

Safer and healthier work at any age

Country Inventory: The Netherlands

Authors:

Olga J. Skriabikova, Yoline M. Kuipers Cavaco and Elena Fries-Tersch (Milieu Ltd)

Reviewed by Prof. Dr. Beatrice I.J.M. Van der Heijden (Radboud University Nijmegen), Alice Belin and Claire Dupont (Milieu Ltd)

Project management: Katalin Sas, Boglarka Bola, Sarah Copsey, European Agency for Safety and Health at Work, (EU-OSHA).

EU-OSHA would like to thank members of its focal point network for their valuable input.

This report was commissioned by the European Agency for Safety and Health at Work (EU-OSHA). Its contents, including any opinions and/or conclusions expressed, are those of the author(s) alone and do not necessarily reflect the views of EU-OSHA.

**Europe Direct is a service to help you find answers to
your questions about the European Union**

Freephone number (*):

00 800 6 7 8 9 10 11

(*) Certain mobile telephone operators do not allow access to 00 800 numbers, or these call may be billed.

More information on the European Union is available on the Internet (<http://europa.eu>). Cataloguing data can be found on the cover of this publication.

© European Agency for Safety and Health at Work, 2016

Reproduction is authorised provided the source is acknowledged.

Table of Contents

Abbreviations	4
Introduction	5
1 General context	7
1.1 Facts & Figures	7
1.2 Institutional structure for health and safety at work	20
1.3 Labour, OSH and antidiscrimination legislation	22
1.4 The pension system	24
2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers	25
2.1 Initiatives from government/ government-affiliated organisations	25
2.2 Initiatives from social partners	28
2.3 Initiatives from non-governmental organisations	30
3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers	31
3.1 The national system for the rehabilitation/return to work of sick or injured workers	31
3.2 Specific initiatives	34
4 Conclusions	37
5 References and further information	41

List of figures and tables

Table 1, Overview table of main indicators	8
Table 2, Median age (actual and projections) of population in the Netherlands and for EU, 1960-2060 (in years)	9
Table 3, Old-age dependency ratio (65+ year olds/15-64 year olds) (actual and projections), 1990-2060	10
Table 4, Number of beneficiaries of old-age pensions in the Netherlands 2006-2011, in thousands ..	10
Table 5, Expenditures on all pensions and old-age pensions, the Netherlands and EU-28, as % of GDP, 1990, 1995, 2000, 2005 and 2011*	10
Table 6, Main reason for people who receive a pension to quit working, as shares from all persons receiving a pension aged 50 to 69 (%), 2012	12
Table 7, Main reason for persons who receive a pension (50-69 years) to continue working (%), 2012	12
Table 8, Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status (in %)	18
Table 9, Long-standing illness by employment status and age group, 2012 (in %)	18
Table 10, Self-reported work-related health problems by workers in the Netherlands and EU-27, by age group, 2007 (in %)	18
Table 11, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem; by gender and by most prevalent types of diseases, 2007	19

Abbreviations

Arbowet:	Working Conditions Act
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of and Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
GP:	General Practitioner
HR:	Human resources
ILO:	International Labour Organization
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
OSH:	Occupational Safety and Health
P.p.:	Percentage point
RTW:	Return to work
SER:	Social Economic Council
SZW:	Ministry of Social Affairs and Employment
UWV:	Employee Insurance Agency
WHO:	World Health Organisation
WIA:	Work and Income According to Labour Capacity Act
WVP:	Gatekeeper Improvement Act

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament¹². The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic*: In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups*: As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage*: In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

¹ Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: <http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/> (Accessed December 2014)

² The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

The **information** used to prepare the present report was collected between September 2013 and

In the Netherlands, the national expert workshop ‘Sustainable employability at any age’ (Duurzame Inzetbaarheid op elke Leeftijd) took place on 1 July 2014 at the premises of the National Academy for Finance and Economics (*Rijksacademie voor Financiën, Economie en Bedrijfsvoering*) of the Dutch Ministry of Finance in the Hague. Over 40 people participated in the workshop. Experts and policy makers came together to discuss the implementation and effectiveness of policies and strategies (at national level and within companies) that play a role in safer work at any age. A half day workshop was organised on Wednesday 2 July 2014, focusing on rehabilitation and return-to-work, with over 20 participants. During this workshop, activities and projects in these areas were highlighted and the experts discussed how rehabilitation and return-to-work services can be further promoted. The Dutch Ministry of the Interior and Kingdom Relations (*Ministerie van Binnenlandse Zaken en Koninkrijksrelaties*) supported the organisation and execution of the two-day workshop.

Representatives from the Ministry of Social Affairs and Employment, the Ministry of the Interior and Kingdom Relations, the Labour Foundation and a number of research institutes, business organisations and non-governmental associations gave presentations to introduce the topics for discussion. Participation in the Netherlands was diverse and represented the different stakeholder groups well. A summary of the stakeholders’ views is provided in the conclusions of this report.³

The present report describes policies and strategies in The Netherlands, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population in the Netherlands. The institutional and legal framework for occupational health and safety in the Netherlands, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

³ For more details on the workshop, please refer to the workshop report produced in July 2014 in the framework of the project “Safer and Healthier Work at Any Age”.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in the Netherlands with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in the Netherlands that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & Figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in the Netherlands with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following glossary aims to provide clarity on a number of terms used frequently in this section:

- “Median age” is the age that divides a population into two groups that are numerically equivalent.
- The “old age dependency ratio” is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- “Old age pension” is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of elderly persons.⁴
- “Anticipated old age pensions” are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.⁵
- “Survivors' pension” is payment to a person whose entitlement derives from their relationship with a deceased person protected by the scheme (widows, widowers, orphans and similar).⁶
- “Healthy life years”, also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.⁷
- The “demand-control-model”⁸ is used to measure certain dimensions of occupational stress; it shows that the combination of a large number of demands made to a worker and the low level of control that the worker has on his/her own tasks has a negative effect on his/her health.
- The model of “effort-reward-imbalance” (ERI)⁹ is also used to measure certain dimensions of occupational stress; it shows that the lack of rewards received by a worker (including money, esteem and career opportunities) in return for his/her efforts spent at work causes job strain. The ERI model therefore measures the proportion of ‘rewards’ for the level of effort provided.

⁴ Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS)*, ESSPROS Manual and user guidelines, 2012, p. 58. Available at: <http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0> (Accessed December 2014)

⁵ Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

⁶ Ibid, p62.

⁷ This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.

⁸ This model was created by Karasek (1979) Job Demands, Job Decision Latitude, and Mental Strain - Implications for Job Redesign. *Administration Science Quarterly* 24: 285-307.

⁹ This model was created by Siegrist (1996) ‘Adverse Health Effects of High-Effort/Low-Reward Conditions’, *Journal of Occupational Health Psychology* 1: 24-41.

Table 1 provides a quick snapshot of the indicators that are described in more details in the rest of the section.

Table 1, Overview table of main indicators

	Netherlands	EU-28	
Median age (2013)	41.6	41.9	
Median age (2060)	45.8	46.3	
Share of population aged 55 to 64 years (2013)	13%	13%	
Share of population aged 65+ (2013)	17%	18%	
Old age dependency ratio (65+/15-64) 2013 (2060)	25.5% (47.7%)	27.5% (50.2%)	
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	60.1% (+15.8 p.p.)	50.2% (+10.3 p.p.)	
Official Retirement age ¹⁰	65		
Effective retirement age (2012) ¹¹	63.6 (m)/62.3 (f)	62.3(m)*/60.9(f)* ¹²	
Share of pensioners (50-69) who quit working for health or disability reason, 2012	21.1%	20.9%	
Pension expenditures (% of GDP) (2011)			
	All pensions	13%	13.0%
	Old-age pensions	9.4%	9.5%
	Disability	2%	0.9%
Life expectancy at 65 years, in years (2011*)	19.8	19.7	
	Women	21.2	21.3
	Men	18.1	17.8
Healthy life years at the age of 65 (and 50)			
	Women	9.9 (18.4)	8.6 (17.9)
	Men	10.4 (20.1)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	14.7%	11.4% ¹³	
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	1.9% (2.5%)	5.7% (3.8%)	
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	30.8% (28.5%)	33.3%* (24.2%*)	
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	54.2%	59.9% ¹⁴	
	Women	58.5%	64.4%
	Men	51%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60 ¹⁵ (2010)	88.5%	71.4% ¹⁶	
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace ¹⁷ (2013)	34%	31%	

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC) and the European System of Integration Social Protection Statistics (ESSPROS) *figure refers to 2011

¹⁰ See 1.4: Pension system

¹¹ OECD estimates on the “average effective age of retirement versus the official age, 2007-2012”. Available at: <http://www.oecd.org/els/emp/ageingandemploymentpolicies-statisticsonaverageeffectiveageofretirement.htm> (Accessed December 2014)

¹² These figures refer to the EU-27

¹³ This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

¹⁴ This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

¹⁵ European Working Conditions Survey 2010

¹⁶ This Figure refers to the EU-27

¹⁷ European Commission, Flash Eurobarometer on Working Conditions, [fact sheet for the Netherlands](#)

1.1.1 Demographic developments

In the Netherlands, the population has been ageing since 1960. The **median age** increased by around three years per decade, from 29 in 1960 to 42 in 2013. In 2013, the median age in the Netherlands was the same as the total EU-28 population's median age (table 2).

