structures to federate social profit sector employers engaged in various branches of activity, the resolve was to become social partners in their own full right alongside historical organizations representing the market sector. The aim of these cross-sector employers’ federations was to be recognized as representative of the social profit sector and thus form part of the employer/worker consultation bodies – at all various State levels.
To achieve this aim at national level, the UNISOC (known at the time as the CENM) in 1995 applied for a seat on the National Labour Council, the social consultation body that brings together representatives of the economic and social sphere.

Despite political support, the road to representational recognition by and of the other workers’ and employers’ representatives on this Council proved to be a long and hard one. Indeed, while recognizing the importance of the private social profit (non-market) sector, these representatives remained very reticent to welcome the UNISOC among them and to offer it a seat on the Council. The main argument put forward was the lack of autonomy and independence of the social profit sector enterprises that were non-profit associations yet publicly funded. This, in the Council’s view, deprived them of autonomy and would therefore bring the public authorities into the domain reserved for social talking partners, i.e. into the inter-professional negotiation.

Unable to overlook the weight of the social profit sector and the need for it to be included in the inter-professional consultation process, the other workers’ and employers’ representatives on the National Labour Council consequently proposed proceeding in stages. In April 1995, UNISOC was granted ‘associate membership’, which means that it could participate in meetings and works. Its positions, however, would not be ‘taken on board’ in the Council’s actual opinions nor, more especially, could it conclude inter-professional collective bargaining agreements - a key instrument of social consultation. Provision was made though for a regular review to assess the evolution of UNISOC’s representational standing within the social profit sector and its subsequent fuller involvement in the works of the Council.

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10 Royal decree amending the royal decree of 24 June 1952 fixing the number of members on the National Labour Council and determining the details of their presentation (Moniteur Belge of 17 May 1995)
Meanwhile, in addition to proving the representative nature of UNISOC, employers of the social profit sector had, via its national and regional umbrella organizations, to strive to affirm their legitimacy as a bona fide economic and social force in Belgian society and their contribution to wealth creation through the added value generated, more particularly, by the creation of new jobs. What they also had to do was repeatedly highlight the specific role played by the social profit sector to provide accessible services of quality satisfying basic needs (health, education, social welfare and so on) unmet by public authorities. Similarly, they had to make it understood that to maintain the quality and effectiveness of social profit services, account absolutely had to be taken of the sector’s specificities in terms of employment and work regulations, e.g. working hours, night- and part-time work, continuity of services, and so on.

After long years of waiting and struggle, the UNISOC did finally become a fully-fledged member of the National Labour Council under the historic agreement of 11 September 2009\(^\text{11}\) signed by all of the inter-professional federal social partners. With it came both the official recognition and status of an employers’ organization truly representative of the social profit (non-market) sector and full ‘active’ membership of the National Labour Council, whereby UNISOC could henceforth partake in its works, have the views of the sector’s employers ‘enshrined’ in the Council’s opinions, negotiate, and sign collective bargaining agreements impacting on workers and employers as a whole.

\(^{11}\) This agreement of 11 September 2009 was integrated into the law of 29 May 1952 establishing the National Labour Council via its modification by a law of 30 December 2009 carrying various provisions (Moniteur Belge of 31 December 2009)
4. The organization of social dialogue

Social dialogue, as institutionalized today in Belgium, is the result of a long evolution that gathered great momentum after World War II. It is founded on the involvement of social partners in laying down rules concerning them, particularly those to do with working conditions. The objective is to adapt such rules so that they are as near as possible to ‘on the ground’ reality and thus easier to put into practice. To achieve this, social dialogue functions on a 3-tier basis.

Structured in this way, with 3 closely connected levels, i.e. cross sector, sector and corporate business, it allows for agreements to be concluded at each of them, settling the individual and collective relations between employers and workers. The employers and workers of the social profit sector are directly concerned by the agreements negotiated in the course of these consultations.

Alongside these consultation arenas resulting in genuine sources of law, there exist other forms of social dialogue and platforms within this tripartite arrangement where the social profit sector plays a particular role.

The organization of employer/worker dialogue varies depending on whether it pertains to the private social profit sector (i.e. non-profit-making or ‘not-for-profit’ enterprises) or the public social profit sector.

Moreover, one of the specific characteristics of social dialogue in the social profit sector is the potential presence alongside employer and worker representatives of a third party, i.e. the public authorities.
4.1. The private 'not-for-profit' sector

Social consultation at cross-sector level

The main inter-professional social consultation ‘platforms’ involving employers of the social profit sector are as follows:

The National Labour Council\(^{12}\)

At federal level, the National Labour Council is THE venue for cross-sector discussions between employers and workers. Instituted under the law of 29 May 1952\(^{13}\), it is a body with equal representation on both sides, i.e. 50% inter-professional organizations representing employers and 50% those representing workers. As outlined in the preceding chapter, the UNISOC (Union des entreprises à profit social) representing employers of the social profit (non-market) sector at federal level officially joined the ‘ranks’ of employers in 2009.

The National Labour Council has a twofold mission. It tables opinions and proposals on all matters pertaining to employers and workers (labour law, social security, etc.). Since 1968, this Council has also been empowered to conclude collective bargaining agreements\(^{14}\) of national and inter-professional scope. In practice, it largely avails itself of this possibility. The collective bargaining agreements cover a whole range of labour-related matters, e.g. trade union delegation status (CBA n° 5), part-time working (CBA n° 35), alcohol and drug prevention in the workplace (CBA n° 100), and so on.

The Central Economic Council\(^{15}\)

The CCE (‘Conseil Central de l’Economie’) is a joint inter-professional consultative body set up under the law of 20 September 1948 on the organization of the economy with a view to institutionalizing dialogue between employers and workers on economy-related matters and assisting the public authorities with economic policy-making. Since 1999, UNISOC has represented the interests of social profit sector employers. It became a full member of the Central Economic Council in 2009.

In its advisory capacity, this Council tables opinions and proposals to the national public authorities on issues concerning the national economy.

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\(^{12}\) http://www.cnt-nar.be/

\(^{13}\) Law of 29 May 1952 establishing the National Labour Council

\(^{14}\) See below ‘Instruments of social consultation/conciliation : collective bargaining agreements’

\(^{15}\) http://www.ccecrb.fgov.be/
The High Council for Health and Safety in the Workplace

This High Council, the CSPPT (Conseil supérieur pour la Prévention et la Protection au Travail), set up as part of the national administration (Service Public Fédéral de l'Emploi, du Travail et de la Concertation Sociale) is a consultative body with equal representation on all sides. It tables opinions, either at its own initiative or by request of the authorities, on measures relating to the well-being of workers in places of employment, e.g. health and safety, work-related psychological and social stress, ergonomics, work hygiene, improving the workplace environment, etc.
The UNISOC is present within this Council on behalf of the social profit sector.

‘Inter-professional’ agreements

Inter-professional social partners’ leaders also meet for informal consultations. They form what is called the ‘Group of Ten’. Since the 11 September 2009 agreement officially recognizing UNISOC as an organization duly representative of employers’ organizations of the social profit sector - and thereby also as a social partner - this national umbrella organization has been invited to actively participate in the works of this group.

As it has done since the 1960s, this ‘Group of Ten’ convenes every two years to negotiate an ‘inter-professional agreement’ (IPA) which serves, at national level, to determine the scheduling and scope of private sector employer/worker consultation for the next two-year period. This framework agreement covers such matters as pay trends, social security contribution reductions, earnings replacement/income maintenance benefits, etc… In itself it is has no ‘force of law’ and must be enshrined in laws, decrees or collective bargaining agreements before it can have statutory effect.

The economic and social Councils

Alongside national social dialogue, consultations also take place within Belgium’s federate bodies which bring together inter-professional organizations representing employers and workers at the level of each federate entity. They are responsible for tabling opinions, at their own initiative or by request of the public authorities, on all matters that come within the ambit of the regions or communities and are of interest to the social partners.

There are five of these Councils: the CESW for Wallonia, the CESRB for the Brussels region, the CESC for the French-language community, the SERV for the Flemish-language community, and the WSR for the German-language community. Within each of them, employers of the social profit sector are represented as follows: by UNIPSO for the CESW and CESC, by CBENM for the CESRB and CESC, by Verso for the SERV, and by AnikoS for the WSR.
Social consultation at sector level

At sector level, employer/worker consultations mainly take place within joint committees. These can set up social funds which are jointly run and of particular importance for the social profit sector.

The Joint Committees

These were instituted under the law of 5 December 1968 on collective bargaining agreements and joint committees. They are bodies with equal representation on both sides, i.e. 50% employers’ organizations and 50% trade union organizations.

There are joint committees for all branches of activity, the idea being to regroup enterprises engaged in the same line of business so that regulations applying to them are adapted to working conditions. Other joint committees or sub-committees can also be set up for a specific territory or sector of activity.

Their main aim is to conclude collective bargaining agreements, avert or settle labour conflicts, advise the government, the National Labour Council or the Central Economic Council, and to fulfil each mission entrusted to them by law.

The process of setting up a joint committee (or joint sub-committee) is fairly long and complex. It can be initiated by the Minister for Employment or at the request of one or several organizations following consultation of all the workers’ and employers’ organizations that may be concerned. Together they then decide on its name and ambit.

Once the joint committee has been constituted, the organizations concerned are asked whether they wish to have a seat on it and, if so, they must show proof of their representational status. After clearance has been given, the Minister determines which organizations will be represented and the number of mandates attributed to each of them.

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19 See below ‘Instruments of social consultation/conciliation: collective bargaining agreements’
20 As understood by article 3 of the law of 5 December 1968 on collective bargaining agreements and joint committees detailed in the chapter on Who's who in the social dialogue (see above)
Joint Committees of the social profit sector

For the social profit sector, joint committees first started being set up as of the 1970s by type of activity. They were then followed by subcommittees to correspond to trends in the development of Belgium’s institutional landscape.

Currently, within the social profit sector there are 10 joint committees (CP) and sub-committees (SCP) covering the following sectors: education, home help and elderly care services, educational and residential establishments and services, enterprises and ‘sheltered’ workshops employing the disabled, socio-cultural activities, health establishments and services, social welfare, the (residuary) non-market sector.

Within each of them is a representation of the employers of the sector concerned. These are sector employers’ organizations officially recognized as representative by the national administration and appointed to sit on these committees and sub-committees.

Most of the social profit enterprises active in each of these sub-sectors are represented via employers’ federations having a seat on these joint committees or sub-committees. It is to be noted, however, that these federations do not include all existing employers’ associations. The National Labour Council is regularly consulted for opinions on the applications for official recognition submitted by new organizations.

Social funds

Within joint committees or sub-committees, social funds can be set up under collective bargaining agreements at the initiative of the social partners. These funds are run autonomously on a parity basis and used:

- to finance, grant and pay social allowances and benefits for workers
- to finance and organize professional/occupational/vocational training for workers and young people
- to finance the social security and health of workers in general

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21 The full list of joint committees and subcommittees is available in the appendix (annex 3)
22 The list of employer sectoral federations represented in CPs or SCPs is available on the website of SPF Emploi, Travail et Concertation sociale
23 Law of 7 January 1958 on social funds
Funding comes from affiliated employers’ social contributions which are paid in directly or via the National Office of Social Security (ONSS).

Within the social profit sector, there are three types of social funds administered within each sector via the joint committees and sub-committees:

- **training funds**: these serve to provide training for workers of the sector (and particularly those having few or no skills). Such training support takes various forms depending on the sector concerned: team coaching/mentoring and supervision, easier access to more specific training depending on the types of services or jobs, upgrading certain sectors or jobs and their level of expertise, etc.

- **Maribel social funds**: their aim and responsibility is to create further employment, to reduce the arduous nature of some jobs, to meet the needs of services and to improve their quality.

- **specific funds**: these aim to address sector-specific issues such as arrangements for workers nearing retirement (improved time credit, early retirement, compensatory hiring...) or to cover other social benefits (refund of trade union subscriptions, union training, training not covered by existing training funds...).

The management of these funds and the resources allocated to achieve the objectives defined for each of them is in the hands of organizations representative of employers and workers, which makes them very much an instrument of sectoral social consultation.

Coordination of the actions of these social funds for the social profit sector is handled by various associations according to the levels of power of the Belgian State, i.e. Fe-Bi for federal or bi-community funds, the VSPF for the Flemish language community funds, and the APEF for the French and German language community funds.

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24 Interprofessional agreement of 18 November 1988 establishing a compulsory employer’s contribution for ‘initiatives for the employment and training of groups at risk’. Groups at risk: low-skilled persons (without a higher secondary education degree (CESS)) long-term unemployed, workers at risk of losing their job due to lack of qualification or to restructuring, disabled workers, etc.

25 Royal decree of 18 July 2002 on measures aiming at promoting employment in the non-market sector

26 Specific funds have only been set up within a few sectoral joint committees

Social consultation at corporate business level

Social dialogue at this level (which includes enterprises of the social profit sector) is structured differently according to the size of companies. Each of the consultative bodies concerned has specific missions.

The Works Council

Companies employing 100 or more workers are required to set up a Works Council. This is a joint body made up of the employer’s and workers’ representatives.

The main tasks of the Works Council are:

> to receive and communicate to workers the management’s information on the economic and financial standing of the company, on employment trends in all personnel categories, and on various aspects of corporate life (training, environment and so on)

> to table opinions, suggestions or objections to any measure that could affect work organization and working conditions, personnel policy and so on

> to draft and amend the working rules regulation, to examine the criteria to be followed in case of personnel dismissal and recruitment, to schedule annual holiday times and so on

The Works Council comprises, on the one hand, the employer and employer-designated delegates and, on the other hand, representatives elected by the company’s workers every four years from the lists of candidates put forward by their representative organizations.

The Committee for Health and Safety in the Workplace

It is compulsory for companies employing 50 or more workers to have a committee for health and safety (CPPT). It too is a joint body with equal representation on both sides, i.e. 50 % employer representatives and 50 % elected worker representatives.

The main role of this committee is to identify and propose ways to improve the wellbeing of employees in their place of employment. This includes information campaigns, supervision and decision-making, submitting proposals, dealing with complaints, risk detection in terms of health, safety, hygiene, psycho-social stress, etc.
If there is no Works Council, this Committee assumes some of its mandated powers primarily as regards specifically labour-related matters.

The trade union delegation

Alongside these two elected bodies with equal representation, a trade union delegation can also be set up under certain conditions depending on the sectors concerned. The threshold of number of workers required to have a trade union delegation is determined by sector within the joint committees. It is therefore not a joint body for it represents the workers vis-à-vis the employer. Its members can be elected or designated by workers’ representative organizations.

The trade union delegation’s spheres of competence pertain mainly to labour relations, upholding social legislation, and the defence of individual members of personnel. It is in fact the trade union delegation that engages in negotiations with a view to concluding collective bargaining agreements on behalf of its workers. In companies employing more than 50 workers, a trade union delegation can co-exist alongside a Works Council or a Committee for Health and Safety in the Workplace. Where neither one of these two bodies has been set up, the union delegation takes on part of their missions e.g. work organization, economic and financial information, working rules regulation, etc.

Below the threshold required to have a union delegation appointed, it is incumbent upon trade union organizations to provide help and support to affiliated workers requesting it, individually or collectively, via a permanent regional contact person. The employer is also bound by law to hold direct consultations with workers, particularly for matters relating to working rules regulation, risk analysis, and so on.
Instruments of social consultation/conciliation: collective bargaining agreements

Real sources of law

A collective (labour) bargaining agreement is concluded between one or several workers’ organizations and one or several employers’ organizations/federations. It governs individual and collective relations between them within a company, a branch of activity, or at cross-sector/trade/industry level.

Whilst having for a long time and very often been used as an instrument in labour-related negotiations, this form of agreement gained ‘fully-fledged’ legal recognition under the law of 5 December 1968\(^{28}\).

By legal definition:

> the ‘collective bargaining agreement’ (which term emphasizes the freedom of negotiation of social partners, as the public authorities do not ‘partake’ in its genesis)

> the collective bargaining agreement lays down the rights and obligations of employers and workers (as well as those of the organizations/federations representing them)

The collective bargaining agreement can also have extended legally-binding effect. At the request of the joint committee or of a representative organization within it, it can be enshrined in a Royal Decree which is published in Belgium’s official journal *Moniteur belge*. It then becomes legally binding for all employers and workers of the relevant joint committee insofar as they are included in the field of application defined in the collective bargaining agreement.

The collective bargaining agreement constitutes an important legal source in labour law. Although what is set down in the agreement is freely and contractually a matter for the social partners, there is a hierarchy in sources of law that must be abided by. The provisions of a collective bargaining agreement cannot ‘exceed’ agreements of the joint committees of which a corporate enterprise is part... and agreements at joint committee level cannot depart from what the National Labour Council has endorsed or from higher echelon sources of law, e.g. international agreements or legislation.

\(^{28}\) Law of 5 December of 1968 on collective bargaining agreements and joint committees (Moniteur belge of 15 January 1969)
Content and duration

Be it at corporate business, sector or cross-sector level, a collective bargaining agreement therefore prevails as to the rights and obligations binding both employers and workers.

In the social profit sector, the main aspects currently covered by sectoral collective bargaining agreements concluded within joint committees are: work conditions, pay, working time, holidays, arrangements for workers nearing retirement, financial contribution to travel expenses, training, trade union delegation status, early-retirement pension schemes, and so on.

Subject to the approval of organizations with a seat on the joint committees, collective (employer/worker) agreements are concluded for a fixed-term, for an indefinite period, or for an indefinite period with a renewal/extension clause.

4.2. The public sector

Alongside private sector employers, who represent more than two-thirds of the social profit sector, there are social profit sector employers ‘over-arching’ the public sector.

Dialogue between employers and workers in the public sector is organized in a particular way and with its own spheres of negotiation, consultation, and conciliation. The main specificities are outlined hereunder.

Principles of social dialogue

Collective labour relations in the public sector are governed by the law of 19 December 1974. This legislation applies to all public services, i.e. federal, community, regional and local administrations, public centres for social welfare, municipalities, provinces, State education, etc.

It stipulates that any and all measures concerning workers must be preceded by consultation and negotiation with representative trade union organizations. In the public sector, a distinction is made between employer/worker ‘negotiation’ and ‘consultation/conciliation’.

Negotiation is mandatory for matters related to ‘basic working rules and regulations’, i.e. pay status, administrative status, pension funds and schemes, relations with trade union organizations, structuring of social

29 Law of 19 December 1974 organizing the relations between public authorities and the trade unions of the agents pertaining to these authorities (MB 24 December 1974)
services, general provisions as regards working time, work organization, and staffing. Negotiation outcomes are officially set down in a protocol stating whether or not agreement has been reached between the public sector employer and the representative trade union organizations. When there is no agreement between the parties present, record is taken of the ‘around the table’ positions of each of the organizations.

Such protocols constitute a moral, political (and policy) commitment on the part of the public employer to abide by what has been agreed. It is not, however, either legally binding or enforceable. This means that the employer/public authority can choose to overlook or sidestep the decisions noted in a protocol. In essence, therefore, there exists no collective (bargaining/labour) agreement binding the organizations.

Aside from negotiation, the matters subject to consultation/conciliation are, more particularly, hours of work and work organization within a given unit/department/place of employment, personnel/staffing policy and planning, health and safety in the workplace, etc. The outcome of consultation/conciliation is noted in what is referred to as a ‘reasoned opinion’ which, in effect and in principle, means that public (sector) employers are not legally bound to abide by it although they do have to ‘justify’ their decision(s).

**Spheres of social dialogue**

These are determined under the law of 19 December 1974. The various negotiation/consultation committees provided for are structured according to the rationale of the relevant level of administration.

**Committee A** is comparable to the National Labour Council. Its main objective is to deal with matters concerning overall public services (federal, community, regional, local and other administrations). Generally-speaking, inter-sector social programming is negotiated every two years within Committee A and it has sole powers as regards minimum ‘common’ social security rights for all public services personnel members e.g. family allowances, pensions, accidents in the workplace, work discontinuity/career breaks...).

**Committee B** has powers of jurisdiction for federal public services/departments. At federal level, 20 sectoral committees have been created. It is within these that take place negotiations concerning a given department or overall organization. ‘Grassroots’ consultation/conciliation committees, for their part, focus on specific issues for one or a few given services/departments.

**Committee C** has powers of jurisdiction for local and regional administrations, as well as publicly funded or grant-aided official
education. Local and regional administrations are grouped by region, each with its own negotiating committee. Publicly funded official educational establishments are grouped by Community, within which a special committee has been set up for each organizing authority.

At local level, in the *communes* (local councils/municipalities), in provinces, and in schools within their ambit, negotiation of matters specific to a particular commune take place within **Special Committees**. At local administration level, such committees are more akin to Works Councils in companies. There are also committees which bring together several organizations/bodies active in any one sector.

Alongside these Committees – and as in the private sector - there are social funds, one of which is the Maribel social fund for the public sector.

**Actors of social dialogue in the public sector : place of employers’ organizations**

All of the arenas for consultation and negotiation are set up on the basis of equal representation on both sides and bring together public authority representatives and representatives of trade union organizations.

On the workers’ side, for a union organization to be deemed representative - and entitled to a seat on Committee A, Committee B and Committee C - it must be active at national level, defend the interests of all categories of public sector personnel, and be affiliated to an inter-professional organization represented on the National Labour Council. In effect, this denotes the *Centrale Générale des Services Publics*, the *Fédération des Syndicats Chrétiens des Services Publics*, and the *Syndicat Libre de la Fonction Publique* (SLFP).

On the side of public employers, it is the public authority - whose representation depends on the public administration concerned – that sits and negotiates at these venues. The local public employer can, however, attend these committee meetings in the capacity of ‘technician’ or expert and thus be part of the public authority delegation and speak on behalf of local public sector employers.

For the social profit sector, what then; happens is that an organization representative of social profit sector employers may be appointed as an expert and mandated by the public authority... thereby ‘qualifying’ it to be part of its delegation. In this way, the organization representing...
employers fully partakes in the process of employer/worker consultation\textsuperscript{30}. 

\textsuperscript{30} For instance, the professional and employer’s association for care institutions and services, Santhea, is represented on Committee C in the public authority delegation.
4.3. 'Tripartite' employer/worker dialogue in social profit sector

As previously mentioned, social dialogue in the social profit sector brings together two main talking partners, i.e. employers and workers. This principle of face to face discussions is common to all other market sectors.

However, what differentiates the social profit sector is its funding. In reality, most of this sector’s organizations rely to a great or lesser extent on ‘the public purse’. This inevitably has an influence on the process of consultation between employers and workers as it brings in a third party, i.e. the subsidizing authority.

Consequently, in some cases, the consultation becomes tripartite, with trade union organizations, employers’ organizations and the public authority sitting around the table. The accord reached is then also qualified as tripartite. It is in this framework that ‘non-market agreements’ have developed. Once the agreement signed, the Joint Committees (for the private sector) take up their role to take matters forward by concluding collective labour agreements, fixing obtained progress.

‘Non-market’ agreements are those that lay down the main lines of employer/worker relations in the social profit sector for several years, including the subsidy arrangements agreed with the public authorities for the measures jointly decided upon. Such agreements are unique in the sense that, alongside inter-professional and sector-by-sector agreements, consultations pertaining only to the social profit sector as a whole also take place at various national levels, i.e. federal, regional, community.

At the outset, under the impetus of trade union organizations, ‘non-market agreements’ were concluded so as to align the pay scales of workers of the overall social profit sector (with the scale of hospital establishments being taken as the target or basic scale of reference). This was intended to promote the mobility of workers and attractiveness of the sector. The initial agreements to this end were signed by the political leaders and social partners in the spring of 2000.

Since then, the pace of progress of such harmonization has varied according to the sectors concerned and the budgetary capacity of their relevant governing federate bodies. Into the mix have also come fresh demands from both trade unions and employers’ federations to do with working conditions, as well as training, travel expenses, management/supervision issues, etc. Other ‘non-market’ agreements – generally multi-annual - have been concluded to meet some of these demands.
5. The key questions in social dialogue

To determine the main key questions in the field of social dialogue in the social profit sector, we chose to resort to the Focus Group methodology. A Focus Group meeting was held on 27 March 2012 and attended by some fifteen social dialogue stakeholders of the social profit sector from the following organizations:

- UNIPSO (Union des entreprises à profit social : Wallonia)
- UNISOC (Union des entreprises à profit social : national level)
- VERSO (Vereniging voor Social Profit Ondernemingen : Flanders)
- CBENM (Confédération Bruxelloise des Entreprises Non Marchandes : Brussels)
- Sectoral member federations of UNIPSO
- Trade union organizations

The purpose of this Focus Group was to engage in an open discussion on the topical key questions of social dialogue in the social profit sector, to exchange views and ideas and together identify problems and solutions taking on board all of the participants’ suggestions.

Therefore, this chapter in particular presents the synthesis of the discussions between participants. It is structured according to five key questions that were addressed during that day.

Possible repetitions in relation to previous chapters and the direct style employed are to be explained by the concern to keep all the issues addressed and the exchanges as they were expressed.

5.1. Specificities of employer/worker relations in the social profit sector

In Belgium, a number of factors differentiate the social profit sector from other sectors of activity when it comes to social dialogue.

The volume and type of employment

The social profit sector essentially offers services to the population, which implies that personnel costs account for a significant proportion of ‘production expenditure’ compared to other sectors. In terms of employment, the social profit sector is one of the most important. This, combined with the support it provides in bringing workers onto the labour market, makes it an economic stabilizer and a sector of interest for the public authority when it comes to employment policy-making.
Most of the workers it employs are women and among them a lot of older ones (ageing of the working population) and many of the jobs are part-time (whether voluntary or not), although differences do exist within the social profit sector. The jobs here are in both private and public enterprises.

**The role of public authorities**

Public authorities play a crucial role in that they finance part of services provided to the population. The subsidies granted depend on the public budget available and political/policy choices, but not on the economic status of the social profit enterprises.

At social dialogue level, the rule is often tripartite, i.e. government, employers and trade unions, and, in this context, the government represents the authority setting the perimeter (‘fields of application’) and ‘ring-fencing’ budgets.

**The nature of social dialogue**

Generally speaking, labour relations are good and the social partners strive together to develop the social profit sector, on a tripartite basis with the public authorities. For example, one area of joint endeavour currently concerns policy on arrangements for those nearing retirement age.

The social profit sector does not as yet have representation within all decision-making bodies. Achieving this is a complex and slow process, but progress is being made as can be seen from recent developments at National Labour Council level.

Specific though they may be, ‘non-market’ agreements are not tied-in to inter-professional agreements. Some matters are consequently more ‘fast-tracked’ than others. Moreover, they do not always apply to all workers.

Social dialogue is multi-level (cross-sector, by sector, by corporate business) and thus involves different (corporate, sector and cross-sector) participants. There is nevertheless a willingness to harmonize the sector, to view it as a whole, which is not the case in other European countries with a more marked heterogeneity. Employers/workers regularly uphold ‘globalizing’ positions – one example being the alignment of pay scales with those of hospitals – to promote worker mobility and the attractiveness of some branches of activity. However, such positions cannot always be tailored to all structures. Greater account has to be taken of sub-sector specificities.
and realities. For some, this means increasing the ‘clout’ of sectors with regard to the cross-sectoral.

**The public sector**

Many social profit services are ‘delivered’ by public enterprises (about one-third of the non-market sector). Public authorities thus simultaneously play the role of a supervisory body and that of a services operator.

Each local authority is autonomous so that the framework agreements signed within the Committees are not directly applicable to it and have to be renegotiated within each public administration or authority. The agreements pertain to all personnel (supervisory authority, the administration as public operator of social profit services).

At present, the pay scales of university graduates in the social profit sector are ‘on a par’ in public and private sectors. For holders of a secondary education diploma, pay levels are lower in public sector jobs, whereas for those with a non-university/higher education diploma they are lower in the private sector.

**5.2. The evolution of social dialogue over the past decade**

Developments here have been major and impressive. The social profit sector has become more professionalized through its trades and occupations and also its representative status. Disparate sectors have come together to set up sector-by-sector and then cross-sector federations so as to ‘speak as one’. Concurrently the threshold of union delegations has been lowered in some sectors. Both of these factors have allowed for the setting up and structuring of social dialogue in sectors where there had previously been no dialogue between employers and workers.

The sector is now an integral part of various consultative bodies such as regional Economic and Social Councils, the Central Economic Council and, since 2009, the National Labour Council. Unfortunately, it does not yet have as much weight as the historical market sectors (in particular the Belgian Employers Federation (*FEB*), and the Middle Class Union (*UCM*)), but its opinion is taken into consideration. These historical sectors are holding up the representational evolution of the social profit sector and ‘protecting their patch’ for they see the sector as wearing two hats: that of employer and that of a services recipient. Objectively, from the perspective of volume of employment, economic importance, etc., the social profit sector merits having a greater say, i.e. more seats on these various official councils.
Professionalization of the sector also allows for the pro-active development of services, particularly through social innovation, in order to better meet the current and future needs of the population. Some institutions fear that this and the structuring of social dialogue, e.g. lowering of the threshold for setting up a trade union delegation, will increase administrative costs/workload and the number of regulations to be complied with.

As money becomes scarcer, financial management in social profit enterprises grows fiercer with cutbacks on expenditure for services meeting the basic needs of the population.

Such budgetary restrictions are also leading to harmonization of the laws applicable between the private and public sectors e.g. hospitals. The status of workers in the ‘public operator of social profit services’ sector is being aligned with that of the ‘private operator of social profit services’ sector. This is giving rise to a collateral issue, i.e. differences in pay between colleagues employed in the public/civil service (administration and public operator of social profit services).

5.3. Working and decision-making procedures

Trade union organizations were initially those making demands primarily to do with pay and working conditions. This historically served as a starting point in discussions for ‘non-market agreements’.

Employers then responded to what the unions were clamouring for in order to limit their share of the cost of new policies, to structure the financing thereof, and to guarantee peace on the labour front. In recent years, employers have become more pro-active and are also laying down their priorities. Moreover, the claims of social partners are often the same (training, working conditions, stress management, attractiveness of the sector, etc.).

To take the sector forward and offer quality services, the social partners must reach compromise agreements as necessary. In Flanders for instance, the concern is on how to have a large and qualified enough workforce to meet the growing needs of the population.

The power social partners have differs according to the venues and issues addressed (co-management, co-operation or simply consultation). Not all sit on the same committees and not all debate venues are the same. For example, when the ‘operationalization’ of services and sector policies is under discussion, this concerns not the trade unions but the services operators, i.e. employers. Trade unions do, however, want to be part of all of these discussions. Finally, there
are social funds whereby the social partners can deal with a range of issues (training, wellbeing, etc.).

In the public sector, there are specific particularities. Agreements are signed by the public authorities and the trade unions. Employers’ federations have the role of technical experts. This means that the public authorities play a twofold role: that of managing authority and services operator.

5.4. The main problems in social dialogue

Institutional reform

Within cross-sector dialogue arenas, the social partners play a more reactive role in government plans. With the State’s recent institutional reform31 and the transfer of certain competences to the federated entities, a more pro-active approach will have to be taken and the optimum organizational model established to safeguard and/or develop the role of social partners as determined at federal level. Just as important is the need to clarify the future role of politics in this new model of management at federate level while guaranteeing the place and role of social partners within it. There is a fear that the supervisory authority may be overly arbitrary in departing from the co-management model. In Flanders, tripartite inter-professional committees (social partners and public authorities) already exist (e.g. Employment).

Multiplicity of consultation venues

At present, some deplore the fact that there is no social dialogue venue bringing together public and private social partners as well as the government.

The multiplicity and complexity of consultation venues and laws are making implementation difficult for small businesses.

For some matters, dialogue is fragmented in many places and this is hampering effectiveness.

The nature of social dialogue

Efforts also have to be made to ensure that social dialogue is not ‘distorted’ by bringing into it other players such as users/beneficiaries. Talks cannot centre only on the purely financial aspect to maximize the value added of all social partners.

5.5. Vision of the future and message for Europe

31 Institutional Agreement for the Sixth State Reform – 11 October 2011
Plans are in hand to create a new Joint Committee for the sector (JC 337, which is already constituted but inactive). It will bring together the residuary non-market sectors, as well as the mutualités (mutual insurance funds).

The sector must endeavour to join various cross-sector consultation platforms like the National Employment Bureau (ONEM) and the National Social Security Bureau (ONSS), to strengthen its position on the National Labour Council, the Central Economic Council and regional economic and social Councils.

One of the difficulties for the future is the relation between politics and the evolving sector, with a move away from public authority granting of approvals and subsidies towards competitive procedures on a market open to all social profit enterprises through funding linked to calls for projects. These result in a ‘commoditization’ of the sector and sometimes impose excessive constraints, e.g. hiring of holders of a specific diploma who must use an imposed method of working.

At the same time, social dialogue venues are becoming fewer as politicians take less account of social partners than before. Several of the Focus Group participants are of the view that the European Union is pushing towards the privatization and fragmentation of the non-market sector. It is not considering social dialogue within a model of social protection applicable to the population as a whole (universal model), but working with target categories of people. It is failing to see the link existing in the sector between services providers and recipients. It is not recognizing collective and/or public services, but only economic services (producer-consumer model).

They believe it is important for the sector to get itself heard in the European social dialogue as the agreements can be transposed into directives. This represents an objective for the countries ‘lagging behind’ in non-market social dialogue. Social dialogue must evolve to cover more and more sectors and thus bring improvements in terms of both working conditions and professionalization.

Efforts must be made to share information about national good practices in social dialogue, to not impose an overly Anglo-Saxon vision of the non-market sector and condemn the countries that are interested only in the funding they can get from the EU. It is important that Belgium upholds its model of social consultation.

In Belgium, several factors of success are cited:
> confidence in social dialogue as an effective means of management
> the role of the public authority as that of defining the framework and individual roles with the guarantee of co-existence of the various sectors
> continuity in a democratic dialogue on the role and place of the citizen in the volunteer sector (in a context of scarcer resources and of ‘commoditization’, citizens have to get more involved in the sector and community life).

With ever fewer resources available, it is vitally important to safeguard the social profit sector against pervasive ‘commoditization’, failing which not all citizens will be able to afford quality services meeting essential needs. This could lead to a two-tier supply of services.

What is meant by ‘non-market’ has to be explained even though there are various aspects to it from one country to another. Its key economic role has to be factored and highlighted, by the same token as the positive spin-offs it engenders and its vital stabilizing function.

Attributing European status to ‘not-for-profit’ associations is also desirable. The case must also be argued for a broader interpretation of general interest social services. What must be made to emerge is the concept of a 3rd sector existing alongside the public sector and the private market sector.

Finally, the specificity of the social economy has to be upheld within the European Union. This is of paramount importance in the eyes of the Focus Group participants who fear that so-called social enterprises will in reality end up regrouping only commercial undertakings endowed with social ‘gadgetry’. It is essential too that non-profit or ‘not-for-profit’ associations come to be regarded as economically important enterprises even though they do not have access to the capital market.
6. Conclusions

The social profit sector in Belgium has progressed considerably these past ten years in terms of volume of employment as well as diversity and quality of the services offered.

This has gone hand in hand with an ever more evolved and professionally structured social dialogue. There is no denying that the model developed to date is one that those active in the social profit sector – employers’ and workers’ organizations alike – today find altogether satisfactory.

Much effort has gone into securing representation(s) at the highest level and this momentum has to be maintained, at all levels, in the future. The model must continue evolving and indeed at times be re-invented at federate body level. Targeted improvements will be instrumental in overcoming the main difficulties encountered.

Expectations vis-à-vis the European Union are on a parallel with the fears it arouses among participants of the Focus Group. The quality and richness of social dialogue in Belgium are to be preserved and can undoubtedly serve as a reference for countries with a less developed system of social dialogue or looking to improve the organization of their existing one.

Defending the social profit sector in all that it stands for is crucial for the European Union as a whole. Although specific aspects may vary from one country to another, as a sector it is a key player on the overall economic scene given the positive impacts it engenders for the rest of the economy and its essential stabilizing function.

Sharing information and experiences with other countries is very much part and parcel of what is needed to keep improving practices and taking forward at European level its recognition as a third sector alongside the public and private market sectors. This is all the more important in the context of the current crisis.
Annex

ANNEX 1

List of partners

*Project Coordinator*

European Association of Service Providers for Persons with Disabilities (EASPD)

*European Partners*

European Council of Associations of General Interest (CEDAG)
European Federation of Public Service Unions (EPSU)
Eurodiaconia
SOLIDAR
European Federation of National Organisations Working with the Homeless (FEANTSA)
Workability Europe
Caritas Europa
Europea Platform for Rehabilitation (EPR)

*National partners*

Bundesarbeitsgemeinschaft Wohnungslosenhilfe (BAWO) - Austria
Scottish Council for Single Homeless (SCSH) - United Kingdom
Cáritas Española - Spain
Disability Federation of Ireland (DFI) - Ireland
Union des Entreprises à Profit Social (UNIPSO) - Belgium
Arbeiterwohlfahrt Bundesverband e.V. (AWO) - Germany
Luovi Vocational College – Finland
University Rehabilitation Institute Republic of Slovenia (URI) – Slovenia
Panagia Eleousa - Greece
Dutch Association of Healthcare Providers for People with Disabilities (VGN) - The Netherlands

*Observers*

Centre de la Gabrielle MFPASS - France
**ANNEX 2**

**List of main sectoral employers’ federations** (most are considered to be representative and are members of an inter-professional federation such as UNISOC, UNIPSO, VERSO, CBEN):

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA</td>
<td>Association des Maisons d’Accueil et des services d’aide aux sans-abris</td>
</tr>
<tr>
<td>ANMC</td>
<td>Alliance Nationale des Mutualités Chrétiennes</td>
</tr>
<tr>
<td>ANCE</td>
<td>Association Nationale des Communautés éducatives</td>
</tr>
<tr>
<td>AnikoS</td>
<td>ArbeitgeberInnenverband für den nicht-kommerziellen Sektor in der DG</td>
</tr>
<tr>
<td>APOSSM</td>
<td>Association des Pouvoirs Organisateurs de Services de Santé Mentale</td>
</tr>
<tr>
<td>AVCB</td>
<td>Association de la Ville et des Communes de la Région de Bruxelles-Capitale</td>
</tr>
<tr>
<td>CBI</td>
<td>Coordination Bruxelloise d’Institutions sociales et de santé</td>
</tr>
<tr>
<td>CESSOC</td>
<td>Confédération des Employeurs du Secteur Sportif et Socioculturel</td>
</tr>
<tr>
<td>CODEF</td>
<td>Coordination et défense des Services sociaux et culturels</td>
</tr>
<tr>
<td>Coll.SAPS</td>
<td>Collectif SAPS</td>
</tr>
<tr>
<td>CRB</td>
<td>Croix-Rouge de Belgique</td>
</tr>
<tr>
<td>EWETA</td>
<td>Entente Wallonne des Entreprises de Travail Adapté</td>
</tr>
<tr>
<td>FASD</td>
<td>Fédération de l’Aide et des Soins à Domicile</td>
</tr>
<tr>
<td>FASS</td>
<td>Fédération des Associations sociales et de Santé</td>
</tr>
<tr>
<td>FCPF-FPS</td>
<td>Fédération des Centres de Planning familial des Femmes prévoyantes socialistes</td>
</tr>
<tr>
<td>FCSD</td>
<td>Fédérations des Centrales de Services à Domicile</td>
</tr>
<tr>
<td>FEBRAP</td>
<td>Fédération Bruxelloise des Entreprises de Travail Adapté</td>
</tr>
<tr>
<td>FELSI</td>
<td>Fédération des Etablissements Libres Subventionnés Indépendants</td>
</tr>
<tr>
<td>FESAD</td>
<td>Fédération d’Employeurs de Services d’Aide à Domicile</td>
</tr>
<tr>
<td>FIAS</td>
<td>Fédération des Initiatives et Actions Sociales</td>
</tr>
<tr>
<td>FIH</td>
<td>Fédération des Institutions Hospitalières de Wallonie</td>
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<tr>
<td>FILE</td>
<td>Fédération des Initiatives Locales pour l’Enfance</td>
</tr>
<tr>
<td>FIMS</td>
<td>Fédération des Institutions Médico-Sociales</td>
</tr>
<tr>
<td>FIPE</td>
<td>Fédération des Institutions de Prévention Educative</td>
</tr>
<tr>
<td>FISSAAJ</td>
<td>Fédération des Institutions et Services Spécialisés dans l’Aide aux Adultes et aux Jeunes</td>
</tr>
<tr>
<td>FNAMS</td>
<td>Fédération Nationale des Associations Médico-Sociales</td>
</tr>
<tr>
<td>Acronym</td>
<td>Full Name</td>
</tr>
<tr>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>FSB</td>
<td>Fédération des Services Bruxellois d’Aide à Domicile</td>
</tr>
<tr>
<td>FSMI</td>
<td>Fédération des Services Maternels et Infantiles de vie féminine</td>
</tr>
<tr>
<td>GASMAES</td>
<td>Groupement Autonome de Services et Maisons d’Action Educative et Sociale</td>
</tr>
<tr>
<td>ICURO</td>
<td>Koepel van Vlaamse ziekenhuizen met publieke partners (ICURO)</td>
</tr>
<tr>
<td>LNH</td>
<td>Ligue Nationale pour personnes Handicapées et services spécialisés</td>
</tr>
<tr>
<td>LLM</td>
<td>Landsbond van Liberale Mutualiteiten</td>
</tr>
<tr>
<td>Message</td>
<td>Mouvement des Etablissements et des Services Spécialisés dans l'Aide à la Jeunesse et à l'Enfance</td>
</tr>
<tr>
<td>MLOZ</td>
<td>Union Nationale des Mutualités Libres</td>
</tr>
<tr>
<td>MID</td>
<td>Medisch-sociale sector in dialoog</td>
</tr>
<tr>
<td>RKV</td>
<td>Rode Kruis Vlaanderen</td>
</tr>
<tr>
<td>Santhea</td>
<td>Association Francophone d’Institutions de Santé</td>
</tr>
<tr>
<td>SEGEC</td>
<td>Secrétariat Général de l’Enseignement Catholique</td>
</tr>
<tr>
<td>SMI</td>
<td>Services maternels et infantiles - Accueil de l’Enfant Vie Féminine</td>
</tr>
<tr>
<td>SOCIARE</td>
<td>Socioculturele Werkgeversfederatie</td>
</tr>
<tr>
<td>SG</td>
<td>Solidariteit voor het Gezin</td>
</tr>
<tr>
<td>SOVERVLAG</td>
<td>Socialistische Vereniging van Vlaamse Gezondheidsvoorzieningen</td>
</tr>
<tr>
<td>UNMS</td>
<td>Union Nationale des Mutualités Socialistes</td>
</tr>
<tr>
<td>UMN</td>
<td>Union des Mutualités Neutres</td>
</tr>
<tr>
<td>VCM</td>
<td>Vlaamse Christelijke Mutualiteiten</td>
</tr>
<tr>
<td>VNZ</td>
<td>Vlaams &amp; Neutraal Ziekenfonds</td>
</tr>
<tr>
<td>VVDG</td>
<td>Vereniging van Diensten voor Gezinszorg van de Vlaamse Gemeenschap</td>
</tr>
<tr>
<td>VLAB</td>
<td>Vlaamse federatie van Beschutte Werkplaatsen</td>
</tr>
<tr>
<td>VOV/AEPS</td>
<td>Vereniging van Openbare Verzorgingsinstellingen NLK</td>
</tr>
<tr>
<td>VSKO</td>
<td>Vlaams Secretariaat Katholiek Onderwijs</td>
</tr>
<tr>
<td>VSO</td>
<td>Verbond Sociale Ondernemingen</td>
</tr>
<tr>
<td>VSZ</td>
<td>Vlaamse Socialistische Ziekenfondsen</td>
</tr>
<tr>
<td>VWV</td>
<td>Vlaams Welzijnsverbond</td>
</tr>
<tr>
<td>WGKV</td>
<td>Wit-Gele Kruis Vlaanderen</td>
</tr>
<tr>
<td>ZV</td>
<td>Zorgnet Vlaanderen</td>
</tr>
</tbody>
</table>

**ANNEX 3**
List of joint committees and sub-committees covering the social profit sector:

- **JC 152 - JC for subsidized institutions in charge of independent education for manual/blue-collar workers**

- **JC 225 - JC for employees of grant-aided independent educational establishments**

- **JC 318 - JC for home helps and elder care services** (set up on 4 October 1971)
  - JSC 318.01: French-speaking community, Walloon region and German-speaking community (set up on 21 June 1999)
  - JSC 318.02: Flemish community (set up on 21 June 1999)

- **JC 319 - JC of education and accommodation establishments and services** (set up on 15 May 1981)
  - JSC 319.01: Flemish community (set up on 3 July 1990)
  - JSC 319.02: French-speaking community, Walloon region and German-speaking community (set up on 3 July 1999)

- **JC 327 - JC for enterprises employing disabled persons and ‘sheltered’ workshops for the disabled** (set up on 15 January 1991)
  - JSC 327.01: Flemish community, Flemish community commission and sheltered workshops registered and/or subsidized by the Flemish community
  - JSC 327.02: French-speaking community commission
  - JSC 327.03: Walloon region and German-speaking community

- **JC 329 - JC for the socio-cultural sector** (set up on 28 October 1993)
  - JSC 329.01: Flemish community
  - JSC 329.02: French-speaking and German-speaking communities, Walloon region
  - JSC 329.03: Federal and bi-community cultural organizations

- **JC 330 - JC for health establishments and services** (set up on 9 March 2003)

- **JC 331 – JC for the Flemish social welfare and health care sector** (set up on 9 March 2003)

- **JC 332 - JC for the French- and German-speaking and bi-community sector of social welfare and health care** (set up on 9 March 2003)

- **JC 337 – JC for the non-market sector** (set up on 8 March 2008): residuary JC regrouping the organizations of the non-market sector which are not part of another joint committee with specific official attributions, i.e. in particular the mutualités (mutual aid/insurance funds).
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> Conseil Central de l'Economie : http://www.ccecrb.fgov.be/
> CESW : http://www.cesrw.be/
> SERV : http://www.serv.be/serv
> WSR : http://www.wsr-dg.be/
> CESRB : http://www.esr.irisnet.be/
> UNIPSO : http://www.unipso.be/
> CBENM : http://www.bcsp.be/
> AnikoS : http://www.anikos.be/
> Fe-Bi: [http://www.fe-bi.org/fr/home](http://www.fe-bi.org/fr/home)
National Report
FINLAND

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Supported by: DG Employment, Social Affairs and Inclusion
Introduction

PESSIS – Social Dialogue in Social Services (Promoting Employers’ Social Services Organizations in Social Dialogue) – project’s purpose is to gather quantitative and qualitative information on social dialogue in social services from the perspective of an employer. The goal is to understand how the social dialogue between employers and employees works (or doesn’t work) in social services as well as identify factors that prevent a more intense co-operation.

