



**European Employment Policy Observatory Ad  
hoc Request**

**Personal and household  
services  
the Netherlands**

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## **1 Presentation of the sector in the selected countries**

Generally, personal and household services (PHS) are perceived differently across the EU, including differences in the kind of personal and household services that are provided. In the Netherlands, care services are mostly provided by publicly financed organisations, thus being a formal service provision (Angermann and Eichhorst, 2013). Yet, other services might not fall within the scope of publicly financed activities, but rather are provided by private companies, or fall within the scope of informal services. The term PHS thus hosts many different services to persons and households. In the Dutch context services might be provided by people with diverse employment statuses: employees working for care providers (organisations), self-employed, friends or family. Due to the wide range of activities these services are not seen as a coherent economic sector in the Netherlands, and thus there is no general legal definition for it. Also within the statistical databases a single figure to view the trends in this 'sector' is absent. Yet, there is data available for most of the separate elements of PHS. This paper distinguishes between two sectors: service provision at home where the dominant economic sector is the home care sector (which is partly publicly funded and may consist of care, cleaning and personal services at home) and child care (formal and informal). Moreover, the paper pays attention to informal and often unpaid help from friends and family as well as to undeclared work.

An important feature of the Dutch system is its care provision within the region or neighbourhood (Angermann and Eichhorst, 2013). This feature is gaining more relevance now that larger parts of the social domain and PHS services have been decentralised to municipality level (Bekker and Wilthagen, 2015). This decentralisation is combined with large budget cuts for municipalities to fund activities in the social domain. This means that as of January 2015 the provision of care and household services has been under pressure, leading to redefining the type of care and help people really need, often reducing the amount of services and/or the amount of hours of care the public authorities' fund. Although, care services in the Netherlands may be categorized as a universal, integrated system financed by taxes or social insurance contributions Colombo et al. (2011), such recent reforms have impacted the sector considerably and the results of the reforms will become clear the next few years (Bekker and Wilthagen, 2015). Angermann and Eichhorst (2013) warn that in many countries, privatization and outsourcing trends and the introduction of voucher systems on the one hand have introduced greater freedom of choice among users and more competition between providers. On the other hand, in absence of quality and labour standards, this may lead to problematic working conditions and poor quality. To some extent the example of the Netherlands mirrors such evolutions, as will be more thoroughly described in the sections below.

Another feature of Dutch health care system, including long-term care provision, is that the country has a very high public expenditure: about 10 % of GDP in 2010, while the co-payments for citizens (out-of-pocket contribution to received health care) are relatively low (OECD, 2013). Reforms have tried to decrease the expenditure and have introduced more competition in the system. This has led to some results, yet the OECD calls for further reforms, and this is also in line with the Country-specific recommendations the EU has been given to the Netherlands the past years. Within health care expenditure, long-term care costs are a concern as well, also viewing the ageing of society. The OECD (2013) calculates that spending on long-term care was 3.8 % of GDP in 2009, which is more than twice the OECD average. It reflects comprehensiveness and generosity of the Dutch system as well as a high dependence on institutional care. Thus, one opportunity to decrease expenditure, yet to also have more or other jobs in PHS sector, is to make a transition from institutional care to home

care. Thus, whereas in 2007 many PHS-related activities have been decentralised to the municipalities via the Social Assistance Act (WMO), the recent reforms aim at more cost-effectiveness of spending and give municipalities a larger range of tasks within the social domain. These reforms will be described in section 2.

While the 2007 reforms have led to saving EUR 150 million in 2007 over a EUR 1.2 billion budget<sup>1</sup>, the effect on the quality of home care have been debated. 40 % of clients reported lower quality after the decentralisation (OECD, 2013). Similar debates are being held concerning the January 2015 reforms, while debates have broadened to include the effects on the types of jobs and employment relations (see e.g. BTN, 2014). This impact on job characteristics will also be explored in the next sections. Angermann and Eichhorst (2013) state that PHS may offer new jobs that are not that much dependent upon business cycle. Yet, in the Netherlands, given the large formality of the sector and the large public expenditure, PHS services are dependent on public funds and consequently experience volatility related to budget cuts. The risk attached to that is seen in the evolution of jobs in the child care sector as well as in the home care sector. Some of the jobs lost might be hired back in by individuals who decide to pay for these services themselves, yet the nature of these jobs might not be the same necessarily for example in terms of employment contracts, working hours, or social security coverage. Indeed, the overall societal and political debate actually favours family and friends to voluntarily assist those in need of care, thus in a way transforming formal jobs into unpaid and informal services.

## **2 Structure of the market and employment model**

### *Service provision at home: publicly funded*

Part of service provision at home, including care and cleaning services, is publicly funded. As of January 1<sup>st</sup> 2015 the legal and financial setting of this publicly funded service provision has changed considerably. The reason for this change is the attempt to reduce expenditure on care provision as well as stimulating people to live at home as long as possible (mostly elderly) while also belonging to the ideas and principles related to the participation society: a society where people help each other instead of relying on the government. The legal changes entail a decentralization exercise in which the municipalities have become the prime actors in organising care and services for people who need support at home, including also guidance at home for people who suffer from a mental illness. The personal services that are provided, are tailored to individual needs. The following Acts are relevant:

- As of 1 January 2015 the Act Wlz has come into force (*Wet langdurige zorg*; Act long-term care) which only caters the needs of people who are severely and long-term ill. Wlz replaces parts of the AWBZ (Exceptional Medical Expenses Act), while other parts that belonged to the AWBZ have become the responsibility of the municipality and are included in the already existing Act WMO (*Wet Maatschappelijke Ondersteuning*; Social Support Act).
- The Social Support Act WMO arranges all activities that support people to live at home for longer and to make sure that they can participate in society to some extent. It also arranges the guidance and support at home for people who suffer from mental illnesses. The municipality is the main actor in coordinating these activities. The municipality may request people to pay for part of the expenses, and this amount is established dependent on certain conditions such as age, income and household situation. Within the Act WMO it is possible to

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<sup>1</sup> And moreover collected EUR 200 million of copayments, generating EUR 350 million for other spending purposes (OECD, 2013: 25).

get a personal budget to buy in care. The municipality judges whether the care and services that are bought with this budget, have a sufficient level of quality. Under certain conditions, the personal budget (*Persoonsgebonden budget*; Pgb) allows the person to buy in services from friends, family or neighbours. Within this broad social domain the distinction between care and non-care is not the main distinction to make. It is more important to distinguish between services that are provided based on a formal indication and those without such an indication. Persons who have an indication may make use of publicly funded home care and cleaning services via the publicly funded provisions. Others do not get such a financial support (Panteia, 2014).

- The Act Zvw (*Zorgverzekeringswet*; Act health insurance) arranges the health care and personal care at home. The health insurance companies are the actors coordinating activities belonging to this Act. The care provided is insured via the basic insurance all Dutch people are required to have and pay for. Also within this Act people may choose to request a personal budget and the insurance company judges this request e.g. on its quality.