Table 2, Median age (actual and projections) of population in the Netherlands and for EU, 1960-2060 (in years)

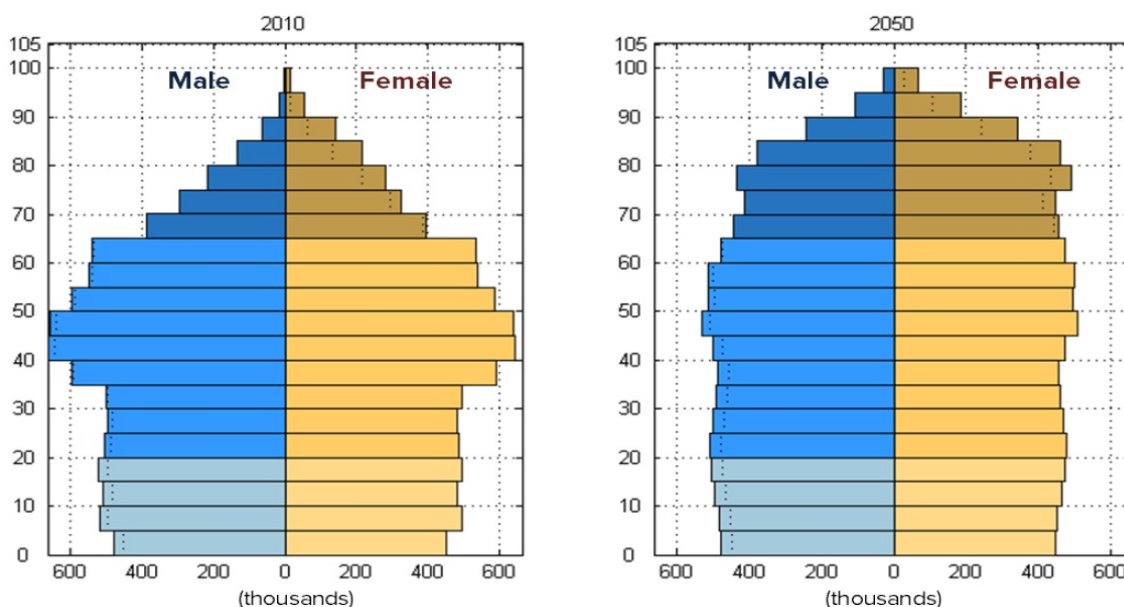
	1960	1980	1990	2000	2012	2013	2020	2040	2060
Netherlands	29	31	34	37	41	42	43	45	46
EU-27	:	:	35	38	42*	42**	44**	46**	46**

Source: Eurostat population statistics: Population on 1 January: Structure indicators [demo_pjanind];
*figure for EU-27 for this year is flagged "break in time-series"; ** figures from 2013 onwards are for the EU-28 aggregate

The population ageing is also reflected in the **distribution of the population across the different age groups** and their development since 1990. The share of the oldest age group (65 years and above) increased between 1990 and 2013 from 13% to 17%, while the share of the age group of 55 to 64-year-olds increased between 1990 and 2013 from 9% to 13%. In 2013, the share of people aged 65 years was one percentage point (p.p.) less in the Netherlands than across the EU-27 and the share of 55 to 64-year-olds was the same in the Netherlands as on EU average.

The ageing of the population is predicted to continue. The age group of '65+' is expected to increase to 27% by 2060. This population ageing is also shown in the age pyramids below (figure 1): the group of persons aged 20 to 65 years is expected to decrease, while the group of '65+' is expected to increase between 2010 and 2050.

Figure 1, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Netherlands Country Implementation Profile¹⁸

The **old age dependency ratio** (ratio of 'dependants' – aged 65 and above – and working-age population) is predicted to increase until 2080 (table 3). The increase will be strongest between 2020

¹⁸ International Conference on Population and Development Beyond 2014, Netherlands Country Implementation Profile. Available at: <http://icpdbeeyond2014.org/about/view/19-country-implementation-profiles> (Accessed December 2014)

and 2040. This means that while in 2000 there were still around five people of working age per old person (65 years and above), in 2020 already there will be only around three people and in 2040 slightly more than two people of working age per old person.

Table 3, Old-age dependency ratio (65+ year olds/15-64 year olds) (actual and projections), 1990-2060

	1990	2000	2010	2015	2020	2040	2060
OADR	19%	20%	23%	27%	31%	47%	48%

Source: Eurostat, Old dependency ratio 1st variant (population 65 and over to population 15 to 64 years), population on 1 January: Structure indicators [demo_pjanind], 1990-2010; the same ratio was calculated for 2015-2080 with figures from Eurostat population projections, [proj_10c2150p].

The population ageing in the Netherlands is reflected in the change of the total numbers of **old-age pension beneficiaries** (Table 4). Between 2006 and 2011, the number of beneficiaries of all old age pensions increased by around 300,000.

Table 4, Number of beneficiaries of old-age pensions in the Netherlands 2006-2011, in thousands

	2006	2007	2008	2009	2010	2011
Total old age pension beneficiaries	2,746	2,812	2,874	2,927	2,981	3,087
As % of total population	17%	17%	17.5%	17.8%	18%	18.5%

Source: Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions.

The expenditure on old-age pensions (as % of GDP) first decreased (between 1990 and 2000) and then increased again (Table 5). In 2011, they accounted for 9.4% of GDP, compared to 8.2% in 1990. However, the total pension expenditures decreased between 1990 and 2011 from 14.0% to 13.0%. This is mainly due to a decrease in expenditures on anticipated old-age pensions (from 0.8% to 0.4%), disability pensions (4.2% to 2.0%) and survivors pensions (1.6% to 1.2%).

Table 5, Expenditures on all pensions and old-age pensions, the Netherlands and EU-28, as % of GDP, 1990, 1995, 2000, 2005 and 2011*

Type of expenditure		1990	1995	2000	2005	2011*
Total	NL	14.7	13.9	12.5	12.5	13.0
	EU-27**				12.1	13.0*
Old age pension	NL	8.2	7.6	7.7	8.2	9.4
	EU-27**				8.5	9.5*
Anticipated old age pension***	NL	0.8	1.2	0.8	0.7	0.4
	EU-27**				0.7	0.7*
Disability pension	NL	4.2	3.5	2.7	2.3	2.0
	EU-27**				0.9	0.9*
Survivors pension	NL	1.6	1.6	1.3	1.4	1.2
	EU-27**				1.7	1.6*

Source: Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 1990-2011.

*figures for 2011 are provisional; ** figures for 2011 are for EU-28; *** 'anticipated old age pension' are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.¹⁹

¹⁹ Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

1.1.2 Labour market participation

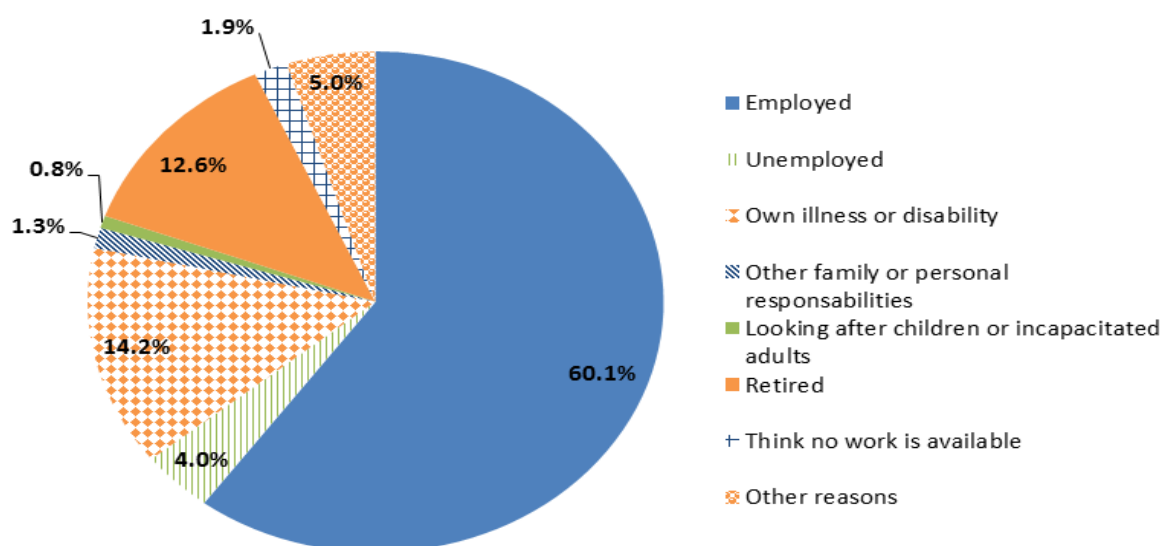
Retirement age

The **statutory pension age** in the Netherlands was 65 years up to 2013. From 2013 onwards, it will gradually be increased to 67 years in 2023²⁰. The effective retirement age in 2012 was 63.6 for men and 62.3 for women. The effective retirement age increased by around four p.p. for women and by around three p.p. for men between 2002 and 2012. The **effective retirement age** was therefore more than one year higher in the Netherlands than on EU-27 average.