In Pessis –project the term social dialogue is defined as ‘a dialogue between employers and employees’. It deals with the terms of employment as well as the development, negotiation and agreement on working conditions. The negotiating parties are the employer and the employee and, when necessary, the government as a third party. Social dialogue can take place at an individual level or on a local and federal level, but also at the national and European Union level by crossing the federal boundaries.

The following social services are the focus of attention in the project:

- Long-term care for the elderly and sheltered housing activities
- Care and rehabilitation for people with disabilities
- Child care
- Other social services: for example services directed at people with mental problems and problems with substance abuse

The project is managed by the European Associations of Service Providers for Persons with Disabilities (EASPD) in collaboration with eight other European social service organizations (Caritas Europa, the European Council of Associations of General Interest CEDAG, the European Platform for Rehabilitation EPR, the European Federation of Public Service Unions Epsu, Eurodiaconia, the European Federation of national Organizations Working with the Homeless FEANTSA, Solidar, Workability Europe) as well as non-governmental organizations.
administering national surveys performed in ten European countries (Austria, Great Britain, Spain, Ireland, Belgium, Germany, Finland, Slovenia, Greece, Holland). In addition, the research project involves France as an observer. The Finnish national survey is administered by Hengitysliitto ry *(Pulmonary association)*/ Luovi Vocational College. The research manager of Luovi Vocational College, Doctor of Education Anna-Liisa Lämsä, is responsible for the co-ordination and implementation of the survey.

The project will produce national reports in eleven European countries, in each country’s native language. The reports will provide answers to the following questions:

- How many employers and employees are there in social services?
- How extensively are the employers and employees covered by the collective agreements?
- To what extent do the employers of the social service sector participate in social dialogue, and at what level?
- What are the most important issues in the social dialogue taking place in the social service sector and at what level? Are there issues that could be dealt with at the European Union level?

Answers to these questions are sought from previous studies, statistics and other documents, by inquiries and interviews directed at the representatives of social administration, social services providers and the trade unions of the sector as well as by analyzing the collective agreements of the sector and other agreements and recommendations related to them. The questions in the surveys and interviews were similar, so they have been used as alternative methods of gathering material depending on the situation of the respondents.

The national reports are translated into English, and an international summary report, which also includes recommendations for the European Parliament regarding the promotion of social dialogue, is devised on the basis of them.
1. Social Services
In accordance with the Social Welfare Act (710/1982), in Finland the municipalities are responsible for the organization of social services needed by their inhabitants. Social services arranged by municipalities are:

- Services for the elderly; home help services, sheltered housing and residential nursing care activities.
- Services for the disabled; general social services are primary, special services (housing, assistive device, transportation and interpreter services) are used if necessary.
- Services for children and families; daycare, home help services, residential and professional family care activities for children and young people.
- Support, treatment and rehabilitation services for substance abusers and their families as well as housing services for people with mental health problems.

In addition to the above mentioned, the range of services offered by municipalities includes guidance, counseling and investigation of social problems and other support activities performed by the professional personnel of social services. These support activities maintain and promote the safety and management of everyday life of individuals and families as well as the functionality of communities. This report focuses on the above mentioned nursing and caring services directed at the elderly, the disabled, children and families, as well as to those who have problems with substance abuse and mental health, and which do not constitute health care. Social security and caring for family as well as long-term institutional care of elderly for example in a hospital ward are left outside of this analysis, since they do not deal with the social services referred to in this context.

The Field of Social Services
The Finnish social service system in its current form began in the 1970s-1980s. Before that the service offering was based on the tradition of poor relief. The change of the service system dealt with the enlargement of the range of services and the differentiation of services.
by target groups. On the other hand the change dealt with the shift from institution-orientated services towards non-institutional care.

Today non-institutional care services are a priority in services offered to all target groups. Institutional care should be used only when the non-institutional care services are not sufficient to guarantee the necessary treatment and care for the customer. Especially in elderly services the aim is to enable living at home for as long as possible. The private sector became involved in the production of social services since the beginning of the 1990s. At present, it is responsible for about a third of the services.

Table 1. Development of social services in Finland (Anttonen & Sipilä 2011, 26–29).

<table>
<thead>
<tr>
<th>Concept</th>
<th>Statute</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward system</td>
<td>Mendicant legislation → ward system 1871</td>
<td>The houses of a parish formed a ward that took care of a certain number of the poor. The person in need received food, clothing, care and a burial from the house.</td>
</tr>
<tr>
<td>Poor Law</td>
<td>Cripple care Degree in 1852 and 1879</td>
<td>Institutional care meant houses for the poor, elderly, disabled and children. Non-institutional care included being a “huutolainen” which meant being auctioned for a placement in a farm house.</td>
</tr>
<tr>
<td>Poor relief</td>
<td>Poor Relief Act 1946</td>
<td>Institutional care as in the Poor Law statute. In addition, correctional institutes and children’s homes of the state and municipalities. Non-institutional care mostly poor relief.</td>
</tr>
<tr>
<td></td>
<td>Act Correctional Institutes of the State and Municipalities 1922</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Welfare Act 1936</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vagabond Act 1936</td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td>Children’s Day Care Act 1973</td>
<td>The principle committee for social welfare 1971. Non-institutional priority in all the acts. Institutional care diversifies to affect also the short-term care and day care.</td>
</tr>
<tr>
<td></td>
<td>Act on Special care of the mentally handicapped 1977</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Welfare Act 1982</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substance Abuse Services Act 1986</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disabled Services Act 1987</td>
<td></td>
</tr>
</tbody>
</table>

Social services in their current form can be roughly divided into institutional services and non-institutional services for those who live at home. Alternatively, services can be classified on the basis of target groups, so the services can be divided into institutional and non-
institutional services targeted at the elderly, disabled, substance abusers and those with mental health problems, and into daycare, foster care and home care services targeted at families with children. In Finland, health care and nursing organizations are outside of this, because they do not belong to social services.

Institutional care is provided for over 65-year-old senior citizens who need plenty of assistance, to the disabled and to persons with substance abuse problems in need of long-term rehabilitation, for whom round-the-clock service or rehabilitation they require cannot be arranged at home or in a service apartment. Institutional care is provided in retirement homes, nursing homes and care homes. In addition to the treatment the care includes food, medication, hygiene and clothing as well as services that promote social welfare. (Sosiaali- ja terveyspalvelut 2012b.)

Sheltered housing is available when an elderly, a disabled or a person with substance abuse or mental health problems needs a lot of help to be able to cope with everyday chores but doesn’t need institutional care. Sheltered housing always includes both housing and support services related to housing. Sheltered housing can be arranged in conventional apartments, in special service houses, group homes and residential groups. What is essential is that the resident has accommodation that is suitable for his/her needs. Housing support services can be implemented diversely and individually. Services may include home care assistance, food services, security services, assistance services, home care health services and other support services. (Sosiaali- ja terveyspalvelut 2012b.)

Child daycare is social support provided for families with children by the government. In Finland, all children under school age are entitled to municipal daycare after the parents’ maternal and paternal leave. The municipality has a duty to arrange care for the children also in the evenings, nights and weekends if their parents’ work or studies requires
Daycare can mean daycare taking place in a daycare center or family daycare. Child minders can care for the children in their own home, in group homes or in the children’s own homes. As an alternative to municipal daycare parents can choose private care allowance or homecare allowance for children under the age of three. A year before compulsory education starts a child is entitled to pre-school education arranged in connection with either daycare or school. (Sosiaali- ja terveyspalvelut 2012b.)

**Children’s foster care** can be arranged as family care, institutional care or in another way compatible to the needs of the child. Foster care can be arranged when the growing conditions and the child’s own actions endanger the child’s healthy and balanced development to the extent that living at home is not in the child’s best interest. Institutional care is arranged if the child’s foster care cannot be arranged with the help of support services in home care or elsewhere. (Child Welfare Act 417/2007.) Institutional care of child protection is arranged in reception homes, children’s homes, juvenile homes, approved schools and other protection institutions for children. (Sosiaali- ja terveyspalvelut 2012b.)

### 2.2 Service Providers and Personnel of the Sector

Finland has 336 municipalities and about 140 communities of municipalities who organize statutory basic services for their residents. They can arrange services as their own activity, together with other municipalities as a community of municipalities or by purchasing services from another municipal or private operator. (Aarnio & Sipilä 2007, 14; Julkinen sektori työnantajana 2006.) Municipalities produce approximately $\frac{2}{3}$ of the social services by themselves or in cooperation with other municipalities.

The number of municipal personnel has more than doubled in the last thirty years. The growth in personnel has been affected by the increase of statutory welfare services and the related growth of the share of social and health care services personnel of the labour force. In 2009,
one fifth of the working population worked in the municipal sector. 15.3 per cent, i.e. more than one in seven of all workers were employed by statutory basic service tasks of social and health care services. (Sosiaali- ja terveyspalvelujen henkilöstö 2008.) A large part of the increase in the municipal sector’s personnel was caused by the growth of the need for staff in services for the elderly. An ageing population is likely to increase the need for services for the elderly in the future, as well. Health care and nursing personnel are not included in the material of this report. (Julkinen sektori työnantajana 2006, 5-6; Kunta- alan työolobarometri 2011.)

The two largest groups of social services with regard to the number of employees are the services for the elderly and children’s day care. In 2010, about three quarters of the entire personnel of social services was employed by these two sectors.

**Table 2. Number of employees in social services in 2000-2008.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for the elderly</td>
<td>57 100</td>
<td>81 300</td>
<td>24 200</td>
<td>29.8%</td>
</tr>
<tr>
<td>Child daycare</td>
<td>59 300</td>
<td>62 500</td>
<td>3 200</td>
<td>5.1%</td>
</tr>
<tr>
<td>Other social services</td>
<td>37 000</td>
<td>42 000</td>
<td>5 000</td>
<td>11.9%</td>
</tr>
<tr>
<td>Total</td>
<td>153 400</td>
<td>185 800</td>
<td>32 400</td>
<td>17.4%</td>
</tr>
</tbody>
</table>


In 2008, over $\frac{2}{3}$ of the personnel of social services was employed by the public sector in the service of municipalities and communities of municipalities. The role of municipalities as a producer of social services is especially important in children’s day care and in residential nursing care activities and home help services for the elderly. Instead, private service producers organize the sheltered housing activities for the elderly increasingly.

**Table 3. Public and private social services providers by industry in 2008.**

<table>
<thead>
<tr>
<th>Total</th>
<th>Public$^{1j}$</th>
<th>Private$^{2j}$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business</td>
<td>Non-profit</td>
</tr>
</tbody>
</table>


### Table 1: Personnel in Municipal Social Welfare and Healthcare Services, 2010

<table>
<thead>
<tr>
<th>Service Type</th>
<th>N</th>
<th>%</th>
<th>Enterprise %</th>
<th>Organization %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care for the elderly</td>
<td>81 300</td>
<td>62.7</td>
<td>18.6</td>
<td>18.6</td>
</tr>
<tr>
<td>• Residential nursing care activities for the elderly</td>
<td>22 300</td>
<td>83.4</td>
<td>3.1</td>
<td>13.5</td>
</tr>
<tr>
<td>• Sheltered housing activities for the elderly</td>
<td>32 600</td>
<td>31.6</td>
<td>34.4</td>
<td>34.0</td>
</tr>
<tr>
<td>• Home help services for the elderly</td>
<td>26 400</td>
<td>83.4</td>
<td>3.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Child daycare</td>
<td>62 500</td>
<td>89.7</td>
<td>5.8</td>
<td>4.6</td>
</tr>
<tr>
<td>Other social services</td>
<td>42 000</td>
<td>50.2</td>
<td>15.3</td>
<td>34.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>185 800</td>
<td>69.0</td>
<td>13.5</td>
<td>17.5</td>
</tr>
</tbody>
</table>


1) Further information about the personnel in the public social welfare services in appendix 1.

2) Further information about private social service providers in appendix 2.

Although municipalities still produce a large part of the social services by themselves, the number of private social service providers has increased steadily throughout the 2000s. In 2000, the number of operating units of private social services providers was 2,700 and in 2010 already 4,350. In 2010, there were 2,922 private providers of social services, some of whom had more than one operating unit.

![Figure 1. Private social service units in 2000–2010](image)

**Figure 1. Private social service units in 2000–2010**


In relative terms, the role of the private services providers is the greatest in child protection services as well as in the sheltered housing activities.
activities for the elderly and the disabled and residential care activities for substance abusers. However, child day care services and residential nursing care activities for the elderly and the disabled are most often produced by municipalities.

Most private service providers are small workplaces, and only a few of them are bigger and operate nation-wide (Aarnio & Sipilä 2007, 15). Significant portion of the people who work in the sector are employed by bigger employers. Workplaces in the private social services sector can be further divided into profit-oriented and non-profit. The profit-orientated are privately owned companies and they can also be a part of a larger group, whose aim is to produce profit for its owners, just like ordinary limited companies. Non-profit workplaces are owned by associations or foundations, and the possible profit they generate is returned back to the activities of the organization or remains with the association. (Edunvalvonnan arkea ... 2009, 37.)

**Table 4. Social services purchased by municipalities in 2010.**

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Municipality or joint municipal board</th>
<th>Private sector</th>
<th>Non-profit organizations</th>
<th>Business enterprises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child daycare</td>
<td>88,7</td>
<td>11,3</td>
<td>5,6</td>
<td>5,7</td>
</tr>
<tr>
<td>Residential and professional family care activities for children and young people</td>
<td>32,5</td>
<td>67,5</td>
<td>13,2</td>
<td>54,3</td>
</tr>
<tr>
<td>Residential nursing care activities for the elderly</td>
<td>88,6</td>
<td>11,4</td>
<td>8,4</td>
<td>3,0</td>
</tr>
<tr>
<td>Residential nursing care activities for the disabled</td>
<td>82,7</td>
<td>17,3</td>
<td>16,0</td>
<td>1,3</td>
</tr>
<tr>
<td>Sheltered housing activities for the elderly</td>
<td>48,3</td>
<td>51,7</td>
<td>28,6</td>
<td>23,1</td>
</tr>
<tr>
<td>Sheltered housing activities for the elderly with 24-hour assistance</td>
<td>45,1</td>
<td>54,9</td>
<td>28,1</td>
<td>26,8</td>
</tr>
<tr>
<td>Sheltered housing activities for the disabled</td>
<td>53,1</td>
<td>46,9</td>
<td>19,9</td>
<td>27,1</td>
</tr>
<tr>
<td>Sheltered housing activities for the disabled with 24-hour assistance</td>
<td>44,4</td>
<td>55,6</td>
<td>22,4</td>
<td>33,2</td>
</tr>
<tr>
<td>Residential care activities for substance abusers</td>
<td>34,8</td>
<td>65,2</td>
<td>59,0</td>
<td>6,2</td>
</tr>
</tbody>
</table>

Act on Qualification Requirements for Social Welfare Professionals (272/2005) determines the eligibility of the personnel and who can be performing the professional work. In 2008, the largest occupational group in the social services sector was the practical nurses. Other large personnel groups are the childminders and kindergarten assistants as well as social work instructors and educators. The majority of different occupational groups in the social sector worked in the public sector.

The proportion of men in social services occupations was low. The proportion of men was especially low in different jobs in day care and home care, in addition to which only a small part of the practical nurses were male. Relatively most men worked as social work instructors and educators, personal care workers and mental handicap nurses. Relatively few people of non-Finnish origin worked in different occupations in the social sector. However, more persons of foreign origin than men worked as practical nurses, childminders, family childminders, kindergarten assistants, home care nurses and home care assistants. The median age of people working in social services was 43.4 years in 2008. The oldest by their median age were family care nurses, home aids and home assistants.

Table 5. The employees in social services by occupational group, the percentage (%) of employees working in the public sector, men, foreign nationals or non-Finnish origin and the average age of employees in 2008.

<table>
<thead>
<tr>
<th>Occupation groups 1)</th>
<th>Total</th>
<th>Public sector %</th>
<th>Men %</th>
<th>Foreign nationals or non-Finnish origin %</th>
<th>Average age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-primary education teaching professionals</td>
<td>13 520</td>
<td>90,1</td>
<td>3</td>
<td>2,0</td>
<td>40,8</td>
</tr>
<tr>
<td>Social workers</td>
<td>4 140</td>
<td>67,8</td>
<td>10</td>
<td>1,8</td>
<td>42,9</td>
</tr>
<tr>
<td>Social work instructors and educators</td>
<td>18 330</td>
<td>51,4</td>
<td>21</td>
<td>3,1</td>
<td>41,1</td>
</tr>
<tr>
<td>Childminders and kindergarten assistants</td>
<td>24 970</td>
<td>87,5</td>
<td>3</td>
<td>4,3</td>
<td>41,5</td>
</tr>
<tr>
<td>Family childminders</td>
<td>15 840</td>
<td>93,9</td>
<td>1</td>
<td>1,5</td>
<td>47,1</td>
</tr>
<tr>
<td>Practical nurses</td>
<td>28 520</td>
<td>71,6</td>
<td>2,9</td>
<td>3,7</td>
<td>41,2</td>
</tr>
<tr>
<td>Mental handicap</td>
<td>4 180</td>
<td>76,7</td>
<td>10,6</td>
<td>3,8</td>
<td>39,9</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Social work assistants</td>
<td>8 900</td>
<td>75,6</td>
<td>5,2</td>
<td>3,9</td>
<td>41,9</td>
</tr>
<tr>
<td>Home care nurses and home care assistants</td>
<td>14 290</td>
<td>78,6</td>
<td>1</td>
<td>2,4</td>
<td>46,1</td>
</tr>
<tr>
<td>Personal care workers</td>
<td>5 850</td>
<td>87,3</td>
<td>15</td>
<td>4,5</td>
<td>44,9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>186 000</td>
<td>69,0</td>
<td>9,1</td>
<td>3,2</td>
<td>43,4</td>
</tr>
</tbody>
</table>


1) Excluded health care professionals and other non-social care professionals who are working in social services.

**Financing of Social Services**

In addition to arranging social services, also financing of the services is mainly the responsibility of municipalities. The percentage of municipal financing of the costs of social services is generally approx. 65%. An exception to this is the private daycare allowance, in which the municipal share of financing is nearly 90%. The remaining part of financing of the services comes primarily from the state.

![Figure 2. Financing of social expenditure in 2010.](image)


The high proportion of municipal funding can be partly explained by the fact that in Finland basic services are statutory core activity of the municipalities. Municipalities buy a significant part of social services produced by private service providers to be able to manage this task. In 2010, 73 percent of private service providers sold at least half of their services to municipalities, either on the basis of purchase service
contracts or financial obligations. (Aarnio & Sipilä 2007, 17.) Especially in residential nursing care activities and sheltered housing activities for the disabled as well as in residential and professional family care activities for children and young people municipalities buy almost all the services produced by the private service providers. In 2010, 96% of the service providers for the residential nursing care activities and sheltered housing activities for the disabled sold all their services to municipalities and communities of municipalities. In the residential and professional family care activities for children and young people the corresponding figure was 97%. The proportion of municipal purchasing services was lowest in children’s day care and home help services. Purchasing of services by households was supported by public funds also with housing allowances, service vouchers and private day care allowances. Only 615 operational units (16%) of private social services were functioning completely without purchase service contracts and financial obligations in 2010. (Yksityiset sosiaalipalvelut 2010, 1-2.)

Municipalities collect part of the financing of social services from the users as customer fees. When determining the fees, both customer’s usage of the services and the ability to pay are taken into account. The fee collected from a customer in long-term institutional care includes the upkeep, treatment and services required, for example medicines. The fee cannot exceed 85 per cent of net income (in 2012), or 42.5 per cent of the spouses' total income if one of the spouses is living at home. In any case, the fee can be determined at the most to such amount that the person covered by services is left with at least EUR99 per month. In sheltered housing the resident pays the rent and other housing-related costs, such as water and electricity, by him-/herself directly to the landlord and also takes care of the health and medical care costs by him-/herself. The municipality charges a service fee, which is a compensation for the nursing and care services used by the resident. The amount of this fee is determined by the amount of services written
in the service and care plan and the customer's ability to pay. The day care fee charged by municipalities from the families is EUR21-233 per month. The family’s income and number of children affect the amount of the fee. Day care fee is not charged from families with the lowest incomes. (Degree on social and health care customers’ fees 912/1992; Sosiaali- ja terveyspalvelut 2012a.)
## Table 6. Social expenditure and financing in Finland in 2010, € million.

<table>
<thead>
<tr>
<th></th>
<th>State</th>
<th>Local authorities</th>
<th>Total</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Old age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional care of the elderly</td>
<td>280</td>
<td>474</td>
<td>754</td>
<td>215</td>
</tr>
<tr>
<td>Home help services</td>
<td>188</td>
<td>319</td>
<td>507</td>
<td>97</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional care for disabled people</td>
<td>64</td>
<td>109</td>
<td>173</td>
<td>16</td>
</tr>
<tr>
<td>Home help services</td>
<td>28</td>
<td>48</td>
<td>76</td>
<td>15</td>
</tr>
<tr>
<td>Sheltered work</td>
<td>61</td>
<td>103</td>
<td>164</td>
<td>5</td>
</tr>
<tr>
<td><strong>Family and children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child daycare</td>
<td>683</td>
<td>1158</td>
<td>1841</td>
<td>303</td>
</tr>
<tr>
<td>Private daycare allowance</td>
<td>13</td>
<td>80</td>
<td>93</td>
<td>0</td>
</tr>
<tr>
<td>Institutional care of children and young people</td>
<td>213</td>
<td>360</td>
<td>573</td>
<td>13</td>
</tr>
<tr>
<td>Home help</td>
<td>8</td>
<td>13</td>
<td>21</td>
<td>4</td>
</tr>
</tbody>
</table>


### 2. The Collective Agreements as a Form of Social Dialogue

Social dialogue is either completely or at least partly unfamiliar term for many employers and other operators and it is by no means self-evident what the term refers to. It may be thought to mean for example multi-professional cooperation or to be limited only to negotiations on a certain level, in which case the employer may not recognize his own role in the dialogue.

Social dialogue is first and foremost a term belonging to the language use of the European Union. It is most familiar to the representatives of the employer and worker organizations and state administration involved in cooperation in the European Union level. Despite of term’s unfamiliarity, dialogue takes place at different levels. Instead of social dialogue in Finland we talk in different contexts of labour legislation, collective agreements and their application, cooperation at workplaces, actions sustaining working ability, consultation of employees on important issues related to the organization of work, employment contracts or development discussions depending on at what level and what kind of issues are debated.
The Collective Agreement System
In Finland, social dialogue can most clearly be seen in the collective agreement system. The system creates a strong foundation and a clear structure for the dialogue. In this form the dialogue has a long tradition in our country and commitment has been made to it in national legislation, as well. Centralized solutions relating to incomes policy concerning different sectors have been discussed in Finland from time to time for over thirty years. The negotiation operations of the labour markets are based on a tripartite system. This means cooperation and negotiations between employer organizations, trade unions and the government when agreeing on working conditions. The negotiations aim for a solution which will ensure stable development of the society by agreeing on the general level of wage increases and the framework for collective agreements in different fields. (Julkinen sektori työnantajana 2006, 7.) The government doesn’t actually take part in the negotiations, but promises 'common good' for the contracting parties if the wage increases are moderate and support the competitiveness and employment of the country. The common good refers to new employment laws, social policy reforms and tax relieves. (Kauppinen 2008.)

Any Central Organization negotiations are followed by negotiations held between the employers’ organizations and the labour organizations at the union level to agree on sector-specific terms of employment relationships. Each sector’s specific nature and the specific issues that rise in each sector have to be taken into account with the restrictions that have been agreed on the level of the Central Organization. Sector-specific agreements are used also when a comprehensive incomes policy solution does not arise. Occasionally there have been longer periods when working conditions have been negotiated at a sector-specific union level. Collective agreements may also include items such as local wage increase batches, distribution of which will be agreed on locally. (Julkinen sektori työnantajana 2006, 7-8; Kauppinen 2008.)
The level of organization of employers is high. The municipal agreement system covers all municipalities and communities of municipalities and their employees. 84.7 per cent of employees working in the public sector belong to labour organizations (Kunta-alan työolobarometri 2011, 2). The organizational level of employers and employees in private social services is slightly lower. (Julkinen sektori työnantajana 2006, 7-8; Kauppinen 2008.) Despite the lower organizational level of the private sector, the collective agreement of the private social sector is also universally binding while a large proportion of employees work in the service of an organized employer (Ahtiainen 2011b, 49–50). A significant part of unorganized employers operate under a company name and employ only themselves or have a few paid employees. Women are more highly organized than men. Of the labour organizations in the social service field, in particular the Union of Health and Social Care Services (Tehy ry) as well as the Finnish Union of Practical Nurses (Super ry) are female-dominated trade unions (Ahtiainen 2011b, 23; STTK:n Toimihenkilöbarometri 2009, 38).

In Finnish labour market model the public sector’s free negotiation relationships are almost equivalent to those in the private sector. The possibilities of all employees to participate in and influence at work are guaranteed by law. Legal participation and influencing possibilities are complemented by company-specific cooperation groups based on representative participation that exist especially in larger companies. These structures together with the high level of organization and the steward system guarantee a Finnish worker far greater possibilities to influence in the working life than the workers of many other countries have.
Collective Agreements of the Social Services Sector

Public social services comply with the Municipal general collective agreements while the private social services comply with the Collective agreement of the private social services sector. These agreements are based on incomes policy frame agreements and they are universally binding. They guarantee a certain minimum security to an employee and the minimum level determined by them must be followed even at those work places where the employers are unorganized.

The central contents of the collective agreements of the social services sector are related to employees' pay, working hours and annual holidays. In the social services sector, the basic salary ranges from approximately 1,500 euros to nearly 4,000 euros. The size of the basic salary is affected by the specific salary part/wage grouping that is compatible with the demands of the job and the training required as well as the experience supplements based on the number of employment years. In addition, the amount of the basic salary is affected by possible evening, night-time, Saturday and Sunday supplements paid for working hours that differ from the regular working hours as well as by possible compensations paid for being for stand-by and for emergencies, personal salary and bonuses. Part-time employee's pay is based on the number of work hours in relation to the total working time. Trainees and employees who are under 25-years-old may be paid less than the salaries based on the task, especially in the early stages of employment.

Depending on the work task the working time may vary from regular day work to shift work that includes work in the evenings, nights and weekends depending on the nature of the provided services and the needs of the customer. In shift work the duty rotas are made in 3-6 weeks cycles, where the working hours may differ from the maximum daily and weekly working time. However, when determining the working
hours the regulations of the labour legislation and collective agreement regarding rest periods and maximum working time constraints must be taken into account. It must also be taken into account that the average working hours according to duty rota will be stabilized over the period. Work exceeding the regular working hours, weekly working hours or work according to duty rota is overtime, during which an employee will receive 50-100 percent higher rate of pay.

Annual holiday benefits are determined by the Annual Holidays Act (162/2005) and the relevant collective agreement. Vacation accumulation is tied to the amount of full holiday credit months and work experience. The longer a person has been in the working life, the longer are his/her holidays. In addition, if a person has been in the working life for a long period of time, she/he might be entitled to extra vacation days.

In addition to the above-discussed issues, the collective agreements contain regulations regarding salary groups and other criteria for payment of salaries, paid and unpaid leaves, family leaves and taking week holidays into account in the working hours. Collective agreements also include instructions for how long an employee receives sick pay and how the length of employment affects this time as well as in what other circumstances and how long an employee can have a paid leave. In addition, collective agreements include local agreements on employment terms and regulations regarding the activities of shop stewards in the workplace. The appendix of the municipal collective agreement deals separately with for example day care personnel’s and family childminders salaries and working hours.

In accordance with collective agreements, organized employees are entitled to choose among themselves a shop steward and a deputy shop steward who act in accordance with their authorization with issues relating to the application of the collective agreement and other employment relationship-related issues. In the employment relationship
with the employer the shop steward is in the same position as the other employees. The trust status doesn’t place him/her in a special position in relation to the employer, but it must not compromise his/her position in the workplace, either. The shop steward's fee is tied to the number of employees being represented.

In addition to collective agreements, in cooperation of labour market organizations additional agreements and recommendations for the collective agreements have been prepared regarding for instance development of productive activities, healthy and productive working hours, cooperation in work safety, work-related stress and workplace harassment and violence. In addition, individual employees’ unions have published guides which handle the personnel’s position in municipal and service structure reforms, outsourcing of services, local agreements, well-being at work and work safety cooperation, inappropriate treatment, harassment and bullying at the workplace, emergency duties in social services and working in different sectors of social services (intellectual disability sector, practical nurses, elderly work and early childhood education). Guides and contracts pay attention not only to the application of collective agreements but also to well-being at work as well as the implementation of relating international framework agreements in Finland.

3.1. Local Agreements for Employment Terms

Local agreements for employment terms refer to making a collective agreement at the beginning of an employment relationship as well as the negotiation of work shifts, annual holidays and other employment terms during the employment relationship. However, it does not only refer to the application of collective agreements when agreeing on employment terms, but also to making local agreements that differ from the sector’s collective agreement and adding to the regulations described in it.
In recent years, local room for negotiation has been added so that increasingly often parts of labour market issues can be agreed on locally (Julkinen sektori työnantajana 2006, 8). Local agreements must, however, always comply with the minimum limits regarding for example the minimum wage and maximum working hours that are prescribed in legislation and collective agreements, and the working contract and employers specific regulations cannot be less than the regulations of collective agreements and legislation. In practice, local agreements refer to negotiations at the workplace level between the employer and the shop steward representing the employees. If there is no shop steward at the workplace, either all the employees, one employee representing the rest or an individual employee in his own case can take part in the negotiations.

Top locally agreed issues are the working hours and compensations for irregular working hours. In the public sector, for example the balancing of working hours during at the most one year has been agreed on locally. Also the private social services sector has made local agreements regarding long term balancing of working hours in addition to which the targets of local agreements have been for example the compensations for weekend work, excursion days and phone duty. Usage of the working hours bank and the flexible determination of working hours while paying attention to local needs have become some of the issues negotiated at the local level both in the public and in the private sector. Both employers and employees are generally satisfied with the local agreements regarding working hours. In addition to working hours, issues agreed on locally are for example occupational health, supervision of work and consultation, as well as trainings, exercise vouchers, massage services, excursions, trips and cultural events paid by the employer, in other words different issues relating to well-being at work, work health and skills development as well as recreation of the employees. (Edunvalvonnan arkea... 2009, 48, 52–53.)
Salary is not negotiated locally as often as the working hours (Edunvalvonnan arkea... 2009, 53). In recent years, however, locally distributed salary increase portions have been included in sector-specific collective agreements in addition to the general increases. Sharing a local salary increase portion may be based on perceived flaws in salaries, the nature of work tasks or personal performance and skills of an employee. The aim of allocating the increases is a consensus between the employer and the employees. If a consensus cannot be found, the employer decides the allocation of the local portion. However, the employer must always inform the employee union of how and based on what criteria the local portion has been distributed. In order to be legally valid, an agreement that deals with locally agreed issues must be in writing and it has to reflect who and what part of the collective agreement it covers and what has been agreed on.

Cooperation at workplaces is usually very consensus-minded. Employers think that the collective agreement is reasonably clear and easy to comply with. Issues are discussed at workplaces and common solutions are sought for possible problems. (Edunvalvonnan arkea... 2009, 45–46, 53.) However, it’s not always possible to avoid employment relationship disagreements and interpretations regarding employment terms can differ between different parties. Operational unit specific practices that have been formed during their history bring their own challenges to local agreements of employment terms, since they don’t necessarily reflect the current service needs and valid regulations, agreements and guidelines.

Disputes relating to employment terms are solved, when possible, by negotiating at the workplace level and relying on employment relationship guidance provided by the employers’ union, if necessary. Some employers are in regular contact with the employers’ union with issues regarding the interpretation and application of collective agreements. These types of contacts are common in particular when a
new collective agreement is introduced. Also the local salary increase portions distributed in addition to general increases raise questions. (Edunvalvonnan arkea... 2009, 45–46, 53.) The main focus in the guidance services of the employer union in social services is in consulting taking place by phone and e-mail as well as giving professional assistance regarding the interpretation of legislation, collective agreements and work contracts, starting and terminating an employment relationship, annual leaves, working hours and other issues relating to employment relationships.

Employees examine the web-pages of employees’ unions and read the unions’ papers when they need information regarding employment relationships and terms (Edunvalvonnan arkea... 2009, 46, 52). They can contact their own union or its district office with questions relating to employment term agreements and interpretation of collective agreements. A contact can deal with questions relating to making a contract of employment, salaries, working hours, annual holidays and other questions relating to employment relationship and terms. If problems occur, the employee union’s representative will contact the employer. Occasionally problems can be solved quite quickly this way. (Aarnio & Sipilä 2007, 27–28, 37.)

Social dialogue of a local level is made more difficult by unorganized employers and employees as well as lack of know-how related to social dialogue. Many unorganized employers are sole proprietors employing just themselves or small companies with only a few employees. Founding a company, producing services, marketing and other business-related issues require so much from them that no time and energy remains for committing themselves in the obligations of an employer. It is not, however, only a problem related to the lack of time, but also the know-how of the employers has deficiencies. Not all employers are familiar with the general validity of collective agreements and they don’t know how to interpret them. In the worst case, the
employer may end up in financial responsibilities and problems because of claims from employees.

Finnish employees respect Central Organizations and see them as key guarantors of the well-being of employees. Security is the main reason why employee wants to belong to a union. The concept of security includes unemployment benefits and counselling regarding employment relationships and terms. It is "safer" to negotiate issues in the workplace when you have the backing of a strong union. The most common motives for a membership in an employees’ union are earnings-related unemployment, salary and employment security, effectiveness in protecting the members’ interests created by large membership and in general the security that a membership brings in a changing world. (Aarnio & Sipilä 2007, 30; Edunvalvonnan arkea... 2009, 50.)

However, not all employees belong to a employees’ union. Those who don’t belong to a union have been able to secure their unemployment by joining an unemployment fund independent from the unions of the sector (Ahtiainen 2011, 49–51). They don’t necessarily think that a membership in a union is necessary in their case while everything is in order at the workplace. On the other hand, the reason for not belonging to a union may be the lack of information regarding lobbying or thinking that the unions don’t offer help when needed. Small companies don’t usually have shop stewards so the trade union issues remain largely unsolved unless the employee has joined a union earlier either through a student membership or while working in the public sector. (Aarnio & Sipilä 2007, 39–41; Edunvalvonnan arkea... 2009, 50, 53.)

Employees’ knowledge of the collective agreement may be inadequate even if they belong to an employees’ union. The reasons for this are employees being members in different unions at the same workplace and the lack of shop stewards especially in small workplaces, so the employment relationships and issues relating to employment terms are
not discussed that easily in the workplaces. (Aarnio & Sipilä 2007, 39-41; Edunvalvonnan arkea... 2009, 50, 53.)

3. Social Dialogue in Social Services
Although public and private social services do not differ significantly from each other, based on field studies carried out in the sector they have their own features. Therefore they are briefly examined here separately. Special attention is paid on what issues work well in the public and the private sector and where there is room for improvement. At the end, the general realization of social dialogue is discussed in its own subchapter. At the same time the issues deals with reflecting what are the important issues in social dialogue at different levels, what does successful social dialogue require and how the dialogue could be developed.

3.1. Public Sector as an Employer

The public sector is generally regarded as a reliable and stable employer. It has a good service relationship security and in the whole competitive terms of service relationship. Guidelines and rules relating to the employees are clear and effectively controlled. Pay systems based on job demands and personal performance and job evaluation systems have become more common. The size of the salary is still mainly influenced by the number of employment years, but nowadays also personal performance accounts. Salary is considered fair but not yet competitive, encouraging and rewarding the right things. Gender equality actualizes in decision making and in the working life. (Kunta- alan työolobarometri 2011, 1, 3-4, 7-9.) However, the placement of men and women in different types of work tasks and different ways of working can be seen in the salary differences between the genders. (Julkinen sektori työnantajana 2006, 2, 13-14.)

Development discussions are much more common in the public sector than in the private sector and they have become increasingly common
in the social services sector. Maintaining and developing know-how and expertise as well as balancing work and family life are viewed positively. Opportunities to participate in employer-funded training are good. Also participating in the development of workplace operations and the possibilities to influence work tasks, work pace and sharing of tasks have improved over the last couple of years. Activities maintaining working abilities are organized quite commonly at workplaces. (Kunta- alan työolobarometri 2011, 7, 15–18.)

The experience of employees regarding the sufficiency of personnel has improved in the public sector in recent years. Both permanent and temporary new employees have been hired at workplaces and there has been positive development in the organization of work tasks. Also the employees’ work relationship security has been improved by changing fixed-term contracts to indefinite contracts. Fixed-term contracts are still common, especially among employees under the age of 35 (STTK:n toimihenkilöbarometri 2011, 38). The fact that unequal treatment of fixed-term and young employees has increased in the last couple of years hasn’t made their situation easier. (Kunta-alan työolobarometri 2011, 4, 12.) Unequal treatment refers for example to fewer possibilities for substitutes to receive further training. However, some employees want to do fixed-term work or casual jobs for many employers.