The publicly funded care and support services are all funded by the national government which transfers part of the budgets to municipality level. In 2013, 18 % of the total public budgets for long-term care was allocated to services within the scope of the Act WMO, 17 % to the activities belonging to the Act Zvw and 60 % to care belonging to the Wlz. Another 5 % was transferred to municipalities for activities providing care and support to youth below the age of 18 (Rijksoverheid, 2014). As the government asks people to arrange care and personal help at home themselves, the number of family members, friends and neighbours providing such care has been growing. This has resulted in a lower need to use public funds to provide help, estimated at savings of 600 million EUR (117 000 clients receiving 57 400 000 hours of help from family members/friends) (Actiz, date unknown). Such ways to prevent public expenditure is deemed necessary due to the high expenditure the Netherlands has in this area.

#### Service provision at home: privately funded

On the part of personal care of which the services are offered inside or around the house (*Dienstverlening aan huis*; Service provision at home) the market has the following characteristics. Around 1 million Dutch households buy in services at home, offering 272 million hours of work and spending around 2.5 billion EUR per year on such services (Panteia, 2014). This spending includes the individual spending of households plus the spending of third actors such as the government. It means that on average a household buys in 196 hours of services each year. Most of this work (95 %) falls within the legal scope of the Arrangement Service Provision at Home (*Regeling Dienstverlening aan Huis*), determining that such service provision does not constitute an employer-employee relationship as long as the weekly service provision does not exceed four working days (Panteia, 2014; see also ORSEU, 2013). It means that households neither need to pay taxes on wages nor are obliged to pay for social insurance premiums. Likewise, the worker is not ensured for employee insurances (UB, pensions, disability and the like). Yet, households do need to pay the service provider at least the minimum wage level, as well as holiday allowances and payment during illness and holidays. Yet, not all households are aware of these regulations, and even if they know the rules this does not automatically lead to payment during holidays and illness (Panteia, 2014). Regarding the legal apparatus it is worth mentioning that the Netherlands has not ratified ILO convention number 189 concerning decent work for domestic workers. Yet, the government and the social partners have asked the Committee Service Provision at Home (Commissie Dienstverlening aan huis, 2014) to explore the policy options for this market in relation to this convention.

*Child care (formal and informal)*

The child care sector in the Netherlands is a private sector. Yet, parents may get a tax credit (*Kinderopvangtoeslag*) which refunds parts of their child care expenditure, depending on working hours and household income. This system of tax credit has been changed under pressures of the economic crisis and the need to reduce public expenditure. In 2011 the government announced budget cuts for schemes that lower the costs for child care facilities for working parents. Due to the success of the scheme prior to 2011, public expenditure tripled from 1 billion Euros in 2005 to 3 billion Euros in 2010. The initial idea was for the government, employers, and parents to each account for one-third of the costs of child care, but in practice it appeared that parents contributed on average less than one-fourth of the total costs. Employers did not contribute one third to the costs either. Consequently, a new balance needed to be found. The first set of proposed measures included an increase of the parental contribution by 16.25 % for all children; an obligatory monthly contribution of about 15 Euros for all parents, regardless of their income; and a cancellation of the allowance granted to the first child in high-income families (with a household income of about 130 000 Euros or more). In 2013 new measure were introduced, involving the abolishment of child care allowances for the first child of parents that have a joint income of 118,000 EUR and more. Only for parents with an annual income below 17 230 Euros, the tax credits were not lowered. Moreover, all parents face a reduction of the allowances received from the state for their first child. These new arrangements should further lower public expenditure. The past years, the hourly prices for child care has risen (from 6.16 EUR per hour in 2010 to 6.71 EUR per hour in 2014 for day care of children aged 0-4) and are on average higher than the government compensates for. This means that on top of the lower allowances parents face extra costs due to a larger gap between the hourly rate of child care and the maximum rate that the government bases its allowances on.

A preliminary evaluation presented by Minister Kamp of Social Affairs and Employment concluded that the labour participation of women had hardly changed in the first quarter of 2012 compared to the year 2011. In 2011 70.5 percent of mothers had a job of 12 hours or more compared to 70.8 in the first quarter of 2012. Single mothers did see a decrease in participation, as 64.3 percent of them had a paid job in the first quarter of 2012 compared to 64.6 percent in 2011. However, the evaluation also showed a decrease of 3 % in the number of children that use formal child care facilities, leading to the suggestion that families might have looked for informal child care (grandparents, neighbours) as an alternative for paid child care. Later studies confirmed a reduction in the use of child care facilities, and now speak of a larger alteration in the behaviour of parents than expected (Ministry Social Affairs and Employment, 2015; SCP, 2014a). Accordingly, there has been a vast reduction in the number of employees in the child care sector as well as bankruptcies among child care organisations (95 bankruptcies in 2013 and 84 bankruptcies in 2014; FCB, 2015), with a modest reduction in the amount of children in formal child care in 2012 and a sharp decline in the number of children in 2013 (SCP, 2014a). This decline is for the largest part related to the change in the tax credit system, which has made child care more expensive. Another reason for the decrease is the fact that some mothers or fathers have lost their jobs during the crisis, making child care unnecessary. Michiels et al. (2015) conclude that whereas the number of hours of child care that parents have bought in has been decreasing, this has not substantially affected their labour participation or working hours per week. Rather, parents have turned to informal child care. SCP (2014a) comes to a similar conclusion. Thus, should the government provide more generous tax credits to working parents, this might lead to an increase in jobs in the child care sector. Yet, it will also lead to an



increase in public expenditure, and the question is whether this is to be desired. In the child care sector there has been a rise in small businesses. The number of companies with more than 50 employees has been decreasing and this is due to changes in the tax credit system for child care (Statistics Netherlands, 2015). More recently the government has allocated more funds to child care provision in its 2014 budget, yet, it is unsure whether this will stabilize the sector (AZW, 2014). The number of bankruptcies is still increasing, and the effects of previous budget cuts are likely to play a role in the near future as well. The child care sector itself expects a stabilization in the number of full-time equivalents, after a sharp reduction in 2013 (See figure 3).

### **Main element on jobs in the sector**

#### *Collective labour agreements*

Both employees in the home care sector as well as in the child care sector fall within the scope of a collective labour agreement (cla). The home care sector has a cla with adjacent economic sectors, being the institutionalised long-term care, postnatal care at home and youth care (sector VVT). The cla contains agreements on wages, payment of overtime, working time, holidays and leave schemes, and training and education. The current cla runs between 2014 and 2016, yet was not concluded easily.<sup>2</sup> The main goal of the negotiating parties on both sides of industry was to set a minimum hourly wage for employees who provide cleaning services at home, in order to prevent further dumping of wages for this profession. Finally parties agreed to set this minimum at 10 EUR per hour<sup>3</sup>. Yet, the social partners also realised that municipalities generally establish a rate of remuneration below 10 EUR when defining terms in their call for tender (Actiz, 2015; CNV 2014). Thus, there is often a gap between the remuneration of the municipality and the salaries organisations in the sector pay according to the cla. Therefore negotiating parties came up with the plan to ask the national government to install a generally binding rule (*Algemene maatregel van Bestuur; AmvB*) in which the government may set out nationally applicable rules in a binding decision. In this case, the decision should bind all national actors to the minimum tariff, also meaning that municipalities should take this minimum tariff into account when putting together the call for tender. It also means that organisations outside the VVT sector, such as companies in the cleaning sector, cannot offer to do the work below the minimum price, thus preventing unfair competition from companies outside the VVT sector. The need to set a minimum in order to prevent wage dumping is strongly related to the decentralisation of tasks in the social domain to municipalities combined with large budget cuts, which amount to a reduction of 40 % for cleaning services at home (Binnenlands Bestuur, 2014). It makes that municipalities seek for more cost-efficiency when buying-in certain services. Estimations are that as of 2015 25 % of Dutch municipalities have stopped offering cleaning services at home as a public provision (Binnenlands Bestuur, 2014). A large number of municipalities has decided to reduce the amount of hours people may get cleaning assistance at home or is going to reorganise the smaller cleaning task. Here, there might be a new market emerging for private services to households.