Around 13% of the population aged 55 to 64 years were already retired in 2013 (Figure 2). A further 14% were inactive due to own health or disability. However, 60% were still employed and only 4% were actively looking for a job.

The main reason by far for persons aged 50 to 69 years who already receive a pension to stop working was that they received favourable financial arrangements to leave (28%). This share is a lot higher than the EU average (7.2%). The second most important reason was because of their own health or disability (21%), followed by the eligibility for a pension (16.3, compared to 37%) (Figure 2).

Figure 2, Population of 55 to 64-year-olds in the Netherlands, by labour status (employed, unemployed or inactive) and reason for inactivity (not seeking employment), 2013 (in %)



Source: EU-LFS, Eurostat "Population by sex, age, nationality and labour status (1 000) [lfsa_pganws]" and "Inactive population - Main reason for not seeking employment - Distributions by sex and age (%) [lfsa_igar]"; all green shades are inactive persons by reason for inactivity.

In 2012, pensioners (50 to 69 years) claimed that the **main reason they stopped working** was because they benefited from favourable financial arrangements to retire (28%) and the second main reason was their own health or disability (21%). Both figures were higher than the EU-averages, although this is particularly striking for 'financial arrangements to leave', three times higher than the EU average. Interestingly, unlike other countries, 'reaching eligibility for a pension' only arrives in third position and is significantly below the EU average (table 6).

²⁰ OECD, Pensions at a glance 2013: [Country Profiles - Netherlands](#).

Table 6, Main reason for people who receive a pension to quit working, as shares from all persons receiving a pension aged 50 to 69 (%), 2012

Main reason	Netherlands	EU-28
Favourable financial arrangements to leave	28.1	7.2
Lost job and/or could not find a job	7.6	7.5
Had reached the maximum retirement age	5.2	9.8
Had reached eligibility for a pension	16.3	37.0
Other job-related reasons	7.2	4.0
Own health or disability	21.1	20.9
Family or care-related reasons	2.1	3.9
Other reasons	12.1	5.3
No answer	0.3	4.3

Source: Eurostat, LFS ad-hoc module 2012: Main reason for economically inactive persons who receive a pension to quit working (%) [lfs_12reasnot], 2012

According to a study conducted in the Netherlands using a large administrative dataset²¹, financial incentives have a relevant impact on early retirement behaviour: an increase in the peak value²² of EUR 100,000 would make the average worker extend his career by eight months, while a decrease in his early retirement wealth by the same amount would induce a career extension of five months²³.

Another study, conducted on a random sample of older male workers²⁴ found that entering the labour market at an older age and additional training between the ages of 40 and 50 were related to weaker intentions to retire early. Experiencing a job change during the same period also led to later intended retirement, because it was associated with a perceived pension shortage²⁵.

The main reasons by far for pensioners aged 50 to 69 years **to continue working** were non-financial reasons, e.g. work satisfaction (51%), a share much higher than on EU average (29%). Providing sufficient income was also a very important reason (22%), although of less importance than on EU average (37%). Establishing or increasing future retirement pension entitlements was not an important reason at all (1%, compared to 6.8% on EU average) (table 7).

Table 7, Main reason for persons who receive a pension (50-69 years) to continue working (%), 2012

Main reason	Netherlands	EU-28
To establish or increase future retirement pension entitlements	(1.0)	6.8
To provide sufficient personal/household income	22.2	37.3
To establish/increase future retirement pension entitlements and to provide sufficient personal/household income	21.5	14.5
Non-financial reasons*, e.g. work satisfaction	51.2	29.1
No answer	4.1	12.3

Source: Main reason for persons who receive a pension to continue working (%) [lfs_12staywork], 2012*e.g. work satisfaction, flexible working arrangements, good opportunities to update (labour) skills, healthy and safe workplace, appreciation at work, social contacts; see Eurostat Explanatory Notes on ad-hoc module 2012; Figures in between brackets have low reliability

²¹ The Dutch Income Panel 1989-2000, based on administrative records of the Dutch National Tax Office.

²² The peak value is defined as a worker's increase in lifetime wealth if he decides to continue working for one year.

²³ Euwals, R., van Vuuren, D., Wolthoff, R. (2007) 'Early Retirement Behaviour in the Netherlands', Network for Studies on Pensions, Aging and Retirement, Discussion Paper 2007-013, 20-21.

²⁴ The sample was selected from three large Dutch multinational private sector organizations and the Dutch national government and included 1245 men over 50 who completed the survey during two waves of data collection.

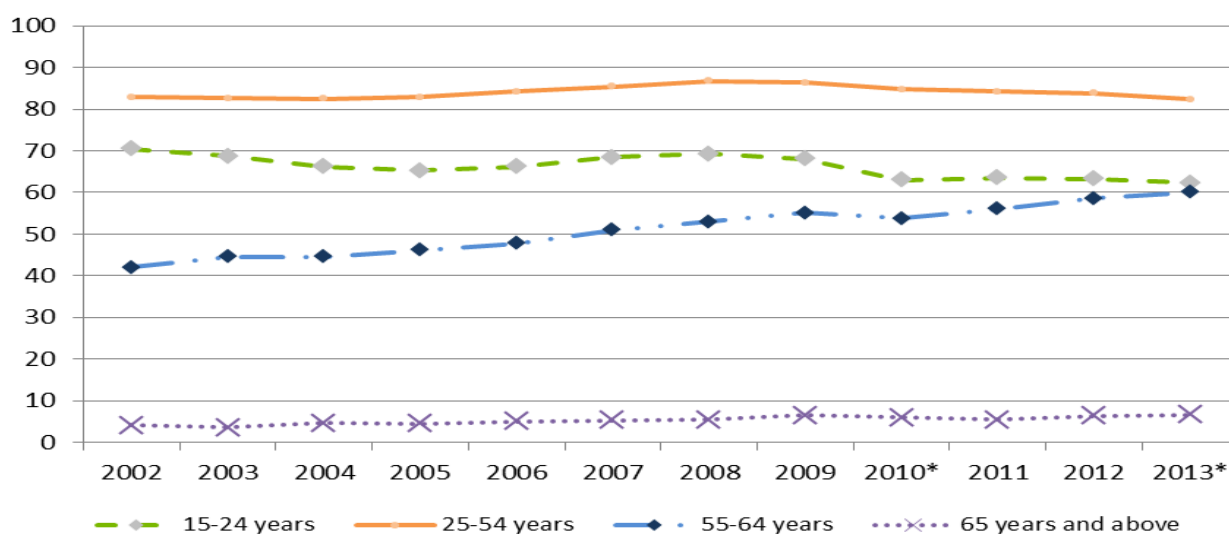
²⁵ Damman, M., Henkens, K., Kalmijn, M. (2010) 'Retirement of Dutch Male Older Workers, The Role of Mid-Life Educational, Work, Health, and Family Experiences', Network for Studies on Pensions, Aging and Retirement, Discussion Paper 09/2010-048, 18.

Employment rate

Employment among older people has been constantly increasing since 2002 (Figure 3). Employment among 55 to 64-year-olds was already higher than the EU average in 2002 (around 42%). It has since increased by 18 percentage points to 60% in 2013 (50% on EU average). There was also an increase in the employment rate of people aged 65 years and above: from around 4% in 2002 to around 7% in 2013.