Physical hardness of work has reduced. The work is, however, often perceived as mentally hard. Workplace bullying and emotional abuse, being bullied by customers and co-workers and conflicts between superiors and subordinates have become more common in the social sector. Openness and confidentiality between the relations of employees and the management as well as the security of employees with regard to maintaining their jobs have deteriorated when compared to the previous year. Tasks and their objectives are not discussed together as often as in the previous year. Also encouraging employees to try new things and constructive attitude of the superiors towards suggestions
for changes have reduced. Work performance requirements and the need to work overtime have increased. Much of the overtime is compensated with free time. (Kunta-alan työolobarometri 2011, 3, 10–14.)

**Private Sector as an Employer**

The private social services sector is a sector that is situated in the middle ground between the public and the private sector and whose operating environment is constantly moving and is subject to political interests (Edunvalvonnan arkea … 2009, 39). The operating environment and practices of social and health care sectors have changed dramatically in recent years. The share of private services of the service provision has increased and the emphasis has shifted increasingly towards non-institutional services. Private services are at the moment a significant part of the overall system of social services and, as the service needs are increasing, the operations of the companies and organizations in the sector are essential from the viewpoint of the availability of services. The municipalities, who are responsible for organizing the services, decide if they produce the services themselves or buy them from elsewhere and from whom they buy the services and how long the purchase service agreements are. In addition, service users can increasingly buy the required service from the provider they want with a service voucher. (Aarnio & Sipilä 2007, 14–19.)

Today, over 80 per cent of the bidding for service purchases consists of so called general agreement tenders, in which many service providers are chosen. Bidding usually concerns producing services for new customers. There are fixed-term employment relationships in the social service sector to some extent, as in all other sectors. Some of the employees see fixed-term employment as a problem (Edunvalvonnan arkea … 2009, 41). In turn, some of the employees don’t want to
commit to one job, but instead are doing so called casual jobs for several employers at the same time. In practice, there is no unemployment in the sector when taking into account that every field has a few per cent of unemployment related to regional demand and supply of workforce. Updating the training of the sector is done in accordance with the recommendations given by the ministry and quantitatively the updating training of the sector is broader than in many other sectors.

The main problems in the private sector are the availability of personnel and the employees’ well-being. The availability of workforce is made difficult among other things by the location of the workplace in a small locality and high professional requirements that limit the number of potential applicants. The fact that the vacancies are not filled and substitutes are not found as well as the constantly changing substitutes is straining the employees who feel a great responsibility in their work and for their clients also outside working hours. Straining is also caused by questions relating to work safety, especially in parts of the work tasks of social services. (Edunvalvonnan arkea ... 2009, 41–44.)

Employees’ mutual cooperation in private social services is mostly informal. For example employment terms, salaries or professional organization don’t often arise as a subject in the conversations between employees. Part of the reason for this is that the employees are unorganized or the employees working in the same workplace belong to several employees’ unions, but also being content in their work as well as the atmosphere and practices of the workplace. Employees appreciate the good atmosphere of small workplaces and the open discussion between the employer and the employees, and consider it to be relevant in terms of the fluency of work tasks. (Aarnio & Sipilä 2007, 29–30; Edunvalvonnan arkea ... 2009, 40, 44, 50–51.)

A flat hierarchy facilitates the agreement on issues in the private sector. Employees at small workplaces often play a central role and are able to remarkably influence the content of their work and the employment
terms. The work is diverse and independent. For example working hours and holidays are agreed on in work teams often independently and according to the employees’ wishes. Employers intervene in the placement of holidays only if it’s necessary. Employees, who have previously worked in the public sector, feel that the flexibility of the work and their own possibilities to influence are better in the private social services sector than in the public sector. (Aarnio & Sipilä 2007, 30–31; Edunvalvonnan arkea ... 2009, 42–43.)

Organizing private services is subject to license. The State Provincial Offices issue licenses to new service providers. When issuing licenses, attention is paid among other things to the personnel’s training and sufficiency. The State Provincial Office also monitors the activities of private service providers. According to the Act on Private Social Services (922/2011) that came into force in 2011, private social service providers must compose a plan for self-monitoring to secure the quality of operations. Although the plan is aimed, above all, at the quality of services received by customers, it also has an impact on the working conditions. Information about personnel, premises, equipment and materials, among other things, is written down in the plan. In addition, the plan can take into account what kind of know-how is needed in the company in order to reach the set goals. Self-monitoring plans must be completed by September 2012. Information on their implementation is available at the earliest in 2013.

3.2. Important Issues in Social Dialogue

Social dialogue is a way to handle issues that are important for employers and employees on different levels of operation. When successful, social dialogue prevents conflicts and misunderstandings, helps to understand common goals and improves efficiency and the quality of working life.

Based on this report, an essential condition for the realization of social dialogue is organization. At the national and international level, social
dialogue is representative and actualizes through the organizations of the employers and employees. Also at the local level, most often it is the organized employers and employees who have the know-how necessary for dialogue.

Organization is closely related to another important issue for social dialogue: security. Security is an essential reason of employees for belonging to trade unions. Motives for membership are unemployment, salary and employment security as well as the general security that the membership brings in the changing world. Universally binding collective agreements guarantee a certain minimum security also to those employees whose employers are not organized. On the other hand, successful social dialogue increases the confidence of employees towards their employers and thus also strengthens the feeling of security.

Organization is also related to reliability as well as clear rules and guidelines. Mutual agreements and guidelines provide a clear framework for how to act in different situations. On the other hand both the employers and employees' representatives emphasize flexibility and think that the possibility to increase local agreements is a good thing. Local agreements allow the observation of local special characteristics and needs as well as the individual needs of the employees and improve the availability and motivation of the workforce.

Successful social dialogue necessitates participation from the employees. Participation is based on the employees’ possibilities to influence their work, their working conditions and the working community. Bases for successful dialogue are created by the support of the superior, flow of information, listening to the personnel and respecting one’s own work and the work of others. A good work atmosphere and open discussion provide courage to intervene in possible workplace problems and to seek solutions for them together. The experiences of success come from small issues. With mutual discussions, the employer and employee find solutions for better
organization of work tasks and labour resources. Disputes regarding employment relationships and employment terms can be agreed on in negotiations between the employer, the employee and the employees’ organization.

Effective social dialogue increases the attractiveness of the workplace and strengthens its image. People want to study in the sector and they remain at work. Keeping personnel employed for a long time is beneficial for the employer. Both the employer and the employees win. Orientation and other things consume resources if employees change constantly. Lack of dialogue may in turn appear like a lack of common objectives, inflexibility, and under-utilization of the employees' skills, which reduce the employees’ well-being and increase fatigue, sick leaves and resignations. Effective dialogue requires that both the employer and the employee have the skills for social dialogue, for example through the shop steward system.

Social dialogue isn’t only about agreeing on the employment terms and application of the made agreements. It’s always also about the development of the employment terms and working conditions. Development work is done between universally binding collective agreements in the cooperation groups of the organizations of the employers and employees. Trade unions could have a stronger role than they nowadays have as a positive network and development partner in the workplaces also at local level.

Most of the trade unions in the Finnish social services sector are involved in the social discussion at the European Union level. Municipal employers are members of CEEP (The European Centre of Employers and Enterprises providing Public services) and the employees’ organizations of the sector (The Trade Union for the Public and Welfare Sectors JHL, The Union of Health and Social Care Professionals Tehy ry, the Finnish Union of Practical Nurses Super ry) are members of EPSU (the European Federation of Public Service Unions). FIPSU ry (Finnish Public Services Unions' EU Working Party Fipsu) is responsible for
lobbying for the trade unions of the Finnish public sector in the European Union. It is no longer enough to participate in the dialogue only nationally. Operating for securing and developing the working life and services requires international cooperation for example in questions relating to well-being at work, occupational health, and occupational safety. Because of the differences in the national systems, the consensus is more difficult in questions relating to the employment terms and service systems.

**Conclusions**
Social dialogue is not a well-known term in the Finnish social services sector. However, this doesn’t mean that social dialogue doesn’t take place in the sector. Most clearly social dialogue appears in the collective agreement system and negotiations held at different levels regarding employment terms and working conditions.

The Finnish social service system is based on the Nordic welfare state model. Organization of services as a responsibility of the municipalities is set already in legislation. The share of public services in providing services is great. However, the share of private services in service providing has increased over the past 20 years or so and is already \( \frac{1}{3} \).

The importance of municipalities as service providers is, however, increased by the fact that the municipalities buy most of the services produced by private service providers. Public and private services in Finland do not differ significantly from each other. Non-institutional services are a priority in social services offered to all target groups.

The basis for the social dialogue is created by the collective agreements of the public and private social services sector, and these agreements are universally binding while most of the employees of the sector work in the service of an organized employer. Universally binding collective agreements guarantee the employees a certain minimum security and provide a clear framework for the discussion held in the sector. The collective agreements of public and private social services do not differ
significantly from each other. The strength of the national system is the obligation for equality. Finland does not have a two-level labour market with different terms of employment.

Dialogue is held at a national and a local level. Organization, security, reliability, flexibility and participation characterize the dialogue. Collective agreements provide a framework, but labour market issues can be increasingly agreed on flexibly at the local level by taking into account the local needs. Developing the working life and services requires international cooperation for example in questions regarding well-being and security at work. Due to the differences in the national systems, consensus is more difficult to find in questions regarding employment terms and service systems. Social services have a specific social interest. Services cannot be realized only with the labour market’s buying/selling of workforce dimension. Arranging services must be included in the national decision-making power also in the future.
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1 anonymous informant; written information
## Attachments

### Appendix 1. Personnel in Municipal social services by activity in 2010.

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<tr>
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### Appendix 2. Private social service providers by activity in 2010.

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Appendix 2. Private social service providers by activity in 2010 (continues)

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<th>1.1.255</th>
<th>1.1.256</th>
<th>1.1.257</th>
<th>1.1.258</th>
<th>1.1.259</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1507</td>
<td>2824</td>
<td>17</td>
<td>4350</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>1.1.260</th>
<th>1.1.261</th>
<th>1.1.262</th>
<th>1.1.263</th>
<th>1.1.264</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel in the social services</td>
<td>19289</td>
<td>22299</td>
<td>99</td>
<td>41687</td>
<td></td>
</tr>
<tr>
<td>Full-time</td>
<td>15822</td>
<td>16180</td>
<td>68</td>
<td>34080</td>
<td></td>
</tr>
<tr>
<td>Part-time</td>
<td>2376</td>
<td>3766</td>
<td>29</td>
<td>6171</td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>1091</td>
<td>343</td>
<td>2</td>
<td>1436</td>
<td></td>
</tr>
</tbody>
</table>

### Appendix 3. Labor legislation

<table>
<thead>
<tr>
<th>Essential content of the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employment Contracts Act</strong> <em>(55/2001)</em></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Working Hours Act</strong> <em>(605/1996)</em></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
128 hours during either of the three-week periods or 88 hours during any of the two-week periods. Working hours may include working at night or on Saturdays and Sundays, if it is justified considering the nature of the work.
Appendix 3. Labor legislation (continues)

<table>
<thead>
<tr>
<th>Essential content of the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working Hours Act (605/1996)</strong></td>
</tr>
<tr>
<td>• An employer and an employee can agree that the employee is available to be called in to work when necessary. If stand-by is necessary due to the nature of the work, the employee cannot refuse to do it. Stand-by time must not excessively disrupt the employee’s free time and the employee is entitled to obtain at least 50% compensation either in wages or free time.</td>
</tr>
<tr>
<td>• Overtime refers to work carried out in addition to the regular working hours. The maximum amount of overtime during a four-month period is 138 hours, though 250 hours must not be exceeded during a calendar year. The payment for additional work exceeding the daily, weekly or intermittent working hours shall be the regular wage plus 50-100 per cent. Wages payable for overtime can be either partly or completely converted into corresponding free time.</td>
</tr>
<tr>
<td>• If the daily working hours exceed six hours the employee must be granted a rest period of at least half an hour, during which the employee is free to leave the workplace. The uninterrupted rest period for 24 hours is at least 11 hours and 9 hours in case of intermittent work. The employee must have at least 35 hours of uninterrupted free time each week, preferably around a Sunday.</td>
</tr>
<tr>
<td><strong>Annual Holidays Act (162/2005)</strong></td>
</tr>
<tr>
<td>• Unless otherwise determined by the collective agreement of the sector, the Annual Holidays Act applies to all employees in an employment relationship or civil service relationship. The Act applies to employment relationships both in the private and the public sector.</td>
</tr>
<tr>
<td>• The holiday credit year means the period from 1 April to 31 March. An employee is entitled to two and a half weekdays of holiday for each full holiday credit month. However, the entitlement is two weekdays of holiday for each full holiday credit month if, by the end of the holiday credit year, the duration of the employment relationship has been less than one year.</td>
</tr>
</tbody>
</table>
| • An employee has the right to receive at least his/her regular or average pay for the time of his/her annual holiday. In addition, an employee is entitled to holiday compensation. If the employment relationship has lasted less than a year by the end of the holiday credit year, the
employee is entitled to holiday compensation of 0.9 per cent of the wages paid during the holiday credit year, and 11.5 per cent if the employment relationship has lasted for at least one year
Appendix 3. Labor legislation (continues)

<table>
<thead>
<tr>
<th>Essential content of the Act</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Act on Employer and Employee Cooperation in Municipalities (449/2007) &amp; Act on Cooperation within Undertakings (334/2007)</strong></td>
</tr>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>
Appendix 4. Collective agreements of the social services sector.

<table>
<thead>
<tr>
<th></th>
<th>Municipal general collective agreement</th>
<th>Collective agreement of the private social services sector</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary</strong></td>
<td>Minimum salary 1,502.62 €/month. Salary system is based on task-specific salary, personal increment, experience-based increment and performance-related pay. In addition, an employee may be paid single rewards or other rewards, increments and compensations specifically mentioned in the collective agreement.</td>
<td>Basic salary is 1,574.99 – 3,999.65 €/month depending on the salary group. Salary group is based on the training required by the job and the demands of the job. Experience-based increments increase the basic salary by taking into account the working years. Salary is also affected by the compensations paid for overtime, Saturdays, Sundays, evening and night work and emergencies. In October 2011 the average earnings of the sector were 2,428 €/month. Part-time employees’ salary is based on the amount of working hours in relation to the total working time. Trainees are paid the minimum salary when the employment relationship has lasted 3 months.</td>
</tr>
<tr>
<td><strong>Part-time work</strong></td>
<td>Part-time employees’ salary is based on the amount of working hours in relation to the total working time.</td>
<td>Trainees are paid at least 90% of the guideline salary of the task. An agreement can be made with a summer worker under the age of 25 regarding a summer job salary that is at least 75% of the guideline salary of the task.</td>
</tr>
<tr>
<td><strong>Trainees etc.</strong></td>
<td>Trainees are paid the minimum salary when the employment relationship has lasted 3 months.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4. Collective agreements of the social services sector (continues).

| Working hours | Regular working time cannot exceed 9 hours/day and 38 ¼ hours/week, office working time cannot exceed 9 hours/day and 36 ¼ hours/week. Regular working time is 37 hours in tasks specifically mentioned in the collective agreement. Shift working time is applied in tasks specifically mentioned in the collective agreement where the employer has the need for night-time work or work shifts that last over 9 hours. In three-week working periods the working time cannot exceed 114 ¾ hours and in six-week periods 229 ½ hours. Daily or weekly working time is not determined. | Regular working time is 8 hours/day and 38 1/3 hours/week. Daily working time can be prolonged with one hour, if agreed on beforehand. This requires that the time adjusts during the balancing period with the maximum weekly working time. In shift work the working time is determined in 3-6 weeks cycles. Working time in 3-shift work cannot exceed 10 hours a day, in night shifts 12 hours a day and 38 1/3 a week. Weekly working time can also be determined so that during the 3-6 weeks balancing period the working time is on average as mentioned before. Working time cannot exceed 48 hours during any week of the balancing period, and when applying the six-week balancing period the working time cannot exceed 126 hours/3 weeks. Overtime means work that exceeds both the regular working time and the overtime limits. Overtime salary is the hourly wages increased by 50-100%. |
| Shift working hours | | |
| Overtime | Overtime means work that exceeds both the regular working time and the overtime limits. | |
| Annual holiday | 2-3 days/ full holiday credit month depending on work experience + possible extra vacation days. 5 weekdays are taken into account when calculating used vacation days. | 2-3 days/full holiday credit month depending on work experience entitling for service compliments. 6 weekdays are taken into account when calculating used vacation days. |
National Report France

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LECTURER IN SOCIOLOGY
UNIVERSITY PARIS DESCARTES

Supported by: DG Employment, Social Affairs and Inclusion
The Social Services sector: a sector with unclear boundaries but specific values

The social sector: a difficult boundary to set
The social sector is a very difficult boundary to set as it is subject to different levels of definition and different types of terminology.

The French National Institute for Statistics and Economic Studies (INSEE), for example, which is the organisation which provides the most processed data regarding employment in France, has a distinct category for ‘social action’ which is separate from ‘health’ and ‘education’.

For INSEE, social action also gives way to different social or medico-social organisations subcategories (disabled persons organisations), associations concerned with the family (social centres, help for the family at home, childcare), the elderly (retirement homes, lodgings, and domestic aid), children or teenagers (specialist prevention, youth work organisations). It is therefore a far vaster entity than can be dealt with simply by branches.

In scientific or professional reading, we also often find the ‘social, medico-social and sanitary sector’ which is also much vaster in what it encompasses than those organisations which are strictly concerned with sanitation.

1.1. The social sector according to its values: The SSE, a specific economic sector

The first step in identifying the ‘social’ in France is that which we call the social economy (SSE) which has been recognised by French law since 1981.
What is social economy?
Social economy refers to a procedure which places human beings – and not for profit – at the centre of the economy. In the legal plan, SSE organisations are those personal and non-capital organisations resulting from the social economy: associations, mutual societies, cooperatives and cooperative and participative organisations (SCOP), Cooperative and Collective interest organisations (SCIC) and foundations.

Principles and values of the SSE
The organisations belonging to the social economy respect the following principles:
Freedom of membership, limited profitability (meaning a non-profit individual -this principle does not prohibit the establishment of financial surpluses – cooperatives, mutual organisations, and certain associations have large surpluses – but does forbid individual profit), independence regarding Public authorities (resources may be private or mixed), the collective or social use of the project the democratic handling according to the principle “one person, one voice”.
These principles relate to the values which distinguish the social and united economy from the conventional market economy, as seen above.

The SSE, a fast growing economy
Even though there are no official statistics to speak of, the key organisations of this sector are in holding with the figures from the National Observatory of the Social Economy which estimates 2.3 million (1.9 full time equivalents) as the number of employees in the SSE (ONESS, 2010). Of which about 10% relates to paid employment in France.
With more than 100,000 jobs created every year, the SSE is responsible for the creation of about 1 new job out of 5.
The social in the social sector
According to the National Observatory of the Social Economy (ONESS), 6 employees out of 10 are in the social action sectors (according to INSEE terminology).
According to USGERES, 65% of jobs within the social sector belong to the social economy. If the social action and human health jobs are combined, the sanitation and social sectors comprise around 28% of employees of the social economy.

Social branches within the SSE
The level of analysis of the social economy is the vastest level as it is both inter-professional and consisting of various sectors. The social economy can be divided into thirteen branches: The health and social associate branch (BASS), The domestic aid branch (BAD), The branch of key social and familial links, The coordination branch, The accommodation, social residence and youth service branch, The social housing branch, The local institutions and professional advice service branch, The district government branch, The branches to which the cooperative production organisations and cooperative banking belong, The mutual insurance systems branch, The broadcasting section, The sport section, The local tourism and family branch
We will study the first three branches in this study, as far as they relate more directly and strictly to the three sectors identified by the PESSIS project: persons with disabilities, the elderly and small children.

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32 A professional branch reclassifies the organisations into the same activity sector and is determined by one agreement or a collective convention. A branch is therefore represented by one or several trade unions and employees’ unions negotiating deals and collective conventions.
The SSE, the private and public sectors
Within the social sector, it is without doubt the non-profit private sector which concerns the majority of jobs.

In addition to the social economy, the public and private commercial sectors are just as involved in the sector which we are focusing on. The public sector is responsible for a large part of the medical and medico-social sectors and is particularly engaged in the service and care of children and the elderly.

The private commercial sector remains a very minor sector, but it has begun to develop in recent years since the individual services ‘boom’.

The social services sector: an expanding and transforming sector

Facts and figures

The social and health associate branch (BASS)

<table>
<thead>
<tr>
<th>Branch authorities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The joint committee</td>
</tr>
<tr>
<td>Created in 1996 by social partners, it is made up of Unified representatives regrouping the 5 employers organisations (French Red-Cross, Fehap, FFCLCC, FEGAPEI, Syneas) and the 5 employees representative organisations (CFDT, CFE/GCG, CFTC, CGT, CGT-FO). It is where branch decisions are negotiated and made, in the areas of training, employment, working conditions and equal representation, areas whereby branch decisions which are likely to be received by the Ministry are signed.</td>
</tr>
</tbody>
</table>

- The national employment equal representation committee (CPNE)
Established in 1993, the CPNE is responsible mainly for foresight analysis of employment and for training within the branch.
Within this role, it follows career and employment evolution within the sector and produces an annual report about it. It is also responsible for
following the concluded deals within the branch concerning professional training. The CPNE is made up of 20 members, 10 Unified representatives and 10 employee organisations representatives.

- **The prospective careers and qualifications observatory**
  Created in 2005, the branch observatory is an equal representation structure, directed by the CPNE to produce information and analysis to anticipate and accompany evolution within the branch in terms of employment and qualifications.

- **Unifaf**
  It is the equal representation organisation agreed by the state for the collection and management of ongoing professional training funds for organisations belonging to the health, medico-social and social private non-profit branches. Established in 2005, Unifaf followed on from Promofaf which was formed in 1972.

Created in 1993, the social and health associate branch is also known as the welfare, social and medico-social private non-profit branch. It is estimated that the branch has around **700,000** employees.

Five jobs are predominant and are most iconic of the branch: caregivers, nurses, specialist teachers, medico-psychological carers and education monitors.

If the UNIFAF activity report is to be believed, the branch covers between 42% and 46% of all jobs in this sector.

**Domestic aid branch (BAD)**

**Branch authorities:**

Formed in 1993 in a professional union federation. It is made up of 4 employer federations, ADESSA A DOMICILE, ADMR, FNAAFP/CSF, UNA regrouped within the **USB Domicile** (trade union of the domestic aid branch) and 6 trade union organisations (CFDT, CFE-CGC, CFTC, CGT, FO, UNSA SNAPAD).
As of December 2004, **Uniformation** was chosen as the OPCA of the domestic aid branch.

From 2007, the National Equal representation Employment and Professional Training Committee (**CPNEFP**) has put into place a prospective careers and qualifications **observatory** implementing the branch’s three-year goals and subdividing them annually.

What’s more, the branch’s activity can also be subdivided on a regional level across the **CPREFPs** (Regional Equal representation Employment and professional training committees) whose role is to relay the branch’s interests to regional institutions.

The domestic aid branch classifies three active domains: healthcare at home, social aid within social family politics of public authorities and individual services.

The professional branch is made up of **220,000** employees according to the Domestic Aid Branch Observatory (2009 figures) over 5,000 structures (generally associations).

In contrast to the Social and Health Associate Branch, certain structures within the Domestic Aid Branch belong to the private non-profit sector (the majority being associations) while others belong to the public sector (local authorities, social action communal centres).

**The majority of action as "provider"**

The branch associations’ action is managed first and foremost under the "provider” category (76% of hours carried out).

**The social and familial link branch**

Structure of the branch

The Joint National Negotiations Committee is made up in equal measure of negotiators appointed by the SNAECSO* Administration Board and representatives of the five workers’ unions belonging to the National Collective Labour Agreement: CFDT, CFTC, CFE-CGC, CGT and FO.

A Joint National Employment and Training Committee

Housing-training is the branch’s designated OPCA.*
The branch groups together social and socio-cultural centres, local social development associations and care associations for young children. It is therefore concerned with educational and social operations. Within the framework of this study, the third field of care is of particular interest – care associations for young children (less than 6 years of age), which were incorporated into the branch in 2007. These counselling centres for young children represent 2/3 of the branch’s structures, comprising around 2600 structures (the professional branch consists of around 4000 structures.)

Altogether the branch consists of 60,000 employees of which the vast majority works with small children.

Public, non-profit and private commercial sectors summary

The public sector: regional management
According to the DGSA (DGAS, 2009) report those jobs under public statute represent one third of employees in social work (excluding childminders). The three public functions concerned are: regional, hygiene and the state.

The public sector is very involved in the elderly persons sector and the young child care structures in particular.

The lucrative private sector: the soar in individual services
“That which is known as ‘services to the individual’ is a category recently created by the 2005 government plan called plan Borloo. Within this category, “mixed activities which are all effected in the home of the individual but which have completely different objectives are artificially classified,” (Devetter, 2008). Services to the individual can range from cleaning and gardening to technological aid.

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33 However, it must be taken into account that certain social centres are also concerned with early childhood and offer an ‘early childhood’ service.
34 The bodies responsible for training (as well as regions and employers concerning jobseekers) are: the national Centre of public regional function for civil service, the national association for lifelong training for hospital staff for public hospitals, with each employment department serving the civil state.
The sector for services to the individual encompasses: the domestic aid branch (which is included in this study) commercial organisations for services to the individual; and the staff at home directly employed by the individual\textsuperscript{36} (which is not included in this study).

The two main employers’ federations\textsuperscript{37} are the FESP (Federation of organisations for services to the individual, partner of MEDEF) and the FEDESAP (French federation of services to the individual and of proximity, partner of the CGPME). The main OPCA is OPCALIA.

Formerly managed by different departments, the sector for services to the individual has been managed by a single representative since 2005: the National Services to the Individual Agency.

\textbf{60\% of jobs within the domain of social action belong to the social economy (30\% to the public sector and 7\% to the commercial private sector). In contrast, the social economy only constitutes 13\% of jobs in healthcare (80\% belonging to the private sector and 7\% to the commercial private sector).}

In comparison, the handicapped persons sector is almost 90\% managed by the associative sector.

The lucrative private sector remains a minor factor in the social sector but it is on the increase, particularly where services for the elderly are concerned.

\textbf{Summary of the elderly persons, small children and handicap persons domains}

\textbf{Sector for the elderly}

The individual employer has strongly developed with regards to services for the elderly. For other forms of employers, we have seen that it consists of (non-profit private) public sector associations (in the small children, handicap and elderly persons domain in particular), and of commercial organisations. The activity of commercial organisations

\textsuperscript{36} Those indirect employment constitute the most significant part of homecare workers (DGAS, 2009).

\textsuperscript{37} If you don’t take individual employers represented by the National Federation for Individual Employers) into account outside the framework of this study.
remains very minor within the sector (11% of hours) (Aldeghi & Loones, 2010). Domestic aid is much more advanced than the housing sector.

**Persons with disabilities sector**

The handicap sector is the most easily identified as it is almost entirely run by the associative sector relevant to the social and health associate branch. It consists of around 250,000 employees.

It is the top sector in the social and health associate branch in terms of employment. It sees strong growth and consistent increase in its number of establishments.

The majority of these establishments are those for children and adolescents.

**Small child sector**

The establishments providing care for small children (0 to 6 years) may be managed by the public, non-profit private or commercial private sector.

Under public statute, there are crèches run by regional bodies (communities) as well as public crèches (hospital or public administration crèches). Under non-profit private statute, we find associative structures (parental crèches, for example), company crèches and those of the collective interest cooperative society, and finally, those establishments under the lucrative private sector. Over half of these establishments are under public regional management, 37% under associative management. Small child establishments are principally managed by local authorities.\(^{38}\)

\(^{38}\) In 2009, 68% of creches are managed by regional bodies (60% by local authorities and 8% by departments), 23% by associations, 9% by other bodies such as family benefit agencies, private lucrative bodies, mutual insurance companies and corporate committees. Regarding nurseries, 59% are managed by local authorities, 32% by associations, 4% by social security authorities, and 5% by other bodies. Finally, 57% of multi-service establishments belong to local authorities, 35% to associations and 8% to other bodies. Parental structures adopt, in their approximate totality, an associative method of management (DREES, 2011).
1.2. Summary of the sector’s general features

1.2.1. A growing sector facing recruitment difficulties

**A highly job-creating sector in reconfiguration**
In general terms, it is a sector undergoing much growth: for example, in the social and health associative branch, from 2000 to 2007, the number of staff increased by more than 50%.

**Recruitment difficulties**
It is estimated that 2 out of 5 establishments belonging to the social and health associate branch still face recruitment difficulties, which is linked to the low level of appeal of certain sectors, but also to the requirement levels in terms of qualification (for medical, paramedical and fields of care in particular).

**A sector dominated by volunteering and small organisations**
The number of establishments with less than 50 employees is becoming increasingly significant. In contrast, staff is concentrated in bodies with less than 200 people. 39
It is important to note that domestic aid may be carried out by highly specialised associations but also very versatile organisations. ¼ of organisations offer care at home (SSIAD and/or CSI).

**A job which is often part time despite being of an indeterminate contract**
In the small child domain, 68% of employees are in an indeterminate contract, 88% of employees for the associate health and social branch. The amount of part-time employees remains significant.
Whatever it may be, “these precarious working times lead to extremely low salaries, 840 euros per month in 2008 for the average salary of a carer of vulnerable people” (Marquier, 2010).

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39 40% of employees in the associate health and social branch are within organisations of less than 50 people and 1/3 are in organisations of more than 100 people. For the domestic aid branch, the majority of employees (70%) work in large organisations (of more than 200 employees) but more than 66% of organisations are small structures (of less than 50 employees). The small child sector is also very much focused on small structures: 39% of the child and youth branch are structures of less than 10 employees, 56% are structures with between 10 and 20 employees and only 5% are structures with 20 or more employees.
A very feminine occupation

74% of jobs in the associate health and social branch are occupied by women (the French average is 44%). For all that, few women are supervisors and even fewer are managers (40% in the associate health and social branch).

The strong need for qualification

The quality requirements are more and more prominent. In the small child sector, for example, organisations will have to face a shortage of professionals and will have to train their employees in order to comply with regulations (CPNEF, 2010). But this is also true of domestic aid for the elderly.

Significant financing difficulties, with domestic aid in particular

If the sector is growing overall, in particular due to the evolution of needs, it clashes with public financing difficulties. This is particularly true of the domestic aid branch. The financing difficulties are linked to the fact that the activities of the branch or largely dependent on the benefit system and public aid.

Some financing bodies (The Social Security Fund, Family Benefits, Retirement, Mutual Insurance...) are drawn into this contradiction of wanting to respond to growing needs without having the resources which evolve at the same pace as these needs.

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40 The Personal Autonomy Allowance managed by the General Councils, aid managed by social security agencies and finances deposited for care by the Health Affairs Management Department.
Structure of representation

Unions and employers’ groups

The non-profit private sector
Entering into the field of study:

- 1 employers association: The Social Economy Employers Association which has represented, significantly since 2002, the Social Economy sector and which directs the employers unions which are of interest for this study (UNIFED and USGERES)

- 2 employers’ federation unions representing the two branches: UNIFED (Federations Union classifying different employers organisations of the health, medico-social and non-profit private social sector) and USGERES (Trade union and classification of representative employees within the social economy)

- 4 unions representing the domestic aid branch

- 5 unions representing the associate health and social branch (of which one classifies employers working in the handicapped field)

- 1 union representing the social centres and small child services branch which is of partial interest to this study

Organisations of mixed or varied activities must also be added, such as the French Mutuality which includes care and companionship organisations and services.

UNIFED coordinates the activities of 5 professional employers organisations belonging to the branch. Among these 5 organisations, three come into the field of study (FEHAP, FEGAPEI, SYNEAS).

Other SSE authorities:

- **CEGES** (Business Employers Council and Social Economy Groups) promoter of social economy.

- **APFEES** (Training association for Social Economy employers), responsible for training union members.
- **CRESS**, Regional Chambers of the Social Economy, federal organisations for the promotion of the regional social economy.

**The commercial private sector**
UNISSS is the inter-union association of the health and social sectors and it classifies the SISMES (service establishments responsible for services, care and supervision of children, adolescents and handicapped adults) and the SNAMIS (health and social structures of diverse nature). The FESP is the federation of services to individuals and represents the services to the individual commercial sector. The FEDESAP is the French Federation of Proximity and Services to the individual and represents the same sector for the TPE and PME.

**Union of employees**

**The CFDT (French Democratic Labour Confederation)**
The Social health CDFT federation is the foremost CFDT federation, covering all the health, social and medico-social sectors, with the exception of those establishments concerning social security, mutuality or local authorities. The federation is organised into four branches: health associative, social associative, Lucrative and liberal, and Public. It is part of the International Public Services and its European organisation, the European Trade Union Federation of Public Services.

**The CGT (General Labour Confederation)**
Two federations come into the field of our study, the National Federation of Staff of Social Organisations and the National Federation of Health and Social Action.

**FO (Worker’s Force)**
The National federation for Social Action – Workers’ Force (FNAS F-O) belongs to the General Labour Federation – Workers’ Force (CGT F-O). The FO National Federation for Social Action merges 103 social action unions, of which group together those union sections belong to the Workers Force in each department, made up of the employees of non-profit associations (1901 law), service managers and social and medico-social institutions.
The French health and Social Action Federation CFE-CGC

The CFE-CGC, founded in 1944, is the first French executive union which defends the interests of the company as well as the interests of society. It has between 130 and 140,000 (2002) professional members, both male and female.

The CFE-CGC is particularly embedded in the trade and services engineering and industry. The CFE-CGC social health, the SNC3S, is the National Executive Union of the Health and Social sector which represents the sector more specifically (health, social and medico-social, public, non-profit private or commercial private). Created in 1951, it consists mainly of directors, deputy directors, department heads, administrative staff and management, psychologists and caregivers.

1.2.2. Trade Union Representation reform

In 2013, the new regulations concerning union representation will take effect\(^4\). According to these new criteria, the trade representatives will be authorised having achieved over 10% of the vote. This means that, in the short term, some unions are in danger of being excluded from the trade union domain, which explains certain stances or objections.

1.3. Public authorities

DGCS: the General Directorate of Social Cohesion is the central administrative management of the social ministries which is in charge of creating, running and assessing public solidarity policies, of social development and of the promotion of equality which favours social cohesion. It ensures the coherence of national and regional policies.

CESR: the Social and Economic District Council is an advisory body made up of 4 college representatives: businesses and unpaid activities,

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\(^4\) The audience measurement election is made on the basis of professional elections that take place every four years from 1 January 2009. The representation threshold is set at 10% of votes in companies, and at 8% at branch level.
workers union organisations, bodies and associations involved in district community life, and those involved in development of the district.

ARS and CRSA: regional Health Agencies, pillars of the 21st July 2009 hospital reform (said HPST law, “Hospital, patients, health and districts”), ensuring the running of the region’s healthcare sector. The regional health and autonomy conference (CRSA) is a strategic authority of the ARS. It contributes to the implementation of regional health policies by providing advice on their development, monitoring and evaluation. It is made up of regional communities, users and associations, health professionals, management bodies of health and medico-social institutions and services, social protection organisations and workers and employers representative organisations.42

Social dialogue within the sector

A social dialogue dynamic strongly outlined and influenced by public authorities

An important point regarding social dialogue within the social sector in France is the major influence of public authorities. In terms of both regulation and funding, as there was funding of the proposal and funding of the request – in a cost-reduction context – which did not fail to impact the branch policies and to incite, as we will see, re-examination of collective conventions.

But the state action was focused very directly on the structuring of the sector, by the legislative reform of 2002 and the creation of APA and by the introduction of a new branch, the services to the individual branch.

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42 Social and solid economy employers representatives who are not members of the CRSA, including only Medef, CGPEM and UPA.
The law of 2nd January 2002 renovating social and medico-social action

This law widened the social and medico-social application field (by diversifying the terminology of institutions and services) and recognises the domestic services provided to the elderly and handicapped people as well as temporary services. It rests on three key axels: user rights, regulation of public orders (particularly social planning on a departmental level and evaluation procedures), putting it into competition for which the sector is little prepared. The law gives the department a central role in social and medico-social implementation and guidance (Morange, 2004).

Implementation of Personal Autonomy Allowance in 2002
Personal Autonomy Allowance is aid given out by the General Councils dealing with funding linked to dependency. At the time of 31st December 2009, 1,136,000 people were benefiting from Personal Autonomy Allowance in metropolitan France.

The development and promotion of services to the individual
It is the Borloo law of 26th July 2005 regarding the development of individual services and carrying various measures which favour social cohesion. With the aim of accelerating the growth of the services to the individual sector, the plan implements measures which encourage the commercial private sector and the individual employer. Because, as Lefebvre and Farvaque show, it is the domestic criteria, like the workplace, which presided over the creation of a sector for services to the individual by the public authorities (whereas from the point of view of those carrying out the services, this could also have been based on professional activity, the target audience or the employer’s status). A certain number of employers have defended their involvement in the social economy and have maintained their unique characteristics at the hands of the commercial sector. Employers and workers federations are in agreement with each other, in the associative sphere, that the
professional activity criteria, “the services which help vulnerable persons and comfort services are completely different, and this negates their specific characteristics rather than classifying them.” (Lefebvre & Farvaque, 2011).

A collective convention of organisations providing services to the individual (the lucrative sector only, however) was signed in January 2012 but immediately deemed inapplicable by a majority opposition of workers unions.

Some people defend the idea of the sector being defined in terms of its audience and not in terms of its activity⁴³.

The problem of representation of social economy employers

The approval procedure
The agreements and collective conventions must be approved by the responsible minister following the approval of the national committee, which is made up of the elected locals. This is a specific characteristic of the sector (with the enforceability of pricing authorities) which makes the social dialogue a longer process and thus subjects it to three parties rather than two. This approval procedure is currently under discussion, the Syneas having recently launched an assessment of the procedure⁴⁴.

Managerial representation
As we have previously mentioned, at the moment the representation of management organisations belonging to the social economy is recognised within the professional branches but it does not feature in the national social dialogue plan⁴⁵.

Moreover, there is a National Collective Negotiations Committee made up of ministers responsible for employment, agriculture and the economy, and of national union representatives. This committee is,

⁴³ “We therefore think that it is not the nature of the activities which should define the new medico-social aid sector but rather the difficulties faced in daily life. That is the only issue for abandoning the amalgamation of services to the individual.” (Dusset, Weber, Doniol-Shaw, & Henrard, 2012)
⁴⁴ http://syneas.fr/actu_page_6.html
⁴⁵ Where only the Business Movement in France, the General Confederation for Small and Medium Businesses and the Professional Artisan Union are recognised.
among others, responsible for the evaluation of the laws governing collective conventions as well as for giving an opinion on extension orders or the enlargement of collective conventions. Not recognised as managerial organisations, the social and solid economy employers organisations are not part of the CNNNC. It is the same for the Superior Professional Council and for the National Agency for the Improvement of Working Conditions.

It is in view of this recognition that USGERES was established in 1994. It is also this logic which gave way to various assembly dynamics:

- Creation of the Social Economy Employers’ Association
- Creation of the Business, Employers and Social Economy Groups Council, of which the academy employers are responsible for representing social and solid economy employers in dialogue with public authorities and social partners. In 2010, the Superior Council for the Social and Solid Economy assembled to unite the SSE representatives, elected representatives and public administration representatives. It consisted of a commission for Europe, the reinforcement of the European dimension being one of its objectives.
- First inter-professional national agreement of the social economy on 22nd September 2006 (National Inter-professional Agreement regarding life-long professional training).

Adapting social dialogue
The issue of recognition of the social and solid economy also concerns working to adapt modes of dialogue to the issues within the sector. As USGERES claims, “enterprises of the social economy possess some features which this dialogue must take into account:

- reference to shared values
- the coexistence of different populations (employees, volunteers, elected members...)
- the increased proportion of part time employees
- often complex funding methods which limit the margins for manoeuvre
- the difficulty often experienced in allocating time for dialogue

(Source: USGERES pamphlet on social dialogue).

USGERES’ action will be in terms of reflection upon the social dialogue within the social and solid economy. However, since 2001 it has implemented a ‘social dialogue group across the social economy’ with 4 of the 5 workers union confederations (CFDT, CFE-CGC, CGT and CGT-FO). In 2010, this social dialogue group (GDS) gave axis to the following work:

- “European social dialogue: for the Social Dialogue Group, this involves identifying specific ways of contributing to the presence of French social partner organisations of the social economy within inter-sectorial or sectorial (categorical) European social dialogue, facilitating exchanges between the Social Dialogue Group and European figures and to inform and make the European Commission more aware, in order to give value to the works carried out within the transversal Social Dialogue Group of the French social economy.
- Promotion of active inclusion of active persons away from employment(…)”

Within the framework of the transversal social economy Social Dialogue Group’s mission statement, a negotiation took place in September 2011 concerning the study and implementation of a groundbreaking professional integration and youth employment plan. The negotiation went on from September 2011 to February 2012 and resulted in a joint declaration which set a certain number of points to be incorporated into professional branches.

In the same mission statement, a plan to develop inter-branch social dialogue, within professional sectors and branches, and those

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enterprises within the social economy will implement them. An evaluation of the actual social dialogue situation is currently underway.\textsuperscript{47}

**Actions and good practices**

**A social dialogue which promotes recognition of the SSE**

The example of the first national inter-professional agreement of 22nd September 2006 concerning lifelong professional training is an example of good practice: the joint appeal to the State Council was worthwhile as the latter supported the employers of the social economy in 2009.

**A social dialogue closer to local realities**

"A good negotiation is one which sticks a bit closer to home." (Mrs A., employers federation representative). Thus for example, the collective agreement concerning the Job and Skills Plan was negotiated at the level of establishments and represents the local, very prospective, reality. This same representative refers also to the obligatory employment of handicapped persons agreement, passed in 1991 and since revised\textsuperscript{48}. This is good practice insofar as dealing with the things we know best, realities. It is this kind of practice which achieved the social territorial dialogue charter in the SSE signed on 24th November 2011.

**The social territorial SSE dialogue charter**

The objective of this charter is to implement a real, performing, social dialogue district policy which permits the development and upkeep of quality employment and provision of services within the districts. The local social dialogue must connect with national social dialogue, be it inter-professionally or on a branch level. It cannot, in any case, replace social dialogue developed in these areas\textsuperscript{49}.

\textsuperscript{47} Source: “Social economy” document, CFDT- social health.