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<sup>2</sup> See text of the cla: <http://www.fnv.nl/site/migratie-sectoren/caos/caos/915832/919301/919308/vvt-2014-2016>

<sup>3</sup> The national minimum wage for people aged over 23 is 69.31 EUR per day, which is thus less than the minimum of 10 EUR set in the VVT cla.

In the child care sector the current cla expired on January 1st 2015, and a new one has not been agreed upon due to difficulties in the negotiation process.<sup>4</sup> Employees who were already working in the sector keep falling within the scope of the expired cla, yet newly hired workers do not fall within the scope of a cla. Trade union FNV (2015) fears that the child care sector is becoming a sector with fierce competition on price, also reflected in practices of employers opening new locations for day-care with newly hired personnel that works without being covered by a cla. These workers are cheaper, as they are less likely to benefit from cla arrangements such as wage increases, holidays, **scholing**, etc.

*The market for services at home*

Table 1 shows that services provided at home is a substantial sector in the Netherlands, thus offering ample opportunities for employment. More detailed data shows that the higher the household income, the more money is spend on services at home, mainly due to the fact that households do not have enough time to do all these tasks themselves. The hourly remuneration is relatively low, especially given the fact that most service providers do not receive social premium contributions and thus should arrange for insurance themselves, e.g. to build a pension. Also, most households are only able to buy-in a relatively low number of hours of services per week (Panteia, 2014), meaning that the individual worker needs to work for a larger number of households in order to have a full working week. Care provided based on a formal indication, and thus (partly) publicly funded, is more often offered to lower income households and to elderly. Such care is provided because people cannot perform the tasks themselves (Panteia, 2014).

*Table 1: The market for services at home (2013)*

	<b>Number of households</b>	<b>In working hours per year</b>	<b>In EUR per year (incl spending from others such as government)</b>
household aid based on care indication	105 555 (1.4%)	25 million	213 million
Care at home	78 247 (1%)	28 million	273 million
Cleaning of house	714 730 (9.4%)	103 million	1.1 billion
Maintenance home/garden	270 978 (3.6%)	42 million	424 million
Child care at home	174 875 (2.3%)	60 million	352 million
Other household services	56 191 (0.7%)	14 million	129 million

Source: Panteia (2014)

For the evolution of the market figures by Statistics Netherlands are required. These are less detailed, and may also include services that are not offered at home (see table 2 below).

<sup>4</sup> See text cla at:

<https://www.mijnvakbond.nl/Documenten%20MijnVakbond.nl/Welzijn/Kinderopvang/CAO%20Kinderopvang%202012%202014%20boekje.pdf>

Table 2: Average annual expenditure per household on household services, cleaning and personal care in EUR and in percentage of total household expenditure (in year 2000, 2005 and 2010)

	Expenditure per household in EUR			Expenditure in % of expenses		
	2000	2005	2010	2000	2005	2010
Household services and cleaning	657	821	991	2,7	2,9	3,1
Personal Care	553	603	664	2,3	2,1	2,1

Source: Statistics Netherlands Statline database

The table shows that whereas households have spent more on personal services in Euros, the percentage of household expenses on personal care is relatively stable. The percentage of the expenditure on household services and cleaning has been increasing. The expectation is that the market for personal services at home will grow due to the ageing of society, the growing amount of dual earning families as well as the increased responsibility of citizens to provide or arrange for help themselves (Commissie Dienstverlening aan huis, 2014). In terms of finding prospective areas for job growth, it is interesting to know that Statistics Netherlands (2013) mentions that the Netherlands (referring to the Eurobarometer of the European Commission, 2007) has one of the highest percentages of people working off the record (13 percent). Statistics Netherlands refers to Renooy (2007) to provide an explanation for this: undeclared work in the Netherlands mainly consists of work for private individuals: small jobs, brief periods, and small remuneration. This description could fit the personal and household service provision, and this is supported by the relatively high estimated share of undeclared work in the Dutch PHS sector: around 28 to 40 % of work in personal and household services is undeclared (EC, 2013). Yet, indications are that this type of work is hardly the equivalent of a regular job, but rather seems to be work via which people earn some pocket money. Statistics Netherlands (2013) finds that whereas 9 to 10 percent of the Dutch population aged 15-65 earns money in the grey economy, the average yearly earnings were low. The average wage is 11.50 EUR per hour, and the total amount of work added up to less than 100 hours a year. Thus, the average annual hidden income was less than 1000 euro per undeclared worker, which means that the annual income is so low that even if declared it would not have been taxed. Statistics Netherlands (2013) estimates that around 2006 the average unrecorded earnings added up to 435 million EUR, which is less than 0.1 percent of gross domestic product or 0.2 percent of the total net household income (net wages plus net social benefits). Overall it does not seem to be very structural employment which could be transferred into a living wage once transformed into a regular job. A study by ORSEU (2013) confirms this and adds that whereas the growing participation rate of Dutch females offers opportunities to develop employment in PHS sector, there are little public tools or resources to turn this potential growth in demand into formal jobs. Therefore it is likely that employment-supporting trends in privately offered services will translate into a growth of informal employment rather than formal jobs.

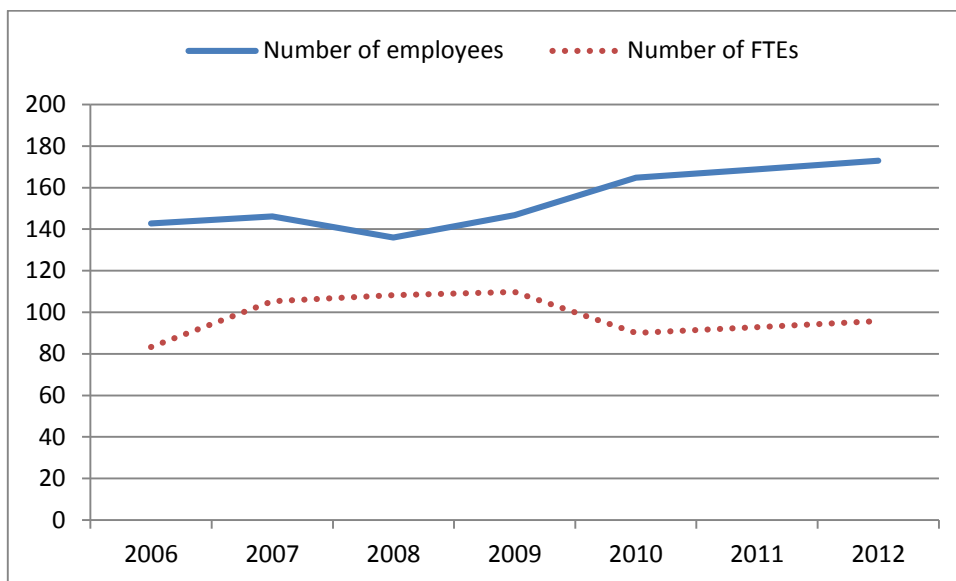
While transitions into formal jobs might be challenging, the fact is that there is a conversion going on from publicly funded household and personal services to informal aid from relatives and friends. Such a notion is strongly supported by the societal and political debate on the development of a Participation society (*Participatiemaatschappij*). The government wants to withdraw in some domains as well as finds that people should become more self-reliant and/or arrange support from family and friends (See also AZW,