The **employment rates** of the population aged over 55 thus increased, while the main employment rate (25 to 54-year-olds) first increased up to 2008, but then decreased and reached a level below 2002 in 2013 (82.4%). The youth employment rate also decreased between 2002 and 2013.

Figure 3, Employment rates per broad age groups, trend 2000-2013, residents in the Netherlands (in %)

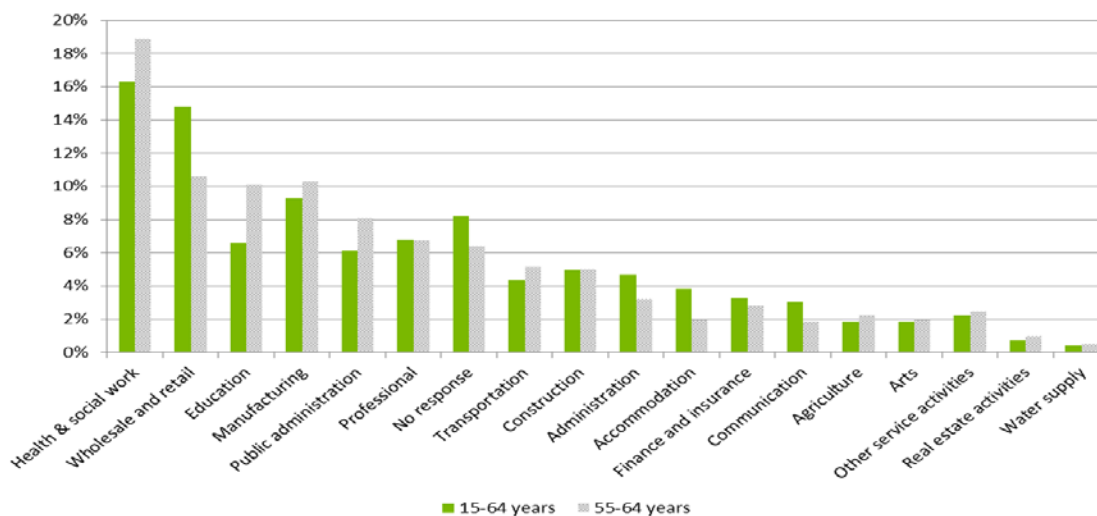


Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

As can be seen in the graph below (Figure 4), the three largest **sectors** in terms of shares of employees for all ages are health and social work, wholesale and retail trade and manufacturing.

For elderly workers, health and social work is by far the most important sector (about 19%), also important are wholesale and retail trade, manufacturing and education (each around 10%). There are some differences concerning the distribution of older workers and workers of all age groups across the sectors, with older workers being overrepresented in health and social work, education and to a small extent in public administration, while being underrepresented in wholesale and retail trade.

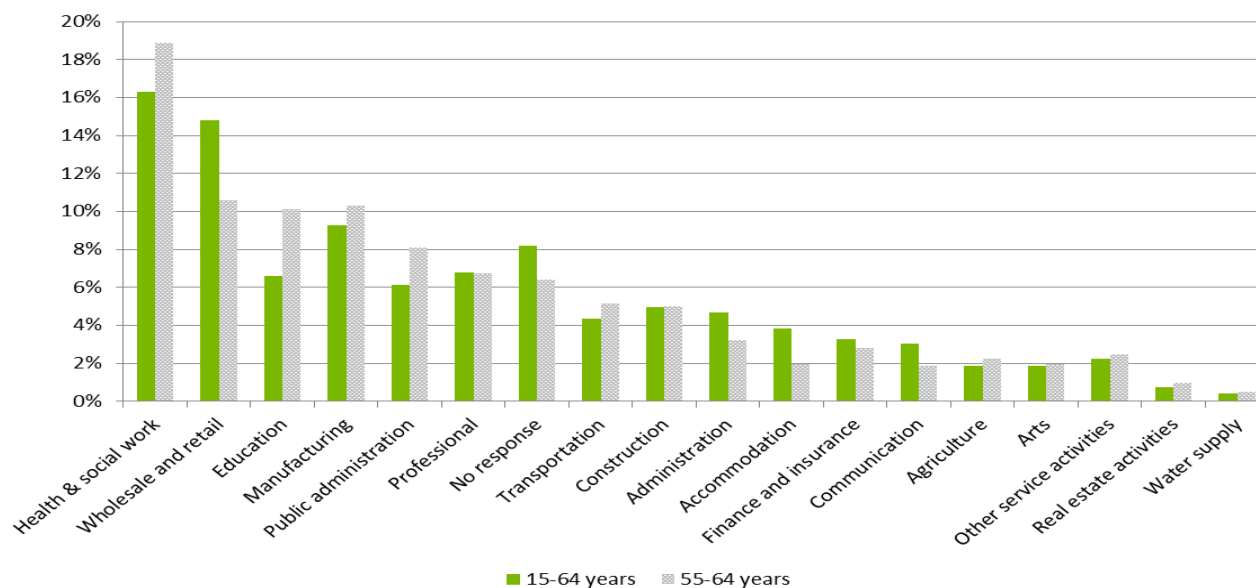
Figure 4, Shares of workers employed in different sectors, by age groups 15 and above and 55 to 64 years, 2012 (in %)

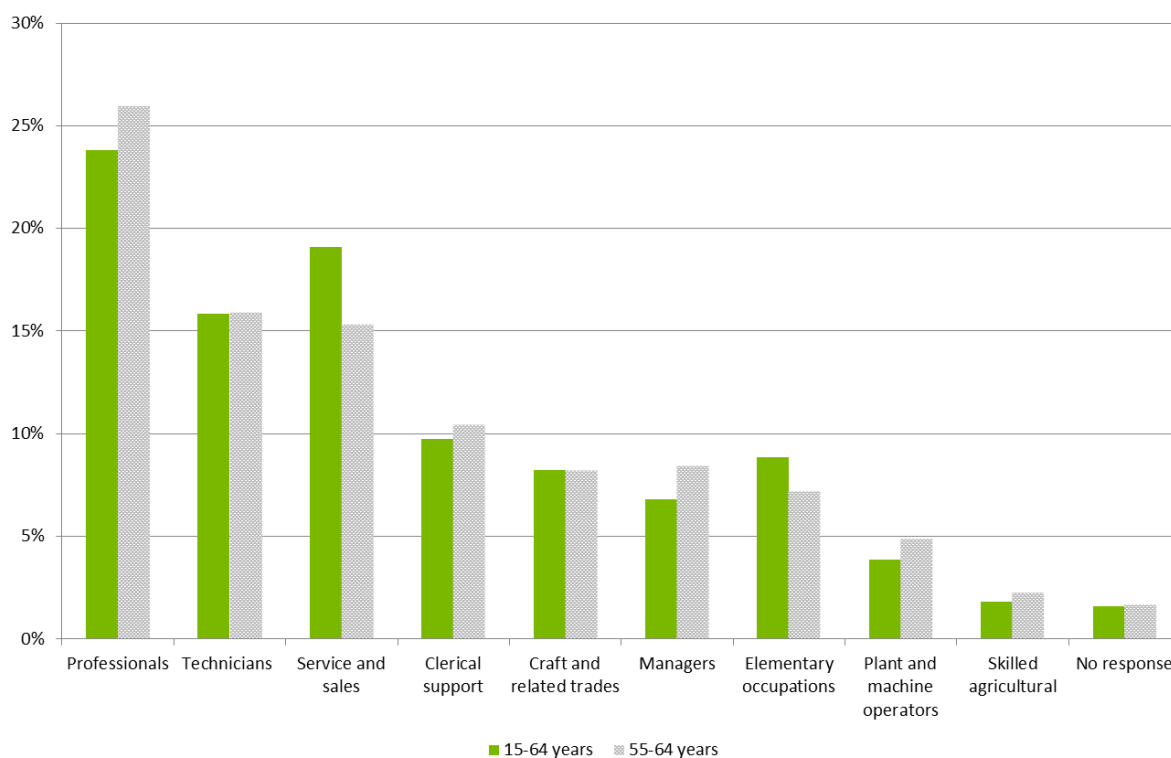


Source: EU-LFS, Employment by sex, age and economic activity (from 2008 onwards, NACE Rev. 2) - [lfsa_egan2]; shares refer to total number of workers in above-mentioned sectors; * figures for the age group 55 to 64 years are unreliable; sector labels were abbreviated for presentation purposes.

As shown in Figure 5, technicians, professionals and service and sales workers are the most important **occupational groups** in the Netherlands (each between 15 % and 20% of all employees). There are small differences between the age groups in these groups, but older workers are slightly underrepresented in service and sales and crafts and slightly overrepresented among professionals, managers and plant and machine operators.