\textsuperscript{48} Agreement signed by the FEHAP, French Red Cross and Syneas, and the following Union organisations: CFDT, CFTC, CFE-CGC, CGT et FO. It was approved in 1991 by the Labour Minister.

\textsuperscript{49} CRESS Rhone-Alps press release, 16/01/12.
Local collaborations within the social economy are highlighted as a major issue: “if strong and undeniable action favouring the social economy is to be carried out, it must be organised at a national level as well as at a regional level. This is a real lever, but can only be achieved by all coming together to discuss it, something which is not always evident” (Mrs. M., employers federation representative).

Collective national conventions: state of affairs

Within the health and social associate branch (BASS)
The health and social associate branch includes those sectors and organisations of the five branch conventions outside the limit which we have conformed to, two of which are of interest here.
According to Mrs. N., Workers Union representative, the health and social associate branch “was created not only on the basis of political will of employers but also because the lifelong training law indicated having a branch agreement.” This explains, according to her, the relative weakness of the branch.

The National digital council of private non-profit hospital, care and treatment institutions, 31st October 1951

<table>
<thead>
<tr>
<th>Employers Union signatory(s)</th>
<th>Workers union signatory(s)</th>
<th>Field of application</th>
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<tbody>
<tr>
<td>FEHAP</td>
<td>CGT, CFTC, FO, CGC</td>
<td>Private non-profit health, social and medico-social institutions, and services central to organisations running these institutions.</td>
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</table>

National collective conventions of staff employed in establishments and services for maladjusted and handicapped persons, 15th March 1966

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<th>Employers Union signatory(s)</th>
<th>Workers union signatory(s)</th>
<th>Scope</th>
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<tbody>
<tr>
<td>SNASEA SOP</td>
<td>CFTC, FO, Then CGT, CFDT et CGC</td>
<td>Private non-profit bodies running establishments for protected, handicapped or maladjusted children but also for handicapped adults, as well as professional education and</td>
</tr>
<tr>
<td>FEGAPEI</td>
<td>training institutions belonging to the social and medico-social sector.</td>
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For two years the negotiation concerning revision of the 66 National collective conventions was ongoing between social partner organisations. The negotiation was bitter and, finding it impossible to reach an agreement, it was decided in 2012 to put a momentary end to the discussions as the 2013 deadline for the matter of union representation approaches.

**Within the domestic aid branch**

Prior to the 1st January 2012, three National collective conventions existed within the branch: the ADMR CNN of domestic aid employees on a rural scale, the CCN 70 of family workers and the CCN 83 of domestic aid and maintenance organisations. As of 1993, the year the domestic aid branch was established, the branch agreements were added to and replaced the different CCN forms.

The fusion of the branch into a single convention is the result and the mark of a productive social dialogue but also of the strong infrastructure of the branch.

According to the representative of one of the workers unions, “from the start there has been a real political desire to construct and establish a collective convention for the branch, merging the entire sector. (The branch) knew to keep its head high, to defend its existence when confronted with government plans (the Borloo plan or even the government’s desire to develop the trading sector within the field of activity, by using tax deduction incentives). Employers knew to come together, since 1993 we have gone from 8 employers federations to 3.”

50 Branch agreement on a part-time employees’ statute of 19/04/93; branch agreement relating to the organisation of work of 31/10/97; branch agreement on domestic aid concerning jobs and compensation, 29th March 2002; lifelong training agreement and professionalisation policy of 16th December 2004; agreement relating to modulated time, 30th March 2006; agreement relating to age discrimination and the employment of seniors, 27th October 2009.

51 Mrs. N., important workers union representative. Questionnaire response.
CCB for the domestic aid, service and care branch, 21st May 2010
After ten years of negotiations between the social partners, a single collective convention was established in 2012. On the 1st January 2012, this convention extended its application fields to the domestic aid branch.

<table>
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<tr>
<th>Employers Union signatory(s)</th>
<th>Workers union signatory(s)</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>USB Domicile (Adessadomicile, ADMR, FNAAFP-CSF, UNA)</td>
<td>CFDT UNSA/SNAPAD</td>
<td>Domestic aid, service and care branch. Comprises 220,000 employees.</td>
</tr>
</tbody>
</table>

Within the social and familial linking branch

The CCN for social and familial links: social and sociocultural centres, young child care associations, and social development associations, 4th June 1983
In the beginning, this convention concerned associative social and sociocultural centres, and since Appendix 6 of the convention was written in 2005, it also includes young child care associations (appendix extended in 2007).

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<thead>
<tr>
<th>Employers Union signatory(s)</th>
<th>Workers union signatory(s)</th>
<th>Scope</th>
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<tbody>
<tr>
<td>SNAECSO</td>
<td>CFDT UPSAO-CGT CFTC CGT_FO CFE-CGC</td>
<td>Private law non-profit associations and bodies, whether in a legal form, which include these activities in their main title: social service and facilitation and/ or social care and/or cultural plans and initiatives and/or young child care.</td>
</tr>
</tbody>
</table>

Within the services to the individual branch (private sector)

The CCN for services to the individual organisations, 23rd January 2012
A convention was signed on the 23rd of last January, but it cannot be implemented due to a majority opposition of workers unions.
Within the commercial private sector
CCN 26th August 1965
The scope of this agreement is extremely vast: handicapped or maladjusted children and adults, or those facing social difficulties, the elderly, private non-profit sector education and commercial societies. Since 2011, social partners have engaged in ‘cleaning up’ the collective labour agreement and 2012 is the year of the study into recasting salary scales.

Current issues
The debate over the dependence and creation of a 5th risk
For several years, the debate in France has been focused on the creation of what is known as the fifth risk. It would involve a new dimension of social protection, as well as the four existing ones, which are illness, the family, workplace accidents and retirement. Also called “dependency risk” or “loss of independency risk”, it concerns elderly dependents or handicapped persons. The latter would receive compensation for this lack of independence. The individual independence compensation would become a universal right, no matter the age of the person or the reasons for loss of independence. This dependence reform was first announced and eventually abandoned by Nicolas Sarkozy on the 1st February 2012 for cost reasons, but debates concerning the fifth risk continue.

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<tr>
<th>Employers Union signatory(s)</th>
<th>Workers union signatory(s)</th>
<th>Scope</th>
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<tbody>
<tr>
<td>FEDESAP</td>
<td>CFTC</td>
<td>Services to the individual</td>
</tr>
<tr>
<td>FESP</td>
<td>CFE-CGC</td>
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<thead>
<tr>
<th>Employers Union signatory(s)</th>
<th>Workers union signatory(s)</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current UNISS (SNEME, SISME, SNP)</td>
<td>CFTC, FO, CFDT, CGT, CGC</td>
<td>Covers the activities conducted by private organisations, associations or companies related to the following terminology: Education, human health activities, Residential care and homeless care.</td>
</tr>
</tbody>
</table>
Domestic Aid funding
Due to the economic crisis, the domestic aid sector has henceforth experienced structural funding difficulties which threaten the system. The departments are suffocated; funding exemptions have been lifted and the fifth risk has been momentarily abandoned. Faced with these difficulties, 16 representative organisations of professionals and users of the sector grouped themselves together in a partnership (Partnership of the 16, then becoming the Domestic Aid Partnership) and raised awareness about the gravity of the situation and the necessity of the creation of an emergency fund to help those domestic aid and care organisations in most difficulty. On the 21st September 2011, an agreement was signed by 14 members of the Partnership of the 16 and the Assembly of Departments of France: it seeks to overhaul the contractual relationships between domestic aid associations and general councils and to implement local foreshadowings which could be the new methods of setting tariffs.
Since then, a National monitoring committee aims to lead the forerunners of the tariff reform of domestic aid services. A IGAS-IGF mission was mandated on these issues and a report issued in 2010 (IGAS-IGF, 2010). The pricing reform is underway.

1.3.1. Collective labour agreement revisions

CCN 51 and CCN 66
The use of competitive procedures - induced by the HPST Law of 2009 and by the promotion of services to the individual - has profoundly altered the social and medico-social sectors. In the words of one interviewee, "It is a complete shift in standard". (M.T DGA of an employers federation in the associate health and social branch). Indeed,

52 The reduction of charges which benefited individuals employing help at home was abolished on 1st January 2011. According to Hugues Vidor, Managing Director of Adessa Domicile, it is a threat to 20,000 employees.
54 See, for example: http://www.fehap.fr/page-secteur.asp?ID_sec=3
it is now the ARS (Regional Health Agency) which plans, establishes the specifications and launches project proposals. This project proposal system induces competition between organisations belonging to the sector, but also among private structures. Here, the same interviewee states that, for example, in the handicapped persons housing sector, the CCN puts the structures of the branch in a very undesirable situation in this competitive environment: in response to project proposals, there are budgetary differences of up to 20% between the PNL (relating to the CCN) and the private sector. This is also the problem faced by another representative: financers retain the cheapest and least socially significant projects. Certain establishments are on the verge of closing down (Mrs A., employers federation representative).

It is within this context that, on the 1st September 2011, the FEHAP denounced part of the CCN 51\(^5\). For the FEHAP, the idea is to evolve the convention to match the evolution of the sector and to redistribute the payroll. This involves reviewing the agreement in terms of more local flexibility at an institutional level. For now the negotiations continue in opposition against the review on behalf of the workers’ unions.

Regarding the CCN 66, a negotiation concerning the revision of the convention was underway for two years. The interviewees questioned within the framework of this study highlight that the current issues concern more specifically:

- New positions in keeping with the evolution of the heart of the domain linked to a restructured organisation based on the peoples' needs (eg, appearance of case managers or care coordinators)
- Working hours (trimestral holidays agreed by certain individuals, making organisation of work difficult)

\(^5\) This means that it calls for removal and replacement by an alternative agreement. According to legal procedure, following a denunciation, after 12 months (until 1st December 2012), either the text is revised by agreement between the parties or the collective labour agreement no longer applies.
- changes to salary scales

**Leaning towards a single Health and social associative branch convention?**

At the time of these heated discussions about revisions of the CCN, a debate ensured on the issue of the creation of a single convention for the entire social and medico-social sector, therefore for the entire health and social industry. Three employees federations are in favour of the single convention (CFDT, CFE-CGC and CGT), as well as two employers federations, FEGAPEI and FEHAP, for different reasons. According to Mrs. M, an employers federation representative, "the reconciliation logic is in the interest of both the sector and the professionalisation of the sector employees," something which is not easy at the present time due to various conventions and agreements. The domestic aid branch has shown great effort and commitment to unity on this subject.

**The SSE, carrier of value and absorber of crises**

Our representatives are part of the issue of promotion and recognition of the social economy on a national and European level. As Mrs. M, an employers federation representative, has told us, the SSE sector, unlike the market economy, absorbs more crises and bears more employment and essential values. "The social non-profit sector certainly has no obligations like the public sector does in terms of public service missions, but it responds to a public service mission." (Mrs. N, labour union representative).

It lacks instead in two areas: it is not sufficiently recognised and is still too fragmented to show an organised front to the public authorities.

**European Social dialogue**

Regarding themes to be considered at a European level, here are some that have been proposed by our spokespersons: social services of a general interest and the notion of trust, professional training, care for small children, continuing to employ seniors, free movement of people, working hours ("grey" areas in particular: travelling outside of time allocated for travel, fines).
Some people questioned on the subject of a European social dialogue were open to discussion but very conservative. Thus, Mrs. C, an employers’ organisation representative, says: "France is a very special case: the social subject in general, services of a general interest, are very developed; only France has an equally developed social system. We must be careful if things are to be established at a European level: France has more to lose than to gain." And she adds: "We must be careful: Yes to a European dialogue, but it all depends: on what basis?"

We are at a time when the boundaries are constantly moving, In France, we must be careful not to do them in! We are in favour of a European dialogue but it really depends on the platforms, if we can agree on common values." Similarly, Mrs. N., a trade union representative, believes that European issues are present - in particular with regards to professional training, organisation and regulation of the labour law - but on the condition that the common regulations and collective guarantees are harmonised upwards rather than downwards. A French model, with a long history in the matter of social services, which should be preserved, promoted and improved.
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National Report
Greece

“PANAGIA ELOUSA”
ALIKI MOURIKI & DIMITRI ZIMOAS
NAIONAL CENTRE FOR SOCIAL RESEARCH
Introduction
For many years, the system of interest intermediation in Greece had been marked by strong state interventionism, party dependency and clientelist politics. Following a transformation process that had gathered momentum in the early 1980s (when the socialists had come to power), organised interests gradually achieved independence and institutionalised access to public policy within the framework of corporatist bodies. This process was mainly triggered off by developments in the EU. The participation of Greek employers’ and workers’ associations in the European institutions reinforced their bargaining power vis-à-vis the Greek state and increased both their representational weight and their authority vis-à-vis their constituencies.

This rise of organised interests in Greece has been described by many scholars as an “artificial neo-corporatism”, owing to the fact that it was not caused by a genuine, endogenous development, but rather by a top-down process, unleashed by the growing requirements for macro governance in the wake of European integration. This trajectory is reflected in the weaknesses of the system: weak membership, excessive fragmentation of organisations, and a formalistic rather than substantial influence on important areas of public policy.

The process of collective bargaining could not remain unaffected by the above developments. Until 1990, the scope of bargaining was confined to pay issues and its outcome was subordinated to a compulsory system of state arbitration. These regulations were replaced by the law 1876/1990, which marked a breakthrough in modernising industrial relations, as it enacted the independence of bargaining from pervasive authoritarian interference of the state. The institutional framework affecting labour relations provided more than 20 years of social peace and greatly contributed to the mitigation of social conflicts.

This was true until the debt and fiscal crisis in Greece forced the government in 2010 to seek a bailout from the IMF, the European Central Bank and the European Union (“troika”). The first bailout agreement concluded in May 2010 in exchange for a € 110 billion in emergency funding (loan), introduced a series of policy reforms including: cuts in public spending impacting on wages and pensions; the downsizing of public utilities; and a drastic revision in labour relations, affecting minimum rates, mass layoff limits, collective bargaining arbitration and severance pay levels. The first rescue plan, that was repeatedly reviewed and supplemented with further austerity measures, was soon followed by a new, even more painful austerity and structural reform programme in February 2012. In exchange for a further € 130 billion emergency funding from the “troika” and a drastic cut in the country’s foreign debt,
the Greek government had to pass new legislation that demolished what had been left of the industrial relations and collective bargaining systems. These successive blows to the system of social consultation, in association with a rapidly deteriorating economic and social situation, shaped a totally new landscape for the social interlocutors.

In the social services sector in particular, the structure and organisation of the social dialogue process could not but follow the same course as that at the national level. The European integration and the legislative initiatives of the 1980s and the 1990s gave a significant impetus to social consultation and equipped the social partners’ organisations with a decisively greater leverage. However, the long-standing weaknesses and the lack of a consensus culture, characteristic of the overall industrial relations system, have not allowed the social interlocutors to effectively participate in the design and implementation of social policies and to address some of the major problems in this area. Instead, the collective bargaining agenda has traditionally been limited to wage issues and characterised by a confrontational attitude and an inability of the stakeholders to strike compromises and make a synthesis of divergent views.

1. Profile of the social services sector in Greece

Contextual information: extent of the social services sector and recent developments

The social protection policy context

It is generally accepted that, contrary to what happened in most western countries, the growth of the post-war Greek state (1960s until mid-1970s) has not been accompanied by the development of its welfare functions. Family and more generally informal networks compensated for the lack of organised state support in the social welfare area. It is with great delay, in the early 1980s, that the Greek state began to show some interest in promoting welfare state institutions and functions, a notable example being the establishment of the National Health System.

For a long time and until quite recently, social policy in Greece has played a residual role, mainly filling the gaps left by the family in the provision and distribution of welfare. As a result, the system of social protection in Greece has for many years been dominated by a traditional mode of functioning. Admittedly, this situation has gradually changed over the past twenty five years. For, concurrent socioeconomic developments have led consecutive governments in Greece from the mid ‘90s onwards to gradually improve the forms of public provision of social, welfare and support services in order to meet the increasing and multidimensional needs in this area.
Despite these efforts, however, public social policy planning and implementation continues to retain its centralised and legalistic characteristics, as is the case with almost all policy areas. These very characteristics, in their turn, are considered to be among the main problematic features of the social protection system in Greece, with serious implications on efficiency. Other factors that have impeded the development and proper organisation of the social protection system are the deficiencies in the quantity and quality of staff, especially at the regional and local levels. As regards the provision of community care and welfare services in particular, they are also characterised by uneven development with respect to organisation, personnel and funding, compared to the two other basic sectors of social protection, namely social security and health protection.

Overall, it may be said that the system of social protection in Greece was never planned as an entity and even today it appears to be short of possessing a unifying philosophy. When it comes to examining, in particular, the way that welfare and social protection services are organised in Greece, one observes that, despite the positive steps taken over recent years, there exists a split between the provisions made by the various social security funds and the provisions made by the Ministry of Health and Social Solidarity through its decentralised services. Besides, it should be pointed out that until very recently, the National Health System and the Social Care Provision in Greece have been developed separately in different time-spans and their functioning has been governed by distinct laws and regulations in terms of their organisational aspects and their administrative structures.

Moreover, it should be noted that Greece has been characterised by a strong centralised structure of the state mechanism and consequently social policy planning and implementation reflect this excessive centralisation. Regional and local levels had, until very recently, relatively few powers in the social policy area. Rural areas in Greece have presented –and to some extent still do today- a greater “welfare deficit” in relation to urban areas, especially in terms of social infrastructure and human resources capacity. Nevertheless, during the 1980s and the 1990s, a transfer of competencies with regard to welfare activities from the central ministries to the local authorities has taken place. Local authorities were thus allowed to provide a wide range of services concerning mainly the protection of maternity and infants, as well as the protection of the disabled and the elderly, while they could also pay cash benefits to persons in need of financial aid. A notable example in this respect is reflected in the establishment and operation of the Open Care Centres for the Elderly People (KAPI), an initiative that began at the end of the 1980s and continues through to date. It is worth mentioning, however, that very recently (2010), a new Law was adopted concerning
the re-organisation of the Local and Regional Administration (‘Kallikratis’ Law no 3852/2010). This Law provides, among other things, the delegation of responsibility of the social welfare policy to the Local Government; as a result, municipalities now play a much more important role in social policy and, in particular, in providing welfare and social services. Yet, it is questionable whether this transfer of competencies to the local authorities has been accompanied by a simultaneous transfer of the necessary resources.

The Social Services Sector

Social Services in Greece have been commonly described ‘as poorly planned’. Instead of basing the development of social services on a careful assessment of needs and the hierarchy of priorities, the state followed a different approach and proceeded in a piecemeal fashion; as a result, social services were developed to address extreme situations rather than enhance prevention. In general, social services have traditionally –and until recently- focused on the needs of three population groups: the children and their families, the elderly and the disabled. Moreover, in the late 1980s and early 1990s, Greeks coming from Eastern Europe and the former Soviet Union (the ‘Pontian Greeks’) also became an important target group for social services, given that there were facing serious social integration problems.

Due to poor planning, or lack of planning, needs in many areas have gone unmet, while in other areas there has been a serious overlap in social services provision by multiple public bodies. The multiplicity of bodies has also been linked to geographical inequalities: in some areas there were many bodies offering the same services, while in other areas there were serious shortages of services. The lack of coordination among the service providers made the situation even worse.

However, over the last two decades, significant efforts have been made to move away from the provision of traditional welfare services towards the implementation of programmes, facilities and community services of open social care and protection and other related support services addressed, not only to the above mentioned target groups, but also to people experiencing situations of poverty and social exclusion. In particular, over the recent years, specific schemes of social support have been implemented for pre-school children, disabled children and the elderly, heavily co-financed by the European Social Fund under the Community Support Frameworks for Greece. These initiatives are considered as the main social policy interventions that have significantly benefited the population in rural areas over the past twenty years. However, there still exist considerable gaps and overlaps in the provision of social services by the different levels of central, regional and local government, as well as by the private and the non-governmental sectors.
Moreover, the positive steps taken by the Greek state are still short of meeting the ever increasing demand for new social services, especially in the present conditions of economic and fiscal crisis that Greece is facing and the negative impact that the strict public austerity programmes are having on people’s incomes and living conditions.

Historically, in the field of social and welfare services, the Greek state has traditionally assumed a residual role, mainly aimed at filling the gaps left by the family, which, regardless of recent structural changes, still occupies a central position in the provision and distribution of welfare. In playing such a limited role in the provision of social services, the state has finally allowed private initiatives (private for-profit enterprises, charitable societies, church organizations and other non-profit agencies) to take on the role of the other main agent (besides the family) in this field, along with a few semi-public nation-wide organizations. The non-statutory provision exhibits a variety of forms ranging from formal institutions of the Church and a number of large non-profit making organisations to small locally based associations, voluntary bodies, self-help and pressure groups. However, with the exception of the Church and a small number of semi-public (semi-independent) organisations, their role has been very limited until recently.

Since the beginning of the 1990s, however, one notes that excess demand for such services has been increasingly met by the private sector. This development is not so much the outcome of a transfer of obligations and resources from the public to the private sector, but rather the entry of private sector bodies, both non-profit and for-profit, to meet demand that the public sector could not satisfy. This is also congruent with the fact that, for a variety of reasons (demographic, cultural and predominantly economic), the efficiency of informal networks (such as family support) has tended to decrease in recent years. The significant growth of the private for-profit sector in the provision of certain social services in Greece – such as childcare services and residential care for the elderly – is reflected in the establishment of private limited liability companies governed by commercial law and, to a lesser extent, the establishment of small family enterprises. This undoubtedly indicates the inability of public and private non-profit institutions to satisfy the growing demand for such services.

As regards the non-profit sector it should be noted that the last decade has seen the emergence of a large number of non-profit and non-governmental organisations in Greece, which are involved in a wide range of social activities and programmes, such as rehabilitation services, psychological support, social care, the operation of residential care for the mentally ill, the provision of training, occupational and empowerment activities, etc. The legal form of the great majority of the non-governmental organisations is that of 'civil society’ (société civile) which
is a legal entity whose purpose may be economic but it does not aim at making profit. The legal form of association is also taken by many of these organisations. Yet, it is worth noting that this explosion of NGOs is mainly in response to external stimuli, and more specifically in response to the availability of European Union funds. This availability of EU funding for social programmes has meant that the market for welfare social services, that includes the public sector, the private non-profit sector and the private for-profit sector, has not been self-generated in response to internal demand. Instead, it has been generated largely in response to the availability of EU resources.

Finally, it is useful to point out that, at present, phenomena of poverty, social exclusion and marginalisation are rapidly increasing at a time when conventional forms of support – either from the public sector or the informal networks- are undergoing serious strain. The ever deteriorating economic environment and the unprecedented fiscal crisis have led to the implementation of strict austerity policies which, among other things, restrict public forms of support – which, in any case, in Greece have never been adequate. Traditional support networks, amongst which the family is the most important, are already under strain and find it increasingly difficult to fill the gaps caused by inadequate public provision. Nevertheless, given the lack of adequate public social services and care provision, coupled with the fact that Greece is still lacking a social ‘safety net’ scheme for all groups experiencing poverty and social exclusion, the family and informal networks in Greece are called upon to play an even greater role in caring for their members who are most in need, especially during these times of economic hardship.

Size of social services sector

Table 1
Social care activities without accommodation (NACE 88)
Number of workers, 2008 & 2011

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th></th>
<th>2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full time</td>
<td>Part-time</td>
<td>Total</td>
<td>Full time</td>
</tr>
<tr>
<td>MEN</td>
<td>1 901</td>
<td>0</td>
<td>1 901</td>
<td>1 571</td>
</tr>
<tr>
<td>WOMEN</td>
<td>19 032</td>
<td>553</td>
<td>19 585</td>
<td>19 398</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20 933</td>
<td>553</td>
<td>21 486</td>
<td>20 969</td>
</tr>
</tbody>
</table>


Out of the total number of 22 474 of employees working in this sector, 75% work in childcare services and the remaining 25% in care activities related to the elderly and the disabled. A further 8,848 workers, of which 888 men and 7,960 women, work in the provision of residential care activities to private households (NACE 87), mostly for people with
mental health problems, elderly people and disabled.

**Methodological problems and barriers to carrying out the research**

The collection of reliable hard evidence has never been an easy task in Greece, although there has been a significant progress over the past years in the quality, the variety and the comparability of data produced, but also in the access to government reports. The same is true regarding the mapping of the main players involved in the social dialogue process in the social services sector. For the purposes of the present report the major problems that the research team encountered relate to the following issues:

(a) definition of the social services sector: which activities are included and which are not;
(b) lack of analytical data: available statistics for the social services sector do not make a distinction between the health sector and the social care sector, nor between age groups and ethnic origin of the workforce;
(c) contradictory information provided by the competent institutions (for example, there are discrepancies in the number of infants at infant schools between the Hellenic Statistical Authority and the Education Ministry);
(d) administrative deficiencies, such as overlapping responsibilities for social protection and social care among numerous ministries (Interior, Education, Labour, Health and Social Solidarity, etc.) and the lack of monitoring mechanisms;
(e) fragmentation of organisations involved in the social dialogue process at every level of negotiations, overlaps and serious representativity gaps;
(f) difficult to define the exact number of employers and employees covered by collective labour agreements;
(g) difficult to reach all the stakeholders and the players involved; and
(h) a constantly changing regulatory framework regarding collective bargaining and employment terms and conditions.

As a result of the lack of data and of systematic research, it is difficult to assess the relative weight of and the changing relationships between the various sectors – public, private non-profit, family and community and private for-profit- in the provision of social services in Greece. It is important to bear these shortcomings in mind whilst reading this report.

**Main sources of data collection**

(a) Statistical data:
   - EL.STAT. (Hellenic Statistical Authority): Labour Force Surveys and Household Budget Surveys
According to the National Confederation of People with Disabilities, the share of disabled persons (that includes the chronically ill) is estimated at around 10% of the total population, i.e. approx. 1 million people. However, this estimation should be treated with caution as the only reliable source would be a population census. The lack of hard evidence is even more salient as to the number of users of social services provided to the disabled. For more details, see the National Confederation of People with Disabilities (ESAMEA), available at [www.esaea.gr](http://www.esaea.gr). ESAMEA is the main organization representing disabled people in Greece. It was founded in 1989 and represents more than 250 organisations of the disabled. The Confederation has been officially recognised as a social partner by the State and participates in public debates and official consultations on all relevant issues. Its President, Yannis Vardakastanis, chairs also the European Disability Forum.

<table>
<thead>
<tr>
<th></th>
<th>Children (0-6)</th>
<th>Elderly persons</th>
<th>Disabled persons*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC SECTOR</strong></td>
<td>78,272</td>
<td>60,000-130,000 *</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>PRIVATE SECTOR</strong></td>
<td>49,866</td>
<td>10,000</td>
<td>n.a.</td>
</tr>
<tr>
<td><strong>NON-PROFIT SECTOR</strong></td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
</tbody>
</table>

**Table 2**

Users of social services

Sources: EETAA 2012, Ministry of Labour, ICAP 2010

* The number of disabled people in Greece remains unknown, as there are no official data. As for the number of elderly people, it varies greatly depending on the year of reference and the availability of funding.

Main providers of social services: public, private and non-profit social services organisations

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57 According to the National Confederation of People with Disabilities, the share of disabled persons (that includes the chronically ill) is estimated at around 10% of the total population, i.e. approx. 1 million people. However, this estimation should be treated with caution as the only reliable source would be a population census. The lack of hard evidence is even more salient as to the number of users of social services provided to the disabled. For more details, see the National Confederation of People with Disabilities (ESAMEA), available at [www.esaea.gr](http://www.esaea.gr). ESAMEA is the main organization representing disabled people in Greece. It was founded in 1989 and represents more than 250 organisations of the disabled. The Confederation has been officially recognised as a social partner by the State and participates in public debates and official consultations on all relevant issues. Its President, Yannis Vardakastanis, chairs also the European Disability Forum.
Integrated social services

I. PUBLIC SECTOR

Regional Government (13 Regions)

In each of the 13 Regions of Greece there is a *General Directorate of Public Health and Social Care*, which is responsible for the co-ordination and the monitoring of the good functioning of all units under its authority, as well as for addressing every problem that arises, in close co-operation with the competent ministries. The General Directorate consists of different Directorates, depending on the Region. The Attica Region, for example, the largest in the country, consists of 13 Directorates, a *Directorate for Social Care* responsible for the whole Region and a further 7 Directorates of Public Health and Social Care, operating at the level of the former prefectures. The *Directorate for Social Care* is endowed with welfare competencies regarding the family, the child, the elderly, the disabled and the vulnerable groups of the population. It is organised around 4 Sections: (a) The Social Assistance Section, (b) The Social Services Section, (c) the Social Work Section, and (d) the Sports and Culture Section.

The main welfare responsibilities of the *Social Services Section* that are of interest to this report are:

- to link together the Regional welfare social services and infrastructure, and
- to exercise legal control over the functioning of the Elderly Care
Local government

The 325 local government organisations (1\textsuperscript{st} degree) provide services for children aged 0-6, for the elderly and for disabled children. These programmes are funded by the European Social Fund-National Strategic Reference Framework and are run by public law legal entities, private law legal entities, and some private companies.

II. PRIVATE SECTOR – FOR PROFIT AND NON-PROFIT SECTOR

There are no integrated social services provided by the private sector, either from profit or not-for-profit institutions, organisations and companies.

Dedicated services

Childcare

I. PUBLIC SECTOR

The range of public social services devoted to young children and their families includes nursery and infant schools, centres of creative activity for children aged between 6-12, as well as centres of creative activity for children with disabilities. These services are accessible to all children, although priority is given to children belonging to vulnerable groups and to low income families. Public child-care facilities for children under 3 is still underdeveloped in Greece, while facilities for children aged between 3 and 6 years have, in recent years, substantially expanded.\(^{59}\)

Overall, it may be said that affordable childcare services are still not widely available for pre-school children (i.e. until compulsory school age). The existing public facilities consist of:

- 1751 municipal crèches and kindergartens with 11,150 employees covering approx. 78,000 children, (2008 data).\(^{60}\) The most recent data available is: 1319 municipal crèches and kindergartens\(^{61}\), with an unspecified number of children.
- The total number of infants in state schools is 147,141 (according

\(^{58}\) See Presidential Decree no. 145, \textit{Government Gazette}, 27-12-2010 (in Greek).

\(^{59}\) It should be noted that, since the 1980s, the responsibility of the state nurseries has gradually shifted from the Ministry of Health and Social Solidarity to the local government organisations.

\(^{60}\) EETAA, 2008

\(^{61}\) The total number of municipal institutions, including the 258 Centres for Children’s Creative Activity (KDAE, for children aged 6-12 years, of which 69 are addressed to the needs of disabled children) is 1,646. (EETAA, 2012)
II. PRIVATE SECTOR

The insufficient number but also the often sub-standard quality of public childcare services, have led parents to turn to the private for-profit sector. At present there exist:

- 1200 (1106) private crèches and kindergartens, mostly of small size, more than half (54%) located in the Athens and Salonika regions, and covering 55,000 (49,866) children.
- The total number of infants in private schools is 9,488 (according to EL.STAT.) or 10,525 (according to the Ministry of Education).

Long-term elderly care

I. PUBLIC SECTOR

Historically, elderly-care in Greece has been a ‘family affair’, while public social policy towards the elderly had been, until the 1980s, restricted to pension payments, with very few non-cash benefits provided. However, as the structure of the Greek family has changed –mostly as a result of socio-economic changes, including the declining size of the family and the increase of women taking-up paid employment- the role of the family in caring for the elderly has been negatively affected.

Since the beginning of the 2000s, largely thanks to the EU co-funding, there has been a significant increase in the social services provided for the elderly living in the community. That is, apart from the Open Care /Protection Centres for the Elderly (KAPI), providing support, recreation and protection in the familiar environment of the community, which began operating in the 1980s (in 2009, 900 KAPI were in operation by the local government), a number of new services were developed, providing social support and care for the elderly at home and in the community. These services are shortly described below:

- Care Homes (residential and nursing care facilities): residential care for the elderly is provided by approximately 270 ‘care homes’ which are operated by private and non-profit organisations. Over half are situated in the Greater Athens Area, and in their vast majority are run by private (for-profit) enterprises, whilst the remaining by charitable organisations, local authorities and the Church. No data is available regarding the total number of these residences.

- Day Care Centres for the Elderly (KIFI): these are day care centres...
for the elderly who are lacking adequate means, are not capable of self-help and whose family is unable to support them. Today there are 68 institutions operating under the responsibility of local authorities with 340 employees, covering 1,521 users (EETAA, 2012).

- Programme “Assistance at Home”: this programme is addressed to the elderly people with a low income, who live on their own and have mobility problems. The aim of the programme is to provide support to the elderly in their own environment, thus avoiding their institutionalisation. Although this programme was initially launched in 1997 in a limited number of municipalities, since 2001 the programme has been expanding all over Greece with the financial support of the European Social Fund. Today, there exist 1,009 institutions, with 4,727 employees, covering 80,600 users in 2011 (EETAA, 2012) 64

II. PRIVATE SECTOR

- Care homes for the elderly: 10,000 beds in the registered institutions, with approx. 2,500-3,500 workers

Disabled persons

I. PUBLIC SECTOR

There are 52 public sector organisations for people with disabilities, supervised mostly by the Ministry of Health & Social Solidarity, but also by other Ministries such as the Interior Ministry, the Education Ministry and the Labour Ministry. Moreover, there exist approximately 450 community residential structures for mentally ill persons, which provide accommodation, care and protection services (hostels, boarding houses, sheltered apartments, sheltered workshops, etc) to approximately 3,500 individuals. They are operated by public and non-profit organisations, employing in total around 3,000 people.

Diagram 1
PUBLIC SECTOR INSTITUTIONS FOR THE DISABLED PERSONS

<table>
<thead>
<tr>
<th>Public authority</th>
<th>Name of institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health &amp; Social Solidarity</td>
<td>Centre for the Education and Rehabilitation of Blind Persons</td>
</tr>
<tr>
<td></td>
<td>National Centre for Deaf People</td>
</tr>
</tbody>
</table>

64 According to the Labour Ministry, the total number of beneficiaries (old and new) will rise to 130,000 this year, following the co-financing of the Programme by the European Social Fund.
One should also include in the social services provided by the public sector to the disabled the following:

- The establishment of a unified structure for the certification of disability (EKPA);
- The operation of day Centres for the Support of Disabled People (KEKYKAMEA).

II. PRIVATE SECTOR

The private sector provides individual services to the disabled and collective services in private clinics for the mentally ill. Some NGOs are also involved in providing services for the mentally ill. There is, however, no evidence regarding the number of either the providers or the users of these services.

**Value of social services and main sources of funding**

The value of social services is hard to establish as a large share of these services are provided by the informal sector and the volunteer sector. The informal sector includes the family networks, but also undeclared migrant workers who provide their services not only to households, but to the official sector of the economy as well. Moreover, the boundaries between formal and informal social services are often blurred, thus making it even harder to assess the value of services. This, in part, explains why there is a lack of relevant data, with the exception of very fragmentary information regarding only a small portion of private companies involved in childcare and long-term elderly-care.
There are three main sources of funding in the formal social services sector: public funding, EU funding through the European Structural Funds (mainly the European Social Fund) and private contributory funding. Public funding has been on the decline and is being increasingly substituted for by EU funding, especially for the implementation of programmes for the elderly, childcare facilities and Community Centres for the Disabled, as well as community-based hostels for the mentally ill. The fact that social care heavily depends on the availability of EU funds is a source of major concern, as the viability of these services will be put into great jeopardy in the event of a reduction, or, even worse, a termination of this major source of funding.

2. The social dialogue process in the social services sector

Prevailing arrangements: the content of the social dialogue process, strengths and weaknesses of existing arrangements, areas covered, positive examples

The strengths and weaknesses of the prevailing social dialogue arrangements emerged quite clearly during the National Workshop discussion with the social partners’ organisations.  

- **Employers’ view:** both employers’ representatives pointed out to the fact that the collective bargaining agenda is very limited agenda, covering only wage issues. The Hellenic Association of Private Kindergartens (PASIPS) has on several occasions attempted to broaden the agenda, in view of including other issues as well, such as on-going subsidised training programmes, participation in joint initiatives like art exhibitions organised by UNICEF, reforestation, collection of clothing and food for those in need. However, the workers’ unions either do not respond to the invitation addressed by the employers’ organisation, or they do not fulfil the engagements they have undertaken. The other employers’ organisation PEMFI (Hellenic Union of Nursing and Care Homes) pointed out that there is no receptive interlocutor on the workers’ side and that in the event of a labour dispute, the arbitration process through the Mediation and Arbitration Service (OMED), as well as the court processes, always rule in favour of the union side.

- **GSEE’s (General Confederation of Greek Workers) viewpoint:**

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65 For a detailed account and the SWOT analysis see Appendix II.
66 This may have been the case until recently, but, at least as far as arbitration is concerned, the new legislation introduced stipulates that there can no longer be unilateral recourse to the Mediation and Arbitration Service (OMED). Both sides must agree. Therefore, the union side cannot expect any favourable treatment any more.
(a) Content of the social dialogue process: according to GSEE, the content should become more specific as to the participatory parties, the level of negotiations and the agenda, so as to avoid the eventuality of considering any form of bilateral dialogue between any interlocutors as formal “social dialogue”; by contrast, in the institutionalized social dialogue process on labour issues, it is clear that the parties involved include the employers’ organisation (or single employer) and the workers’ union organisation or the national authorities.

(b) Strengths and weaknesses of existing arrangements: as long as the social dialogue is conducted in mutual good faith and with the aim of reaching an agreement and coming into an understanding, the pre-conditions are met for social peace, which, in the case of the social services sector, can bring multiple gains to all parties involved (employers and employees, direct and indirect users, mostly belonging to vulnerable groups). In this context, one of the strengths of social dialogue could be the initiative to engage into collective bargaining procedures in view of reaching the conclusion and implementation of a CLA. Equally important could be the conduct of social dialogue on the problems of each sector, the drawing of common conclusions, as well as the presentation of common recommendations and the joint pressure on the government to implement them. As for the weaknesses inherent in the prevailing arrangements, regarding workers’ rights, one can point out to the concessions that employees have to make, at the expense of the full satisfaction of their demands, in order to strike an agreement with the employers’ side. From the part of employers, a weak point –according to GSEE- is their typical difficulty, especially in the private sector provision of social services, to fall back on their profits’ aspirations to the benefit of the social service they provide, but also, their unwillingness to reach a binding agreement, especially at the sectoral level. From a wider perspective, the union representative made the point that there is an overall social dialogue deficit, mostly the responsibility of the central government; this deficit has been also stressed by the National Committee for Human Rights (www.nchr.gr), of which GSEE is a statutory member.

(c) A positive example of social dialogue process in the social services sector is the significant efforts of the Greek Economic and Social Council (OKE) to conduct an organised social dialogue. Also, both the public sector and the private sector unions of the social services sector have contributed to enhancing the social dialogue, as is the case with other important NGOs, such as the Network of Psycho-social Rehabilitation and Mental Health Institutions “Argo”, the Panhellenic Association for the Psycho-social Rehabilitation and
Professional Re-integration, etc.

Main stakeholders / players

The extreme fragmentation and complexity of the Greek collective bargaining process is also reflected in the social services sector. The main players involved in social dialogue include the central administration and the local government in the public sector, and the employers’ organisations of private childcare and elderly-care services in the private sector. On the workers’ side, employees are represented by an array of unions, mostly secondary, without excluding the tertiary organisation and some primary organisations.

Diagram 2

<table>
<thead>
<tr>
<th>PUBLIC SECTOR</th>
<th>PRIVATE SECTOR</th>
<th>NON-PROFIT SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMPLOYERS</strong></td>
<td>Ministry of Finance (wage setting)</td>
<td>PASIPS (Hellenic Association of Private Kindergartens)</td>
</tr>
<tr>
<td></td>
<td>Regional Government (for the legal aspects of operation)</td>
<td>PEMFI (Hellenic Union of Nursing and Care Homes)</td>
</tr>
<tr>
<td></td>
<td>Local Government organisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interior Ministry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ministry of Health &amp; Social Solidarity</td>
<td></td>
</tr>
<tr>
<td><strong>EMPLOYEES</strong></td>
<td>POE-OTA (Panhellenic Federation of Local Government)</td>
<td>GSEE (General Confederation of Greek Workers)</td>
</tr>
<tr>
<td></td>
<td>OIYE(Federation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GSEE (General Confederation of Greek Workers)</td>
<td></td>
</tr>
</tbody>
</table>
Despite persistent attempts to contact this organisation, there has been no response; hence there is no information on its profile.

31 out of the 198 primary unions cover employees working in public welfare institutions: rehabilitation centres, support centres for children and disabled persons, etc.

PUBLIC SECTOR

PoE-Ota (Panhellenic Federation of Local Government Workers) was established in 1950 under a different name and took its current name in 1983. It has 198 members and represents over 50,000 employees working in the local government organisations, in both public law legal entities and private law legal entities.

PoEdin (Panhellenic Federation of Public Hospital Workers) was established in 1978 and is the secondary level trade union representing 250 primary level unions with approx. 80,000 members, professionals working in public hospitals, in welfare institutions, in psychiatric hospitals, in primary health care and in emergency care. The positions issued by PoEdin, which is the largest public sector union, set the collective bargaining agenda on non-wage issues with the government.

67 Despite persistent attempts to contact this organisation, there has been no response; hence there is no information on its profile.

68 31 out of the 198 primary unions cover employees working in public welfare institutions: rehabilitation centres, support centres for children and disabled persons, etc.
PRIVATE SECTOR

☞ **GSEE** (General Confederation of Greek Workers) is the highest, tertiary trade union body in Greece. It was founded in 1918 and is affiliated to the European Trade Union Confederation (ETUC). GSEE is made up of 81 labour centres and 73 secondary confederations with a total membership of 450 000 private sector workers. It negotiates with the employer unions the signing of the National General Collective Labour Agreement that sets the minimum rates for private sector employees. GSEE participates in a large number of committees and advisory bodies and in the Board of Directors of national insurance funds, of the Manpower Employment Organisation and of other bodies. It has the capacity to represent the workers’ side in the bilateral and trilateral social dialogue procedure at the tertiary level. This right is enshrined by European primary and secondary law, by international conventions and by the European Social Charter.