2014). Thus, whereas the individual needs to be more self-reliant, informal help is also seen as a way to provide for the growing demand individuals might have. SCP (2015) has analysed what this trend means for people who still have a job and are called upon to help family. Their study shows that more and more workers are also active in providing informal help, thus combining their job with help to family and friends. The percentage of working informal carers has risen from 13 % to almost 18 % between 2004 and 2012. Around 50 % of these workers provided help for up to two hours per week in 2012, and another quarter was giving support for more than four hours per week. Especially women aged over 45 and people with small part-time jobs (less than 28 hours per week) belonged to the rising group of working carers. Providing more informal care is not related to lower working hours per se, it mostly means having less free time. Yet providing intensive and long-term informal care is most probably related to lower subjective health and higher sickness absenteeism of the care giver (SCP, 2015). The trend towards becoming a Participation society and increased informal help and care is also relevant for the publicly funded care, for instance provided in the home care sector. The next section will look into that.

#### Home care sector

The number of home care providers has been growing the past years and employers' association Actiz, expects a shortage of home care workers in the future due to growing demand and a shrinking work force resulting from the ageing of society. Figure 1 shows that the number of employees has indeed been growing steadily and reached almost 173 000 in 2012 (AZW, 2014). Yet, the number of full-time equivalents in the sector decreased after 2009 and now seems to grow only slightly. This means that there is a lot of part-time work in the sector. Moreover there are uncertainties regarding the projected need of workers, as this is highly dependent on the way municipalities and health care insurance companies will implement and develop the new role they have gotten after the 2015 reforms. There is a lot of uncertainty still about what this means to the sector and employment perspectives. At the same time Statistics Netherlands reports a considerable rise in the number of companies in the health care sector, and this increase was concentrated in paramedical practices (plus 23 thousand) and home care (plus 7 thousand). The home care sector has moreover seen a rise in small business: the number of companies employing over 250 people has been decreasing, and the number of one-man companies has been more than doubled (Statistics Netherlands, 2015). This means that the trend is towards smaller scale companies and self-employment.

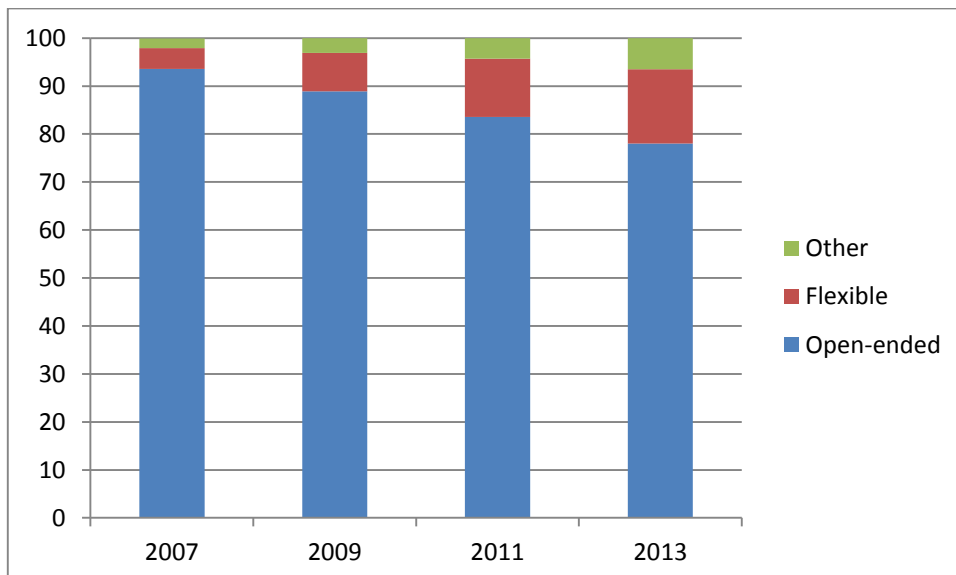
Figure 1: Home care sector: evolution of jobs and fte.



Source: AZW, 2014

Most workers in the home care sector are female: far more than 90 % (AZW, 2014). At the same time the number of full-time jobs in the sector decreased by 5 % (Statistics Netherlands, 2014b). In the broader sector of long-term care (VVT), which includes home care, there is also a trend towards growing flex work. The percentage of open-ended employment contracts has been decreasing from 93.3 % in 2007 to 78 % in 2013.

Figure 2: Type of employment contract in total VVE sector



Source: AZW, 2014

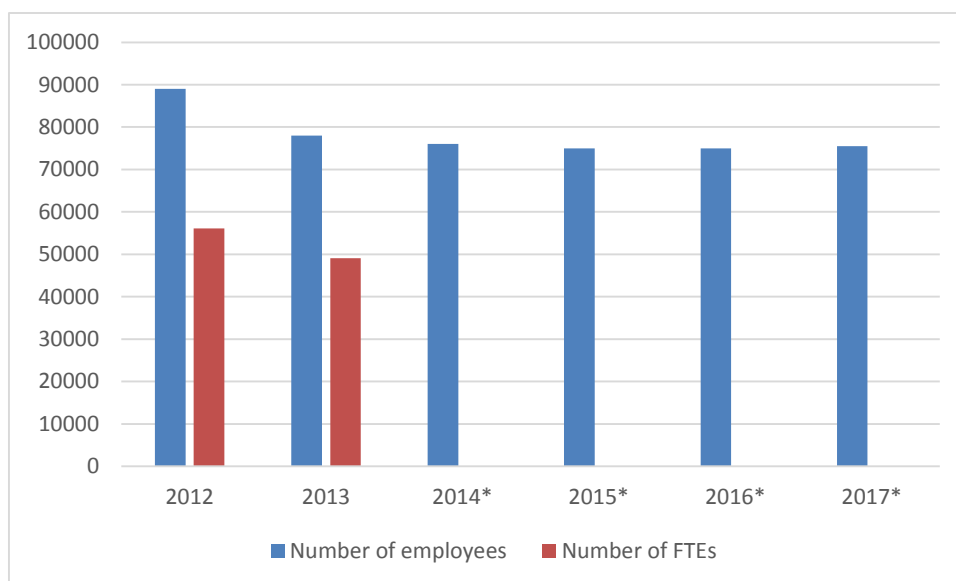
Moreover, the introduction of the Act WMO in 2007 caused a shift in types of employment, most notably a shift from home care workers with an employment contract to the so-called *alphahulpen*: home helpers who work for the care recipient (Statistics Netherlands, 2009). These *alphahulpen* often provide services such as cleaning houses, yet often to people who receive public money to buy-in such services. Generally these people have a low level of education. A judgment by the Dutch Court addressed the