Figure 5, Distribution of employed persons across different occupations, by age group; shares from total employed persons per age group, 2013 (in %)





Source: Eurostat, EU-LFS, Employment by sex, age, professional status and occupation (1 000) [lfsa_egais]
 * no data available (for both or one age group)

Self-employed

Various studies have shown that since the economic crisis of 2008, the number of self-employed workers has significantly increased, from 445,000 in 2000 (this was 6.4% of the working population) to 784,000 in 2013 (nearly 11% of the working population)²⁶. Compared to other European countries, this is a remarkable increase (nearly twice as high as the EU average)²⁷, which is most likely due to financial incentives that were introduced by the Dutch government at the beginning of the century (the '*zelfstandigenaftrek*'). However, others note that the social-cultural developments have also contributed to the increase in popularity among people to become self-employed²⁸.

An important reason for the increase in the number of self-employed people is the ageing of the population, as there is a strong correlation: during the past few years the number of self-employed people has mostly increased among the age group 45-65 years of age and mainly among men²⁹.

Gender gap

Women are less likely to be employed than men in the Netherlands. This *gender gap* in employment rates can be seen in all age groups although it has been reducing continuously for the past decade. In 2003, the gender gap for the 55-64 year-olds age group was 25 percentage points (p.p.), while in 2013 it was 20 p.p. Among the 25-54 year-olds age group the gender gap dropped from 16 p.p in 2003 to 8 p.p. in 2013³⁰.

²⁶ Centraal Bureau voor de Statistiek (2013). *Zelfstandigen Enquête Arbeid 2012*. Den Haag: CBS.

²⁷ Kösters, L., & Souren, M. (2014). De toename van zzp'ers in Europees perspectief. *Economisch Statistische Berichten*, 99 (4683).

²⁸ Dekker, F. & Stavenuiter, M. (2012). *Zzp'ers: op weg naar herziening?* Utrecht: Verwey-Jonker Instituut.

^{29,29} Centraal Bureau voor de Statistiek (2013). *Zelfstandigen Enquête Arbeid 2012*. Den Haag: CBS.

³⁰ Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

1.1.3 Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,³¹ the following conclusions can be drawn with regard to the working conditions of older workers³² in the Netherlands:

- The share of workers in the Netherlands having to *carry heavy loads* for at least a quarter of their working time is much lower for older workers (19%, EU-27: 32%) than for younger workers (39%).
- Exposure to *tiring or painful positions* at work does not change significantly with age. Around 5% (16% on EU average) of older workers report working in tiring or painful positions almost all of the time.
- *Working in shifts* is less common for Dutch workers (7%) than for EU workers (17%) and even less so for older workers (5% in the Netherlands and 14% in the EU). The share of older workers who are exposed to *night work* once or more per month is slightly lower than on EU average (13% and 16%, respectively).
- In the Netherlands, satisfaction with the *work-life-balance* among older workers is higher than the EU-average: in 2010, around 91.3% of the older Dutch workers felt that their working hours fit in well or very well with their family or social commitments outside work, while the EU-average was 84.5% for that year.
- *Control over work pace* slightly increases with age among Dutch workers. While 35% of young workers say their work pace is determined by three or more factors (such as demands from people or production/performance targets), this share is only 20% among workers aged 30 to 49 and only 13% among older workers (27% among older workers on EU average)³³.
- In the Netherlands, a significantly higher share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 38% compared to 26% respectively.
- The share of workers in the Netherlands who think that *work affects their health negatively* increases with age: from 14% among young workers, to 18% among workers aged 30 to 49 years, to 20% among older workers (27% on EU average).
- The share of workers who are *satisfied or very satisfied with their working conditions* does not significantly vary across age groups in the Netherlands. Older workers in the Netherlands are more often satisfied with their working conditions (93%) than older workers on EU average (84%).
- The share of workers who think they would be *able to do their current job at 60* increases with age among Dutch workers. Furthermore, job sustainability among older workers is higher in the Netherlands (89%) than on EU-average (71%)³⁴.
- In the Netherlands, 34% of employed people and people with working experience indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Of the respondents, 58% responded that such measures had not been put in place (compared to 62% EU-28 average). 8% of the respondents did not know whether their workplace had been adapted for older workers³⁵.

³¹ Unless mentioned otherwise, the figures in this paragraph relate to the [EWCS from 2010](#).

³² The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

³³ The index measures if any of the following factors determine the worker's pace of work: work done by colleagues, demands from people, production or performance targets, speed of a machine, direct control of a boss; shares refer to workers reporting that their work is determined by three or more of these factors.

³⁴ European Working Conditions Survey, Q75 Do you think you will be able to do the same job you are doing now when you are 60 years old?

³⁵ European Commission, Flash Eurobarometer on Working Conditions, [fact sheet for the Netherlands](#).

Working conditions and early retirement

While the ESWC data mentioned above shows differences in working conditions between age groups and countries, another data source, the Survey on Health, Ageing and Retirement in Europe (SHARE) allows drawing conclusions on how working conditions have an impact on early retirement. SHARE is a large, cross-national survey that was conducted in 20 European countries (plus Israel). Its first wave of data was collected in 2004 and it is the first study to examine the different ways in which people aged 50 and older live.³⁶

Several studies include an analysis of SHARE data that measures certain aspects of occupational stress (low control at work/high effort-reward imbalance³⁷).

One study³⁸ shows that the odds ratios³⁹ of intended early retirement due to effort-reward imbalance are relatively pronounced for the Netherlands. The ratio for effort-reward-imbalance is around the same as in France and Spain and higher than in Germany, Austria, Sweden, Italy, Switzerland and Greece⁴⁰. Accordingly, older workers in the Netherlands who experience a relatively high effort-reward-imbalance are more than twice as likely to want to retire early than those who do not experience effort-reward-imbalance⁴¹.

1.1.4 Health

In 2011 in the Netherlands, **life expectancy** for men aged 50 was 31 years (EU-28: 29.7), for women 34.4 (EU-28: 34.5). At the age of 65 it was 18.1 years for men (EU-28: 17.8) and 21.2 for women (EU-28: 21.3)⁴². Since 2005, life expectancy increased by between 1.1 years (for women aged 50 and 65) and 1.9 years (for men aged 50).

In the Netherlands, men at the age of 50 can expect around 20 more **healthy life years** and women at the same age around 18 more healthy life years. This is similar to the EU average (17 for men and 18 for women). At the age of 65, men and women in the Netherlands can expect around 10 more healthy life years, which again is similar to the EU average (9 years)⁴³. The amounts of healthy life years have slightly decreased (between 0.1 and 2.2 years) for both genders between 2005 and 2011 (both at the age of 50 as well as at the age of 65).

This indicates that life expectancy increased while the number of healthy life years decreased which means that people can expect to live longer, but not necessarily in a healthy state.

General health status

The **general health status** deteriorates significantly after 65. Unlike in other countries, an improvement is reported by 55 to 64-year-old workers compared to 45 to 54-year-old workers. 65 is a significant threshold as the number of employed workers reporting a bad or very bad health status increases from 1.9% to 5.1%. However, the reported health status among the population in the Netherlands is higher than the EU averages.

³⁶ For further information, see: <http://www.share-project.org/home0/overview.html>

³⁷ These measures refer to two models of occupational stress, namely the 'demand-control-model' and the model of 'adverse health effects of high-effort/low-reward conditions'; for a definition, see glossary; for details on measurement, see the related studies.

³⁸ Siegrist, J. et al. (2006) '[Quality of work, well-being, and intended early retirement of older employees – baseline results from the SHARE Study](#)', European Journal of Public Health, Vol. 17, No.1, 62-68.

³⁹ Odds ratios show how much more likely people suffering from low job quality are to intend early retirement.

⁴⁰ Country comparisons have to be interpreted with caution due to large confidence intervals (see report).

⁴¹ The 95% confidence interval goes from around 1.2 to 3.2.

⁴² Source: Eurostat 2013 'Life expectancy by age and sex' [demo_mlexpec].

⁴³ Eurostat 2013 'Healthy Life Years (from 2004 onwards) (hlth_hlye)'; The indicator of healthy life years (HLY) measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems. For more detailed information, see http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/en/hlth_hlye_esms.htm; Figures are from 2011.

Table 8, Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	1.3%	2.5%	1.9%	5.1%

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]

The prevalence of **long-standing illnesses** (according to self-reported information) shows the same scheme as general health status (Table 9): the unemployed report higher rates than employed people and long-standing illnesses increase with age. However, the prevalence of long-standing illnesses among the unemployed is at a higher level in the Netherlands than the EU average. In the Netherlands, around 62% of the 45 to 54-year-old unemployed reported long-standing illnesses (EU-28: 37.4%) and 73.4% of the 55 to 64-year-old unemployed (EU-28: 47%).