☞ **OIYE** (Federation of Private Sector Employees of Greece) was established in 1922 and is a secondary level trade union representing 171 primary unions, covering 55 000 employees working in the provision of services. It is a member of UNI-Europa.

☞ **OSNIE** (Federation of Hospital Institutions Associations of Greece) was established in 1957 and is a secondary union for private sector employees working in private hospitals, clinics, and care homes for the elderly. It has no European affiliations and very limited financial means. OSNIE negotiates the sectoral collective agreement with the employers’ organisations representing the private clinics, care homes, etc.

☞ **SKLE** (Association of Social Workers of Greece) is a primary union established in 1955. It represents the approx. 5,000 social workers employed in public or private sector institutions (both for profit and not-for-profit). SKLE participates in national committees charged with the design and implementation of social policies, such as The National Council for Social Care and The Co-ordinating Council for the Vocational Training and the Rehabilitation of Disabled Persons. The union negotiates a collective labour agreement with PASIPS (Hellenic Association of Private Kindergartens), covering the social workers employed in private kindergartens and crèches. The most recent collective agreement was signed in 2009 for a 2-year period and since its expiry there has not been a new round of negotiations. The majority of social workers are, however, employed in public sector institutions, in either public law legal entities, or private law legal entities and, thus, their employment status
varies.

**Employers’ organisations: profile of main players involved**

**Public sector**

The Ministry of Finance is responsible for wage setting, within the framework, of course, of the 1st and 2nd Bailout Agreements concluded with the IMF, EC and ECB. For all other non-wage issues, the regional and local governments are the formal interlocutors of employees working in the public social services sector.

**Private sector – for profit and not-for profit**

**Pre-school childcare**

**PASIPS** (Hellenic Association of Private Kindergartens) was established in 1975. It represents approx. 418 out of the 1154 registered private kindergartens operating in Greece, with 14,000-15,000 employees and around 45,000 children. PASIPS participates in the 4-member committee charged with issuing permits for the local government kindergartens and crèches. To this end, it has trained 70 of its members so that they can participate in these committees.

**Elderly-care nursing and care homes**

**PEMFI** (Hellenic Union of Nursing and Care Homes) was established in 1974, and took its present name in 2005. It represents the legally registered care homes providing residential care and nursing facilities for elderly people with long-term care needs across the country. It has 120 members representing both public but mostly private units with a capacity of 10,000 beds. The number of workers employed in the care homes are estimated at approx. 2,500-3,000 employees, and they cover a wide spectrum of qualifications such as social workers, registered nurses, care assistants and associated personnel, including doctors, psychologists, ergotherapists, physiotherapists and gymnastic instructors.

The Union PEMFI:
- promotes communication and fair competition among its members in order to work out best practice to increase the quality of services;
- submits proposals to the public authorities for the modernization of elderly care and nursing homes;
- ensures that the social insurance funds cover part of the expenses of nursing homes’ users;

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69 ICAP, 2010
develops and implements vocational training and certification programmes for care staff employed in care homes;
participates in European programmes regarding ageing problems and quality care services.

Its main achievements include the standardisation of the costs of the Units and better value in services, through the voluntary implementation of quality care standards and the harmonisation of costs.

PEMFI participates in the European Association for Directors of Residential Care Homes for the Elderly – E.D.E.

The collective bargaining agenda: major issues facing the sector at the national, regional and local level

The social state in Greece was residual and ineffective even before the outbreak of the crisis. Despite the relatively high share of GDP that went to social protection, its impact on reducing the risk of poverty was limited, whilst the quality of social services was poor and with significant deficiencies in childcare, elderly-care and care for the disabled. The fiscal stabilisation and the austerity programmes imposed in the context of the two bailout agreements, further exacerbated the already serious problems in the provision of social services, especially regarding the social infrastructure, the hiring of personnel in the public sector and the local government organisations, the cost of the services provided and the ability of clients to afford the private social services. In the private sector in particular, the viability of the institutions has come under great threat, whilst the continuation of the municipal social services such as crèches, kindergartens and assistance to the elderly is only made possible thanks to EU funding (especially through the European Social Fund and the National Strategic Reference Framework).

In the private social services sector, the major issues facing the sector were brought into the surface during the National Workshop meeting by the representative of PASIPS (Hellenic Association of Private Kindergartens) who made the following proposals:

- need for a single pre-school care regulatory framework applicable to all service providers, without exceptions, such as the local government institutions, NGOs and the Church
- estimation of the real cost of childcare provision from the local government institutions, so as to have comparable data with the private sector institutions and avoid unfair competition
- launching of a “children’s voucher” (issued by the local governments and worth around € 3000 per year) that parents can use in any childcare institution they wish (private or public), provided they are prepared to incur the extra cost, in case they choose a more expensive private institution
• subsidised programmes for working women.

Recent developments in industrial relations and wage setting

The severe economic and financial crisis that hit Greece in 2009 has had far reaching implications on industrial relations and the social dialogue process. The legislative changes that accompanied the two bailout agreements concluded with the IMF-ECB-EU (troika) in the period 2010-2012 have gradually dismantled the prevailing regulatory framework for resolving labour disputes and for negotiating collective labour agreements. As a result, the social dialogue process has degenerated into a formal and superficial procedure, on behalf of the central government, thus striking a severe blow to the quest of consensus.  

It has also undermined the collective bargaining procedures at every level of negotiation, national, sectoral and company-level, thus paving the way to the individualisation of labour relations.

The austerity measures voted by Parliament in the period from May 2010 to February 2012 include drastic cuts in pay and benefits of both public sector and private sector employees, increases in taxation and VAT, successive cuts in pensions over a certain amount, and stringent limitations on public sector new personnel recruitment. In the area of labour market institutions and of industrial relations, the new legislation introduced includes a number of shock provoking changes: the unilateral reduction by 22% of minimum rates, the introduction of sub-minimum wages for new labour market entrants aged under 25; relaxations in the limitations on mass redundancies and drastic reductions in the levels of severance payments; the abolition of the favourability principle (prevalence of the most favourable - for the employee - collective labour

70 According to a formal Opinion issued by the Economical and Social Council of Greece, following the first wave of labour market reforms imposed by the 2010 austerity programme in May 2010, the law 3845/2010 was passed without prior social consultation with the social partners’ organisations and the Council itself. This proved to be also the case with the much harsher legislative initiatives that followed in 2011 and 2012, that resulted into the dissolution of the industrial relations system that had been set up over the previous 50 years.

71 So far, minimum wages were negotiated between the employers’ organisations and the General Confederation of Greek Workers (GSEE) and were ratified by the National General Collective Labour Agreement. The basic rates stipulated in the 2010 National General Collective Labour Agreement were reduced from € 740 per month (gross earnings) down to € 586,08 per month (€ 476,35 net earnings), whilst for those under 25 years they were reduced from € 740 to € 510,95 per month (€ 426,64 net earnings).
agreement), and of the right to extend the agreement to all the companies of the same sector; the introduction of special enterprise collective agreement in which wages and employment terms can deviate from sectoral agreements; and reforms in the system of collective labour dispute resolution (mediation and arbitration mechanisms).

The articulation of the national with the European level of social dialogue

Not all of the organisations involved in the social dialogue process in the social services sector have European or international affiliations.

On the employers’ side:
- PASIPS (Hellenic Association of Private Kindergartens) does not take part in any European network;
- PEMFI (Hellenic Union of Nursing and Care Homes) is a member of European Association for Directors of Residential Care Homes for the Elderly – E.D.E.

On the union side:
- GSEE (General Confederation of Greek Workers) is a member of the European Trade Union Confederation (ETUC)
- OIYE (Federation of Private Sector Employees of Greece) is a member of UNI-Europa
- POE-OTA (Panhellenic Federation of Local Government Workers) and POEDIN (Panhellenic Federation of Public Hospital Workers) are affiliated, through the tertiary level organisation ADEDY (The Supreme Administration of Greek Civil Servants’ Trade Unions) to the European Public Service Union (EPSU).

The other union organisations have no affiliations.

3. Collective bargaining agreements

Process and types of collective negotiations: past and present

I. PUBLIC SECTOR

Formal collective bargaining procedures in the public sector were introduced fairly recently, in 1999. Public sector employees do not have the right to negotiate wage issues with the government, as these are determined by the central administration according to the fiscal policy that is being implemented. They can, however, put forward their demands regarding pay scales and negotiate a wide range of non-wage issues, such as special allowances, pension rights, secondments, working hours, promotions, etc. At the tertiary level, there are occasional

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attempts to hold talks between ADEDY-The Supreme Administration of Greek Civil Servants’ Trade Unions and the Finance Ministry, without, however, reaching an agreement. Almost all the crucial issues that are considered as “hot potatoes” by both sides, and that relate to the chronic problems of the Greek public sector, are excluded from the discussions. By contrast, at the secondary level, where the collective bargaining agenda is limited to non-wage issues, the majority of public sector federations conclude separate agreements with the central administration. It should be noted, however, that the employment status of public sector employees may vary within the same workplace, depending on their recruitment conditions; for example, employees with exactly the same qualifications and duties may enjoy different employment terms and conditions, depending on whether they have a permanent contract (tenure), an open-ended contract or a fixed term contract. In that case, they are covered by different collective agreements: the tenured personnel are covered by the Unified Pay Scale that applies to the public sector employees, whilst the personnel with an open-ended or a fixed-term contract are either covered by a Common Ministerial Decree or, by the National General Collective Labour Agreement for private sector employees.

II. PRIVATE SECTOR

The procedure that led to the conclusion of a collective labour agreement was, until February 2012, regulated by law 1876/1990 that recognised the right to free collective bargaining, the decentralisation of bargaining and the resolution of labour disputes without state intervention. The scope of agreements encompassed both individual employment relationships and collective labour relations. The provisions of an agreement were divided into “normative” provisions, that were mandatory, and into “obligational” provisions which regulate the mutual rights and obligations of the signatory parties. 

Despite pervasive changes in the industrial relations system, the 4 types of collective labour agreements still persist, albeit with a different weight: (a) the sectoral (industry-wide) collective labour agreement (b) the occupational collective labour agreement (either local or national) (c) the company-level agreement, and (d) the National General Collective Labour Agreement.

Until recently, the most widespread types of collective agreements were the sectoral and the occupational agreements, whilst company-level

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73 See Kravaritou, Y., 1994, European Employment & Industrial Relations Glossary: Greece, European Foundation for the Improvement of Living and Working Conditions, Sweet and Maxwell and Office for Official Publication of the EC, p. 185
agreements were quite rare and limited to larger enterprises and organisations. The hierarchy of collective agreements made sure that if more favourable clauses for the employees were included in another type of collective agreement, these would take precedence. The *favourability principle* would apply when different collective agreements coincided, with the exception of an eventual conflict between a sectoral or company-level agreement and an occupational agreement. In that case, the first types of agreement would prevail over the second. The favourability principle was abolished by law 3899/2010.

The successive waves of legislative changes introduced over the past two years eventually downgraded the importance of all other types of collective agreements to the benefit of the company-level agreements. Since the most recent legislative initiatives (October 2011 and February 2012), the number of *company-level agreements* has been rising continuously, whilst that of *individual labour agreements* has been exploding, at the expense of sectoral and occupational agreements whose number is shrinking. According to the Labour Inspectorate (SEPE), during the 1st quarter of 2012, 236 firms with 13,829 employees concluded company-level agreements stipulating an average wage reduction of 21.35%, whilst in 16,338 firms, 64,201 workers had to sign individual labour agreements, leading to average wage reductions of 22.9%.  

Under the previous legislative regime, the collective bargaining process was the following: the employer’s or workers’ most representative organisation would call the other party to negotiate a new agreement, once the previous one had expired. The provisions of the agreement could not derogate from the provisions of the National General Collective Labour Agreement. The content of a sectoral agreement could be extended by the Labour Minister to all employees of the sector concerned, if the agreement signed covered at least 51% of the employees. The *extension* could be requested by the trade union or the employers’ organisation. The purpose of the extension was to bind those employers that were not members of the employers’ organisation, so as to avert unfair competition. The possibility of extension was suspended until 2015 by law 4024/2011. Under the new regime, the prerogative for negotiating a new collective agreement lies with the employer.

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Organisations involved in the collective bargaining process

**Diagram 3**
Signatory parties of the agreements concluded

<table>
<thead>
<tr>
<th>Employers’ organisations</th>
<th>Workers’ organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public sector + local government</strong></td>
<td><strong>POE-OTA (Panhellenic Federation of Local Government Workers)</strong></td>
</tr>
<tr>
<td>• Interior Ministry + General Accounting Office of the State</td>
<td>• POEDIN (Panhellenic Federation of Public Hospital Workers)</td>
</tr>
<tr>
<td>• Ministry of Health + General Accounting Office of the State</td>
<td></td>
</tr>
<tr>
<td><strong>Private sector (for profit)</strong></td>
<td><strong>PASIPS (Hellenic Association of Private Kindergartens)</strong></td>
</tr>
<tr>
<td><strong>PASIPS (Hellenic Association of Private Kindergartens)</strong></td>
<td>1. OIYE (Federation of Private Sector Employees of Greece)</td>
</tr>
<tr>
<td></td>
<td>2. SKLE (Association of Social Workers of Greece)</td>
</tr>
<tr>
<td></td>
<td>3. Association of Employees working in Private Kindergartens</td>
</tr>
<tr>
<td></td>
<td>in Athens-Piraeus and suburbs</td>
</tr>
<tr>
<td><strong>PEMFI (Hellenic Union of Nursing and Care Homes)</strong></td>
<td><strong>OSNIE (Federation of Hospital Institutions Associations of</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Greece)</strong></td>
</tr>
</tbody>
</table>

**Content and duration of the agreements**

**I. PUBLIC SECTOR**

- There exist two categories of employees working in the public sector: those working as tenured personnel and those with an open-ended or fixed-term contract. The first group is treated as public law employees and the second as private law employees. Wage issues for tenured personnel are determined by legislation and the government’s fiscal policy. As for the other group (whose numbers are increasing over the past few years), the Interior Ministry and the General Accounting Office of the State conclude a collective labour agreement with POE-OTA (Panhellenic Federation of Local Government Workers) covering employees working in the municipalities and in all the institutions...
linked to the first degree local government organisations, with either a fixed term contract or an open-ended contract. The terms of the agreement apply to the members of the federation POE-OTA and regulate issues such as progress in the remuneration scale, allowances, extra paid leave, health and safety at work, overtime pay, union leaves and union contributions, etc. The most recent agreement was signed in January 2011, covering the period from 2010 to date.

- In the area of public health services no collective agreement has been signed since 2002. Employees’ wages and allowances are determined by the Unified Pay Structure applied to the majority of public sector workers. As regards non-wage issues, there is a long standing controversy between the union POEDIN (Panhellenic Federation of Public Hospital Workers) and the Ministry of Health regarding working hours, as the latter is refusing to implement the EU Directives on the maximum duration of the working week in the health sector and, as a result, the union has filed a complaint against the Minister. Other issues at stake in the public health sector, apart from wages and working hours, include various allowances, hospital mergers, pension rights, secondments, union leaves, etc.

II. PRIVATE SECTOR

- PASIPS (Hellenic Association of Private Kindergartens) and the New Association of Private Kindergartens and Infants Schools of Greece on behalf of the employers conclude a local sectoral collective labour agreement with OIYE (Federation of Hospital Institutions Associations of Greece) and the Association of Employees working in Private Kindergartens in Athens-Piraeus and suburbs. Owing to disagreements between the signatory parties, an arbitration award was issued on April 30, 2010 by the Mediation and Arbitration Service (OMED), regulating wage issues, allowances and non-wage issues. The decision by OMED stipulates wage increases, as well as the purchase of books, the participation in seminars and the introduction of two paid breaks for teachers. The arbitration award applies to teachers and their assistants, drivers, cleaning personnel, cooks and its duration covers the period from February 2010 to February 2011. All other employees that fall outside the scope of this local sectoral collective agreement are covered by the provisions (minimum rates) of the National General Collective Labour Agreement. PASIPS also concludes a collective agreement linked to the first degree local government organisations, with either a fixed term contract or an open-ended contract. The terms of the agreement apply to the members of the federation POE-OTA and regulate issues such as progress in the remuneration scale, allowances, extra paid leave, health and safety at work, overtime pay, union leaves and union contributions, etc. The most recent agreement was signed in January 2011, covering the period from 2010 to date.

75 The Unified Pay Scale was introduced by law 4024/2011 and resulted into drastic wage reductions for the 20% of public sector employees, following the abolition of most special allowances. Reductions range from 10% to 50% for the higher pay scales. Some categories of public sector employees are still exempt from the Unified Pay Scale, such as the judiciary personnel, the military personnel, the university teachers, etc.
labour agreement with **SKLE** (Association of Social Workers of Greece); the most recent agreement was signed in 2009 for a 2-year period and has now expired.

- **PEMFI** (Hellenic Union of Nursing and Care Homes) and 12 other employers’ organisation representing private clinics negotiate a sectoral collective labour agreement with **OSNIE** (Federation of Hospital Institutions Associations of Greece). The last such agreement was concluded in 2009, whilst no agreement was signed in 2010 and 2011. In the autumn of 2011, the union side had recourse to the Mediation and Arbitration Service (OMED) that eventually issued an arbitration award, whereby the 20% reduction in wages requested by the employers was rejected. Instead, OMED decided a wage freeze at the level of 2009 rates. This decision applies to the medical, paramedical, nursing, administrative and assisting personnel and covers the period from February 2011 to June 2012.

- **GSEE** is responsible for negotiating the industry-wide collective agreements at the tertiary level. The collective bargaining agenda of GSEE includes all issues that relate to the protection of workers’ rights, and their working terms and conditions, in a context of respect of human dignity. So far, the National General Collective Labour Agreement (NGCLA) concluded between GSEE and the employers’ organisations were negotiated every two or three years and stipulated the minimum rates for private sector employees, as well as a number of institutional, non-wage issues. The last NGCLA was signed in 2010 for a 2-year period and included small increases in the minimum rates as of July 2012. However, following the introduction of law 4046/2012 in February this year -a result of extreme pressure exerted by the troika on the Greek government, in view of concluding the 2nd bailout agreement- the provisions of this agreement were unilaterally cancelled and instead were replaced with a set of severe cuts in minimum rates (ranging from 22% to 32%), the quasi-abolition of sectoral agreements and the degradation of the mediation and arbitration process established in 1990.
Issues at stake

Issues at stake on the employers’ side

Pre-school childcare

- According to PASIPS (Hellenic Association of Private Kindergartens) the most important issues that employers in the sector are facing are: the absence of homogeneous and structured labour agreements across the country; too many and heterogeneous levels of negotiations; non-wage issues downplayed; unfair competition from local government institutions and non-registered kindergartens; delays in funding.

Long-term elderly-care

- A considerable part of the care homes for the elderly functions illegally, often as residential “hotels”, in order to avoid state control. Licensing of care homes is granted by the Municipality Social Services department and since 2007 has been based solely on structural and staffing criteria, with no reference to criteria relating to the quality of care provided or the residents’ quality of life (see J. Triantafillou, 2011). Moreover, the supervision criteria implemented for the private care homes are more stringent than for the public ones, thus creating unfair competition between the private sector and the public sector;
- Lack of unified policy and planning in the residential long-term care sector and large gaps in the public provision of long-term care for the elderly. Greece is perhaps the only European country with no policy for the long-term care of the elderly;
- There is lack of transparency in the management and a squandering of public funding, since the cost of care per bed in the public care homes amounts to € 1,500, as opposed to € 900 per bed in the private care homes.

Issues at stake on the workers’ side

The major issues, at the collective, as well as at the individual level are:

- Job insecurity
- Wage and allowances reduction, elimination of discretionary benefits
- Working conditions (working hours, health and safety at work, stress, discriminations, etc.)
- Education and vocational training (very few opportunities for training and skills’ improvement)
- Employment rights (unpaid overtime work, severe delays in the due remuneration)
- pension rights (increase in the pension age and reduction of pensions).

These issues are encountered at the firm level, as well as at the local and the national level and they are usually addressed by collective agreements in a fragmentary way, without the appropriate support from the different levels of social dialogue.

The most important issue that could be addressed at the EU level is to ensure that social dialogue constitutes a fundamental social right and to specify the content that this right should have. GSEE considers that social dialogue between employers and employees should in no way be viewed as a social benefit. Rather, it constitutes a social right and as such it should be treated with due respect on behalf of the state authorities. Furthermore, as social dialogue is ratified at the national, European and international level, its conduct should not depend on or be obstructed because of economic considerations regarding the status of the interlocutors.

4. Future outlook

In the context of the present economic crisis, the persistent and unilateral restrictions of fundamental social rights, the austerity measures, the drastic cuts in public spending and the unacceptably low priority given to the provision of social services, are putting into jeopardy social cohesion and the indispensable safety net. The provision of social services is greatly suffering from the deregulation of labour relations, as trade unions have been deprived from the means to safeguard and promote the economic and social interests of their members. This situation is also having a serious impact on the users of social services.

The way out of the crisis cannot exclusively consist of harsh and rigid fiscal consolidation and austerity measures; in order to be effective, a rescue plan of the Greek economy should also bear in mind the fundamental values and the human rights, of which social rights are an inseparable component and ensure, through democratic procedures, the constant improvement of living and working conditions. The social objectives are inextricably linked to the economic objectives and are of paramount importance to the success of the latter. Economic cohesion cannot be dissociated from social cohesion. The deregulation of labour relations and the dismantlement of employment rights will not contribute to economic growth but to the breakdown of social cohesion, the expansion of poverty and social exclusion and the impoverishment of the country.

Future developments in the social dialogue process in the social services sector are directly influenced by developments in the Greek economy,
whose prospects are extremely bleak in view of:

(a) the excessive demands put on Greece with the two bailout agreements, and the inability of the central administration to impose structural changes, owing to fierce resistance by vested interests, result into the further deepening of the recession and of the social tensions, entangling the economy into a vicious circle;

(b) the continued hesitance of the EU leadership and the ECB to effectively address the euro zone debt problem (US $ 2.7 trillion!) by issuing euro-bonds and increasing the funds of the European Stability Mechanism;

(c) the “moralistic” and dogmatic approach by most European leaders of the EU periphery’s debt problems (a “crime and punishment” attitude);

(d) the unfavourable broader context: widespread financial and economic crisis, world recession, weak or inexistent control mechanisms of the dysfunctional financial markets that caused the 2008 crisis, etc.

5. Concluding remarks

The role of social dialogue is crucial in ensuring the effectiveness, the quality, as well as the viability of social services, in a context of intense pressures on welfare spending. So far, collective bargaining in Greece has had a mitigating effect on social inequalities and industrial relations. Since the outbreak of the crisis, however, and following the austerity programmes imposed on Greece by the rescue plans, the socio-economic context has changed dramatically. The legislative changes and the internal devaluation policies adopted are having a profound impact on industrial relations and on the social dialogue process. The new industrial relations environment in Greece is shaped by soaring unemployment levels, staggering recession\textsuperscript{76}, and a dismantled system for collective bargaining and the resolution of labour disputes. It is also defined by the on-going political crisis and the exacerbation of social tensions. Needless to say, the prime victims of such a confrontational context are bound to be consensus, rational thinking and solidarity for the most vulnerable.

In these unprecedented and dire circumstances, the social partners at every level of consultation need to redefine their priorities, adopt a new approach to new and long-standing problems and overcome the distortions of the past. The social dialogue process needs to re-start on a new basis of mutual respect, rather than mistrust, and a consensual rather than confrontational attitude, aiming at a synthesis of diverging views, rather than the satisfaction of petty and short-sighted considerations, or the postponement of problems and the shifting of the

\textsuperscript{76} A cumulative recession of 14% since 2008 and a further -6.5% expected in 2012.
burden to the future generations.

The European level of social dialogue could, under normal circumstances, play a key role in promoting understanding between the different stakeholders and addressing the huge challenges faced by the Greek industrial relations system. However, the fact that financial considerations at the EU level have taken predominance over social considerations and the ‘acquis communautaire’ is no longer an unchallengeable certainty, leaves little room for initiatives in this direction. Unless the EU leadership realises that the fate of European social dialogue is closely linked to the fate of the European Social Model; if the latter is put into jeopardy, there is no air for the former to breathe.

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**APPENDIX I.**

**Table 1**  
**Basic economic indicators**  
**2007-2011**

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tbody>
<tr>
<td>GDP change (at constant 2005 prices)</td>
<td>+ 3.0%</td>
<td>-0.2%</td>
<td>-3.2%</td>
<td>-3.5%</td>
<td>-6.9%</td>
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<tr>
<td>GDP at current prices (billion €)</td>
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<td>232,9</td>
<td>231,6</td>
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<td>fiscal deficit</td>
<td>6.8%</td>
<td>9.8%</td>
<td>15.6%</td>
<td>10.3%</td>
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<td>current account balance</td>
<td>-14.6%</td>
<td>-14.9%</td>
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<td>-10.1%</td>
<td>-9.8%</td>
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<td>government debt (as % of GDP)</td>
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<td>113%</td>
<td>129,4%</td>
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<td>unemployment rate (annual average)</td>
<td>8.3%</td>
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<td>9.5%</td>
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<td>unemployment rate (December to December)</td>
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<tr>
<td>men</td>
<td>6.1%</td>
<td>6.5%</td>
<td>6.9%</td>
<td>11.9%</td>
<td>17.7%</td>
</tr>
<tr>
<td>women</td>
<td>13.0%</td>
<td>12.2%</td>
<td>14.8%</td>
<td>18.7%</td>
<td>25.3%</td>
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<td>youth unemployment (Dec.)</td>
<td></td>
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<td>15-24</td>
<td>24.5%</td>
<td>26.3%</td>
<td>28.9%</td>
<td>39.0%</td>
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<td>25-34</td>
<td>12.7%</td>
<td>11.6%</td>
<td>13.7%</td>
<td>21.0%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

*Source: EL.STAT. (Hellenic Statistical Authority), Selected economic indicators, 2001-2011*
APPENDIX II.

Project PESSIS
“Promoting employers’ social dialogue in the social services’ sector”
National Workshop with social partners’ organisations
Athens, March 28, 2012

The aim of the national workshop, organised by the national partner “Panagia Eleousa Workshop” and the national researcher “National Centre for Social Research”, was twofold:

1. To introduce the PESSIS Project to the stakeholders and raise awareness of the potential for social dialogue at the European level.
2. To gather information from the stakeholders about their experience of social dialogue, the structures that exist, existing collective agreements and the resources that the stakeholders have available to develop social dialogue at the EU level.

1. Participants in the workshop

An invitation was sent, along with a brief presentation of the project and the basic question guide, slightly adjusted to the national context, to 25 stakeholders from the central and regional administration, the private sector and NGOs involved in the provision of social services to vulnerable groups. Although the turn up of the private sector and the NGOs was satisfactory, this was not the case with the response from the central government and the trade unions. Those that eventually participated in the meeting include the following stakeholders:

(a) Employer organisations

For-profit sector:
- Hellenic Association of Private Kindergartens (PASIPS), Mr. G. Stathopoulos, Vice-President of the Board of Directors
- Hellenic Union of Nursing and Care Homes (PEMFI), Mr. St. Prosalikas and Mr. P. Kouvatseas, President and Vice-President of the Board of Directors respectively

Not for profit sector:
- KLIMAKA, Ms O. Theodorikakou, Gen. Secretary of the Board of Directors
- ARGO, Mr. M. Theodoroulakis, President of the Board of Directors
- PETAGMA, Ms P. Papanikolopoulou, Scientific Director
- THEOTOKOS, Ms Aik. Katsouda
- ESTIA, Mr. V. Kassimatis

(b) Government (national, regional, provincial, municipal) departments:
2. Findings of the workshop

A bleak picture of the current situation prevailing in the social services sector and its future outlook was drawn by all participants. The main sources of this widespread pessimism are: (a) the dire economic situation that Greece is facing, as a result of the successive austerity programmes and the drastic public spending cuts, that have an adverse impact on the already heavily under-funded social welfare sector; (b) the poor quality of the central administration services and the excessive red tape involved in undertaking any business initiative; (c) the weak social dialogue tradition, further undermined by the recent legislative changes that impose extensive unilateral pay cuts, and abolish a series of long-standing employment rights in both the private and public sector; and (d) the absence of a plan and a vision for the future, but also of a discernible exit from the present stalemate. The main points made by the participants during the vivid and constructive discussion, are presented in the Swot analysis below. It is interesting to note, that none of the stakeholders present made a single reference to any positive features (strengths) inherent in the social dialogue process in the social services’ sector.

On the **private sector employers’** side it was pointed out that perhaps the most important problem that their sector is facing stems from the unfair competition from public social services, but also from non-registered private and municipal social services (namely kindergartens and elderly-care homes). The unfair treatment is manifested not only in the differential cost of services provided but most importantly in the strict controls and the close monitoring imposed on private social services, as opposed to the absence of similar procedures for the municipal and public sector services. The institutional framework, they added, is very complicated and fragmented, whilst the registry of welfare organisations is outdated and totally unreliable, thus providing a distorted picture of the sector. Finally, as regards collective bargaining, the two employers’ associations complained about the poor quality of their interlocutors, their often intransigent and confrontational attitude and the limited agenda.

The participants from the **non-profit private sector** (NGOs), on their part, stressed the lack of adequate funding from the state, as a result of drastic cuts (as much as by 2/3) in their budgets, causing considerable
delays in the payment of employees’ wages and jeopardising the quality of their services. They also added the chronic problem of under-staffing of their organisations and their absence from the decision-making bodies. As regards collective bargaining procedures, it is not clear whether the NGOs have the employer status, as they do not own the organisations that they represent. Nonetheless, they made it clear that there is no sectoral collective agreement for the personnel working in NGOs and that there exist different levels of negotiation, depending on whether the employees are working in a public law or a private law legal entity.

The sole union representative made some very constructive remarks:

- social services are clearly designated as a low priority issue in the recent 2nd bailout agreement concluded between the troika and the Greek government;
- there is a huge social dialogue deficit, as well as a trust deficit among the social partners;
- the collective bargaining agenda is mostly restricted to wage issues, ignoring other important non-wage issues;
- the central government unilaterally imposed, through legislative changes and ministerial decrees, the dissolution of sectoral collective agreements, drastic cuts in minimum wages and the abolition of long-standing employment and social rights. This is likely to lead to a complete breakdown of the social dialogue process, especially at the sectoral level, limiting its impact to the company level;
- social dialogue can become a tool of social justice, by providing, for example, a set of common evaluation criteria for both the public and the private sectors.

Finally, the representative of the Regional Government, the sub-Head of the Attica Region, pointed out the lack of co-operation and co-ordination between the competent ministries in dealing with the provision of social services, the absence of an official interlocutor on behalf of the employees working in public social services, and the controversial role of regional governments in the social dialogue process, as they do not have a mandate to negotiate wages, their role being limited to assessing the compliance of documents with the law.

3. Workshop assessment

As previously pointed out, the two main stakeholders representing the private sector providers of social services (pre-school childcare and elderly-care homes) showed great interest in the research, actively participated in the workshop and provided the research team with useful primary data (in the case of childcare). Representatives of NGOs also showed a great interest in the research and engaged themselves in the
discussions, although they were unable to produce any hard data on the social dialogue process in the non-profit sector. On the contrary, the union response to our invitation to the workshop was very disappointing, as out of the 7 organisations contacted, only the General Confederation of Greek Workers (GSEE) representative eventually showed up and made a valuable input to the workshop meeting. Finally, on behalf of the central and local governments (4 players), only the Attica Region responded with a high profile representative.

The attendants of the meeting agreed that the social services sector is a low priority issue for government policy and this is reflected in the poor quality of social dialogue between the state and the social partners’ organisations. The economic recession and the implementation of austerity policies have further exacerbated these problems. The participants also emphasized the fact that the social dialogue is restricted to wage issues, ignoring other important non-wage issues, such as the provision of quality services, the Code of Ethics between employees and the service users and the working conditions of employees. Regarding the concept of the Social Dialogue, although all the present representatives had a clear understanding of it, they agreed that the problem lies in the correct implementation of social dialogue as well as in the coordination between the parties involved.

The perspective of a better representation of the social dialogue in Europe is viewed and expected through the implementation of the conclusions of the PESSIS program. The social dialogue can be developed into a tool for social justice through planning and with proper prioritizing of needs and evaluation of services.

It is worth noting that, despite the growing (and understandable) tension between the social partners’ organisations at the tertiary level, at the level of the workshop there were signs of mutual esteem between the stakeholders present and a willingness to attempt a synthesis of the diverging views and interests. In this sense, it was encouraging to see that the social dialogue process can re-start on a new basis of mutual respect, rather than mistrust, and a consensual rather than confrontational attitude, provided the interlocutors from all sides are prepared to overcome the distortions of the past.

4. **SWOT analysis**

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
</table>

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77 With the notable exception of the organisation representing the disabled persons ESAMEA, who refused to participate in the workshop meeting.
**General:**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fragmentation and plethora of public and subsidised agencies, absence of reliable information on the number of social services organisations</td>
<td></td>
</tr>
<tr>
<td>Excessive bureaucracy and red-tape</td>
<td></td>
</tr>
<tr>
<td>Lack of co-ordination and communication between the public agencies</td>
<td></td>
</tr>
<tr>
<td>Vagueness of the institutional framework</td>
<td></td>
</tr>
<tr>
<td>Absence of a strategic plan based on the social needs</td>
<td></td>
</tr>
<tr>
<td>Squandering of resources, clientelist state criteria</td>
<td></td>
</tr>
<tr>
<td>Under-funding of social services, considerable delays in covering budget expenses and salaries (low priority issue)</td>
<td></td>
</tr>
<tr>
<td>Unfair competition from public services at the expense of private services (double standards)</td>
<td></td>
</tr>
</tbody>
</table>

**Social dialogue:**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social partners’ representation deficit, lack of a reliable interlocutor on the part of the state, but also on the part of employees</td>
<td></td>
</tr>
<tr>
<td>Absence of a social dialogue and a co-decision culture</td>
<td></td>
</tr>
<tr>
<td>State involvement in the bi-lateral wage negotiations through legislative changes and unilateral wage determination</td>
<td></td>
</tr>
<tr>
<td>Plethora of wage scales due to the multiple levels of workers’ representation, but also different types of contracts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The social partners must engage into social dialogue in view of concluding a new collective labour</td>
<td>The overall dismal industrial relations environment and the dire economic situation have a severe</td>
</tr>
<tr>
<td>Agreement and exerting joint pressure on the government to accept their common conclusions and recommendations</td>
<td>Impact on the quality of social dialogue</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Union rhetoric must open up to new areas of negotiation and the social dialogue agenda must include non-wage issues as well</td>
<td>The welfare sector produces confrontations</td>
</tr>
<tr>
<td>The social dialogue process can evolve into a tool for social justice (e.g. through the application of a common set of evaluation and funding rules for both the public and the private social services sector)</td>
<td>Problems arise from the imposed weakening of the social dialogue process: the de-facto abolition of the minimum wage stipulated by the National General Collective Labour Agreement leads to lower labour standards and to the elimination of the safety net</td>
</tr>
<tr>
<td>The future funding of social services must depend on their full and regular evaluation and the monitoring of the quality of services provided, as well as of the real cost of these services; the certification of social services, both private and social, by specialised national and European certification bodies would be a step in the right direction</td>
<td>Danger of a further explosion of undeclared work in the social services sector if wages are significantly reduced</td>
</tr>
<tr>
<td>Involvement of other stakeholders, as well as of the services’ users, in the social dialogue process</td>
<td>Disappearance of non-wage issues from the collective bargaining agenda, extremely restricted agenda</td>
</tr>
<tr>
<td>The individual must become the object of the social dialogue</td>
<td>Danger of a breakdown of negotiations, as employers are unwilling to conclude any new sectoral collective agreements</td>
</tr>
<tr>
<td>Full use of funding available from the National Strategic Reference Framework for the continuation of the operation of social structures (childcare and elderly-care)</td>
<td>The recent legislative provisions imposed by the troika lead to an internal breach between employers and employees, but also intensify the unfair competition between private firms providing social services</td>
</tr>
<tr>
<td>Need for a single regulatory framework applicable to all service providers, without exceptions, such as the local government institutions, NGOs and the Church</td>
<td></td>
</tr>
</tbody>
</table>
National Report The Netherlands

Marjolein van Dijk MSc and Dr Gerard van Essen
SUMMARY
On behalf of the Dutch Association of Health care Providers for People with Disabilities (Vereniging Gehandicaptenzorg Nederland, VGN), the CAOP (Centrum Arbeidsverhoudingen Overheidspersoneel) (Centre for Labour Relations) Department of Research and Europe has conducted a study into the organisation and structuring of social dialogue within the Dutch social service sector. The study is part of a project called PESSIS (Promoting Employers' Social Services Organisations In Social Dialogue), in which data is collected on the existence of, activities performed by, and organisational structuring of social dialogue in the social service sectors in eleven European countries. The PESSIS project is a first step towards the establishment of a European sectoral committee for social dialogue in which national social service sector employer- and employee organisations will be represented.

The PESSIS project poses four core research questions:
1. How large is the social service sector in terms of the number of employees as well as the number of employers?
2. What is the scope of collective labour agreements in the social service sector in terms of the numbers of employers and employees?
3. How many social service employers are involved in social dialogue and, at which levels?
4. What are the major occupational issues and, at which levels?

Each of the research questions has been allocated one Chapter in this report. Below is a brief summarisation of the answers to the research questions.

The Dutch social service sector
The Netherlands does not have a ‘social services sector’ per se. The social service sector actually falls under the Dutch health care and welfare systems, also called the ‘health and welfare’ sector. This sector encompasses more branches than those actually used for this study. Representatives of the PESSIS project have therefore decided to restrict the number of branches of the social service sector to be studied to three: care of the disabled, care of the elderly, and child care.

Care of the disabled
The Dutch system of care of the disabled offers care and services to persons who have mental, physical, sensory or multiple handicaps. A total of 525 enterprises were active in this branch in 2010. Nearly 75 percent of the enterprises involved in caring for the disabled have 10 employees or less. Employment opportunities in caring for the disabled have grown over the past few years; there were 164,800 positions held by employees in 2010. The Dutch Association of Health care Providers for People with Disabilities (VGN) is the employer organisation responsible for care of the disabled. There is also a trade organisation called MEE
Based on membership, the VGN comprises 95.6 percent of the branch and MEE Nederland, 2.1 percent.

**Care of the elderly**

In the Netherlands, the care of the elderly falls under the branch called VVT (Verpleeghuizen, Verzorgingshuizen en Thuiszorg) (nursing homes, retirement homes and home care). Also included in this branch are the postnatal care programmes and jeugdgezondheidszorg (well-child screening of children 0-4 years of age). Employees included in this branch, therefore, provide services to several target populations. In 2010, there were 125 nursing-home organisations, 360 retirement homes and 1,150 enterprises involved in home care. Of all three social service branches, the VVT branch offers the most employment opportunities. There were 443,300 positions filled by employees (256,200 full-time equivalents or FTEs). There are two employer organisations in the Netherlands responsible for the VVT branch; the largest is ActiZ, which represents 73 percent of the nursing homes, retirement homes and home-care providers. Branchedeling Thuiszorg (BTN) (home-care branch advocacy group) is a smaller employer organisation for entrepreneurs in home care and postnatal care; it has 90 members.

**Child care**

The occupational group providing child care is separated into three different forms: daycare for children 0-4 years of age, before- and after-school care for children 4-13 years of age, and child-minding at home for children 0-13 years of age. In 2010, a total of 2,800 enterprises existed in this branch. Employment opportunities in child care have increased considerably over the past few years. There were 86,000 positions filled by employees (48,700 FTEs) in 2010. Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) is the only national employer organisation responsible for child care and has well over 1,100 members, representing some 80 percent of total employment in the branch.

Figures on the compilation of employment opportunities based on gender show that the positions in all three branches are largely held by women: 82.6 percent in care of the disabled, 91.5 percent in nursing and retirement homes, 93.9 percent in home care and 92.6 percent in child care. The branch in which the highest percentage of individuals of foreign origin is employed is child care (15.8 percent); this is followed by the VVT branch with 12.7 percent and subsequently, the group caring for the disabled with 8.5 percent. Figures on the compilation of employment opportunities based on age reveal that sustainable employability of older employees is an important topic in terms of caring for the disabled and in the VVT branch. The average age of personnel caring for the disabled rose to 40 years in 2009. In nursing and retirement homes, the average age of employees is 41 years; this figure is 43 years in the home care branch. The child care branch is much less susceptible to the effects of an
ageing workforce. The average age of child-care employees is 35 years.

**Collective Labour Agreements**
In the Netherlands, the Dutch Collective Labour Agreement Act has been in force since 1927. It regulates those authorised to draw up a collective labour agreement (CLA) and those bound to a CLA, among other things. It is possible to establish generally-binding CLA stipulations in the Netherlands. By having the CLA-stipulations declared generally binding, they will initially cover all employers and employees falling under the scope of work that is regulated by the relevant CLA.

All three social service branches have drawn up a CLA. The CLA covering carers of the disabled is valid from 1 March 2011 to 1 March 2014. The CLA was drawn up by the employer organisations the Dutch Association of Healthcare Providers for People with Disabilities, VGN(VGN) and MEE Nederland and the employee trade organisations Abvakabo FNV, CNV Publieke Zaak, NU’91 and FBZ.

There is no separate CLA for carers of the elderly. Elderly care falls under the CLA for Nursing Homes, Retirement Homes and Home Care, the VVT branch. The CLA for the VVT runs from 1 March 2010 to 1 March 2012. The CLA was drawn up by employer trade organisations ActiZ and BTN and the employee trade organisations Abvakabo FNV, CNV Publieke Zaak, NU’91 and FBZ. Negotiations for a new CLA started in February of 2012.