employment relation of *alphahulpen* and judged that this may be seen as bogus self-employment, after which this type of employment decreased and was transformed into work offered via other employment constructions. The newly introduced rules in the home care sector in 2015 have brought back the fear of re-introducing the *alphahulp* or bogus self-employment, and there are political debates on this topics (nu.nl, 2015; Ministry of Social Affairs and Employment, 2015). Dutch PES (UWV, 2013) says that there are no reliable numbers about self-employed and temporary agency workers in the home care sector. Yet, it does find that the home care sector has deviating employment relations in comparison with other sector in health care. It has much less employees on open-ended employment contracts and much more people with on-call contracts (UWV, 2013).

#### Child care sector

After a large growth before 2010, the number of employees in the child care sector has decreased considerably in 2013, and is expected to stabilise after 2015 (see figure 3; see also AZW, 2014). Also the number of full-time equivalent working hours has dropped. The vast majority of workers in the sector is female (over 95 %; AZW, 2014). The child care sector may be seen as a sector that is shrinking (AZW, 2014). The number of children below the age of 4 who are in child care reduced by 42 000 between 2012 and 2013 (FCB, 2015).

*Figure 3: number of jobs and number of full-time equivalents in the child care sector 2012 and 2013, with prospects for 2014-2017 (in numbers)*



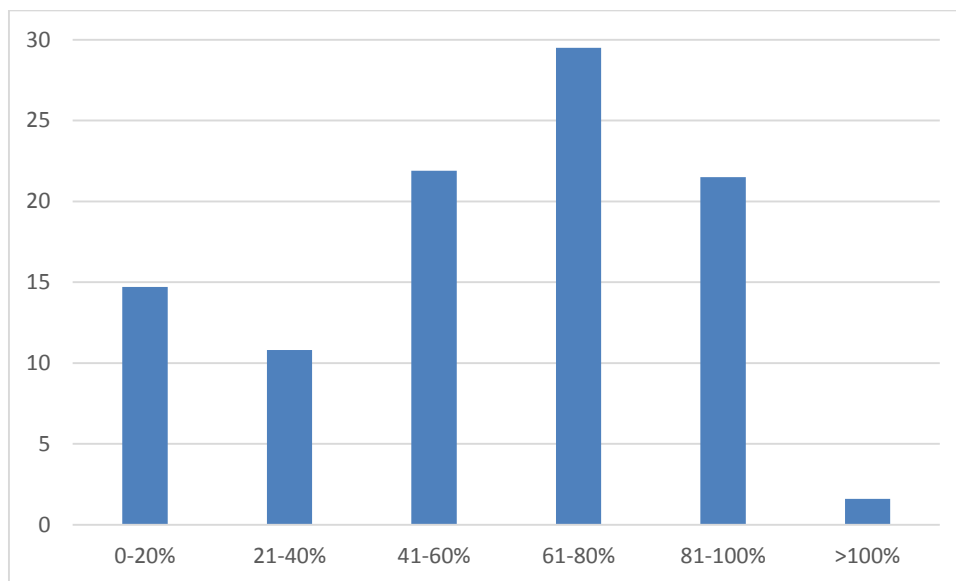
Source: FCB.nl

To explore the extent to which the child care sector could increase jobs in the case of policy changes, the report of the SCP (2014a) gives some idea on the demand side for child care. The study shows that 16 % of all parents who had their first child in 2012, do not use formal childcare, yet would like to. Another 10 % uses fewer hours of childcare than they would like to. Moreover, 14 % of all parents whose eldest child reached the age of four in 2012 (the age at which primary school starts in the Netherlands), do not use out-of-school childcare but would like to, while another 4 % uses fewer hours of this care than desired. Overall, 9 % of parents who had a child in formal daycare at the end of 2011 no longer used child care 18 months later, which is before the child went to primary school and another 18 % reduced the number of hours of care. The average amount of childcare fell from 22 to 19 hours per week, which is

including the children who were taken out of child care within 18 months. The main reason for parents to stop using child care or to reduce the hours of child care, was related to the cost, and this was often also the decisive reason. Yet, a second reason was the loss of a job (SCP, 2014a). Also parents who remain using child care find child care very expensive.

As seen in the figure presenting number of jobs and full-time equivalents, there is a lot of part-time employment in the child care sector. The figure below illustrates this as well, displaying that the largest part of employees in this sector work around 61 to 80 % of the full-time equivalent per week, which is thus around 22 to 29 hours per week. The average employee works 21.6 hours per week (FCB.nl).

Figure 4: Part-time employment (100 %=36 hours per week) (in %)



Source: FCB.nl

Another trend in the child care sector is the growing amount of flexible employment contracts. This matches overall labour market developments in the Netherlands. Labour demand in the sector is increasingly translated in the provision of flexible forms of employment. The threat of budget cuts has resulted in the fact that nearly all new employees receive temporary employment contracts (AZW, 2014). In 2007 89.3 % of employees had an open-ended employment contract and this percentage has decreased to 71.4 % in 2013 (AZW, 2014). Organisations offer these flexible contracts in order to be able to react flexibly to changes in the long-term demand of child care as well as to the short-term need for staff. Not prolonging flex contract is cost-effective as employers do not need to contribute to UB payments (*wachtgeldregelingen*), whereas they do have to contribute if employees with open-ended employment contract are made redundant (AZW, 2014). This is reflected in the fact that 95 % of employers in the broader sector of social work, youth care and child care reduce their staff by not prolonging temporary employment contracts (AZW, 2014). Personnel in this sector describe disadvantages of this flexible employment model, including the continuity of care, longer time needed to train newly hired people, and more limited employability of external employees. Therefore, personnel within the sector prefers to increase internal flexibility rather than external flexibility. In addition, having a temporary employment contract increases job and income insecurity, which may possibly also have a negative effect on job mobility of those who have an open-ended employment contract. For, once you have an open-ended employment contract you would not want to risk losing it by moving to another

employer. About 29 % of the employees in the child care sector has been active in schooling and training in 2014, of which 22 % was following training while looking for employment opportunities in another organisation (FBC, 2014)<sup>5</sup>.

Viewing the large changes in the system, mobility is becoming a larger issue in the sector. In the short-term the child care sector has a surplus of labour at nearly all qualification levels (AZW, 2014). This is mainly due to a large inflow from education into this sector, whereas labour demand will remain stable. The estimation is that there will be a surplus of 30 000 workers in the child care sector in 2017. In 2014, 11 % of personnel in the child care sector was voluntarily seeking for a new job, whereas another 6 % was involuntarily seeking for new employment (FBC, 2014, see footnote 11).