Table 9, Long-standing illness by employment status and age group, 2012 (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	19.1%	28.55	30.8%	34.1%

Source: EU-SILC, People having a long-standing illness or health problem, by sex, age and labour status (%) [hlth_silc_04], 2012.

Work-related health

The population in the Netherlands suffers more frequently from long-standing illnesses than the EU population on average, which is mirrored by the fact that the Dutch aged between 55 and 64 years report more **work-related health problems** (14.7% in the Netherlands, 11.4% on EU-average). Furthermore, work-related health problems slightly increase with age (Table 10).

Table 10, Self-reported work-related health problems by workers in the Netherlands and EU-27, by age group, 2007 (in %)

Age group	Share
NL 25-34 yrs	8.2%
NL 35-44 yrs	10.8%
NL 45-54 yrs	13.8%
NL 55-64 yrs	14.7%
NL 55-64 yrs men	16.6%
NL 55-64 yrs women	12.7%
EU-27* 55-64 yrs	11.4%

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1], *flagged d, definition differs

Like in many other EU Member States, musculoskeletal disorders were by far the **most serious work-related health problem** the largest share of workers suffered from in 2007, among all age groups (Table 11). 54.2% of older workers reported this as their most serious work-related health problem. This is followed by psychological illnesses (stress, depression, anxiety), which 14.2% of older workers reported as their most serious work-related health problem. This order does not change with age, although in the Netherlands both become slightly less important with age. Furthermore, the importance of cardiovascular disorders increases a lot with age, especially for men (from 2.1% among 35 to 44-year-olds to 13.9% among 55 to 64-year-olds).

Table 11, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem; by gender and by most prevalent types of diseases⁴⁴, 2007

Age - Group	Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
Total	2.5%	56.9%	18.4%	4.1%
35-44 yrs.	(2.9%)	(60.9%)	(16.4%)	(4.9%)
<i>Women</i>	2.9%	52.6%	21.0%	4.6%
<i>Men</i>	2.1%	61.0%	15.9%	3.6%
Total	4.4%	57.9%	17.1%	4.2%
45-54 yrs.	(6.2%)	(61.3%)	(13.5%)	(4.7%)
<i>Women</i>	2.9%	58.9%	16.7%	3.4%
<i>Men</i>	5.8%	56.9%	17.5%	4.9%
Total	9.7%	54.2%	14.2%	4.4%
55-64 yrs.	(11.3%)	(59.9%)	(9.2%)	(5.8%)
<i>Women</i>	4.1%	58.5%	12.8%	3.7%
<i>Men</i>	13.9%	51.0%	15.3%	4.9%

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5] the module distinguishes 8 different problems in total; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution⁴⁵.

*this figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to using the aggregate figures without France

Mental health

Compared to EU averages, Dutch older workers are more likely to report stress and depression as most serious work-related health problem (11.9% in the EU compared to 14.2% in the Netherlands), while musculoskeletal disorders are comparatively less reported by Dutch older workers than by EU older workers (54.2% and 58.7%, respectively)⁴⁶. Women aged 55 to 64 years are more affected by musculoskeletal disorders than men, while men are much more affected by cardiovascular disorders.

1.1.5 Definition of an older worker

There is no official definition of an older worker in the Netherlands.

⁴⁴ More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: <http://ec.europa.eu/eurostat/web/lfs/data/database>

⁴⁵ See Eurostat Evaluation Report AHM 2007, p. 26, available at: <http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf>

⁴⁶ Due to differences between Member States in wording, comparisons with EU-averages are only indicative.

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in the Netherlands.

Overall structure

The mission of the **Ministry of Social Affairs and Employment (SZW)** in the Netherlands is to foster a socially and economically vigorous position for the Netherlands in Europe, with work and income security for everyone. The Minister and State Secretary are responsible for labour market policy, including migration and the free movement of workers, benefits and re-integration, income policy, work-life balance, and policy on working conditions and inspection. The **directorate for healthy and safe work (Gezond en Veilig werken)** is responsible for the development of OSH policy. The government is responsible for the target provisions and in some cases for more specific limit values. The government supports the social partners with more specific tools, for example with the OSH catalogues, who are agreed between the social partners.

The **Inspectorate SZW (Inspectie SZW)**, which started its activities on 1 January 2012, comprises a combination of the organisations and activities of the former labour Inspectorate, the Work and Income Inspectorate and the Social and Intelligence Investigation Service of the Ministry of Social Affairs and Employment. By combining these three organisations, the supervision, enforcement and compliance with rules and regulations across the whole range of Social Affairs and Employment is organised in a smarter, more effective and more efficient way. The Inspectorate SZW works for fair, healthy and safe working conditions and socio-economic security for everyone. It does so through supervision of compliance with the regulations in the area of working conditions and the prevention of major hazards involving dangerous substances, and within the framework of regulations concerning illegal employment and minimum wages. Moreover, it studies the implementation of social security acts by the Employee Insurance Agency (UWV, see below), the Social Insurance bank (SVB) and municipalities. The detection of fraud, exploitation and organised crime within the chain of work and income is a responsibility of the Inspectorate SZW too⁴⁷.

The **Employee Insurance Agency (UWV)** is an autonomous administrative authority and is commissioned by the Ministry of Social Affairs and Employment (SZW) to implement employee insurances and to provide labour market and data services. The UWV supports clients to either remain employed or to find employment, evaluates illness and labour incapacity, ensures that benefits are provided in case work is not (immediately) possible, and is responsible for data management.⁴⁸

Dutch **OSH knowledge centres** are represented by:

- The Netherlands Focal Point of the European Agency for Health and Safety at Work, a tripartite network comprising of government bodies and representatives from worker and employer organisations (the focal point is run by TNO);
- TNO (Netherlands Organisation for Applied Scientific Research);
- RIVM (National Institute for Public Health and the Environment);
- NCvB (Netherlands Centre for Occupational Disease);
- STECR (Knowledge Platform for Employee Participation and Re-integration);
- Various universities that perform research on working conditions, either on their own initiative or on request from the government or businesses.

To assist employers in conducting the risk assessment (RI&E), formulating health and safety objectives for their company, and dealing with rather complex and strict sick leave and re-integration obligations, a wide range of (private) multidisciplinary internal and external **OSH service providers (Arbodiensten)** exist, since many employers do not have the required expertise. These OSH providers are certified by the **Foundation for monitoring certification in health and safety services (SBCA)**. Other important

⁴⁷ Ministry of Social Affairs and Employment, 'What does the Inspectorate SZW do?' Available at: http://www.inspectieszw.nl/Images/What-does-the-Inspectorate-SZW-do_tcm335-330702.pdf (Accessed December 2014).

⁴⁸ UWV, webpage: 'Who are we and what do we do?' Available at: http://www.uwv.nl/OverUWV/english/about_UWV/uwv_profile/index.aspx (Accessed December 2014).

standardisation and accreditation bodies are the **Standards Organisation of the Netherlands (NEN)** and the **Accreditation Institute (RvA)**.

In addition a number of bodies provide funding for projects and research related to OSH, employment, health and social security, including:

- The **GAK Institute** is a foundation that provides grants for projects, supports scientific research and offers professorships in the areas of social security and the labour market in the Netherlands;
- The main task of the **Netherlands Organisation for Scientific Research (NOW)** is to fund scientific research at public research institutions in the Netherlands, especially universities; and
- The **Netherlands Organisation for Health Research and Development (ZonMW)** funds health research and stimulates use of the knowledge developed to help improve health and healthcare in the Netherlands. Furthermore, the national ministries also fund research.

Social dialogue

Social dialogue is historically important in the Netherlands. The strategy of achieving policy, which satisfies all negotiation partners, through consultation, discussion and finding compromise, is expressed by means of the term ‘Poldermodel’. This implies that organisations of employers and employees are actively involved in policymaking and play an important role in the process.

A central advisory and consultative body is the **Social Economic Council (SER)**, which consists of representatives of employers and employees, as well as university representatives and other national experts, appointed by the government. An unwritten rule is that all important national policy intentions related to work and health issues are presented to the Council for advice.

Central organisations of employees and employers, such as *FNV* – the largest Trade Union Federation; *CNV* – national Federation of Christian Trade Unions; *MHP* – Trade Union Federation for Middle and Higher level employees; *MKB Nederland* – Royal Association of Small and Medium size Enterprises; *AWVN* – the general Employers’ Association; and *VNO-NCW* – the Confederation of Netherlands Industry and Employers, are represented at the national consultation body, the **Labour Foundation (STAR)**⁴⁹. Apart from these central organisations, there are numerous branch organisations, trade unions, and professional associations, which play a major role in information exchange and communication between the Government and employer and employee organisations⁵⁰.