The last CLA that was agreed upon by the employer- and employee trade organisations ran from 1 May 2010 to 1 January 2012. The CLA was drawn up between the employer organisations Branchevereniging Kinderopvang (an employer organisation for the child care branch) and MOgroep [Maatschappelijke Ondernemers Groep] Child Care (an employer organisation for the child care branch) and the employee trade organisations Abvakabo FNV, CNV Publieke Zaak and Vakbond de Unie. The employer- and employee organisations have been negotiating a new CLA since December of 2011. Appendix 1 of this report summarises the main provisions laid down in all three CLAs.

**Employer involvement in social dialogue**
In the Netherlands, social dialogue not only takes place between the employer and the employee. Social dialogue in the Netherlands is considered to be a broader activity in that it includes all forms of negotiation as well as consultation and the exchange of information on socioeconomic topics. Some discussions are conducted not only by the social partners, but also in collaboration with other parties such as the government or persons from the academic arena. Social dialogue between social partners involved in the care of the disabled, the elderly and in child care takes place in the Netherlands on four different levels: national, by the health and welfare sector, at the branch level and within the facilities.
At a national level, there are a number of 'umbrella' employer organisations and confederations of trade unions. At the branch level, they represent employer- and employee organisations involved in caring for the disabled, as well as the VVT and those involved in child care, among others. These umbrella employer organisations and confederations of trade unions play major roles within the national platforms called the Sociaal-Economische Raad (SER) (The Social and Economic Council of the Netherlands) and the Stichting van de Arbeid (The Dutch Labour Foundation).

At the health and welfare level, social partners involved in care of the disabled, the VVT and in child care work together as managers of the Zorg en Welzijn pension fund (Pension Fund for Care and Well-Being), as managers of the Calibris Academic Centre of Expertise and in the steering committee of the research project entitled Arbeidsmarkt Zorg en Welzijn (The Labour Market in the Health and Welfare Branch) (The Labour Market in the Health and Welfare Branch).

At the branch level, various committees and organisations discuss new policies, projects, activities and CLAs in collaboration with social partners involved in the care of the disabled, the elderly and in child care. For example, CLA negotiating sessions are held during which social partners negotiate with one another so as to be able to draw up a new CLA. A different kind of social dialogue, fairly unique to the Netherlands, pertains to the discussions on labour-market funds. During such discussions, members of employer- and employee organisations sit around the Table to collectively discuss how they can stimulate and improve the efficiency of their relevant branch's labour market. There is the Stichting Arbeidsmarkt Gehandicaptenzorg (StAG) (labour-market association for the care of the disabled). Care of the elderly falls under the Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg (A+O VVT) (association for policies on the labour market and education related to nursing homes, retirement homes and home care). The child care branch is also represented in a larger fund, the Fonds Collectieve Belangen (FCB) (collective interests fund), the labour-market fund established by and for employers and employees involved in welfare, public services, care of youth and child care.

At the facility level, staff participation is regulated by the Wet op de ondernemingsraden (WOR) Works Councils Acts. Social dialogue takes place by means of talks between the employer and works (personnel) council/employee representative. The CLAs for carers of the disabled, child care employees, nursing- and retirement-home employees and home caregivers contain guidelines on how staff participation must be organised within a facility.

**Major occupational issues in caring for the disabled, the elderly and in child care**

Various factors currently influence the labour markets related to caring
for the disabled, the elderly and child care. The Netherlands must implement many austerity measures in order to continue meeting Europe's budgetary rules. In the health and welfare sector, the government is investing on the one hand (e.g. through the covenant called *Investeringen Langdurige Zorg* [investments in long-term health care]); however, cutbacks and system revisions have been announced (e.g. in child care). Other important developments affecting the labour markets related to the three social service branches are the ageing population and fewer younger employees. An ageing population results in a greater need for health care services, which in turn leads to an increased demand for caregivers for the disabled and elderly. Having fewer younger employees leads to a decline in the need for child care. At the same time, worries exist about the influx of new workers due to fewer younger employees whilst the average age of the currently employed continues to rise. In 2011, because of the ageing population, an agreement was made between Dutch employer- and employee organisations on revisions to the pension system. This revision includes raising the retirement age to 66 years in 2020.

In addition to global factors affecting the health and welfare sector, there are also labour issues specific to the three social service branches. Current occupational issues in the branch involved in caring for the disabled are sustainable employability, the influx and retention of personnel, the improvement of working conditions and the stimulation of professionalism. Occupational issues currently affecting the elderly care branch are sustainable employability, influx and retention of personnel and flexibilisation in health care. The child care branch is dealing with different developments that are all putting pressure on it. These developments include government cutbacks and topics related to quality assurance. The major core themes for this branch include maintaining the current employment opportunities and improving quality and working conditions.
1. INTRODUCTION

Purpose of the study
Although the social service sector represents a considerable part of the European population, it does not yet take part in European social dialogue. This is partly because employers in some Member States are not represented on a national level and do not have recognised roles in social dialogue on a national level.

The PESSIS project is a first step towards the establishment of a European sectoral committee for social dialogue in which national social service sector employer- and employee organisations will be represented. In order to accomplish this successfully, it will be necessary to establish a European-level platform that includes national employer organisations from a significant number of Member States. The aim of the PESSIS project is to collect information on the existence and organisation of, and the activities related to, social dialogue in the social service sectors from eleven countries.

On behalf of the Dutch Association of Healthcare Providers for People with Disabilities, (Vereniging Gehandicaptenzorg Nederland, VGN), the CAOP Department of Research and Europe has conducted a study into the organisation and structuring of social dialogue within the Dutch social service sector.

In terms of this study, the 'social service sector' is considered to be comprised of the care for the disabled, the elderly and child care. The European Association of Service Providers for Persons with Disabilities (EASPD) will be managing the project on behalf of several European associations. For this project, the VGN is representing the sectors listed as national partners. The CAOP is conducting the study, as national partner, on behalf of the VGN.

Research questions
The core four research questions in this study are:

1. How large is the social service sector in terms of the number of employees as well as the number of employers?
2. What is the scope of collective labour agreements in the social service sector in terms of the numbers of employers and employees?
3. How many social service employers are involved in social dialogue and, at which levels?
4. What are the major occupational issues and, at which levels?

At the request of the EASPD, the social service sector will be defined as care for the disabled, the elderly and child care.

Study objectives
The aim of the study is to provide insight into qualitative and quantitative information about the relevant labour markets and the social dialogue taking place in the sectors involved in caring for the disabled, the elderly and child care. In accordance with the project assignment, the emphasis will be placed on the employers' perspectives.

From a European perspective, the objective is to acquire insight into the existence, functioning, and organisation of social dialogue taking place in the branches involved in caring for the disabled, the elderly and in child care in 11 European countries. The final overview may enable European countries to be able to share good practical examples, experiences, various forms of social dialogue and collective activities with one another.

Conduction of the study
On behalf of the VGN, the CAOP has conducted the following activities aimed at investigating the social dialogue taking place in the branches caring for the disabled, the elderly and child care:

1. A 'Skype' conference call with the European project coordinator (held on 10 February 2012)
2. Collecting all necessary information by means of desk research
3. Collecting supplemental information to fill in the gaps (sometimes through telephone interviews with stakeholders)
4. Analysing the data and writing a draft report

In addition, the VGN discussed the draft report with major stakeholders (social partners involved in caring for the disabled, the elderly and child care) at a few national committee meetings. The outcomes of these discussions will be incorporated into the final report.

Desk research
Based on existing resources, quantitative and qualitative information was gathered on the labour markets and the structure of social dialogue that is taking place in the branches involved in caring for the disabled, the elderly and child care. The resources used to collect information include:

- Policies/action plans and information located on the websites of employer- and employee organisations that are active in the three branches: the employer organisations ActiZ, Branchebelang Thuiszorg Nederland (BTN), Vereniging Gehandicaptenzorg Nederland (VGN) and Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) as well as the employee organisations Abvakabo FNV, CNV Publieke Zaak, FBZ and NU’91
- Policies and parliamentary papers from the VWS (Ministerie van Volksgezondheid, Welzijn en Sport) (Ministry of Health, Welfare and Sport) and SZW (Ministerie van Sociale Zaken en Werkgelegenheid) (Ministry of Social Affairs and Employment)
- The CLAs, letters of intent and negotiators' agreements from
social partners involved in the three branches

- Any covenants that involve social partners
- Policies/action plans and information located on websites of the labour funds A+O VVT (includes care of the elderly), StAG (includes care of the disabled) and FCB WJK (Welzijn en Maatschappelijk Dienstverlening, Jeugdzorg en Kinderopvang) (Welfare and social services, Youth Care and Child Care) for child care
- Policies/action plans and information on the Calibris website
- The outcomes of the research project entitled Arbeidsmarkt Zorg en Welzijn (The Labour Market in the Health and Welfare Branch) (www.azwinfo.nl) as well as from research facilities (such as CBS [Centraal Bureau voor de Statistiek = Statistics Netherlands] and Panteia)
- Research into the social service sector's labour market and labour relations

Reading guide
The following Chapter 5 will cover the answers to the four research questions. Chapter 2 of this report will explore the Dutch social service sector and the scope of branches caring for the disabled, the elderly and child care, in terms of the numbers of employers as well as employees. Diverse demographic personnel-related characteristics will be discussed. In Chapter 3, the three collective labour agreements (CLAs) will subsequently be discussed (from the branches caring for the disabled, the elderly and child care, respectively), as well as their reach. Employer involvement in social dialogue at different levels is the topic of Chapter 4. Social dialogue taking place in the social service sector will be addressed on four levels: nationally, in the health and welfare sector, at the branch level and at a facility level. The final research question will be addressed in Chapter 5 in which major occupational issues currently existing in the social service sector, specifically in branches caring for the disabled, the elderly and child care, will be presented. The resources consulted can be found in the list of resources. And lastly, all important supplementary information has been included in the appendices.

2. THE DUTCH SOCIAL SERVICE SECTOR
In this Chapter, an answer to the first research question of the study will be provided: How vast is the social service sector in terms of the number of employees as well as the number of employers? What the Dutch social service sector is comprised of will be explained in first paragraph. Then, the branches involved in the care of the disabled, the elderly and child care will be described:

- The types of services the branch provides
- How many active facilities the branch has
- Which national employer organisations are active for the
branches
- What the scope and composition of employment opportunities is in terms of sex, ethnicity and age
- How the branches are funded

Description of the social service sector in the Netherlands
Within the context of the PESSIS project, the EASPD postulates that the social service sector in Europe is not an easily demarcated sector. The EASPD has therefore chosen to restrict the social service sector to three branches for this study: care for the disabled, the elderly and child care.

The Netherlands does not have a ‘social services sector’ per se. The social service sector actually falls the Dutch health care and welfare systems, also called the 'health and welfare' sector. This sector encompasses more branches than the three actually taken into account for this study. The health and welfare sector consists of the following branches:
- University (Academic) Medical Centres
- General and speciality hospitals (including rehabilitation clinics)
- Nursing home care, retirement home care and home care (VVT), including postnatal care
- Care of the disabled
- Mental health care (GGZ = geestelijke gezondheidszorg), including addiction rehabilitation
- Community services and welfare (Welzijn en maatschappelijke dienstverlening (W&MD))
- Youth care
- Child care

The branches not included in this study have been structured and represented in a way comparable to the three branches focused on in this project. For example, these branches have also all drawn up CLAs between their social partners and are organised in a similar way in terms of social dialogue.

The website [www.thesauruszorgenwelzijn.nl](http://www.thesauruszorgenwelzijn.nl) by Movisie defines the de social service sector as the welfare sector. This sector is comprised of different types of services:
- Sociocultural services
- Stimulation of occupational participation
- Nursery school services
- Youth welfare services
- Welfare services for minorities, refugees and asylum-seekers
- Social work and social services
- Shelters
- Elderly welfare services
- Emancipating, advocating, and advising specific target populations as well as looking after their interests and fighting
discrimination
- Facilitating personal development, training and advising

Care of the disabled
The branch involved in caring for the disabled offers health care and services to individuals with mental, physical, sensory or multiple handicaps. From analyses of data from the labour market fund for care of the disabled, the StAG, it appears that a total of 525 enterprises were active in this branch in 2010. Of these, almost three-quarters have 10 or fewer employees (StAG, 2012).

Table 2.1 Number of enterprises involved in caring for the disabled in terms of size of enterprise (rounded-off to nearest 5).

<table>
<thead>
<tr>
<th>Active employees</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>65</td>
<td>80</td>
<td>95</td>
<td>125</td>
</tr>
<tr>
<td>2 to 10</td>
<td>70</td>
<td>110</td>
<td>145</td>
<td>210</td>
<td>265</td>
</tr>
<tr>
<td>10 to 50</td>
<td>30</td>
<td>35</td>
<td>25</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>50 to 100</td>
<td>20</td>
<td>15</td>
<td>15</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>100 or more</td>
<td>115</td>
<td>110</td>
<td>105</td>
<td>105</td>
<td>95</td>
</tr>
<tr>
<td>Total number of enterprises</td>
<td>275</td>
<td>335</td>
<td>370</td>
<td>450</td>
<td>525</td>
</tr>
</tbody>
</table>

Source: CBS Table: Enterprises; economic activity, size and legal type of business entity

The number of enterprises has increased considerably over the past five years due to a rise in the number of small organisations employing 10 persons or fewer. The number of intermediate and large organisations is declining. This may, in part, be the result of mergers.

National employer organisations involved in care of the disabled
The Dutch Association of Healthcare Providers for People with Disabilities (VGN) is the employer organisation responsible for the care of the disabled. The VGN is the branch organisation for providers of care and services to persons with a disability. A total of 162 employers were members of the VGN in 2010 with a combined total of 157,626 contracted employees.

In addition, the branch association called MEE Nederland, which is comprised of 22 regional MEE subsidiaries, employed a total of 3,500 employees in 2010. MEE provides support to persons with disabilities in the areas of education and development, learning and working, community and living arrangements, legislation and money matters. According to Panteia (2012), there were 164,800 employees caring for the disabled in 2010 in the branch as a whole. This means that the VGN and associated members make up 95.6 percent of the branch and MEE

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1 Data from the Application to the Ministry of Social Affairs and Employment for the CLA Declared Generally Binding: Care of the Disabled 2011-2014.
Nederland, 2.1 percent.

Scope of employment opportunity
Employment opportunities in the care of the disabled have increased over the past few years. In 2009, those caring for the disabled numbered 158,700 for 98,870 FTEs (see Table 2.2). The number of positions increased an average of 3.2 percent per year over the 2004 – 2009 period. According to Panteia (2012), the number of employees rose further in 2010 to 164,800.

Compilation of employment opportunities in terms of gender
In 2009, the percentage of female providers of care for the disabled was 82.6 percent of the total number of employees. The contribution of women as carers of the disabled has grown an average of 0.4 percent per year since 2004.

Table 2.2 Data on employees in the branch involved in care of the disabled

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
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<tr>
<td>Number of employee positions</td>
<td>135,831</td>
<td>140,614</td>
<td>141,730</td>
<td>148,250</td>
<td>152,790</td>
<td>158,700</td>
</tr>
<tr>
<td>Number of FTEs</td>
<td>85,084</td>
<td>85,668</td>
<td>88,680</td>
<td>92,570</td>
<td>95,860</td>
<td>98,870</td>
</tr>
<tr>
<td>Proportion of women</td>
<td>81.1%</td>
<td>81.5%</td>
<td>81.8%</td>
<td>82.4%</td>
<td>83.1%</td>
<td>82.6%</td>
</tr>
<tr>
<td>Proportion of foreign origin*</td>
<td>8.5%</td>
<td>8.5%</td>
<td>8.4%</td>
<td>8.4%</td>
<td>8.4%</td>
<td>-</td>
</tr>
<tr>
<td>Mean age</td>
<td>38</td>
<td>39</td>
<td>39</td>
<td>39</td>
<td>39</td>
<td>40</td>
</tr>
<tr>
<td>Proportion 50+*</td>
<td>17.3%</td>
<td>19.2%</td>
<td>20.6%</td>
<td>22.7%</td>
<td>24.1%</td>
<td>25.2%</td>
</tr>
</tbody>
</table>

Source: Labour market analysis: care of the disabled 2011; *www.azwinfo.nl

Compilation of employment opportunities in terms of ethnicity
Approximately 8.5 percent of the employees caring for the disabled are of foreign origin, as Table 2.2 reveals. This is based on the CBS’s loose definition\(^2\). This percentage is relatively low in comparison to the percentage of foreign employees working in the VVT and in child care. In

\(^2\) Netherlands Statistics (CBS) defines a foreigner as a person who has at least one parent who was born in a foreign country. According to CBS, 11 percent of the Dutch population is of non-Western, foreign origin. This group’s origin lies in countries in Africa, Latin America, Asia (excl. Indonesia and Japan) and Turkey. Additionally, 9 percent of the Dutch population is of foreign Western origin. This group’s origin lies in countries in Europe (excl. Turkey), North America, Oceania, Indonesia and Japan.
fact, the proportion of employees of foreign origin is 12.7 percent in the VVT and even 15.8 percent in child care.

Compilation of employment opportunities in terms of age
The average age of personnel caring for the disabled rose to 40 years in 2009. The contribution of individuals over 50 years of age has also risen over the past few years. The average proportional increase was 7.8 percent per year between 2004 and 2009. Prismant estimates that the proportion of employees over 50 years of age will increase even further to one-third of this group in 2018 (van der Windt et al, 2009a). The sustainable employability of older employees will become an important topic over the next few years.

Funding the care of the disabled
Long-term care and support (including care of the disabled) are funded under the Algemene Wet Bijzondere Ziektekosten (AWBZ) (General Exceptional Medical Expenses Act). The AWBZ covers expenses not falling under health insurance policies and which could not be paid for by most of the general population. Any Dutch person may make use of this fund. Such care and support can either be provided at home or at a facility. Examples of this type of care include:

- Assistance in activities of daily living
- Support
- Treatments
- Interpreters for the deaf
- Short-stay admission
- Grooming
- Lending out medical supplies
- Accommodation

Besides the AWBZ, another important piece of legislation addressing the funding of care for the disabled falls is the Wet maatschappelijke ondersteuning (Wmo) (Social Support Act). This law insures that persons with a limitation (the elderly, disabled persons or those with mental disorders) receive provisions, help and support enabling them to live independently. Housekeeping is, for example, funded under the Wmo. The objectives of the Wmo are that every person should be able to participate in society and to live independently for as long as possible. Responsibility for execution of the Wmo lies at the municipal level. According to the CBS (2011b) the cost of caring for the disabled rose from 4.3 billion euros in 2001 to 7.9 billion euros in 2010.

Care of the elderly
In the Netherlands, the care of the elderly falls under the branch called VVT (Verpleeghuizen, Verzorgingshuizen en Thuiszorg) (nursing homes, retirement homes and home-care activities) Also included in this branch are postnatal care programmes and jeugdgezondheidszorg (well-child
screening of children 0-4 years of age). Employees included in this branch, therefore, provide services to several target populations. There is no information available within this branch specific to only the care of the elderly. That is why information about the VVT branch is being used for this study.

The VVT branch is comprised of the following types of facilities and services:

- Grooming and nursing
- Housekeeping
- Support for mothers/well-child care (0-4 years) and postnatal care
- Information on nutrition and dietary advice
- The lending out of medical aids and home-care shops
- Education on health child-rearing

CBS data reveal that the number of nursing homes in the Netherlands has remained relatively stable over the past few years (see Table 2.3). There were 125 nursing-home enterprises in 2010. However, the number of retirement homes decreased, partly due to mergers, from 480 in 2006 to 360 in 2010. The number of home-care enterprises has increased: in 2010, the Netherlands had 1,150 enterprises involved in the provision of home care, almost 70 percent more than in 2006. Growth was predominantly found at the level of the smaller home-care enterprises.

Table 2.3 Number of enterprises in the VVT branch in terms of size of enterprise (rounded-off to nearest 5).

<table>
<thead>
<tr>
<th>VVT Branch</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing homes</td>
<td>130</td>
<td>130</td>
<td>130</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>Retirement homes</td>
<td>480</td>
<td>455</td>
<td>415</td>
<td>385</td>
<td>360</td>
</tr>
<tr>
<td>Home-care enterprises</td>
<td>680</td>
<td>795</td>
<td>880</td>
<td>1,025</td>
<td>1,150</td>
</tr>
</tbody>
</table>

Source: CBS Table: Enterprises; economic activity, size and legal type of business entity

Employer organisations responsible for the VVT
There are two employer organisations in the Netherlands that support the VVT branch: ActiZ and Branchebelang Thuiszorg (BTN) (Branch Organisation for Home Care). The primary activity of both organisations is to represent members' interests to government, politicians, and advisory bodies and during negotiations. They have representatives in national committees and organisations involved in health care.

ActiZ is the employer organisation responsible for nursing-home care, retirement-home care, home care, youth health care and postnatal care. ActiZ has 415 members and represents approximately:

- 73 percent of nursing homes, retirement homes and home care activities
- 70 percent of health care for children 0-4 years
- 25 organisations for postnatal care which deliver 70 percent of such care

Enterprises represented by ActiZ have more than 400,000 active employees.

_Branchebelang Thuiszorg (BTN)_ is the employee organisation representing entrepreneurs involved in home care and postnatal care. _BTN_ represents approximately 90 member groups active in home care, postnatal care and mediation3.

**Scope of employment opportunity**

Employment opportunities in the _VVT_ branch have increased over the past few years. Table 2.4 demonstrates that there were 427,000 positions filled by employees in 2009 (246,800 FTEs). Between 2004 and 2009, the number of jobs grew at an average of 2.6 percent per year. According to _Panteia_ (2012), the number of employees increased further in 2010 to 443,300 (256,200 FTEs).

**Table 2.4 Data on employees in the VVT**

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of employee positions</td>
<td>375,230</td>
<td>380,000</td>
<td>406,000</td>
<td>400,000</td>
<td>411,000</td>
<td>427,000</td>
</tr>
<tr>
<td>Number of FTEs</td>
<td>216,896</td>
<td>219,653</td>
<td>234,682</td>
<td>232,558</td>
<td>240,351</td>
<td>246,821</td>
</tr>
<tr>
<td><strong>Nursing and retirement homes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of women</td>
<td>91.0%</td>
<td>91.2%</td>
<td>91.2%</td>
<td>91.3%</td>
<td>91.5%</td>
<td>-</td>
</tr>
<tr>
<td>Proportion of foreign origin*</td>
<td>12.2%</td>
<td>12.2%</td>
<td>12.5%</td>
<td>12.6%</td>
<td>12.7%</td>
<td>-</td>
</tr>
<tr>
<td>Mean age</td>
<td>40</td>
<td>41</td>
<td>41</td>
<td>41</td>
<td>41</td>
<td>-</td>
</tr>
<tr>
<td>Proportion 50+</td>
<td>23.4%</td>
<td>25.0%</td>
<td>27.2%</td>
<td>28.5%</td>
<td>30.2%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Home care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of women</td>
<td>94.7%</td>
<td>94.6%</td>
<td>94.2%</td>
<td>93.9%</td>
<td>93.9%</td>
<td>-</td>
</tr>
<tr>
<td>Proportion of foreign origin</td>
<td>11.1%</td>
<td>10.8%</td>
<td>11.9%</td>
<td>12.0%</td>
<td>12.6%</td>
<td>-</td>
</tr>
<tr>
<td>Mean age</td>
<td>41</td>
<td>42</td>
<td>42</td>
<td>42</td>
<td>43</td>
<td>-</td>
</tr>
<tr>
<td>Proportion 50+*</td>
<td>27.0%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>30.4%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>

Source: [www.azwinfo.nl](http://www.azwinfo.nl); *Labour in Health Care and Welfare 2009 (van 3 Source: http://www.arbocatalogusvvt.nl/algemene-informatie.
Compilation of employment opportunities in terms of gender

The vast majority of employees working in the VVT branch are female. In nursing and retirement homes, 91.5 percent of employees are female and in home care, 93.9 percent.

Compilation of employment opportunities in terms of ethnicity

The proportion of persons of foreign origin working in the VVT branch has shown a consistent slight increase: in 2008, 12.7 percent in nursing and retirement homes and 12.6 percent in home care. According to labour a market analysis of the VVT branch (A+O VVT, 2009) non-Western foreigners (of Turkish and Moroccan origins) are underrepresented in the VVT branch as well as in registered nursing and practical nursing programs.

Compilation of employment opportunities in terms of age

Mean employee age rose slightly and is currently 41 years in nursing and retirement homes and 43 years in home care. The proportion of individuals over 50 years of age remains just under one-third of the total number of employees in both branches: in nursing and retirement homes, 30.2 percent is over 50 years; in home care, 32.6 percent. It is expected that the proportion of employees over 50 years of age working in the VVT branch will increase further to 40 percent (van der Windt, et al, 2009b).

Funding the care of the elderly

Elderly care, just as care of the disabled, is funded under the AWBZ and WMO (see section on care of the disabled). The AWBZ and WMO both require a co-payment from the individuals receiving assistance. The amount of the co-payment is dependent on income, age and family situation. The cost of caring for the elderly in 2001 was 9.1 billion euros and has risen to 16.0 billion euros in 2010 (CBS, 2011b).

Child care

The child care branch is subdivided into various forms:
- Day care for children 0-4 years of age
- Care outside of school hours for children 4 to 13 years of age (before and after school)
- Child-minding services for children 0-13 years (provided in the home setting)

The number of enterprises offering child care is shown in Table 2.5 to have risen 30 percent in the period 2006-2010. In 2010, a total of 2,800 enterprises existed in this branch. Almost three-quarters of these are relatively limited in size; fewer than 10 persons work at these
enterprises.

*Employer organisations responsible for child care*

*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) is the only national employer organisation which advocates and represents the interests of child care organisations. Branch Organisation for Child Care came to be after a merger between the *Branchevereniging ondernemers in de Kinderopvang* (branch association for entrepreneurs in child care) and *MOgroep Kinderopvang*.

*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) (2012) represents more than 1,100 members representing approximately 80 percent of the entire sector. *Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) is involved in representation, advocacy, policy development, education, and other types of services.

*Table 2.5 Number of enterprises in the child care branch in terms of size of enterprise (rounded-off to nearest 5).*

<table>
<thead>
<tr>
<th>Active employees</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>745</td>
<td>965</td>
<td>1,040</td>
<td>950</td>
<td>1,005</td>
</tr>
<tr>
<td>2 to 10</td>
<td>830</td>
<td>890</td>
<td>880</td>
<td>945</td>
<td>1,010</td>
</tr>
<tr>
<td>10 to 50</td>
<td>440</td>
<td>465</td>
<td>505</td>
<td>590</td>
<td>590</td>
</tr>
<tr>
<td>50 to 100</td>
<td>65</td>
<td>70</td>
<td>95</td>
<td>105</td>
<td>100</td>
</tr>
<tr>
<td>100 or more</td>
<td>65</td>
<td>65</td>
<td>70</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>Total number of enterprises</td>
<td>2,145</td>
<td>2,455</td>
<td>2,590</td>
<td>2,695</td>
<td>2,800</td>
</tr>
</tbody>
</table>

Source: *CBS* Table: Enterprises; economic activity, size and legal type of business entity

*Scope of employment opportunity*

Table 2.6 reveals that employment opportunities in the child care branch have considerably increased over the past few years. The number of positions filled by employees increased from 54,700 in 2005 to 86,000 in 2010, an average growth of 11.4 percent per year.

*Table 2.6 Data on employees working in the child care branch*

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of employee positions</td>
<td>54,700</td>
<td>61,800</td>
<td>71,000</td>
<td>74,000</td>
<td>80,400</td>
<td>86,000</td>
</tr>
<tr>
<td>Number of FTEs</td>
<td>31,600</td>
<td>35,200</td>
<td>40,600</td>
<td>42,300</td>
<td>44,800</td>
<td>48,700</td>
</tr>
<tr>
<td>Proportion of women</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Proportion of employees</td>
<td>14.6%</td>
<td>15.1%</td>
<td>15.6%</td>
<td>15.8%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Compilation of employment opportunities in terms of gender

For several years now, almost all positions in the child care branch have been held by women. Table 2.6 demonstrates that this percentage has remained stable at 96 percent between 2005 and 2010.

Compilation of employment opportunities in terms of ethnicity

In 2008, more than 15 percent of employees working in child care were of foreign origin, as seen in Table 2.6. In comparison with the VVT branch and the branch involved in caring for the disabled, this branch has the highest percentage.

Compilation of employment opportunities in terms of age

The mean age of employees working in child care was 35 years in 2010. Compared to the VVT branch and branch caring for the disabled, the child care branch as the lowest percentage of employees over the age of 50 years. In 2010, 14.3 percent of employees working in child care was 50 years of age or older. It is, however, expected that the proportion of employees over 50 years will increase in the coming years. Depending on developments pertaining to retirement age, this proportion will increase to approximately 18 percent in 2018 (van der Windt, et al, 2009b).

Child care funding

Child care is funded by the government and by parents (Rijksoverheid, 2012b). Government expenditures have tripled over the past few years: from 1 billion euros in 2005 to 3 billion euros in 2010. In the Netherlands, partial reimbursement for child care is available from the government. Parents may receive reimbursement if they make use of a registered child care centre or a registered child minder. This registration and must take place in the database called Landelijk Register Kinderopvang en Peuterspeelzalen (LRK) (National register for child care and nursery schools). The amount of reimbursement depends on the parents' collective means-tested income and the number of children in the family. For 2012, the government has reduced the amount of reimbursement as well as the number of hours reimbursed by linking these to the number of hours actually worked.

3. Collective Labour Agreements

The second core research question of this project is: What is the scope of collective labour agreements in the social service sector in terms of the numbers of employers and employees?
In order to answer this primary question, the following sub-questions have been posed:

- Which social partners have been mentioned in the CLA?
- Who is defined as the employer?
- Which labour-related matters are incorporated into the CLA?
- What period of time does the CLA cover?
- When is the CLA up for renewal?

There is a specific collective labour agreement (CLA) for both the care of the disabled and the child care branch. No CLA exists for elderly care. As explained in Chapter 2, the Dutch system of caring for the elderly falls under the branch covering nursing home-, retirement-home, and home-care activities. A CLA has also been drawn up for this branch.

This chapter will initially describe how the Netherlands views a collective labour agreement and how one comes into being. The following paragraphs will discuss each sector's CLA separately in the form of sub-questions.

The Netherlands' definition of a collective labour agreement (CLA)

A CLA is considered to be the entire range of agreements between employers (or employer organisations) on the one hand, and employee organisations on the other; the agreements primarily or exclusively pertain to the terms and conditions of employment. A CLA often also contains agreements made to improve the quality of working conditions. A CLA may cover an entire branch at the national level, but also, at the regional level or one enterprise on the local level. The Dutch Collective Labour Agreements Act (Wet op de collectieve arbeidsovereenkomst) came into force in 1927. It stipulates who is authorised to draw up a collective labour agreement (CLA) and who is bound to a CLA, among other things.

In the Netherlands, one is required to report a finalised CLA to the management of the UAW (Uitvoeringstaken Arbeidsvoorwaardenwetgeving - executory division for CLA-related legislation) of the Ministry of Social Affairs and Employment. CLA-parties that have drawn up a branch-level CLA may submit an application to have this CLA declared 'generally binding'. By having the CLA-stipulations declared generally binding they will initially cover all employers and employees falling under the scope of work that is regulated by the relevant CLA.

How a CLA comes into being in the Netherlands

When a (new) CLA needs to be drawn up, employers and employee organisations will negotiate with one another. The parties will consult their constituents prior to negotiating on topics needing discussion. Such topics may concern those left over from previous negotiating sessions, new topics, or subject matter of a technical nature. A letter of intent is

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the result of such discussion, representing the employers' as well as the employees' perspectives. If several parties representing employers or employees take part in the negotiations, a collaborative letter of intent, written on behalf of all, is often attempted.

Negotiations may be suspended for a period of time if the social partners at the negotiating table cannot reach the desired collective labour agreement. Sometimes, the negotiating process can experience increased heat by demonstrations or the calling of a strike. The goal is then to get the social partners to attempt to renegotiate and find solutions for the points of disagreement. Generally speaking, parties will eventually reach an agreement. This does not mean that a CLA has immediately come into being. A negotiation agreement must first be presented to the constituents. A new CLA is born only when the majority of members of the various parties vote for the agreement. If a majority of constituents of an employee- or employer- organisation should vote against the agreement, the parties must then return to the negotiating table. It has occurred rarely that only one or two employee organisations have drawn up an agreement with the employer.

**CLA for the Care of the Disabled**
The CLA for the Care of the Disabled arose from the previous CLA for Hospital Services and the CLA for Short- and Long-Stay Facilities for the Handicapped. The CLA for Hospital Services was split up; the part covering the care of the disabled was merged with the CLA for facilities for the disabled.

The relevant social partners were united under the *Overleg Arbeidsvoorwaarden Gehandicaptenzorg (OAGz)* (Committee for Terms and Conditions in Caring for the Disabled). The social partners on this committee hold discussions on the preparation, negotiation and execution of the CLA.

A new CLA covering the care of the disabled was drawn up in 2011 (*VGN*, 2011). This CLA covers the period between 1 March 2011 and 1 March 2014. Parties may amend the finalised CLA during its period of validity. If none of the parties involved requests termination of the CLA in writing at least one month before its expiry date, it will be prolonged annually for a period of one calendar year. The current CLA was submitted in March 2012 to the Ministry of Social Affairs and Employment to have it declared generally binding. This means that, to date, this CLA is only valid for the labour agreements made between the employer and employees as laid down in the CLA.

**Parties involved in this CLA**
The CLA 'Care of the Disabled 2011 - 2014' was drawn up by the following employer organisations:
- The Dutch Association of Health care Providers for People with
Disabilities (VGN)

- **MEE Nederland**

And the following employee organisations:

- **Abvakabo FNV** (trade union)
- **CNV Publieke Zaal** (trade union for public services)
- **NU’91** (New Union '91): a trade organisation for registered and practical nursing
- **FBZ**: *Federatie van Beroepsorganisaties in de Zorg* (Federation of Professional Care Organisations) and its related educational and research projects, namely:
  - *Ergotherapie Nederland (EN)* Ergotherapy Netherlands
  - *Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF)* Royal Dutch Society for Physical Therapy
  - *Landelijke vereniging voor Artsen in Dienstverband (LAD)* National Association of Physicians
  - *Nederlands Instituut voor Psychologen (NIP)* Dutch Association of Psychologists
  - *Nederlandse Vereniging van Mondhygiënisten (NVM)* The Dutch Dental Hygienists’ Association
  - *Nederlandse Vereniging voor Beeldende Therapie (NVBT)* Dutch Association for Visual Therapy
  - *Nederlandse Vereniging van Diëtisten (NVD)* Dutch Dietetic Association
  - *Nederlandse Vereniging voor Dans Therapie (NVDAT)* Dutch Association for Dance Therapy;
  - *Nederlandse Vereniging voor Dramatherapie (NVDT)* Dutch Association for Drama Therapy
  - *NVO, Nederlandse vereniging van pedagogen en onderwijskundigen* Dutch Association for Pedagogues and Educationalists
  - *Nederlandse Vereniging voor Klinische Fysica (NVKF)* Dutch Association for Clinical Physics
  - *Nederlandse Vereniging voor Logopedie en Foniatrie, sectie Gezondheidszorg (NVLF/G)* Dutch Association for Logopedics and Phoniatrics, Health Care Division
  - *Nederlandse Vereniging voor Psychomotorische Therapie (NVPMT)* Dutch Association of Psychomotor Therapy
  - *Nederlandse Vereniging voor Muziektherapie (NVvMT)* Dutch Association for Music Therapy
  - *Nederlandse Vereniging van Orthoptisten (NVvO)* Dutch Orthoptic Association
  - *Optometristen Vereniging Nederland (OVN)* Optometrists' Association Netherlands
  - *Vereniging van Geestelijk Verzorgers in Zorginstitutens (VGVZ)* Netherlands Association of Spiritual councillors in Care Institutions
Employers defined
In the CLA for the care of the disabled, an 'employer' is defined as a legal entity that manages a facility or accommodation whose purpose is to provide care and services to disabled persons. The following types of accommodation fall into this category:
- A facility for the care of the mentally disabled
- A facility for persons with sensory disabilities
- A facility for persons with minor intellectual disabilities
- A boarding school for children with developmental disorders
- A centre for the accommodation of the physically disabled (falls under the care of the disabled-umbrella)
- A day centre for the physically disabled
- A day centre for intellectually disabled persons
- A home-like permanent dwelling for the physically disabled
- A home-like permanent dwelling for the sensorially disabled
- A home-like permanent dwelling for the intellectually disabled
- A respite-care facility for intellectually disabled persons

In addition, facilities/accommodations whose purpose is to provide client support to persons with a limitation or chronic illness and their parents/relatives (formerly called Sociaal-Pedagogische Diensten - Social-Pedagogical Services) falls under the CLA for the care of the disabled. And finally: the VGN itself is also defined as an employer under the CLA for the care of the disabled.

CLA stipulations
Many terms and conditions of employment have been laid down in the CLA for the care of the disabled. These include the primary terms and conditions such as salary and weekly working hours, as well as fringe benefits such as time off and compensation for expenses. Of note in the CLA is the amount of attention paid to the subject of sustainable employability. For example, the preamble refers to further research into this topic by the CLA parties. In addition, the CLA contains extensive information on the Persoonlijk Budget Levensfase (age-related personal employee budget for extra time off or compensation), the stimulation of good health practices for employees and a system of multiple-choice terms and conditions.

Appendix 1 contains an overview of each chapter in the CLA for the Care of the Disabled 2011 - 2014 and the main provisions falling under each.
CLA for nursing homes, retirement homes and home care
As mentioned in Chapter 2 of this report, elderly care in the Netherlands falls under the broader sector responsible for care in nursing homes, retirement homes and home care. Postnatal and youth care also falls under home care.

In the **Sociaal Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg (SOVVT)** (committee of social partners involved in nursing homes, retirement homes and home care), employer- and employee organisations gather to crystallise matters (sometimes technical) and prepare for a CLA meeting. The first CLA that was drawn up in collaboration for nursing-, retirement- and home-care activities was valid from 2008 to 2010. Before then, the nursing- and retirement-home branch had its own CLA and the home care branch, also its own. The branch's current CLA will cover the period between 1 March 2010 and 1 March 2012 (SOVVT, 2010). The CLA was declared generally binding in December 2011 and is valid for all employers and employees who fall within the scope of the CLA.

**Parties involved in this CLA**
The CLA 2010-2012: Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care was drawn up in collaboration with the following parties:
- ActiZ
- Branchebelang Thuiszorg Nederland (BTN).

And the following employee organisations:
- Abvakabo FNV (trade union)
- CNV Publieke Zaak (trade union for public services)
- NU’91 – de trade union for nursing and caretaking
- FBZ: Federatie van Beroepsoorganisaties in de Zorg (Federation of Professional Care Organisations) and its related educational and research projects, namely:
  - Ergotherapie Nederland (EN) Ergotherapy Netherlands
  - Koninklijk Nederlands Genootschap voor Fysiotherapie (KNGF) Royal Dutch Society for Physical Therapy
  - Landelijke vereniging voor Artsen in Dienstverband (LAD) National Association of Physicians
  - Nederlands Instituut voor Psychologen (NIP) Dutch Association of Psychologists
  - Nederlandse Vereniging van Diëtisten (NVD) Dutch Dietetic Association
  - Nederlandse Vereniging voor Logopedie en Foniatrie, sectie Gezondheidszorg (NVLF/G) Dutch Association for Logopedics and Phoniatrics, Health Care Division
  - Nederlandse Vereniging voor Psychomotorische Therapie (NVPMT) Dutch Association of Psychomotor Therapy
Employers defined
An employer is considered to be a nursing home and/or a retirement home, or an organisation that provides home care. A home-care organisation may offer various types of services:
- Housekeeping
- Grooming (or personal care)
- Individual nursing care
- Supportive assistance
- Active support after rehabilitation
- Prenatal care
- Lending out nursing supplies
- Youth health care
- Dietary advice
- Immunisations
- Postnatal care

CLA stipulations
The branch involved in nursing-home, retirement-home care and home care (VVT) has drawn up an extensive CLA, just as the branch involved in the care of the disabled, in which various terms and conditions of employment and provisions have been incorporated. This CLA also emphasises sustainable employment of its personnel.

Appendix 1 contains an overview of each chapter in the CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010 - 2014 and the main regulations falling under each.

Negotiations for a new CLA
Negotiations for a new CLA started in February of 2012. The CLA was drawn up in a letter after collaboration by with the unions CNV Publieke Zaak, Abvakabo FNV, FBZ and NU’91. Formality dictates that this must occur two months before the current CLA expires, otherwise, it will be prolonged unchanged for a period of one year. As employer organisations intend to bring modifications into the new CLA, they have terminated the current one.

Employer- and employee- organisations have all published letters of intent containing requirements for the CLA negotiations. This is the result of the parties' intentions to modify certain points contained in the CLA.
CLA for Child Care

In the *Overleg Arbeidsvoorwaarden Kinderopvang (OAK)* (Committee for the Terms and Conditions of Employment in Child Care), employer- and employee organisations gather to negotiate a CLA. The most recent CLA that the employer organisations and the unions involved in child care finalised was valid from 1 May 2010 to 1 January 2012 (*FCB*, 2010) The CLA was declared legally binding by the Ministry of Social Affairs and Employment (SZW) and it currently applies to all employers and employees involved in child care.

**Parties involved in this CLA**

The CLA for Child Care 2010-2011 was drawn up in collaboration with the following employee organisations:

- *Maatschappelijk Ondernemers Groep (MOgroep Kinderopvang)*
- The *Branchevereniging Ondernemers in de Kinderopvang (BKN)* (Association of Entrepreneurs in the Child Care Branch)

And the following employee organisations:

- *Abvakabo FNV* (trade union)
- *CNV Publieke Zaak* (trade union for public services)
- *Vakbond De Unie* (union)

**Scope of validity**

The CLA is applicable to all enterprises offering invoiceable child care services to children up until the first day of the month in which they start middle school. The types of child care services falling in this category are: day care, before- and after-school care and (mediation in) child-minding services. An exception to this rule is the supervision of school-aged children staying on during the midday lunch break.