#### Health and safety issues

As of 2009 the sickness leave (excluding pregnancy) in the child care sector has been stable at 5 %. Yet the turnover of personnel increased considerably, reflecting the large voluntary and involuntary mobility of employees within the sector. The turnover rose from 9 % in 2009 and 2010 to 14 % in 2011 and no less than 26 % in 2012 (FCB, 2015). Obviously this may affect the quality of child care, most notably the amount of carers young children see and therefore the stability of care they perceive from the same persons. The large amount of 'faces' per child is also influenced by the high amount of part-time work in the sector.

Figure 5 shows that whereas in many organisations there was no change in work pressure compared to last year, there is also a large percentage of organisations that report a (large) increase in work pressure (AZW, 2014b). This is valid for organisation in the child care sector (54 %) as well as for organisations in the home care sector (45 %). In 17 % of child care organisations and 20 % of home care organisations, this work pressure has led to problems, such as more sickness absenteeism, more over hours, more complaints from personnel and more conflicts at the work floor.

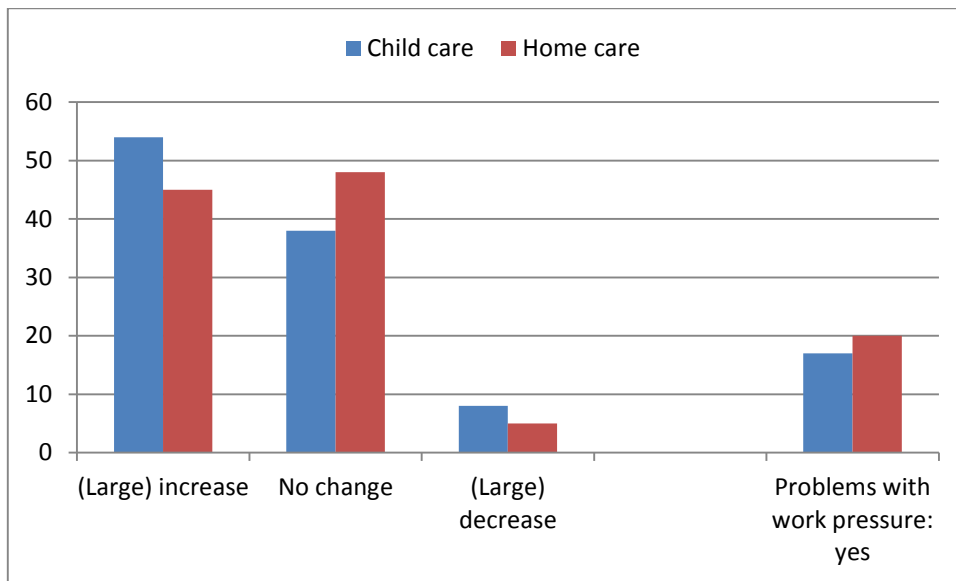
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<http://www.fcb.nl/download/Kinderopvang/PDF/Arbeidsmarktinformatie/Factsheet%20WNE%202014%20Kinderopvang.pdf>



Figure 5: Percentage of organisations/employers that sees change in work pressure past year and percentage of employers that experiences problems due to work pressure



Source: Panteia, 2014; AZW 2014b

### 3 PHS approaches and their impact on job creation and employment levels

Arrangement of cleaning services for individuals (*Regeling schoonmaakdiensten particulieren* - RSP) ran between 1 January 1998 and January 2008 (after amendments in 2005). This arrangement facilitated employers in the cleaning sector in hiring unemployed on financially attractive terms. The aim was to create incentives for employers to hire long-term unemployed. However, after a negative evaluation it was abolished. It neither created enough jobs for long-term unemployed, nor managed to reduce the shadow economy sufficiently. The Act has been adjusted a few times and new ways to improve the efficiency of the subsidy further was found to be too costly (Ministry of Social Affairs and Employment, 2005). Another aim of the Act, facilitating formal cleaning support in order to combine work and care, is still met by a provision that enables households to hire cleaning services without having to pay social security premiums for these services (See section above and Bekker and Wilthagen, 2014). There is a small discussion about introducing the service voucher, inspired by the Belgian example.<sup>6</sup> Employer's association Actiz estimates that such a voucher will help about 20 000 people that are about to lose their jobs in the home care sector due to budget cuts for activities developed within the scope of the Act WMO. However, such discussions have not yet sparked of a large political debate. Introducing a voucher system is also quite expensive and the government's aim has been one of reducing expenses for long-term care and promotes the Participation society. Rather, the government asks people to arrange informal care via family and friends. ORSEU (2013) also concluded that although demand will rise for PHS, it is unlikely that this will lead to more formal jobs, as there are little tools to support this.

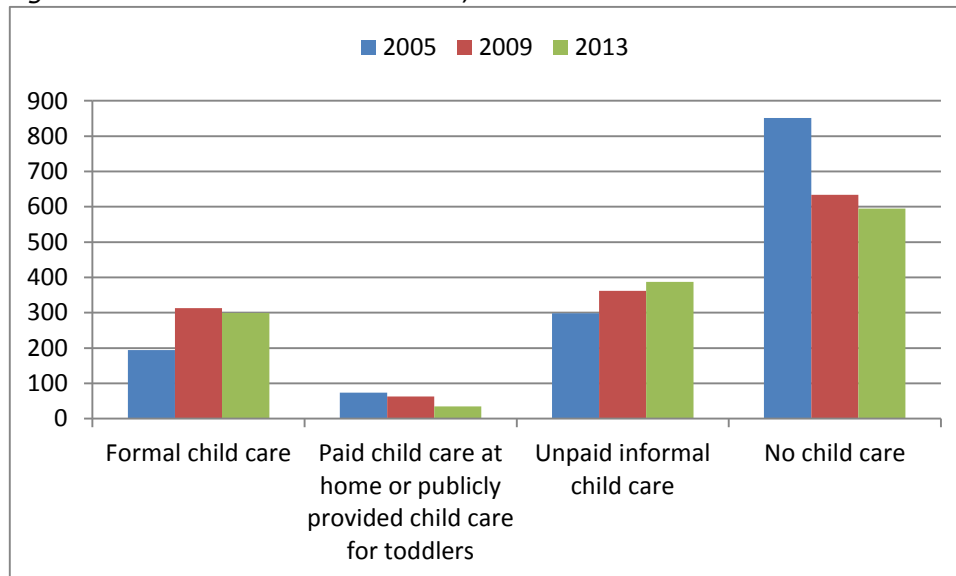
On the other hand, the ageing of society will lead to an increase in the needs of people to get personal and household services. While the government is seeking for ways to reduce public expenditure in this area, this does not necessarily need to lead to a

<sup>6</sup> see eg employer's association Actiz in the home care sector, website: <http://www.actiz.nl/website/onderwerpen/dienstencheques-voor-huishoudelijke-hulp>

decrease in demand for these services. The current and future elderly tend to be more self-confident and more active in pronouncing their needs and moreover tend to explore more actively for ways to lead relatively high quality lives in spite of old ages or chronic illnesses (NPCF and STOOM 2010). These elderly moreover have a higher level of education than prior generations, and also have more financial means to arrange for PHS. In theory elderly can have higher demands for certain services, while also having financial means to buy-in these services themselves. This could lead to a growth of economic activity within the PHS sector. Yet, people will also seek for ways to get informal and non-paid support, for instance by creating communities, also online on Internet (NPCF and STOOM (2010). Still, possibly there will be a somewhat larger private market for paid private care and services. Yet the question is whether this will translate into formal jobs, and whether these formal jobs will generate enough working hours and income for people to make a living. As history has shown, people are more used to arrange for informal help, and if they pay for this help, they will do so based on the Arrangement Service Provision at Home.