Although the Netherlands has a long-standing tradition of social dialogue, it is interesting to note that trade union density⁵¹ is not that high in the Netherlands (compared for instance to the Nordic countries or Belgium). In 1993, it was at 25.1% and it decreased to 17.6% in 2013. It remains a little higher than the OECD average (16.9% in 2013).⁵² However, the collective bargaining rate in the Netherlands, i.e., the percentage of the workforce covered by collective agreements, was at 89% in 2012⁵³ (compared to an average of 67% in the EU), demonstrating that collective agreements in the country have a strong regulatory influence, even though trade union density is low.

Employees and employers are encouraged to collaborate at company level, as specified in the general law (see below). **Works Councils (OR)** in larger enterprises need to be involved in the formulation of a **Risk Inventory and Assessment (RI&E)**, which should list all potential risks to which employees can be exposed. The Works Council makes the final decision on whether to accept or decline the RI&E, together with an action plan, in which a certain employer describes the steps to combat the risks.

⁴⁹ Kwantes, J.H., Hooftman, W. OSH Infrastructure in the Netherlands. TNO and Netherlands Focal Point (Jos De Lange).

⁵⁰ EU-OSHA website, page on OSH systems in the Netherlands.

Available at: https://osha.europa.eu/fop/netherlands/nl/systems/index_html (Accessed December 2014).

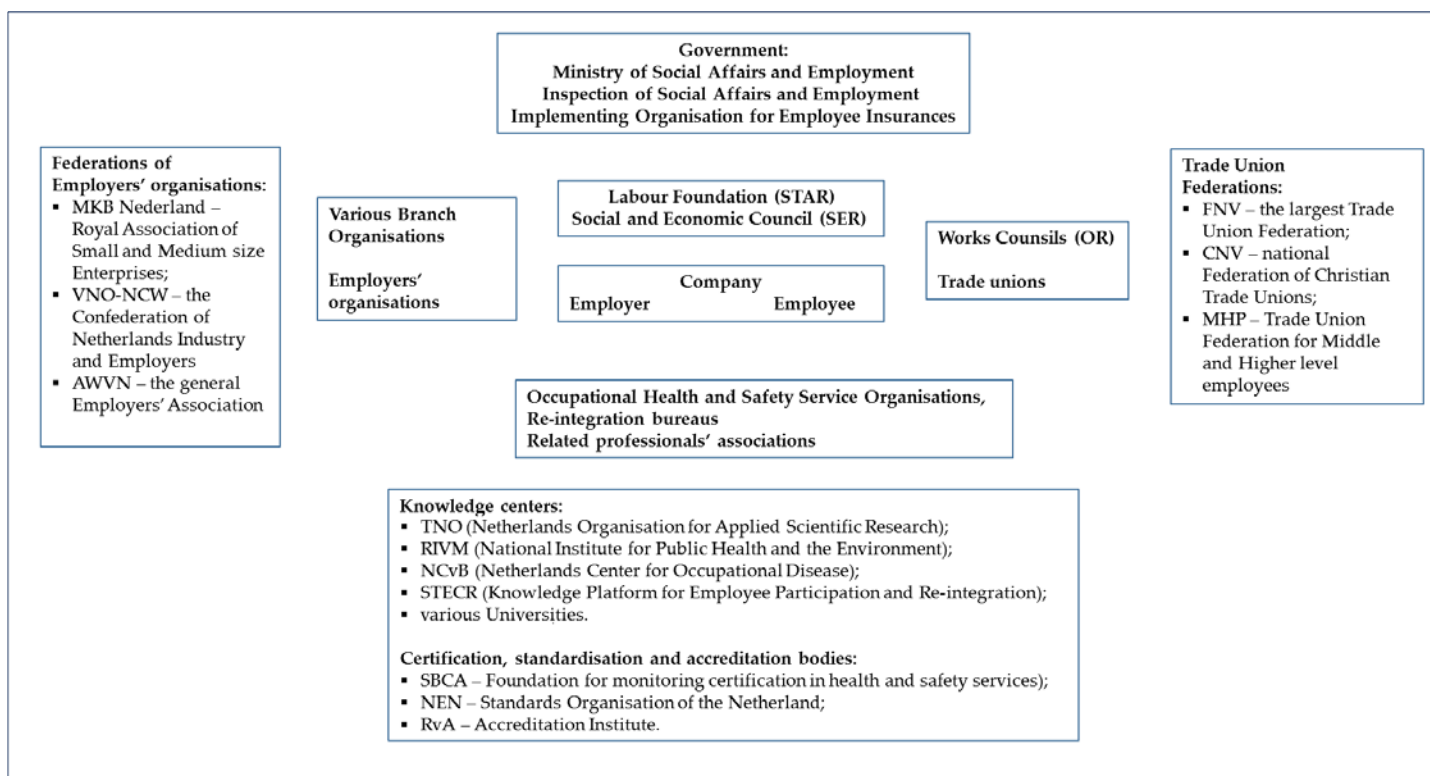
⁵¹ Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics*). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)

⁵² OECD – Online OECD Employment database:

<http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union> (accessed December 2014)

⁵³ Worker-participation.eu website: <http://www.worker-participation.eu/About-WP/European-Participation-Index-EPI> (Accessed May 2015)

Figure 6, Main stakeholders in Occupational Health and Safety in the Netherlands



Source: EU-OSHA, OSHWIKI, "OSH system at national level – Netherlands"⁵⁴.

1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions related to older workers or sustainable working conditions.

Occupational health and safety legislation

Legislation around occupational health and safety is organised at three different levels in the Netherlands: the 'Working Conditions Act'⁵⁵ (*Arbowet*), the 'Working Conditions Decree'⁵⁶ (*Arbobesluit*) and the 'Working Conditions Regulation' (*Arboregeling*)⁵⁷.

The **Working Conditions Act** (1999) forms the basis of the occupational health and safety legislation, and sets out the general provisions applicable to all places where work is performed (including associations and foundations) on how to promote the health, safety and welfare of employees and self-employed at the work place. The Act is a framework law, which means that it does not contain any concrete rules; these are further elaborated in the Working Conditions Decree and Regulation. The employer's requirements under this act include, for example, drawing up a company health and safety policy to improve working conditions and to prevent sickness, occupational disease, absenteeism and

⁵⁴ EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Netherlands". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Netherlands (Accessed December 2014)

⁵⁵ Website of the Dutch government, legislation and regulations, *Wet van 18 maart 1999, houdende bepalingen ter verbetering van de arbeidsomstandigheden (Arbeidsomstandighedenwet 1998)*, Available at: http://wetten.overheid.nl/BWBR0010346/geldigheidsdatum_15-01-2014 (Accessed December 2014)

⁵⁶ Website of the Dutch government, legislation and regulations, *Besluit van 15 januari 1997, houdende regels in het belang van de veiligheid, de gezondheid en het welzijn in verband met de arbeid (Arbeidsomstandighedenbesluit)*, Available at: http://wetten.overheid.nl/BWBR0008498/geldigheidsdatum_15-01-2014#Opschrift (Accessed December 2014)

⁵⁷ Ibid.

disability; consulting and keeping in touch with sick employees; and contracting a certified Occupational Health and Safety (OHS) Service. The Act also gives certain powers to the Labour Inspectorate, such as the capacity to oblige the employer to stop the activity until they comply with the law. .

The Working Conditions Act was amended in 2006 to shift responsibilities so that the government now determines a sensible level of protection for employees while employers and employees decide together how that level will be achieved in practice. These agreements between employers and employees need to be documented in so-called '**OSH Catalogues**' (*Arbocatalogi*)⁵⁸. The Inspectorate SZW checks whether the OSH Catalogues correspond to the requirements specified within the Act. The Working Conditions Act does not contain any specific references to working conditions of older workers.

The **Working Conditions Decree** (1997) is an elaboration of the Working Conditions Act. It sets out and contains mandatory rules that both the employer and the employee have to apply in order to decrease health and safety risks at the work place. The Decree also contains complementary rules and rules that only apply to certain sectors or categories of employees.

The **Working Conditions Regulation** (2014) is a further elaboration of the Working Conditions Decree. It sets out concrete rules and regulations, which are all mandatory for both the employer and the employee, such as the requirements that employers should comply with or rules on how OSH service providers should execute their statutory duties.