**CLA provisions**

The CLA for Child Care contains stipulations pertaining to primary terms and conditions of employment as well as fringe benefits. In comparison with the CLAs for caring for the disabled and the for the *VVT* branch, the CLA covering child care is less extensive and less specific. Appendix 1 contains an overview of each chapter in the CLA for Child Care 2010 - 2011 and the main regulations falling under each.

**Negotiations for a new CLA**

The CLA for Child Care expired in January 2012. Employer- and employee organisations have attended several negotiating sessions since December of 2011 in an attempt to draw up a new CLA; however, these negotiations continue to date. The desire for attractive terms and conditions on the one hand and the effect of cutbacks in child care on the other has led to tension in the negotiating process. The social partners have nevertheless managed to make agreements on the distribution of pension premiums and the indexation of compensation for the year 2012.
Until a new CLA comes into being, the current CLA is being amended. This means that the articles contained in the most recent CLA are valid and will continue to apply to individual terms and conditions of employment which the employer is required to implement. This is not automatically true for new employees hired after expiration of the CLA. In actual practice, however, the employer and employee usually voluntarily agree to have the CLA become part of the individual contract.

4. EMPLOYER INVOLVEMENT IN SOCIAL DIALOGUE

In this chapter, the third research question of the study will be discussed: *How many social service employers are involved in social dialogue and, at which levels?*

What the Dutch view of 'social dialogue' is will first be addressed. Social dialogue between social partners takes place in the Netherlands on four levels: nationally, in the health and welfare sector, at the branch level and at a facility level.

A description of the social partners involved in dialogue, the form in which it takes place and how it is accomplished for each of the levels can be found below.

**The definition of social dialogue in the Netherlands**

The PESSIS project defines social dialogue as, *"The dialogue between employer and employee"*. In the Netherlands, social dialogue not only takes place between the employer and the employee. Social dialogue in the Netherlands is considered to be a broader activity in that it includes all forms of negotiation, as well as consultation and the exchange of information on socioeconomic topics. Some discussions are conducted not only by the social partners, but also in collaboration with other parties such as governmental or those from the academic arena. Social dialogue between employer- and employee organisations is most apparent during CLA negotiations.

Social dialogue between employer- and employee organisations takes place in the Netherlands on four levels:
- At the national level
- Within the health and welfare sector
- At the branch level
- Within a facility

The following consecutive paragraphs will explore how employers and employees are involved in social dialogue at each of the four levels.
Social dialogue at the national level
Several employer organisations and confederations of trade unions exist at the national level. They represent a large part of the branch organisations and defend their interests on both the national and international levels. Umbrella organisations for employees and the confederation of trade unions are in close contact with those in the political arena, public administration and other social organisations in the Netherlands and in Europe.

Branch organisations in the social service sector are associated with the following main national organisations:
- The Confederation of Netherlands Industry and Employers (Werkgeversorganisatie Vereniging VNO-NCW): VGN and Brancheorganisatie Kinderopvang
- Werkgeversorganisatie MKB (employer organisation for small and medium-sized businesses): ActiZ
- FNV confederation of trade unions: Abvakabo FNV
- Confederation of trade unions of the Christelijk Nationaal Vakverbond (CNV) (Christian Trade Union Federation): CNV Publieke Zaak
- Vakcentrale voor Middengroepen en Hoger Personeel (MHP) (Confederation of trade unions for mid- to highly skilled personnel): De Unie, NU’91 (via CMHF - Centrale van Middelbare en Hogere Functionarissen [centre for mid- to highly skilled professionals])

A national platform on which the central employer organisations and confederations of trade unions play major roles is called the Sociaal-Economische Raad (SER) (Social and Economic Council of the Netherlands). The SER provides advice to government and parliament on main topics from the socioeconomic policies to be implemented. This council is comprised of:
- 11 representatives from confederations of trade unions (FNV, CNV and MHP)
- 11 representatives of central employer organisations (LTO [Land-en Tuinbouw Organisatie - Dutch Federation of Agriculture and Horticulture], MKB and VNO-NCW)
- 11 independent professionals appointed by Royal Decree.

The SER was legally established in 1950 because there was a need for more involvement by employers and employees in socioeconomic policy-making.

The Dutch Labour Foundation is another national discussion platform in which central employer organisations and confederations of trade unions are represented. The foundation was established in 1945 and is

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5 [http://www.ser.nl/](http://www.ser.nl/)
6 [http://www.stvda.nl/](http://www.stvda.nl/)
represented by central employer organisations VNO-NCW, MKB and LTO and confederations of trade unions FNV, CNV and MHP. The aim of the Dutch Labour Foundation is to stimulate good labour relations by means such as:

- The provision of information and advice to employer- and employee organisations
- Holding discussions with members of government and
- Advising the government either upon request or spontaneously

The Dutch Labour Foundation is involved in discussions of socioeconomic topics such as pension provisions, training and education, labour relations, recruitment and selection of personnel, child care, employee-dismissal policies and equal rights and compensation.

**Social dialogue within the health and welfare sector**

Collaboration also occurs within the health and welfare sector. For example, social partners sit on the boards of directors of organisations such as the Health and Welfare Pension Fund, the national platform for professional education called Calibris, and in the research project entitled *Arbeidsmarkt Zorg en Welzijn* (The Labour Market in the Health and Welfare Branch).

**Collaboration of social partners involved in the PFZW Pensioenfonds Zorg en Welzijn, Health and Welfare Pension Fund**

Social partners from the branches involved in care of the disabled, the VVT and child care work together for the PFZW. The board of directors of this organisation is comprised of social-partner representatives. The following employer organisations participate in the fund’s management:

- *VGN*
- *MOgroep*
- *Nederlandse Vereniging Ziekenhuizen (NVZ)* Dutch Association of Hospitals
- *Geestelijke Gezondheidszorg Nederland (GGZ)* Dutch Mental Health Care Association
- *ActiZ*

And the following employee organisations:

- *FBZ*
- *Abvakabo FNV* (trade union)
- *NU’91*
- *CNV Publieke Zaak*

The child care branch is represented by a seat on the board shared with *Jeugdzorg en Welzijn* (Youth Health Care and Welfare). The Health and Welfare Pension Fund is responsible for policies on provisions and the
pension fund’s net worth for more than two million health-and-welfare-sector current and former employees. The board is responsible for pension provisions and asset management of the fund. The board, which is comprised of the social partners, is also responsible for the proper execution of pension provisions.

Collaboration of social partners in Calibris (National Platform for Vocational Training)

Calibris is a centre of expertise responsible for maintaining the qualification structure of educational courses at the MBO (vocational) level in the sectors health, welfare and sports, as well as for the approval of enterprises offering internships. Calibris is funded by the Ministry of Education, Culture and Science and executes several pieces of legislation falling under the wet Educatie en Beroepsonderwijs (WEB) Education and Vocational Training Act. In addition, Calibris provides products and services to enterprises offering internships, educational facilities and branches upon request. The aim of Calibris is a more balanced and dynamic labour market; it also is working on more coherence between the vocational workforce and vocational training. The organisation functions as a mediator between schools and enterprises offering internships.

The Calibri Board of Directors is comprised of employer- and employee organisations and educational organisations. Each organisation belonging to one of these three groups appoints three representatives. The board consists of 10 persons, including an independent chairperson. The following employer organisations have members on the board:

- MOgroep & VGN
- ActiZ
- Nederlandse Vereniging Ziekenhuizen (NVZ) (Dutch Association of Hospitals) & Geestelijke Gezondheidszorg Nederland (GGZ) (Dutch Mental Health Care Association)

The following employee organisations have members on the board:

- Abvakabo FNV
- CNV Publieke Zaak

The board ensures that Calibris executes its legal responsibilities. These core tasks concern the qualifications structure, the facilitation of personal development and external validation procedures. For example, the board lays down the policy scope in which the qualifications structures, partial qualifications, programme aims and rules for accreditation are included. In addition, the board establishes a long-term policy plan for Calibris: the budget, annual report and annual financial statement. Interim progression reports on the legal tasks are also discussed by the board.
Calibris also supports various initiatives on a regional level that are aimed at improving the quantitative and qualitative integration of health care and social work-related training and the labour market. One recent example is the signing of a covenant between child care organisations in Zeeland and West Brabant (Calibris, 2012). On 2 February 2012, representatives of 16 child-care organisations, four educational programmes in pedagogy and Calibris placed their signatures on the second collaborative covenant. These organisations are now 'partners in education' and have the common goal of ensuring there are sufficient numbers of qualified pedagogic workers in child care.

Collaboration of social partners in the Dutch Health and Welfare Labour Market research project

Various parties in the Netherlands have joined together to set up a research project on the labour market in health and welfare (Arbeidsmarkt Zorg en Welzijn (The Labour Market in the Health and Welfare Branch) [AZW]). This project aims to acquire insight into the labour market status of the following branches:

- Hospitals
- Nursing home care, retirement home care and home care (VVT), including postnatal care
- Care of the disabled
- Mental health care (GGZ), including addiction rehabilitation
- Community services and welfare (W&MD)
- Youth care
- Child care

Representatives of the following labour market funds, or social partners, initiated the research program:

- Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg (A&O VVT) (association for labour market and educational policies in the VVT)
- Stichting Arbeidsmarkt Gehandicaptenzorg (StAG) (labour-market association for care of the disabled)
- Stichting Arbeidsmarkt Ziekenhuizen (StAZ) (association for labour market in hospitals)
- Stichting O&O-Fonds Geestelijke Gezondheidszorg (OOfGGZ) (labour-market association for the care of the mentally disabled)
- Stichting Fonds Collectieve Belangen (FCB) (association for the collective interests fund)

The following parties are also initiators of this research project:

- Ministry of Health, Welfare and Sport
- Calibri, centre of expertise for on-the-job learning in health, welfare and sport
The purpose of the research project is to provide participating parties with a frame of reference so that they can be proactive in policy-making on a national level, at the CLA negotiating Table, in nationally operating institutions, but also locally and regionally. The health and welfare labour market organisation publishes an annual report which contains a brief summarisation of current and future labour market situations in the aforementioned sectors. The research project participants also publish a yearly regional report concerning labour-market situations of the various sectors at that level.

Social dialogue on the branch level
On the branch level there are many committees and organisations in which social partners from the branches caring for the disabled, elderly care and child care discuss new policies, projects, activities and CLAs.

Collaborative CLA negotiations
Firstly, CLA negotiations take place. These negotiations are often subject to certain terms and conditions. For example, there may be several employee organisations active in the branch, however not involved in the CLA negotiations. The right to participate may be based on the number of members, the number of years the organisation has existed, etc. Such conditions very per branch.

The previous chapter thoroughly covered which employer- and employee organisations from the three branches are represented in the committee. The following paragraph contains a brief summarisation of those participants.

Care of the disabled
The relevant social partners were united under the Overleg Arbeidsvoorwaarden Gehandicaptenzorg (OAGz) (Committee for Terms and Conditions in Caring for the Disabled). The social partners on this committee hold discussions on the preparation, negotiation and execution of the CLA. The Dutch Association of Healthcare Providers for People with Disabilities (VGN) negotiates on behalf of MEE Nederland. The trade unions Abvakabo FNV, CNV Publieke Zaal, FBZ and NU’91 negotiate on behalf of the employee organisations.

Nursing-home care, retirement-home care and home care
In the Sociaal Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg (SOVVT) (committee of social partners involved in nursing homes, retirement homes and home care), employer- and employee organisations gather to crystallise matters (sometimes technical) and prepare for a CLA meeting.
ActiZ and Branchebelang Thuiszorg Nederland negotiate on behalf of employer organisations. The trade unions Abvakabo FNV, CNV Publieke Zaak, FBZ (and associated organisations) and NU’91 negotiate on behalf of the employee organisations.

**Child care**
Negotiations for the CLA take place during meetings of the committee for terms and conditions in child care Overleg Arbeidsvoorwaarden Kinderopvang (OAK). The Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) negotiates on behalf of the employer organisations. The trade unions Abvakabo FNV, CNV Publieke Zaak and Vakbond De Unie negotiate on behalf of the employee organisations.

**Collaboration on labour market funds**
Another form of social dialogue which is fairly unique to the Netherlands concerns the labour market funds. Employer- and employee organisations sit together at the negotiating table to discuss a labour market fund. Their goal is to stimulate and improve the activities of the labour market of the branch they are involved in. Activities and projects conducted by members of a labour market fund are aimed at labour market policy and not on terms and conditions of employment.

**Care of the disabled**
In 2005, a collaborative social partnership in the branch caring for the disabled arose from the prior health care and welfare sector’s fund; it is called: Stichting Arbeidsmarkt Gehandicaptenzorg (StAG) (an association for the labour market in the branch caring for the disabled). The StAG Board of Directors is comprised of eight members; four on behalf of the employer organisations and four on behalf of employee organisations. StAG participants include the employer organisation VGN and the employee organisations Abvakabo FNV, CNV Publieke Zaak, FBZ and NU’91. The StAG secretariat is staffed by Centrum Arbeidsverhoudingen (CAOP) (Centre for Labour Relations). The purpose of StAG is to stimulate labour market functioning as well as the availability of education and training for the branch. Its desire is to create conditions for the provision of good-quality care to the disabled at socially acceptable rates. The StAG publishes an annual policy plan (StAG, 2010 and 2011) which includes key elements that the labour market fund committee would like to realise and an annual report with results attained. StAG’s projects and activities in 2010, 2011 and 2012 can be categorised into the following clusters:

1. Professionalism
2. Labour relations
3. Optimisation of working conditions
4. Participation and employability

In addition, the StAG executes projects and activities related to the CLA.
for the branch caring for the disabled.

**Care of the elderly**

In 2009, the *Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg (A&O VVT)* (association for labour market and educational policies in the VVT) was established. This fund came to be as a result of a merger between *Stichting Arbeidsmarktbeleid Branche Verpleeg- en Verzorgingshuizen (SAB V&V)* and the *Stichting Fonds voor Arbeidsmarktbeleid en Opleidingen Thuiszorg (FAOT)* (both associations for labour market policy in the branch for nursing-home and retirement-home care and the association for the fund for a labour market policy and education in home care). The *A+O VVT* Board of Directors is comprised of 10 members. Five board members are named by the employer organisations (*ActiZ* and *BTN*) and five board members by the employee organisations (*Abvakabo FNV*, *FBZ*, *NU’91* and *CNV Publieke Zaak*). The board has advisory committees that offer advice on how to approach, contact, and to support projects; one committee concentrates on education in the VVT branch and in the labour market, the other on working conditions, sick leave and reintegration. The committees are comprised of members who are experts in these areas and are named by the board. The A+O VVT secretariat is staffed by the Centre for Labour Relations (*CAOP*).

The aim of the A+O VVT is to improve and stimulate labour market functioning at the national level; for example, by:

- Contributing to solutions for issues related to personnel
- Contributing to attractive work environments and good working conditions
- Offering educational opportunities by maintaining the three branch-accredited training programs, among other things
- Highlighting the distinctive aspects of working in nursing-home care, retirement-home care and in home care.

The A+O VVT publishes an annual policy plan which includes key elements that the labour market fund committee would like to realise and an annual report with results attained. Projects conducted by A+O VVT over the past years can be categorised under six different themes:

- Labour market and education
- Circumstances of the labour market
- Human research management
- Terms and conditions of employment
- Communication
- European Social Fund

These themes together form the umbrella under which the various activities and projects are initiated.

**Child care**
The Fund for Collective Interests (FCB) (Fonds Collectieve Belangen) is a labour market fund set up by and for employers and employees in the branches involved in welfare, social services, youth care and child care. On behalf of the child care branch, the employer organisation, members of the Branch Organisation for Child Care (Brancheorganisatie Kinderopvang (Branch Organisation for Child Care) participate on the board and CNV Publieke Zaak and Abvakabo FNV do so on behalf of employee organisations. A steering committee acts on behalf of the board and advises it on policy-making. The representatives of this steering committee are on equal footing with the board.

The aims of FCB WJK (Welzijn en Maatschappelijk Dienstverlening, Jeugdzorg en Kinderopvang) (Welfare and social services, Youth Care and Child Care) are to collect and share information on the labour market and develop practical instruments for a healthy labour market. It focuses on research into the labour market, the influx of personnel, employee mobility and development, reducing sick leave and safe and healthy working conditions.

Within the FCB organisation, four key focus areas (‘programmalijnen’) have been allocated and for each of these, a working party has been established which monitors whether a project meets the needs of the branch in the most optimal way.

Social dialogue at the branch level is also conducted by the Stichting Bureau Kwaliteit Kinderopvang (BKK) (Dutch association for quality in child care).

The establishment of BKK was a joint effort by employer- and employee organisations and parents. This initiative was in response to a goal established by the Ministry of Social Affairs and Employment aimed at improving the pedagogic quality of child care. For 2009-2012, forty million euros was made available for the initiative. Members of the following organisations make up the BKK Board of Directors:

- The employer organisation Branch Organisation for Child Care (Brancheorganisatie Kinderopvang)
- Employee organisation De Unie
- Employee organisation CNV Publieke Zaak
- Employee organisation Abvakabo FNV
- Parents' organisation Belangenvereniging van Ouders in de Kinderopvang (BOinK) (Parents of Children in Child Care Interest Group)

The BKK stimulates and supports regional collaboration and liaises between vocational educators and the workplace by sharing information and making a collective budget available, among other activities. In all regions, members of child care organisations and vocational educators have signed strategic covenants on specific agreements.

The BKK focuses on four main tasks:
• To stimulate collaboration between vocational educators and actual practice so that the continuous monitoring of quality requirements become second nature
• To stimulate the development of talent by focusing on possibilities for career progression, influx and promotion, differentiating roles and creating combined roles
• To develop and implement a pedagogical frame of reference for child centres for 0-4 years and for 4-13 years
• To manage and allocate an educational budget and a budget for EVC (Eerder Verworven Competenties) (Recognition of Acquired Competence) procedures so that child care organisations can stimulate pedagogical education for child care employees and managers as well staff involved in the training, support and coaching of pedagogical employees

Social dialogue within facilities
At the facility level, social dialogue occurs between an employer and employees by means of staff participation in personnel councils or employee representatives. The Works Councils Act (Wet op de ondernemingsraden, WOR)\(^7\). This law regulates the employees' say within enterprises in the Netherlands. It ensures that employees are involved in decision-making within the company and that they can exert their influence on policies. Staff participation also ensures that the employer receives information from the workforce. A personnel council (ondernemingsraad, OR) has two main tasks: to represent the employers and to collaborate with the employer in decision-making. These decisions pertain to social goals like good working conditions, as well as economic goals such as continuity of business and employment opportunities.

The WOR states at all organisations that employee at least 50 individuals is obligated to establish an OR. The WOR provides the personnel council with various rights and means:
• The employer will hold meetings with the personnel council
• The employer with provide the personnel council with information
• The employer will ask the personnel council for advice well before it needs to make decisions on important financial/economic or managerial affairs
• The employer will ask the personnel council for approval well before it implements actions related to decisions on company social policy in the broadest sense
• The employer will provide certain means (e.g. time) for personnel council- activities or training.

\(^7\) went into effect in the Netherlands in 1950::
For small corporations having between 10 and 50 employees, the rule is that employers are obliged to establish a form of employee-representation (personeelsvertegenwoordiging [PVT]) if the majority of personnel requests it. The WOR also recognises employee representatives in that they are also required to be provided with information and have the right to approve of working-week agreements. Employee representatives, however, generally have fewer rights and means than a personnel council. If an organisation employing between 10-50 staff does not have employee representation or a personnel council, the WOR stipulates that the employer must get together with its employees twice a year to discuss the organisation's current state of affairs.

The CLAs for the branches involved in care of the disabled and child care, as well as for nursing-home care, retirement-home care and home care, all have provisions for staff participation. A brief overview of these provisions can be found below.

*The CLA 'Care of the Disabled 2011 - 2014'*

In the CLA for the care of the disabled (*VGN*, 2011), Chapter 13 is entirely devoted to the topic of staff participation. The CLA contains the agreement that organisations with at least 35 employees are obligated to set up a personnel council. Members of such personnel councils are entitled to 300 hours per year during which they may execute activities related to the personnel council instead of their employment-related tasks. Members of the personnel council also hold the right to advise on the naming or firing of a member of the management team as well as the right to advise on interim changes to the budget.

This CLA also contains the agreement that the employer and personnel council or employee representative may agree on provisions two tropics not included in the CLA (provided these agreements are not in opposition to legislation or CLA). The CLA also contains several 'may' provisions. The employer and personnel council may establish alternative stipulations with regards to one or more provisions. Examples include provisions on special holidays or anniversaries, en bonuses for covering for another, or on wages for students age 21 years and older. Article 13.3 of the CLA contains information on the circumstances under which the 'may' provisions be enacted.

*The CLA Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012*

Chapter 10 of the CLA Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012 (*SOVVT*, 2010) pertains specifically to staff participation. The CLA contains no provisions on the number of employees an organisation must have before it is required to establish a personnel council or employee representative.
Additional rights of the personnel council are, however, listed in article 10.1:

- The personnel council as the right to advise on the naming or firing of a member of the management team
- The employer must discuss policies for working hours with the personnel council at least once a year. Employees retain the right to participate in policy-making on the above point.
- The employer and personnel council will be proactive on topics such as workload and safety.
- Employer will meet with the personnel council on the topic of employment contracts at least once a year. Topics of this discussion will include whether or not to implement long-term contracts or expansion of part-time contracts, as well as issues related to the execution of the policies on the number of hours per work week.
- Together with the personnel council, the employer will establish a training plan and the necessary budget for it.

CLA for Child Care 2010 - 2011
The CLA for Child Care (FCB, 2010a) refers to 'A provisions' and 'B provisions' as early as in the foreword. 'A Provisions' are printed in the CLA in bold-faced type; no alternative stipulations may be made for these provisions. For the 'B Provisions', alternative agreements may be made at the facility level. At various places, the text of the CLA mentions that custom agreements may be made with the personnel council or with the individual employee. These custom agreements become invalid when the CLA expires.

Chapter 10 of the CLA for child care explicitly discusses staff participation. In article 10.1, agreements have been laid down that an employer of at least 10 but fewer than 50 employees is required to establish a personnel council. Members of the personnel council have rights to two days of training days per year. In addition, members of the personnel council may spend at least 75 of their working hours on activities for the council per year.

Chapter 10 of the CLA also extensively discusses the (additional) rights of members of a personnel council. For example, members have the right to express views on the compilation of the management team, when reorganisation is necessary, and in mergers.

Drafting a social plan
When a social plan needs to be drawn up, for example, in times of reorganisation, trade unions may participate in social dialogue in addition to the personnel council. A social plan may be drawn up by:

8 Information obtained from www.sociaalplan.nl
The role of the personnel council is often restricted when a social plan must be drawn up, because the Collective Labour Agreements Act (Wet CAO) does not see the council as a body having full legal authority. Members of the personnel council will often be co-signers in such cases. Members of trade unions who are experienced in negotiating usually vote on a social plan together with the employer. Social partners will sometimes mention in a particular CLA who will be involved when a social plan must be drawn up. In the CLA for the care of the disabled, it is indicated that the employer must 'be demonstrably proactive in establishing a social plan' together with employee organisations. The CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care obliges the employer to discuss provisions for unemployment allowances, part of any social plan, with its employee organisations. The child care CLA mentions the following:"...implementation of a decision to terminate employees will only take place after discussion with organisations whose members are employed by said employee."

5. MAJOR OCCUPATIONAL ISSUES IN CARING FOR THE DISABLED, THE ELDERLY AND IN CHILD CARE

The fourth research question elucidated in this report is: What are the major occupational issues and, at which levels?

In this Chapter, we will first discuss the factors influencing the labour market in the health and welfare sector. These factors pertain to political measures as well as to demographic developments. We will then discuss the current occupational issues affecting the care of the disabled, elderly care and in child care.

Factors affecting the labour market in the health and welfare sector

In this paragraph, we will discuss a few political and demographic developments currently taking place in the Netherlands that are influencing the social service sector and within the scope of this study. In the first place: the effects of austerity measures and investments in the three branches. Thereafter, we will explore the ageing population and fewer younger employees further as well as pension policies in the Netherlands.

Cutbacks and investments

In order to meet the European regulation that national budget deficits should remain below 3 percent, the VVD (Volkspartij voor Vrijheid en Democratie - People's Party for Freedom and Democracy), the CDA
(Christen-Democratisch Appèl - Christian Democratic Appeal) entered into negotiations with support from the PVV (Partij voor de Vrijheid - Party for Freedom). In addition to the austerity measures totalling 18 billion euros agreed upon at initiation of the coalition government, a new packet of cutbacks totalling 14 billion euros must be compiled. In the end, the parties were not able to reach an agreement on these cutbacks. For this reason, on 23 April 2012, the VVD/CDA cabinet fell. The caretaker ('demissionair') government consequently reached an agreement on an austerity package together with a few oppositional parties ensuring that the budget deficit remains below the European standard.

The health and welfare sector, which includes caring for the disabled, elderly care and child care, is largely dependent on government funding. The government wants to curb health care spending. At the same time, it wishes to invest in the quality of long-term care. Below is an overview of the cutbacks listed in the coalition agreement as agreed for the health and welfare sector. It is still unclear what consequences the second round of austerity measures totalling 14 billion euros will bring for the health and welfare sector.

**Cutbacks**

One measure affecting the care of the elderly and disabled is a 200-million-euro cut in the budget for housekeeping falling under the Social Support Act (Wmo). This will largely occur at the expense of the persoonsgebonden budget (personal budget) for home care. This cut will result in a decline in the request for home care and associated personnel (AZW, 2011). Another governmental measure entails the daytime activities and support being transferred from the AWBZ to the Wmo (AZW, 2011). This measure is associated with an efficiency cutback of 5 percent. Daytime activities include offering support to persons with mental, physical or sensory disabilities and elderly with somatic or psychogeriatric problems. The transfer of activities means that municipalities will be responsible for the execution of this law as of 1 January 2013. One measure specifically affecting the care of the disabled is the government's proposal to lower the AWBZ IQ criterion for eligibility for care from 85 to 70. In doing so, fewer mentally-impaired persons will become eligible for AWBZ support.

The effect such measures will have is yet unclear; however, it is possible that they will lead to slower growth in the utilisation of health care services and resulting decline in the demand for employees. The social partners in the branches caring for the disabled and elderly (VvT) believe that it is important to acquire insight into the consequences of transferring personal support to the WMO and to anticipate these consequences.
In terms of child care, the previous government (Balkenende IV) increased parental co-payments and lowered the income criteria at which parents must pay the maximum contribution for the first child in a child care setting. In addition, the government linked child-care compensation to the actual number of hours worked by the parent working the least number of hours; the contribution was also restricted to 140 percent for day care and 70 percent for before-and-after school care. The current VVD-CDA coalition agreement contains additional proposals for such cutbacks. AZW (2011) mentions that a reduction in the demand for child care is to be expected, but that this decrease will remain limited four a time due to the waiting lists existing in the Randstad (conurbation) and current norms for the number of children per caregiver. The Branch Organisation for Child Care expects that the demand for child care will decrease much more significantly and thereby, branch employment opportunities as well (Brancheorganisatie Kinderopvang (Branch Organisation for Child Care), 2011). Employees with contracts for just a few hours a week will especially feel the brunt of such measures.

**Investments in Long-term Care 2011-2015**

Besides cutting back, the current government wishes to invest in the quality of care for the elderly, disabled, and long-term mental health care. In September of 2011, The State Secretary for Health, Welfare and Sport drew up the Convenant Kwaliteitsimpuls Langdurige Zorg (covenant for investments for quality in long-term care) together with employer organisations in health care (Rijksoverheid, 2011). This covenant covers care of the elderly and disabled, among other areas. Representatives of the following employer organisations have signed this covenant:

- Zorgverzekeraars Nederland (health insurance carriers of the Netherlands)
- ActiZ (organisation for entrepreneurs in health care)
- The Dutch Association of Healthcare Providers for People with Disabilities (VGN)
- Geestelijke Gezondheidszorg Nederland (GGZ Nederland) (Dutch association for mental health care)
- Branchebelang Thuiszorg Nederland (BTN) (branch organisation for home care)
- Federatie Opvang (Dutch Federation of Shelters)
- De Verpleegkundigen en Verzorgende Nederland (V&VN) (Dutch Nurses' Association)

The covenant lists the agreements made on structural additional investments in long-term care totalling 852 million euros per year. Agreements in the covenant state that this money will be used for:

- Training and recruiting 12,000 additional employees for primary long-term care
- Stimulating quality in long term care by training and recruiting
AOW stands for Algemene Ouderdomswet (general Elderly Pensions Act) and was implemented in 1957. AOW is a form of basic pension for persons who work and live in the Netherlands and have reached retirement age.

The covenant's aim is to have the 12,000 additional employees hired or in training by 31 December 2013. The covenant includes agreements on its scope, the roles of the involved parties, the reduction of administrative costs, the allocation of the funds and the monitoring of progression.

Ageing, fewer younger employees, and a shrinking (professional) population
An important development affecting the labour market in the Netherlands relates to ageing and fewer younger employees. The baby boomers, born after the Second World War, are retiring. At the same time, the number of children being born has declined and growth of the population has stagnated. In the Dutch health care sector, there is even what is called a 'doubly ageing' phenomenon taking place: current personnel is ageing and the population is ageing. This phenomenon is resulting in various challenges. The increase in the number of elderly leads to an increase in the demand for health care and therefore, an increase in the need for employees (AZW, 2011). More elderly also leads to a shift in the type of care that must be offered. The question is whether this increased demand can be sufficiently addressed by an ageing staff. With a growing number of older employees, the jobs involving heavy physical labour are especially coming under pressure. In addition, worries exists about the influx of new employees because the population is shrinking in some regions, which is leading to a decrease in the number of potential employees (a decline in the number of persons aged 15-65 years) (AZW, 2011).

Modifications to the Dutch pension system
Because of ageing, there have been many recent discussions in the Netherlands about pension-system reform. Employer- and employee organisations reached new agreements on 4 June 2011 concerning the AOW and pension system. On 10 June 2011, the government and the employer- and employee organisations crystallised the agreement further. The main points in this agreement are:

- The retirement age will go up to 66 years in 2020. It is possible
that the retirement age will rise to 67 years in 2025.

- Individuals may opt for a flexible AOW when they stop working. If one should stop working before the age of retirement, one will receive less compensation under AOW. If one should stop working after the age of retirement, therefore making later use of the fund, one will receive more compensation under the AOW.
- It will be made easier for older employees to continue to work.

The measure aimed at increasing retirement age may lead to an increase in the number of available employees in the long-term.

**Occupational issues in the social service sector**

The health and welfare labour market research project's yearly employer surveys provide relevant information to occupational issues that are important to employers (Visser & Schoenmakers, 2012).

Such surveys are also taken by employers in the branch involved in caring for the disabled, the VVT branch and in the child care branch.

**Issues related to staffing policies**

The employer survey taken in 2011 addressed issues that employers experienced with their staffing policies. In the health care sector, the following issues were experienced the most:

- Controlling the workload (41%)
- Attracting (new) personnel (40%)
- Ageing staff (38%)

In the WJK sector (Welfare and social services, Youth Care and Child Care), the following issues were experienced the most:

- Controlling the workload (23%)
- Lack of available personnel due to leave of absence/holidays (18%)
- Salaries (18%)

In the health care sector as well as in WJK, controlling the workload is the most relevant issue when it comes to staffing policy. More than half of employers involved in care of the disabled (56 percent) and in nursing-home and retirement-home care (53 percent) have noticed an increase in workload over the past few years. The workload has remained stable in home care (50 percent) and in child care (66 percent). An increased workload has led to overtime in all branches. There is also an increase in sick leave, reduced quality of care, complaints from personnel and complaints from clients.

In the health care sector, the issue of attracting (new) personnel was mentioned many times. Branches involved in health care are dealing with a high number of difficult-to-fill positions. In nursing and retirement homes, 58 percent of employers believe that their open positions are
difficult to fill. This is also true for 49 percent of employers in the home care branch. The open positions are almost always for nurses and caregivers. The main reason why these positions are difficult to fill is the lack of (qualified) applicants. In the branch caring for the disabled, the number of difficult-to-fill positions is less considerable at 29 percent. This is 27 percent in child care.

**Major occupational issues in caring for the disabled**

Current occupational issues in the branch involved in the care of the disabled are: sustainable employability, the influx and retention of personnel, working conditions and professionalism. Below is a brief elucidation of these issues.

*Sustainable employability*

With an ageing staff and fewer new employees, strategic staff planning and sustainable employability are major topics in the branch caring for the disabled. Research conducted on behalf labour market fund of the labour market fund *StAG* demonstrate that, although most facilities caring for the disabled do list sustainable employability as a point to be addressed, and that agreements have been made on diverse points between the employer and personnel council, there hardly are any policies on integral, collaborative policy on sustainable employability in existence (Molenaar-Cox et al, 2011). In addition, some people at facilities are not aware of the effects that ageing and fewer younger employees will have on their staffing policies.

The employer- and employee organisations are actively working on the topic of sustained employability. For example, social partners for the CLA for the care of the disabled 2011-2014 have undertaken measures that stimulate the sustainable employability of their staff. An employee has, for instance, a personal budget (PBL) available to him/her. The employee has a few hours added to his/her budget each month for taking time off as he or she sees fit, in consultation with the employer. In addition, facilities are required by the CLA to establish a training plan, together with the personnel council, in which attention is paid to sustainable employability and working. The *StAG* labour market fund also has 'participation and employability' as one of their key points and address this issue by stimulating and supporting sustainable employability within the facilities.

*Influx and retention of personnel*

Because of the aforementioned developments in terms of fewer young employees, it is important that the branch involved in care of the disabled to pay attention to the occupational desires of a new generation of employees. In studies on the factors affecting the retention of young personnel, heads of educational programs believe that the current generation of interns and younger employees is more assertive and
stronger in verbal communication but, at the same time, is less disciplined and weaker in written communication (Calibris Contract, 2011). Additionally, it appears from this study that younger personnel caring for the disabled is least positive in terms of opportunities for career progression in this branch. As there is a fair amount of staff turnover amongst the younger employees, it is important that attention is paid to the best ways in which retention of new personnel caring for the disabled may be realised. Social partners are proactively following up on this important topic.

**Working conditions**
The improvement of working conditions is another issue receiving attention in the branch caring for the disabled. Social partners have worked together on an occupational manuscript entitled, 'Profijt van arbobeleid' [the benefits of occupational policies] in which solutions are presented for major occupational issues. Social partners are currently trying to stimulate the use of his manuscript by the work force. On a related topic, the branches also working to support facilities in the area of contracting policies. One problem is that very few full-time contracts can be offered in the branch because of the division of tasks.

**Professionalisation**
The social partners are of the opinion that allowing employees to have more say and autonomy over the execution of their own tasks is an essential element in the care of the disabled in terms of the quality of this care. The CLA lists agreements made by employer- and employee organisations on investigation into employee participation in staff scheduling. In addition, social partners plan to establish a project in 2012 for on the development of a more professional employee identity and to stimulate staff pride within the branch caring for the disabled.

**Major occupational issues in elderly care**
Current occupational issues in the branch caring for the elderly are sustainable employability, influx and retention of personnel and flexibilitisation of care.

**Sustainable employability**
In light of the expected shrinking of the labour market because of fewer younger employees and ageing, the increasing demand for health care and the increased retirement age, it is important that the branch involved in elderly care ensures that staff remain sustainably employed. Employer- and employee organisations have been actively working on this topic for some time now. They wish to stimulate organisations and to support them by implementing an integral approach to sustainable employability. They also believe it is important to stimulate the development and career progression of employees in order to increase employability (A+O VVT, 2011).
The social partners have just rounded off a pilot project conducted via the labour market fund \(A+O\ VVT\) aimed at increasing sustainable employment \((A+O\ VVT,\ 2011)\). Furthermore, employer- and employee organisations in the CLA \(VVT\ 2010-2012\ (SO\ VVT\ 2010)\) have agreed to conduct research and projects related to sustainable employability in the branch caring for the elderly. For example, parties involved in this CLA have agreed to make workload and safety high-priority issues within their organisations. The CLA parties have also agreed to provide information on personal budgets which is a means to increase sustainable employability of staff.

**Influx and retention of personnel**
In the branch caring for the elderly, shortcomings exist in terms of quantity and quality of staff. The influx of students on the \(VMBO\) level (\(voobereidend\ middlebaar\ beroepsonderwijs\) - preparatory mid-level vocational education) is falling; \(MBO\) (vocational) students are also choosing the 3rd level vocational nursing program \((Verzorgende\ IG\ [niveau\ 3])\) less often than before. In addition, there is a shortage of specialists in geriatric medicine on the academic level. The influx and retention of personnel is a major occupational issue for employer- and employee organisations. Social partners associated with the labour market fund \(A+O\ VVT\) are working together to increase the influx of new employees into the \(VVT\) branch. For example, they are increasing the influx by improving the image of the branch and stimulating recruitment. Furthermore, agreements have been laid down in the CLA \(VVT\ 2010-2012\) to work together with regionally collaborating employers to facilitate the recruitment of young employees and individuals making career switches into the branch.

**Care on demand**
One development in elderly care is that older persons are living in their homes longer and are receiving the care and support that they need there \((A+O\ VVT,\ 2009)\). Because of this, new forms of living accommodations and types of residences such as small-scale housing and neighbourhood centres are arising. The key element in care on demand is that the client assumes the central role in determining the type of care he/she receives. Organisations involved in caring for the elderly are faced with the challenges of adequately meeting the combination of individual demand and efficient operations. Challenges for employees are to become more flexible and independent in the execution of their tasks and to be more available. Employer- and employee organisations are working together with the labour market fund \(A+O\ VVT\) in an attempt to facilitate and support the flexibility of organisations and employees as well as possible.

**Major occupational issues in child care**
Ageing is an occupational issue to which the child care branch is scarcely
sensitive. The child care branch is dealing with different developments that are putting pressure on it. These developments include government cutbacks and topics related to quality assurance. Major issues for the branch include the retention of employment opportunities, the improvement of quality and the improvement of working conditions.

**Employment opportunities**
Radical interventions have taken place within the child care branch since 2010. Over the past few years and labour a market has largely shown the realisation of a good influx of personnel in terms of quality and quantity (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care), 2011). However, due to governmental austerity measures, increased parental co-payment has led to a reduction in demand and downsizing of child care organisations. There has also been a shift in demand: before- and after school care is showing growth whilst there is less work available in the care of young children (FCB, 2011). For the social partners, it is important to stimulate the mobility of employees. *Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) expects that more attention will need to be paid on influx and quality within the next three years. For this reason, a short-term as well as a long-term vision is important for this branch (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care), 2011).

**Quality**
An essential aspect of the child care branch is quality. The Child Care Act was implemented in the Netherlands in 2005. This law regulates the quality of childcare and how this is measured, among other things. The government is paying much attention to the quality of child care and has decided to invest 20 million euros in 2012 (*Rijksoverheid*, 2012). In return for this investment, the Ministry of Social Affairs and Employment, together with employer- and employee organisations, parents, the scientists and inspectors, have drawn up a quality agenda. The aim of this agenda is the improvement of pedagogical quality. Together, the parties have undertaken a series of actions aimed at stimulating quality. These activities include:
- Improved safety monitoring
- Improvement of language and interaction skills in the pedagogical educational programs and for pedagogical employees
- Improving the quality of the management team
- Focusing more on supervision and maintenance

*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care) will endeavour to establish a quality register for employees in child care in the coming years (*Brancheorganisatie Kinderopvang* (Branch Organisation for Child Care), 2012). Through such a quality register, the branch organisations will pose requirements on the education of

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employees and effectuate a binding professional code.

Employer organisations are also undertaking actions related to the quality of child care together with the employee organisations. For example, social partners laid down agreements in the CLA for Child Care 2010-2011 to conduct research into the role competency profiles of child care employees as well as of child-minders and mediators. Furthermore, they will be studying the consequences of the *Wet Ontwikkelingskansen door Kwaliteit en Educatie (Oke)* (Development Opportunities Through Quality and Education Act) which was implemented in 2010 to improve the quality of child care and nursery schools.

*Working conditions*

Employer- and employee organisations have laid down agreements in the CLA for Child Care 2010-2011 (*FCB*, 2010) to conduct research into:

- Possibilities for saving for leaves of absences of by means of life savings accounts
- Self-scheduling
- Career progression and staying fit for the labour market
- A budget for individual options (a 'shop' for terms and conditions of employment)

With these measures, the social partners will stimulate employee autonomy and say over the execution of their own tasks. By giving the employees more freedom and responsibility, the social partners are stimulating the quality of care.
List of resources


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Calibris (2012). *Covenant ROCKO Zeeland en West-Brabant 2012 – 2015* [ROCKO Covenant Zeeland and West Brabant 2012 – 2015]. *Samenwerkingsverband tussen onderwijsinstellingen (ROC), Kinderopvang (KOV) en kenniscentrum Calibris* [collaboration between regional educational facilities, child care and Calibris centre of expertise]. Samenwerking is tot stand gekomen met steun van Bureau Kwaliteit Kinderopvang (BKK) [collaboration was made possible with support from Bureau Kwaliteit Kinderopvang (BKK) bureau for quality in child care]. At: http://www.stichtingbkk.nl/fileadmin/user_upload/Documenten/PDF/reg
At: http://statline.CBS.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=80233NED&D1=0-8&D2=1132-1137,1143,1145,1147&D3=a&HD=120423-1403&HDR=T,G2&STB=G1


SOVVT (2010). Collectieve Arbeidsovereenkomst voor de Verpleeg-, Verzorgingshuizen en Thuiszorg, Kraam- en Jeugdgezondheidszorg 2010-2012 [CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012] . Sociaal Overleg Verpleeg- Verzorgingshuizen en Thuiszorg (SOVVT) [committee of social partners involved in nursing homes, retirement homes and home care].


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caregivers and 'socialogues'] 2009 – 2013. Onderzoek uitgevoerd door Prismant in opdracht van Onderzoekprogramma AZW [study conducted by Prismant on assignment for AZW research project]: Utrecht.