A likewise situation is developing in the child care sector, where under pressure of national budget cuts, the amount of formal jobs has been decreasing. As this has hardly had an effect on the labour participation of parents, households have sought and found solutions via arranging informal care, also from family (grandparents) and friends. This may also be seen in figure 6 that shows the decline in the number of households with children that does not use child care, yet also a decline in the number of households that makes use of formal child care. On the other hand, informal and unpaid child care is rising.

Figure 6: Households with children; main form of child care outside the household, \*1000



Source: statistics Netherlands

#### 4 Workers in PHS – current and future employability in the sector

Several trends in the home care sector impact the profile of the workers needed. The new type of employee is able to determine better the exact care need of the client and is thus able to judge what type of support would benefit the client the most (NPCF and STOOM, 2010). This is strongly related to the tailor-made help the Netherlands is seeking for each individual. Behind the actual question of the client, other care demands may be hidden (e.g. safety issues or the wish to participate more in society), and the

future employee should be able to uncover this need; thus matching the individual needs and the support provided.

NPCF and STOOM (2010) expect a shortage of labour due to a shrink in the general work force as a result of the ageing of society and the fact that many people in the health care sector will retire in the next years. Therefore the home care sector needs to be active in hiring new employees. The sector has to be attractive for people so that they decide to apply for jobs in home care. Yet, also for the retention of current employees the sector needs to be an attractive employer as well. Developing the profession further is a key factor in this. The future employee also has good 'digital' skills and is able to multi-task. He or she is able to look beyond the borders of the home care organisation and should enjoy having large autonomy in their work: being able to take decisions themselves and also coordinating the care and support network around the client, for instance supporting the informal carer (NPCF and STOOM, 2010). This will make care provision more efficient, as the client will only have one person to define the care needs with - at least in the ideal situation. The home care organisation thus should change its work **originisation** accordingly, for instance providing flexibility to the worker, also to set working times and to give sufficient ICT support. Working in small scale team is one way of organising work better (NPCF and STOOM, 2010; see also UWV, 2013).

Related to these developments Dutch PES sees a labour surplus of low skilled in the general labour market of care providers (UWV, 2013). Yet, for other categories of personnel the labour market will become tighter after 2015, although the recent reforms have made making predictions difficult. Also Dutch PES sees innovation in health care which aims to reorganise tasks between the different professions in health care in order to use the labour capacity more effectively. Also Dutch PES sees the larger role of clients in the health care sector and accordingly the need for care providers to adjust their work better to the demands of the client. This relates also to the growth of small organisations in the home care sector with less hierarchical structures and more autonomy for the employee. Moreover, ICT and e-health will reduce the amount of time people need to get care and support, which could lead to lower labour costs, although the introduction of e-health has turned out to be a slow process. Also Dutch PES sees a need for employers to become more attractive in order to attract and retain employees. Important aspects are increasing employability, larger working weeks (more hours e.g. via self-rostering) and reducing sick leave. Also AZW (2014) sees a changing job content of many workers in health care, with notable changes towards the need for skill such as coordination, coaching/guidance, team work, working independently, and deliberation with informal carers. These changes will affect the jobs of around 200 000 employees.

The child care sector thinks in terms of increasing quality as well, yet faces more turbulent times at the moment. Uncertainties related to government policies and their implementation at local level make that organisations within home care and child care need to be careful not to hire too much, but also not to hire too few personnel. The sector might therefore experiment with using self-employment to (temporarily) absorb labour surpluses, yet could also look into posting workers to other companies, or working with external labour pools (AZW, 2014). Moreover, the example of the new law in the home care sector, providing a minimum rate for household support, and trying to get this settled at the national level as well, is relevant to show that social partners are able to confront cost-efficiency seeking government with quality norms for care and labour conditions. Yet, the next few years more of such quality-enhancing initiatives are needed to come to a new model where there is cost-efficiency yet high quality care and decent jobs as well. A real answer to find the proper balance is yet to be found.

Overall, in home care 41 % of employers expect to have more attention for schooling and training compared to last years, and only 12 % expects to pay less attention to schooling of employees (see table 3). In the child care sector a larger percentage of employers expects to have less attention for training (22 %) and here the majority expects no change. There is no information about ISCED levels that are going to be obtained, yet, often such schooling and training of personnel involves training in certain aspects of the job. For instance. in the child care sector 34 % of employers say that personnel is gets additional training in health and safety issues (eg providing first aid) and 12 % says that personnel gets extra training in signaling and indicating care (AZW, 2014b). In the home care sector most often mentioned elements of schooling and training is health and safety (22 %); signaling and indicating care (15 %), and working with clients that demand more care/have more complex care requirements (15 %).

*Table 3: Expected change in schooling and training of employees who have contact with clients (in percentages; employers answer)*

	<b>(much) more</b>	<b>(about) the same</b>	<b>(much) less</b>	<b>do not know</b>
Home care (N=287)	41	46	12	0
Child care (N=355)	20	56	22	2

Source: AZW, 2014b

Post initial education is mainly financed by employers (van der Meijden and van der Meer, 2013). Most employers are obliged to pay contributions to a sector level education and training fund (O&O-fonds), out of which they may finance training costs (Ecorys, 2008). These funds are mostly well-financed. Table 4 shows that most employers do not use funds or subsidies to pay for training their employees. Of the existing funds, the sector level education and training funds are used most often, and this use has increased slightly to 40 % in 2010. Moreover, government funds are used bit more often. Fiscal measures are less popular to pay for education and training, and this has been decreased substantially after 2002 when a lot of special provisions were abolished. ESF has been used much less (6 % in 2010), and the expectation is that this percentage will decrease further. This is due to the fact that the Dutch part of the ESF funds no longer subsidizes the schooling of employees with a low level of education (SZW, 2015). Previous ESF-funds to stimulate sustainable employability, most notably of low skilled employees, was used quite extensively, especially to fund for small courses. Yet, the programme was found not to be supporting the most vulnerable at the Dutch labour market, as it involved people who already have a job (interviews author for ESF-evaluation project for the European Commission).

Table 4: Percentage of employers that use subsidies or fiscal rules to pay for (part of) education personnel, 2000-2010

	2000	2002	2004	2006	2008	2010
% employers that uses subsidies or funds to pay for education personnel	56	44	33	34	33	40
<b>Of which....</b>						
Sector edu & train fund	23	23	19	19	19	17
Fund government	7	5	6	5	6	13
PES	2	1	1	1	1	1
Fiscal rules	31	24	5	5	6	10
EU (eg ESF)	2	1	7	8	8	6
Private institutes	1	1	1	1	1	0
Other	4	2	4	4	4	4

Source: SCP 2014b

Van der Meijden and van der Meer (2013) state that there are no current numbers on the amount of money spend on post-initial education. The types of education offered covers a wide range of longer-lasting trajectories and short courses. For 2005 the estimation is that around 1.3 million Dutch workers were engaged in post-initial training amounting to a direct expenditure of 1.7 billion EUR for companies. If the amount of working hours which have been devoted to training are added to the expenditure, another 3 billion EUR is invested by companies in training and education. Yet, employees spend money on education as well, and the estimation is that this amounted to 199 million EUR in 2008 (van der Meijden and van der Meer, 2013). In 2009, 27 % of employees had paid their training and education themselves, whereas 67 % got the training funded by the employer. Another 5 % had to pay for training partially (Statistics Netherlands online database Statline. There are no number on the sector level of home care and child care. Purposes of schooling via sector-level education and training funds (O&O) are mainly preserving and improving knowledge and skills that are specifically related to a profession, increasing the inflow of personnel (mind: the survey was pre-crisis) and retaining personnel (Ecorys, 2008). There is no sector-specific data. The sector level funds are reflecting on their core business, including the ageing in certain professions and sectors, and the importance to upskill workers. They initiate experiments e.g. to develop schooling for employees who are increasingly becoming mobile within and between organisations. This includes also inter-sectoral mobility, of which sector level funds have been criticized to play a minor role (van de Meijden and van der Meer, 2013).

There are some discussion about how to develop training and schooling further, yet in the home care and child care sector much of the debate is focused on changing government regulation (budget cuts) and the impact on the sector and individual organisations. As stated in the beginning of this section, employers are aware of changing skill demands in their respective sectors and there is still a majority of organisation that are keeping training activities stable or are increasing efforts. This is at times also related to quality demands by the government (e.g. in the child care sector). Employers are able to get training and education expenditure refunded at least

partly, but not always use available funds. As to ESF, the opportunity to co-finance training has ceased to exist after 2014.

## **5 Feasibility for EU action in PHS**

In the Netherlands the role of the local and regional level has become increasingly important to develop good policies in the social domain as well as the labour market. EU tools addressing job growth in the PSH sector thus should be sensitive to the regional and local level. It should also be able to cater for practices where different actors jointly operate within the social domain.

Some Dutch municipalities have been building experience with using ESF and in spite of large complaints e.g. about bureaucracy, some municipalities have found a way to efficiently use ESF to further strengthen existing re-integration schemes (interviews of author for ESF-evaluation EC). Such experience could be used to find ways to use EU funds in a proper way as well. However, municipalities are not the ones creating jobs. They can at best have a role in bringing parties together and in stimulating employers to hire unemployed or create internship / work experience opportunities. As municipalities have become a dominant actor in terms of defining the PHS services they want to provide in their municipality, the height of the budget as well as the rate at which they want to buy such services from companies, they are important definers of the work that needs to be done and hence influence the amount of personnel organisations hire to do these tasks. As national budgets for work and integration as well as for providing care and services at home have been shrinking considerably, many municipalities struggle with a lack of resources to undertake all activities within the social and labour market domain. Their search for more cost-effectiveness has reduced the number of jobs and also has influenced the employment relationship. It also means that ESF is becoming a more relevant source for municipalities to develop re-integration activities to bring people back to the labour market. Should municipalities successfully make use of these ESF-resources, it might mean that they have more financial resources left to act in the social domain. Thus, getting ESF funds for some activities might relax the budget constraints for developing other activities. This could translate in opening up public budgets for certain services, thus allowing employment growth. Directly financing the education and training efforts of low skilled employees via ESF is no longer possible in the Netherlands. This option has been abolished as of 2015, because low skilled employees were not regarded as the most vulnerable people in the Dutch labour market. The former programme was successful though, in terms of many employees being co-financed to take part in short courses. On the one hand, one could argue to open up the possibility again to skill those who already have employment. Yet, as the amount of ESF funds for the Netherlands has been shrinking, this could also lead to too few financial means to address the inclusion of those without a job.

A current downside of ESF is that it offers resources for only a limited amount of time: one to two years, after which the application has to be renewed. Again, some Dutch municipalities have found an effective way to deal with this by supporting the already running projects, thus being able to offer more people a reintegration place if ESF is granted, and limiting the inflow when ESF is not granted. Yet, smaller municipalities have more difficulties with linking ESF to structural programmes. They run the risk of spending much time and money on setting up a project that may only run for a limited amount of time.

Angermann and Eichhorst (2013) conversely say that whereas regional and time-limited projects can be helpful, general and permanent structures are needed as well. Their study shows that although regional and temporary pilot projects have a potential of establishing a formal personal and household services market, their business model is

fragile as well. Withdrawal of public funds often leads to the decline of the infrastructure which was created. Thus EU funds could be more efficient if they are able to support permanent structures as well.

Regarding EaSI, this programme does not seem to fit the main challenges in the Dutch PHS sector - the challenge is rather a reduction of jobs in the child care sector, and the bleak labour market outlook of low skilled workers in the home care sector. Yet, EaSI could be used by municipalities to train their policy-makers in dealing with the new legislation in the Dutch social domain and to learn how to mitigate the impact for the local labour market. A concrete question might be how municipalities can uphold the use of home care organisation of high quality workers within formal jobs, while also coping with the budget constraints they have to buy PHS services. Such learning opportunities are however also being developed by the Foundation of Dutch Municipalities (VNG) and Divosa (Social Services), and best practices are being shared. The programme Skills Alliance could help to improve skills at the sector level. However, the sector level education and training funds (O&O fonds) also have this function, and these funds could be used better by employers. Moreover, EaSI and Skills Alliance seem not that well known in the Netherlands. Perhaps EU funds could strengthen Dutch practices by opening up funds to the actors that are already operating in the newly formed social domains in the Netherlands. Yet, bearing in mind that the new legislation has only been implemented recently, its meaning and impact still needs to be established. This may also mean that the effective use of EU funds and initiatives may become apparent only after the Dutch home care and child care sectors have stabilized.

What could be a concrete opportunity is to develop a way to have self-employed (or low skilled self-employed) access funds to keep their skill up-to-date. These self-employed, for instance the former *alphahulp* in the home care sector which are often low skilled home helpers who work for the care recipient, may be supported if they could access training and education via EU resources. They could for instance learn how to transfer from a rather vulnerable (bogus) self-employed position to a real entrepreneur, perhaps discovering the market of people who do want to get help yet no longer qualify for government payment to finance this. Moreover, if such self-employed could become more skilled and better qualified, this may open up options again to be included in regular jobs, if so desired.

For now the main EU influence on formal job development in the PHS sector in the Netherlands runs via its country-specific recommendations to reduce public expenditure most notably in long-term care. As public expenditure in this domain is very high and is likely to increase as society ages, the priority is on reducing expenditure. This translates in uncertainty in the home care sector and has affected job creation rather in a negative than in a positive way. Similar budget constraints have had a large impact on the child care sector. It has meant a growth in informal and unpaid work, and for now this fits the narrative of transforming in a Participation society.

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