### APPENDIX 1 BRIEF OVERVIEW OF THE COLLECTIVE LABOUR AGREEMENTS

Table 1: Overview of CLA 2011-2014 for the Care of the Disabled

<table>
<thead>
<tr>
<th>Terms of employment</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preamble</td>
<td>The preamble contains agreements between parties which need not be incorporated into an article in the CLA. These include agreements about training. In addition, it includes an introduction to the provisions agreed upon by the parties.</td>
</tr>
<tr>
<td>Chapter 1 General provisions</td>
<td>This chapter contains the definitions of terms used in the CLA. Furthermore, this chapter explains who the CLA applies to and to what degree the CLA applies to a business partner.</td>
</tr>
<tr>
<td>Chapter 2 Initiation and termination of a contract</td>
<td>This chapter contains provisions about the employment contract. Provisions concern factors such as the documentation and contents of an employment contract, the duration of the contract, termination, rendering non-active and death benefits.</td>
</tr>
<tr>
<td>Chapter 3 General obligations of the employer and employee</td>
<td>This chapter contains provisions on the obligations of the employer such as confidentiality, liability insurance, compensation for damages and legal aid. Also, provisions on the obligations of the employee such as confidentiality, reporting of absence, additional jobs and forbidden activities.</td>
</tr>
<tr>
<td>Chapter 4 Role scale, salary and vacation pay</td>
<td>This chapter contains provisions on the basic principles of the ranking of a position and the procedure for re-ranking of positions, the salary scales and their applications, all types of bonuses such as the thirteenth month, periodic raises, vacation pay, stimulation, payment for covering. Lastly, provisions on the tasks of the Landelijke Bezwaren Commissie (National Committee for Disputes) have been included in this chapter.</td>
</tr>
<tr>
<td>Chapter 5 Students and resident physicians</td>
<td>This chapter contains provisions on the process. When a student begins to work for an employer, the employer can enter into an employment contract within the scope of professional development. The CLA includes provisions on performance expectations,</td>
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<tr>
<td>Terms of employment</td>
<td>Brief description</td>
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<td><strong>which accommodations have been arranged</strong> for the student, salary, support as well as provisions for interns.</td>
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</tr>
<tr>
<td><strong>Chapter 6 weekly working hours and working time</strong></td>
<td>This chapter contains provisions on working times. These agreements concern full-time working hours on an annual basis and how these are associated with vacation, holidays, anniversaries, sick days and disability. Working times for specific groups such as pregnant women are also discussed in this chapter.</td>
</tr>
<tr>
<td><strong>Chapter 7 Compensation for overtime, special services and client vacations</strong></td>
<td>This chapter contains provisions on compensation employees receive for overtime, special services, irregular shifts, and night watch. The procedures for employees supporting clients while they are on holiday is also discussed.</td>
</tr>
<tr>
<td><strong>Chapter 8 Holidays and leaves of absence</strong></td>
<td>This chapter contains all the agreements made pertaining to vacation days, taking these, and all other kinds of leave such as parental leave, honeymoons, and leave for committee membership and the like.</td>
</tr>
<tr>
<td><strong>Chapter 8A Persoonlijk Budget Levensfase [’personal phase-of-life budget’] (PBL):</strong></td>
<td>This chapter contains information on the PBL. The employee receives additional hours as compensation that are deposited into this 'budget' each year. In this way, the employer uses the PBL to stimulate sustainable employability throughout all phases of the employee’s life. How the PBL is to be used is discussed at the yearly evaluation.</td>
</tr>
<tr>
<td><strong>Chapter 9 Reimbursement for expenses</strong></td>
<td>This chapter contains arrangements made for employees' expense compensation such as travel, telephone, and moving expenses and the employer's contribution to the health insurance policy.</td>
</tr>
<tr>
<td><strong>Chapter 10 Social policy</strong></td>
<td>This chapter contains provisions on social policy at the national-, facility- and employee levels. Social policy incorporates everything having to do with terms and conditions of employment and labour relations.</td>
</tr>
<tr>
<td><strong>Chapter 11 Labour and health</strong></td>
<td>This chapter includes provisions on the promotion of employee health and how employee illness is handled. Agreements on preventive measures, actions related to sick leave and re-integration and continued salary</td>
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<tr>
<td>Terms of employment</td>
<td>Brief description</td>
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<tr>
<td>Chapter 12 Multiple-choice system of terms and conditions of employment</td>
<td>This chapter contains provisions on flexible terms and conditions of employment. Employees can use this system to exchange sources of money and time with money- and time-related targets.</td>
</tr>
<tr>
<td>Chapter 13 Staff participation</td>
<td>This chapter contains agreements on accommodations and privileges for staff-participation committees. It also contains an overview of provisions that are required to be incorporated by the facilities as well as the CLA provisions that may be altered by the facility in consultation with the staff participation committee.</td>
</tr>
<tr>
<td>Chapter 14 Accommodations for employee organisations</td>
<td>This chapter contains provisions for employees who are members of an employee organisation. For example, the rights and privileges for members of employee organisations and union activists are included in this section.</td>
</tr>
<tr>
<td>Chapter 15 Unemployment allowance</td>
<td>This chapter describes agreements made on the unemployment allowances that employees are entitled to in certain situations. The duration, amount, and termination of the employee allowance is described, among other things.</td>
</tr>
<tr>
<td>Chapter 16 Provisions on transition and guarantees</td>
<td>This chapter contains agreements made on articles previously determined in CLAs that have since expired; for example, the CLA for hospital services and the CLA for facilities for the disabled, which have been changed or are no longer valid. Certain target groups retain the rights to these provisions. Both technical and factual provisions are discussed.</td>
</tr>
<tr>
<td>Chapter 17 Final provisions</td>
<td>This chapter describes a few final provisions such as the application of the CLA to temporary employees, disputes as well as information on the duration, modification and termination of the CLA.</td>
</tr>
</tbody>
</table>
Table 2: Overview of the CLA for Nursing Home Care, Retirement Home Care and Home Care, Postnatal Care and Youth Care 2010-2012

<table>
<thead>
<tr>
<th>Terms of employment</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol</td>
<td>The protocol includes agreements made between parties which need not be laid down in any article contained in the CLA. These general agreements pertain to studies or projects to be conducted that are beneficial to the entire sector. Such agreements are made during meetings by members of the committee of social partners involved in nursing homes, retirement homes and home care (SOVVT).</td>
</tr>
<tr>
<td>Chapter 1 General provisions</td>
<td>This chapter contains definitions of concepts such as employer/employee as well as CLA applicability to employees and to what degree the CLA is applicable to employees previously falling under a different CLA.</td>
</tr>
<tr>
<td>Chapter 2 Labour relations</td>
<td>This chapter contains agreements made on the duration of an employee contract, provisions on termination of the contract, duration of notice before termination, and provisions on when a contract may be terminated.</td>
</tr>
<tr>
<td>Chapter 3 Salary</td>
<td>This chapter includes an overview of all the salary scales and the application of these. In addition, all agreements made on wages are mentioned; for example, periodic raises, special compensation, thirteenth-month bonus, pension, gifts, employee savings account, etc.</td>
</tr>
<tr>
<td>Chapter 4 Weekly working hours</td>
<td>This chapter contains agreements made on the number of hours an employee must work, minimum/maximum-hour contracts and 'zero'-hour contracts.</td>
</tr>
<tr>
<td>Chapter 5 Working times</td>
<td>This chapter contains agreements made on required working and resting hours, breaks, night shifts, weekends off, compensation for night shifts and irregular shifts, broken shifts and shifted periods of work, overtime, etc.</td>
</tr>
<tr>
<td>Chapter 6 Work-life balance</td>
<td>This chapter contains agreements made on all types of leaves of absence and how such periods may be taken. In addition, agreements are laid down on the topic of the personal 'life-phase' budget and how this may be spent.</td>
</tr>
<tr>
<td>Chapter 7 Multiple-</td>
<td>This chapter contains agreements made on</td>
</tr>
<tr>
<td>Terms of employment</td>
<td>Brief description</td>
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</tr>
<tr>
<td>choice system for terms and conditions of employment</td>
<td>flexible terms and conditions of employment. Employees can use this system to exchange sources of money and time with money- and time-related targets.</td>
</tr>
<tr>
<td>Chapter 8 Labour and health</td>
<td>This chapter contains agreements made on employee health. Agreements include the continuation of salary payment during illness and periods of disability, risk assessment and evaluation, the occupational health system, and policies on prevention and physical taxation.</td>
</tr>
<tr>
<td>Chapter 9 Compensation and benefits</td>
<td>This chapter contains provisions on compensation and benefits such as reimbursement for expenses for general travel, travelling between home and work, death benefits, unemployment allowances, contribution for pension fund, employee obligations, etc.</td>
</tr>
<tr>
<td>Chapter 10 Staff participation and accommodations for employee organisations</td>
<td>This chapter contains provisions on personnel council privileges, leaves of absence related to membership of an employee organisation and the promotion of the initiation of a caregiver/nursing advisory board.</td>
</tr>
<tr>
<td>Chapter 11 Role scale</td>
<td>This chapter contains description of basic assumptions in the ranking of a particular role. The procedure for the re-ranking of positions can also be found in this chapter.</td>
</tr>
<tr>
<td>Chapter 12 Mergers and re-organisation</td>
<td>This chapter contains the agreements made on the procedure is to be followed if a merger or reorganisation should take place.</td>
</tr>
<tr>
<td>Chapter 13 Basic CLA implementation procedures</td>
<td>This chapter contains agreements made on articles previously determined in CLAs that have since expired (for example, the CLA for home care and for nursing-and retirement homes) which have been changed or are no longer valid. Certain target groups retain the rights to these provisions. Both technical and factual provisions are discussed.</td>
</tr>
<tr>
<td>Chapter 14 Final provisions</td>
<td>This chapter describes a few final provisions such as the application of the CLA to temporary employees, as well as information on the duration, modification and termination of the CLA.</td>
</tr>
</tbody>
</table>
### Terms of employment | Brief description
--- | ---
Foreword | The foreword includes agreements made between parties which need not be laid down in any article contained in the CLA. These general agreements pertain to studies or projects to be conducted that are beneficial to the entire sector. Such agreements are discussed during meetings of the committee for terms and conditions in child care (Overleg Arbeidsvoorwaarden Kinderopvang, OAK).

**Table 3: Overview of the CLA for Child Care, Child Centres and Child-minding Agencies 2010-2011**

<table>
<thead>
<tr>
<th>Terms of employment</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter 1 General</strong></td>
<td>This chapter contains definitions of terms used in the CLA. Furthermore, this chapter explains who the CLA applies to and to what degree the CLA applies to a business partner.</td>
</tr>
<tr>
<td><strong>Chapter 2 Employer-employee relationship</strong></td>
<td>This chapter contains provisions on the obligations of the employer, such as confidentiality, and obligations of the employee, for example, forbidden activities.</td>
</tr>
<tr>
<td><strong>Chapter 3 Employee contract</strong></td>
<td>This chapter contains provisions on the employee contract such as commencement or termination, its content and agreements on suspension and non-active status.</td>
</tr>
<tr>
<td><strong>Chapter 4 Weekly working hours and work times</strong></td>
<td>This chapter contains provisions on the duration of the contract, work times, weekly working hours and the application of the Working Hours Act.</td>
</tr>
<tr>
<td><strong>Chapter 5 Salary</strong></td>
<td>This chapter contains all the agreements made on wages; for example, entry-level role scale and salary, periodic annual raises, thirteenth-month bonus, pension, employee savings account, the continuation of salary payment during illness, death benefits, etc. A bicycle reimbursement plan is also discussed in this chapter.</td>
</tr>
<tr>
<td><strong>Chapter 6 Compensation and reimbursement</strong></td>
<td>This chapter contains provisions on compensation and reimbursement for vacation, overtime, anniversaries, compensation for home-work travel job-related travel, job-related trips, moving expenses, telephone expenses, etc.</td>
</tr>
<tr>
<td>Chapter 7 Holidays and leaves of absence</td>
<td>This chapter contains various provisions for time off; for example, vacation time, the time-off budget, leave of absence for seniors, national holidays, extraordinary leaves of absence, long-term time off for the care of significant others, etc.</td>
</tr>
<tr>
<td>Chapter 8 Social policy</td>
<td>This chapter contains the social policy. Three provisions are listed: 1) Working conditions as defined in the occupational manuscript (Arbocatalogus) and by risk assessment and evaluation, 2) Stimulation of diversity and 3) The establishment of a code of conduct.</td>
</tr>
<tr>
<td>Chapter 9 Influx, career progression and professionalisation</td>
<td>This chapter contains provisions on career progression and opportunities for employee professionalisation. These include agreements on continuing education, performance evaluations, a development scan and EVC (Eerder Verworven Competenties) (Recognition of Acquired Competence). There are also provisions for students with internships or are employed in programmes for simultaneous working and learning.</td>
</tr>
<tr>
<td>Chapter 10 Staff participation</td>
<td>This chapter contains articles pertaining to various ways in which staff may participate such as having the right to vote; support for personnel councils and employee representation committees, compilation of the management team, reorganisation, mergers, leave of absence for union activities, accommodations and contributions are also discussed.</td>
</tr>
<tr>
<td>Chapter 11 Disputes</td>
<td>The final chapter contains information on the procedures in place for handling disputes.</td>
</tr>
</tbody>
</table>
APPENDIX 2 BASIC FUNDING FOR THE HEALTH AND WELFARE SECTOR

The *Wet maatschappelijke ondersteuning (Wmo)* (Social Support Act) was introduced in 2007 and was intended for elderly persons with a disability or chronic mental disorder. The *Wmo* is executed at the municipal level and one can consult with the local government to request support for a client; whether support is granted and what type is determined at this level.

The *Zorgverzekeringswet (Zvw)* (Dutch Health Insurance Act) was implemented in 2006 and is a part of the Dutch health care system. Under this law, health insurance is required of everyone and everyone is insured under the *AWBZ* (Algemene Wet Bijzondere Ziektekosten) (General Exceptional Medical Expenses Act). This applies to all Dutch citizens and persons living abroad but receiving income from labour from the Netherlands.

The *Algemene Wet Bijzondere Ziektekosten (AWBZ)*\(^\text{12}\) covers expenses not falling under health insurance plans. The *AWBZ* is an obligatory collective health insurance. Before persons are entitled to *AWBZ* funding, the *Centrum indicatiestelling zorg (CIZ)* (Care Needs Assessment Centre) will ascertain if an indication for care exists. The CIZ will then determine what type of care is needed, how much care and for how long. The *AWBZ* fund pays for various types of care, including (*Rijksoverheid, 2012*):

- Personal grooming (assistance with dressing and showering)
- Nursing care (in the home)
- Support (help with activities of daily living enabling a patient to live at home for as long as possible)
- Treatment (assistance during recovery of an illness and/or helping ensure the illness/disability does not worsen)
- Short- or long-term hospitalisation in a care facility

The way *AWBZ* funding is paid out depends on the user's personal situation. There are currently four ways:

1. **Health care in kind**
   Care is arranged by a health care mediator. This mediating enterprise will have various health care providers from which a client can choose. The mediator makes arrangements for the payment of the invoice.

1. **Persoonsgebonden Budget (PGB) (Personal Budget)**

Only clients who are entitled to long-term care in a facility may continue to make use of the PGB. A client then receives a PGB with which he/she can buy his/her own care. A client must contract a care provider and is responsible for the associated administration.

2. **Vergoedingsregeling persoonlijke zorg (VPZ) (compensation for personal care)**
   The VPZ was implemented in January 2012. Clients can still buy care under this new system. Clients who need personal grooming, nursing, support or short-term hospitalisation are entitled to make use of this fund.

3. **A combination of health care in kind and the personal budget or personal care compensation**
   Clients may opt for a combination of these forms.

A few provisions falling under the *AWBZ* will be modified in the future. The current government has decided to decentralise some of the tasks related to the *AWBZ* (*AZW*, 2011). For example, day activities and support will be transferred to the *Wmo* and short-term rehabilitative care will then fall under the Health Care Insurance Act.
APPENDIX 3 LIST OF STAKEHOLDERS

Members of the Dutch Association of Health care Providers for People with Disabilities (VGN) have discussed the draft version of this national report with various stakeholders during three committee meetings. Below is an overview of the representatives who were present at these meetings and who provided their input on the draft national report.

<table>
<thead>
<tr>
<th>Stakeholder meeting</th>
<th>Organisation</th>
<th>Represented by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. OAGZ – Overleg Arbeidsvoorwaarden Gehandicaptenzorg (Committee for Terms and Conditions in Caring for the Disabled)</td>
<td>Abvakabo</td>
<td>Mr W.W.M. (Wim) van der Hoorn</td>
</tr>
<tr>
<td></td>
<td>CNV</td>
<td>Mr A. (Aaldert) Mellema</td>
</tr>
<tr>
<td></td>
<td>Nu '91</td>
<td>Ms J. (Jacqueline) den Engelsman</td>
</tr>
<tr>
<td></td>
<td>FBZ</td>
<td>Mr B.H.G. (Bert) Steehouder</td>
</tr>
<tr>
<td>2. Adviescollege voor Arbeidszaken Gehandicaptenzorg (advisory board for labour-related affairs in the care of the disabled): Managers of facilities for the care of the disabled who represent the branch in terms of labour-related affairs</td>
<td>Sherpa</td>
<td>Mr J.A.P.M. (Anton) Maas</td>
</tr>
<tr>
<td></td>
<td>Stichting SOVAK [SOVAK Foundation]</td>
<td>Ms H.G. (Heleen) Griffioen</td>
</tr>
<tr>
<td><strong>Absent but had the opportunity to provide written supplementation</strong></td>
<td></td>
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<tr>
<td>MEE Utrecht</td>
<td>Mr J.M. (Hans) de Dreu</td>
<td></td>
</tr>
<tr>
<td>Promens Care</td>
<td>Mr W. (Wiecher) Hadderingh</td>
<td></td>
</tr>
<tr>
<td><em>Stichting Talant</em> [Talent Foundation]</td>
<td>Mr F. (Erik) Kuik</td>
<td></td>
</tr>
<tr>
<td><em>Maeykehiem</em> Foundation</td>
<td>Mr H.J. (Henk) Laros</td>
<td></td>
</tr>
<tr>
<td>’s Heeren Loo</td>
<td>Mr H.J. (Henk) Prins</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>3. AZO – Arbeidszaken Zorgbranche Overleg</strong> [committee for labour-related affairs in health care]</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BOZ <em>Brancheorganisaties Zorg</em> [organisations in the health care branch]</td>
<td>Mr J. (Johan) van der Spek</td>
</tr>
<tr>
<td>ActiZ</td>
<td>Mr A. (Adriaan) Wirtz</td>
</tr>
<tr>
<td>NVZ</td>
<td>Mr T. (Tjitte) Alkema</td>
</tr>
<tr>
<td><em>GGZ Nederland</em></td>
<td>Ms D. (Dineke) Moerman</td>
</tr>
<tr>
<td><em>GGZ Nederland</em></td>
<td>Mr H. (Henk) Meppelink</td>
</tr>
<tr>
<td><em>NFU - Nederlandse Federatie van Universitair Medische Centra</em> (Dutch Federation of University Medical Centers)</td>
<td>Mr D. (Dirk) Kramer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provided input in writing</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><em>Brancheorganisatie Kinderopvang</em> (Branch Organisation for Child Care) (branch organisation for child care)</td>
<td>Ms H. (Hélène) Arons</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Dutch</td>
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<tr>
<td>--------------</td>
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<tr>
<td>CAOP</td>
<td>Centrum Arbeidsverhoudingen Overheidspersoneel</td>
</tr>
<tr>
<td>VGN</td>
<td>Vereniging Gehandicaptenzorg Nederland</td>
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<tr>
<td>FTEs</td>
<td></td>
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<tr>
<td>MEE</td>
<td>MEE Nederland</td>
</tr>
<tr>
<td>VVT</td>
<td>Verpleeghuizen, Verzorgingshuizen en Thuiszorg</td>
</tr>
<tr>
<td>PESSIS</td>
<td></td>
</tr>
<tr>
<td>ActiZ</td>
<td></td>
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<tr>
<td>BTN</td>
<td>Branchebelang Thuiszorg</td>
</tr>
<tr>
<td>Abvakabo FNV</td>
<td></td>
</tr>
<tr>
<td>CNV Publieke Zaak</td>
<td></td>
</tr>
<tr>
<td>NU’91</td>
<td></td>
</tr>
<tr>
<td>FBZ</td>
<td></td>
</tr>
<tr>
<td>Branchevereniging Kinderopvang</td>
<td>Branch Organisation for Child Care</td>
</tr>
<tr>
<td>MOgroep</td>
<td>Maatschappelijke Ondernemers Groep</td>
</tr>
<tr>
<td>Vakbond de Unie</td>
<td></td>
</tr>
<tr>
<td>SER</td>
<td>Sociaal-Economische Raad</td>
</tr>
<tr>
<td>StAG</td>
<td>Stichting Arbeidsmarkt</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>Gehandicaptenzorg</td>
<td>association for the care of the disabled</td>
</tr>
<tr>
<td>A+O VVT</td>
<td>Stichting Arbeidsmarkt- en Opleidingsbeleid Verpleeg-, Verzorgingshuizen en Thuiszorg Association for policies on the labour market and education related to nursing homes, retirement homes and home care</td>
</tr>
<tr>
<td>FCB</td>
<td>Fonds Collectieve Belangen collective interests fund</td>
</tr>
<tr>
<td>WOR</td>
<td>Wet op de ondernemingsraden Works Councils Acts</td>
</tr>
<tr>
<td>VWS</td>
<td>Ministerie van Volksgezondheid, Welzijn en Sport Ministry of Health, Welfare and Sport</td>
</tr>
<tr>
<td>SZW</td>
<td>Ministerie van Sociale Zaken en Werkgelegenheid Ministry of Social Affairs and Employment</td>
</tr>
<tr>
<td>FCB WJK</td>
<td>Welzijn en Maatschappelijk Dienstverlening, Jeugdzorg en Kinderopvang Welfare and social services, Youth Care and Child Care</td>
</tr>
<tr>
<td>CBS</td>
<td>Centraal Bureau voor de Statistiek Statistics Netherlands</td>
</tr>
<tr>
<td>EASPD</td>
<td>The European Association of Service Providers for Persons with Disabilities</td>
</tr>
<tr>
<td>GGZ</td>
<td>geestelijke gezondheidszorg Mental health care</td>
</tr>
<tr>
<td>W&amp;MD</td>
<td>Welzijn en maatschappelijke dienstverlening Community services and welfare</td>
</tr>
<tr>
<td>AWBZ</td>
<td>Algemene Wet Bijzondere Ziektekosten General Exceptional Medical Expenses Act</td>
</tr>
<tr>
<td>Wmo</td>
<td>Wet maatschappelijke ondersteuning Social Support Act</td>
</tr>
<tr>
<td>BTN</td>
<td>Branchebelang Thuiszorg Branch Organisation for Home Care</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>LRK</td>
<td>Landelijk Register Kinderopvang en Peuterspeelzalen</td>
</tr>
<tr>
<td>CLA</td>
<td></td>
</tr>
<tr>
<td>UAW</td>
<td>(Uitvoeringstaken Arbeidsvoorwaardenwetgeving)</td>
</tr>
<tr>
<td>OAGz</td>
<td>Overleg Arbeidsvoorwaarden Gehandicaptenzorg</td>
</tr>
<tr>
<td>FBZ</td>
<td>Federatie van Beroepsorganisaties in de Zorg</td>
</tr>
<tr>
<td>PBL</td>
<td>Persoonlijk Budget Levensfase</td>
</tr>
<tr>
<td>SOVVT</td>
<td>Overleg Verpleeg-, Verzorgingshuizen en Thuiszorg</td>
</tr>
<tr>
<td>OAK</td>
<td>Overleg Arbeidsvoorwaarden Kinderopvang</td>
</tr>
<tr>
<td>BKN</td>
<td>Branchevereniging Ondernemers in de Kinderopvang</td>
</tr>
<tr>
<td>VNO-NCW</td>
<td>Werkgeversorganisatie Vereniging VNO-NCW</td>
</tr>
<tr>
<td>MKB</td>
<td>Midden-en klein bedrijf</td>
</tr>
</tbody>
</table>

MKB (employer organisation for small and medium-sized businesses):
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNV</td>
<td>Christelijk Nationaal Vakverbond</td>
<td>Christian Trade Union Federation</td>
</tr>
<tr>
<td>MHP</td>
<td>Vakcentrale voor Middengroepen en Hoger Personeel (MHP)</td>
<td>(Confederation of trade unions for mid- to highly skilled personnel)</td>
</tr>
<tr>
<td>PFZW</td>
<td>Pensioenfonds Zorg en Welzijn</td>
<td>Health and Welfare Pension Fund</td>
</tr>
<tr>
<td>WEB</td>
<td>wet Educatie en Beroepsonderwijs</td>
<td>Education and Vocational Training Act</td>
</tr>
<tr>
<td>AZW</td>
<td>Arbeidsmarkt Zorg en Welzijn</td>
<td>The Labour Market in the Health and Welfare Branch</td>
</tr>
<tr>
<td>OOFGGZ</td>
<td>Stichting O&amp;O-Fonds Geestelijke Gezondheidszorg</td>
<td>labour-market association for the care of the mentally disabled</td>
</tr>
<tr>
<td>BKK</td>
<td>Stichting Bureau Kwaliteit Kinderopvang</td>
<td>Dutch association for quality in child care</td>
</tr>
<tr>
<td>EVC</td>
<td>Eerder Verworven Competenties</td>
<td>Recognition of Acquired Competence</td>
</tr>
<tr>
<td>OR</td>
<td>ondernemingsraad</td>
<td>personnel council</td>
</tr>
<tr>
<td>PVT</td>
<td>personeelsvertegenwoordiging</td>
<td>employee-representation</td>
</tr>
<tr>
<td>PGB</td>
<td>persoonsgebonden budget (personal budget)</td>
<td>personal budget</td>
</tr>
<tr>
<td>AOW</td>
<td>Algemene Ouderdomswet</td>
<td>General Elderly Pensions Act</td>
</tr>
<tr>
<td>VMBO</td>
<td>voobereidend middelbaar</td>
<td>preparatory mid-level vocational education</td>
</tr>
<tr>
<td>Oke</td>
<td>Wet Ontwikkelingskansen door Kwaliteit en Opleiding</td>
<td>Development Opportunities Through Quality and Education Act</td>
</tr>
<tr>
<td>Zvw</td>
<td>Zorgverzekeringswet</td>
<td>Dutch Health Insurance Act</td>
</tr>
<tr>
<td>CIZ</td>
<td>Centrum indicatiestelling zorg</td>
<td>Care Needs Assessment Centre</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>VPZ</td>
<td>Vergoedingsregeling persoonlijke zorg</td>
<td>compensation for personal care</td>
</tr>
</tbody>
</table>
National Report Scotland

SCOTTISH COUNCIL FOR SINGLE HOMELESS

DR. EVGENIYA PLOTNIKOVAN

Supported by: DG Employment, Social Affairs and Inclusion
1. Introduction

Purpose and report structure

The aim of the research project ‘Project PESSIS: Promoting employers’ social services in social dialogue’ is to provide a detailed understanding of how social dialogue is organised and structured (or not) in the social services sector in Europe. It aims to identify barriers to increased cooperation among employers in the sector. The term social dialogue is defined as ‘a dialogue between employers and employees’. Eleven national studies will contribute to an overall European perspective of social dialogue in the social services sector, outlined in the European summary report.

Each national report presents a ‘picture’ of how social dialogue is organised at local, regional and national levels and has addressed the following six research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?
3. What are the types of social dialogue or collective agreements that exist?
4. How many employers of the sector are involved in social dialogue and at what level?
5. What are the key labour issues dealt with and at what level?
6. Are there any labour issues that could be dealt with at European Union (EU) level?

‘Social services’ is a term that can be interpreted in different ways across Europe but for the PESSIS project, the key groups included are:

- Long-term care for older people;
- Care and rehabilitation for people with disabilities;
- Child care.

‘Social services’ may also cover a range of other services, for example, services for homeless people. These have been included only when they
have particularly strong systems of social dialogue. The main focus of each national report is on the three key groups listed above.

The terms public, for-profit and not-for profit sectors are widely used across Europe. They are defined in this report as:

**Public sector** – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services. In some countries, social services may still be delivered by municipal or regional government authorities. Public authorities (national, region or local government) may fund social services by providing money directly to individuals.

**For-profit sector** – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size.

**Not-for-profit sector** – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

This report focuses on the Scottish experience of social dialogue in the social services sector. It consists of four sections, a list of references and annexes.

**Section 1** describes the research methodology and introduces the summary of major findings.

**Section 2** starts with the definition of the social services sector in Scotland. It continues with a description of the size, delivery and the types of social service providers operating in the sector. It then presents the socio-demographic profile of the workforce. Section 2 concludes with an overview of recent developments in the sector and their impact on industrial relations.

**Section 3** of this report investigates the status of social dialogue in the social services sector in Scotland. It first characterises the social dialogue in Scotland as a reflection of industrial relations in the UK. Then it describes the development of social dialogue in Scotland by looking at the available statistical data on the trade union density, coverage by collective agreements
and stakeholders’ perceptions of social dialogue and their relations with social partners at the EU level. Finally, Section 4 summarises concluding remarks and recommendations.

Methodology

The fieldwork and data analysis for this project was conducted during three months from February to May 2012. This report is based on analysis of primary and secondary sources and presents quantitative and qualitative evidence. The quantitative part of this report summarises statistical data on the size of the sector in terms of workforce and registered services, trade union membership and coverage by collective agreements. The qualitative component includes quotations from service providers, employees’ and employers representatives to illustrate the key points expressed by these stakeholders in relation to the research agenda. Primary data was collected by means of individual and group interviews with key stakeholders from the social services sector in Scotland (see Annexes 1, 2). The group of secondary sources included policy documents, reports and data produced by the stakeholders in the sector: regulatory bodies - the Scottish Social Service Council (SSSC) and the Care Inspectorate (CS), the Scottish Government, associations of employers (the Coalition of Care and Support Providers in Scotland (CCPS) and Convention of Scottish Local Authorities (COSLA). The group of secondary data also included analysis of relevant academic articles (see the list of references).

As previously mentioned, two methods were applied to collect primary data: group discussion and individual interviews with key stakeholders in the sector. Firstly, preparatory work was undertaken to organise group discussion at a national event. It was originally planned to invite 10-12 participants from across Scotland. We approached approximately 40 stakeholder organisations. Among these were: employees’ representatives (trade unions), employers’ associations, regulatory bodies and individual employers working with the specified target groups of the project. The latter were distinguished between public service providers (local authorities), voluntary (not-for-profit) organisations and private service providers (such

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78 In this report the term stakeholders include: employees’ representing bodies (professional organisations and trade unions), service providers (public, private and not-for-profit), regulatory bodies and employers’ organisations.

79 The SSSC is the regulatory body which is responsible for registering social workers and regulating their education and training.

80 The Care Inspectorate is the regulatory body responsible for the regulation and inspection of care and children’s services.

81 The Coalition of Care and Support Providers in Scotland (CCSP) is an organisation which represents third sector and not-for-profit social care and support providers in Scotland.
as care homes). The focus was on service providers in the key areas prioritised in the project: long-term care for elderly, care and rehabilitation for people with disabilities, and child care. Also additional sub-sectors such as support for homeless people, personnel recruitment services for social service providers and services for ex-offenders were included in this analysis.

Identified participants were notified about the event by phone and emails. The main challenge in organisation of this event was the low response rate received from stakeholders. Partially this could be attributed to a lack of time on the part of potential participants, especially local authorities, due to the local elections running in May 2012. It also became apparent that those stakeholders approached had no or limited awareness of the concept of social dialogue and as such did not see engagement with the research project as a priority when already working under time and resource constraints due to the economic situation. At the final stage of recruitment only four participants agreed to take part in the group discussion at the national event (see Annex 1).

The group discussion took place on 13th of March 2012. It was split into four blocks. The meeting started with presentation of the PESSIS project, its aims and methods. In the second block the participants were asked to characterise recent developments in the social services sector in Scotland and their impacts on relations between employers and employees. It was followed by a discussion of participants’ practices of negotiations and consultations with respective social partners. Finally, the meeting was concluded with a discussion of stakeholders’ experiences of their current and/or potential involvement in social dialogue at the European level. The meeting was productive as it provided an opportunity to observe a diverse group of stakeholders exchange information and opinions about the current challenges and industrial relations in the social services sector in Scotland. Gaining insight into the level of understanding of social dialogue across the three sectors was particularly illuminating and useful.

The second round of primary data collection included individual phone conversations and face-to-face interviews with trade union officers, individual employers, employers’ associations and one official from a regulatory body. In total 12 interviews were conducted (see Annex 2). The interview guide was designed in accordance with the questions set up in the PESSIS project (see Research Briefing Paper). The interview questions were tailored to the interviewee’s position and the field of expertise.

The major findings which emerged from analysis of policy documents, group discussion and interviews could be summarised as follows:
There are about 198,600 persons who are employed in the social services sector in Scotland and a little less than 14,000 services registered. The largest sub-sectors by workforce are: care homes for adults, day care for children and housing support and care at home. In terms of registered service providers the largest sub-sector is child care related services, namely childminding and day care of children;

There are three principal types of social services providers in Scotland: public (local authorities and the NHS), non-profit (voluntary organisations) and private providers (such as care homes and recruitment agencies). The composition of different types of service providers varies across local authorities. However, the research data reveals the growing workforce numbers in the private sector. The private sector tends to specialise in the provision of residential care services, and their market share is likely to therefore grow further in light of estimated ageing population trends;

The social dialogue in the social services sector in Scotland, to a large extent, reflects the wider British model of industrial relations. The latter is typically characterised by a voluntary and decentralised nature of employee-employers’ negotiations within the private sector where collective bargaining takes place predominantly at the company level; and a highly unionised public sector with collective bargaining and consultations taking place at the national and local levels at the other end of the spectrum;

It is hard to estimate the density of trade union membership and collective agreement coverage in the social services sector in Scotland as no systematic data is collected either by trade unions, employers’ associations or regulatory bodies. Only fragmental evidence is available from statistical data on public employment and estimations of officials in employers’ associations, trade unions and regulatory bodies operating in the sector;

The meaning of social dialogue in stakeholders’ understanding goes beyond industrial relations. Research participants defined social dialogue as a discussion between various parties which aim to share good practice, establish trust and communication. Employers as well as employees’ representatives stated that involvement of service users is the crucial component in fostering social dialogue in the social services sector;

Service providers in both voluntary and private sectors demonstrated a relatively passive level of their involvement in the social dialogue at the EU level. They perceive institutions at the EU level as regulatory bodies rather than partners in social dialogue. However stakeholders are quite positive in
building links and developing discussion with European partners on the issues of procurement, consequences of the Working Time Directive, cross-border mobility of social workers, regulation of agency workers and support for small-size organisations in the social services sector.
2. The Social Services Sector in Scotland

Definition

Following devolution in 1999 the Scottish Government took on the responsibility to manage and regulate the social services sector. The Scotland Act 1998 established a legislative and executive responsibility for competence by the Scottish government in the delivery of social services. The Regulation of Care Act (Scotland) which followed in 2001 provided a conceptual framework for the operation of social services in Scotland. It defined the sector as including ‘all social work services provided by local authorities and those services which are commissioned and provided by the voluntary and private sectors’ (Scottish Executive, 2006). The Regulation of Care Act grouped services into the following sub-categories:

- a support service;
- a care home service;
- a school care accommodation service;
- an independent health care service;
- a nurse agency;
- a child care agency;
- a secure accommodation service;
- an offender accommodation service;
- an adoption service;
- a fostering service;
- an adult placement service;
- childminding;
- day care of children;
- housing support service.

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82 A detailed definition of each type of these social services is given in the Regulation of Care Scotland Act (2001).

83 A ‘support service’ is a service provided, by reason of a person’s vulnerability or need. However it does not include a care home service, an independent health care service, a service which provides overnight accommodation, an adoption service, a fostering service or a service excepted from this definition by related regulations (The Regulation of Care (Scotland) Act, 2001).
Apart from the conceptual framework the Regulation of Care Act (Scotland) established two regulatory bodies – the Scottish Social Services Council (SSSC) and the Scottish Commission for the Regulation of Care (later transformed into the Care Inspectorate). The Scottish Social Services Council was organised to set up and promote the national education, training and accreditation standards for the social services workforce. The regulation and inspection of care services is the responsibility the Care Inspectorate. The latter was established in 2011 and took over functions which were previously carried out by three agencies: Her Majesty's Inspectorate of Education (HMIE), Social Work Inspection Agency (SWIA) and the Care Commission.

The devolved responsibility for the social services sector has resulted in a number of differences in organisation, regulation and ideological principles in the delivery of social services in Scotland. It is recognised that one of the key policy divergences in Scotland after devolution is free (non means tested) personal care for older people. Scotland is the only part of the UK which has introduced free personal care for older people both in care homes and in their own homes (Bell and Bowes, 2006). In other countries of the UK to qualify for ‘the free of charge’ social services one needs to provide evidence of low income status. Some scholars tend to connect this divergent policy with the ideological distinctiveness of the Scottish social care context. As Birrell (2007) summarises Scotland has a stronger emphasis, compared to England, on collectivist values, redistribution and social equality which is reflected in the delivery of social services.

2.2 Delivery and finance

Delivery of social services in Scotland has been traditionally managed by social work departments within Local Authorities of which there are 3284 (Dickens, 2012). The role of LAs in social services provision in Scotland has always had its own character and this diversity has been further reinforced by devolution.

On the one hand, they are responsible for strategic commissioning, while on the other they provide a range of social services themselves. Prior to strategic commissioning, LAs undertake evaluation of community needs in relation to social services. Based on this evaluation LAs develop strategic planning and commissioning of social services in their designated territories. The core of the commissioning is organisation of competitive tendering between service providers - voluntary or private organisations. Based on the

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84 Local government in Scotland is represented by 32 local authorities - elected councils. The vast share of their funding comes from the Scottish government and Council Tax which is set by each authority.
results of the tendering each LA decides from which provider to purchase social services and which are more appropriate to satisfy the community demand. Once the choice is made, the LA negotiates a legally binding contract with the selected provider.

The other role of LAs is as an actual provider of their social services. The type and share of services provided by LAs is discussed further (see section 2.3). As mentioned above previously each LA had a social work department which provided a wide range of social services. However today following the reorganisation in LAs some social work departments have merged with other LA organisational structures and services such as housing, community care, health care and education (Lowe, 2009).

One of the examples of the close intersectional co-operation in the provision of social services takes place between local authorities and public health institutions. For instance, the health and social care department in the City of Edinburgh Council employs 3,500 council and 2,000 NHS staff. These employees offer services for people with mental health problems, with physical and learning disabilities and support for elderly people (either at home or in residential care). The Health and Social Care department in Edinburgh City Council also supervises some offenders living in the community, such as those on probation for example (City of Edinburgh Council, 2012).

The crossover between health and social care institutions across Scotland was strengthened in 2002 when the Scottish Executive facilitated closer working relations between LAs and the NHS (Community Care and Health (Scotland) Act 2002). The greater integration between LAs and NHS organisations in social services provision was further enhanced by the creation of Community Health Partnerships (CHP) which came into existence in 2005 following the National Health Service Reform Act (2004). These Community Health Partnerships were established to plan and deliver health and social care in primary and community settings. Currently there are 34 Community Health Partnerships (CHPs) in Scotland, including 14 Health Boards and 32 councils. Normally the CHP consists of the Health Board which develops local community health services in co-operation with their local authority partners.

Today a further integration of adult health and care services is high on the agenda of political debate in Scotland. The aim of this is to further enhance the integrative approach in health and care delivery and to provide a better access to services through improved joint working between health and social
care providers. The core principles constituting this integration are defined by the Scottish Government (2012) as follows:

a) Nationally agreed outcomes that apply across adult health and social care;
b) Joint accountability to Ministers, local government Leaders and the public for delivery of those outcomes;
c) A single integrated budget for each partnership that includes community health, adult social care and elements of acute spend; and
d) Strong clinical and professional leadership and engagement of the third sector in commissioning and planning of services.

The key elements of the new integrated system will include the replacement of the CHPs with Health and Social Care Partnerships – a joint responsibility of the NHS and local authority with a focus on investment of human and financial resources towards community provision rather than institutional care only with the appointment of a single senior officer accountable for the delivery of the partners’ joint objectives. The research undertaken has shown that reformation of the health and care service delivery causes significant concerns amongst stakeholders about the pay and work conditions of both health professionals and social workers as well as about the financial foundation for this partnership (see section 2.4).

Currently the financing of social services in Scotland is derived from two major sources: transfers from the Scottish Government (which cover the bulk of the budget) and the local taxation, the Council Tax, which is an annual tax on domestic property paid by residents. In cases where Community Health Partnerships are established the delivery of care services is financed from integrated budgets controlled by NHS Boards and Local Authorities.
2.3 Size and composition

The latest available data indicates that in 2010 there were 13,829 registered services in Scotland (SSSC, 2011). They are distinguished between 18 categories of social care (see Annex 3). Among these, the largest share of functioning services falls in the following sub-sectors: childminding (40.1%) and day care of children (28.6%). Services registered in housing support and domiciliary care, care homes for adults and adult day care represent 13.6%, 9.7% and 4.2% accordingly. The individual shares of registered services in the remaining sub-sectors do not exceed 4%.

Graph 1 Share of registered services by sub-sector (%)

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86 Data on the size and structure of the sector in Scotland is available from a number of sources. First, at the UK-level there is the Labour Force Survey (LFS) which is produced by the Office of National Statistics (ONS). However, it is argued that the LFS uses a slightly different and a narrower approach to the definition the social services sector in Scotland. Therefore, it becomes problematic to use LSF data for comparative purposes with similar data produced by Scottish institutions (SSSC, 2011). The second source is the Scottish Government’s annual census of staff employed in local authority social work services (LASWS). The third source of data is the Care Commission which requires all social service providers to complete an annual report that must contain information on each provider’s workforce. The fourth source of information is the SSSC and its register of social workers and social services staff. The attempt to join these sources was recently taken by the SSSC and resulted in the report which summarises the current trends in the workforce development in the Scottish social services sector (SSSC, 2011). The present report reflects on this summary and brings fragmental evidence available from other sources such as employers’ and employees’ representative bodies.