There are strong financial incentives for employers to ensure that they comply with the OSH legislation, contribute to health and safety policy, use protective equipment and report on dangerous or risky situations. Companies with more than 25 employees need to appoint a prevention officer, whose role is the daily supervision of health and safety matters (an employer can perform this task him or herself in smaller companies). The Risk Inventory and Assessment (RI&E) of a company must be agreed upon by a certified occupational safety and health expert or a certified occupational safety and health service and the employees' representative body or the Works Council. Each organisation, no matter how small, needs to have at least one person who has followed a basic first aid course.

Labour and employment legislation

In the **Unemployment Insurance Act** (*WW*) of 2006, the maximum duration of unemployment benefits was shortened from five years to three years and two months, in order to promote re-employment. Up to 30% of the unemployment benefits will be recovered from the previous employer if a worker becomes unemployed after 55 years of age⁵⁹. From the employee perspective, individuals who are 57.5 years of age and older (until they are 65) are obliged to seek employment once they get unemployed⁶⁰.

Antidiscrimination legislation

The **law on equal treatment of labour with respect to age**, adopted in 2004, explicitly forbids employers to limit working opportunities because of age. Discrimination with respect to age is forbidden with respect to hiring, working conditions and lay-offs. There are however certain circumstances during which the employer may decide to terminate a contract on account of the age of the employee. For example, particular functions are subject to an age limit (e.g. airplane pilots); these functional age dismissals are often intended as a means of protecting the health and safety of older employees and third parties. Additionally, discriminating on the grounds of age, length of service or whether an employee has a temporary or permanent contract, is allowed if the employer has a very good reason to do so (known as 'objective justification')⁶¹.

⁵⁸ The notion of OSH Catalogue was introduced in 2007 to simplify the law and to provide flexibility for different sectors to elaborate on occupational health and safety policy corresponding to their specific needs.
<http://www.arboportaal.nl/onderwerpen/arboret-en--regelgeving/arboret/arboretgeving.html> (Accessed December 2014)

⁵⁹ Work-related musculoskeletal disorders: Back to work report (2007) European Agency for Safety and Health at Work.

⁶⁰ Letter from the Minister of Social Affairs and Employment to the Parliament of May 1, 2003.

⁶¹ Government of the Netherlands, Ministry of Social Affairs and Employment, publication: *Equal Treatment*, Available at: <http://www.government.nl/documents-and-publications/leaflets/2011/09/02/q-a-equal-treatment.html> (Accessed December 2014).

In addition, a number of laws exist to stimulate the employment of workers with partial work capacities (more details in Section 3).

1.4 The pension system

In general, pension regulation in the Netherlands favoured early retirement during the 1970's and 1980's. However, during the late 1990's, financial incentives were reversed in order to promote longer employment. This measure was taken in view of concerns about the ageing population, resulting in a sharply decreasing workforce. The official website of the Dutch government formulates it as follows: "Until 2006 it was fiscally attractive to retire earlier due to pre-pension and early retirement (VUT) regulations. This has changed because the government wants workers to continue working longer." The general old-age law (*Algemene Ouderdomswet, AOW*), entered into force in 1956 and provides for basic state pensions for people aged 65 and over; this is the so-called 'AOW pension age'. As explained below, the AOW pension age has been increasing since June 2012.

Retirement age (pensionable and actual)

Until June 2012, the official pension age was fixed at 65 years in the Netherlands (for both men and women who had lived in the Netherlands during the 50 years prior to reaching the AOW-age). However, due to recent reforms, the pensionable retirement age has been increasing each year by one month since 2013. The House of Representatives (*Tweede Kamer der Staten-Generaal*) has proposed to introduce a more rapid increase of the pensionable retirement age after 2015, so that the official pension age will increase to 66 years in 2018 and 67 years in 2021. This proposal still has to be accepted by the Senate before it can enter into force⁶². The actual average pension age in 2012 was 63.6 years, which is half a year longer than in 2011 (Statistics Netherlands 2013).

Early retirement

In 2005, the tax-favoured status of early retirement programmes (*Vervroegde Uittreding, VUT*), which led to pre-pension benefits between the ages of 60 and 65, was abolished to stimulate labour-market participation of older workers⁶³.

⁶² Government of the Netherlands, scheme setting out how the pension age will be raised after 2015, *Schema voorgenomen verhoging AOW-leeftijd cabinet Rutte-Asscher*, Available at: <http://www.rijksoverheid.nl/onderwerpen/algemene-ouderdomswet-aow/documenten-en-publicaties/regelingen/2012/10/16/aanvang-aow-uitkering-op-basis-van-deelakkoord.html> (Accessed December 2014).

⁶³ OECD, Pensions at a glance 2013: Country Profiles – Netherlands. Available at: <http://www.oecd.org/els/public-pensions/PAG2013-profile-Netherlands.pdf> (Accessed December 2014)

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in the Netherlands to address the issue of work sustainability and healthier working lives.

The majority of identified programmes and actions started with the support from government-affiliated organisations. Initiatives, in which the first implementing organisation mentioned is an NGO (e.g. an association of employers or employees or a research institute), are classified as non-governmental, although one of the implementing partners might, for example, be the Ministry of Social Affairs and Employment.

2.1 Initiatives from government/ government-affiliated organisations

Occupational health and safety

Current strategies

The 2012 national programme '**Vision for the System of Healthy and Safe Work**' of the Ministry of Social Affairs and Employment⁶⁴ aims to decrease the role of the government in formulating and controlling the safety of working conditions. The main governmental arguments of why this is necessary are as follows: more trust needs to be generated between citizens and business; employers and employees are primarily responsible for healthy and safe working conditions; a system is required that promotes safe and healthy working conditions with a limited role of the government. The programme focuses on the cooperation between employers and employees when developing the 'Arbocatalogi' (OSH Catalogues – see Section 1.3), which should set out specific industry or sector rules. Moreover, a stronger role of prevention officers in enterprises is encouraged to stimulate continuity of prevention, and to promote vitality, sick leave coaching and adjustment of working environment as needed.

In the **National programme 'Prevention 2014-2016: Health is everything'**,⁶⁵ which is a collaboration between six ministries, municipalities, companies and social partners, special attention is given to stimulating sustainable employability (including health and safety at work) by promoting active health management and knowledge sharing in organisations. Prevention 2014-2016 needs to acquire a more significant role through the development of 'Arbocatalogi', Collective Bargaining Agreements (CAO, '*Collective Arbeidsovereenkomst*'), on work ability and sustainable employability, and structural health management aimed at general health improvement and good working conditions. The action plan '**Healthy Enterprise**'⁶⁶ was implemented in 2012 and is a joint initiative between the Ministry of Social Affairs and Employment and the Ministry of Health, Welfare and Sport. The action plan aims to support SME's to implement good working conditions and a healthy workplace.

The **Inspectorate SZW** (*Inspectie SZW*) mentions in its '**Strategy plan for 2013-2014**' the sustainable employability of (older) workers as one of its main strategic targets. One of the goals is to reduce sick leave and disability by improving working conditions and addressing health risks, in particular in the construction sector, which has a high physical workload. It focuses on timely prevention, early intervention and early stage reporting of risks.

⁶⁴ Letter from the House of Representatives concerning its views on health and safety at work, *Kamerbrief met visie over gezond en veilig werken*, 03.03.2012, Available at: <http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2012/03/30/kamerbrief-met-visie-over-gezond-en-veilig-werken.html> (Accessed December 2014).

⁶⁵ Ministry of Social Affairs and Employment, *Arboportaal*, National Prevention Programme, *Gezond werk met Nationaal Programma Preventie*, 23 October 2013, Available at: <http://www.arboportaal.nl/externe-bronnen/inhoud/overige-nuttige-links/het-nationaal-programma-preventie-2014---2016> (Accessed December 2014).

⁶⁶ Website WGV Zorg en Welzijn, *Actieplan Gezond Bedrijf*. Available at: <http://www.wgvzorgenwelzijn.nl/ActieplanGezondBedrijf> (Accessed July 2014).

Compliance with OSH regulation

There is a general concern of the government regarding the decreasing labour supply due to the retirement of the ageing workforce and the increasing age of the workforce. The government is thus interested in supporting enterprises that keep their older workers fit and motivated. The Ministry of Social Affairs and Employment has therefore developed '**Arboportaal**', which is a website that provides information on, among others, current regulations, requirements, opportunities, and good practices relating to occupational health and safety regulations at work⁶⁷.

Another example of a related website is '**Arbokennisnet**', which is the result of the project 'Health and Safety Knowledge unlocked'. This project, funded by the Ministry of Social Affairs and Employment, is a collaboration between multidisciplinary partners such as professional organisations, occupational health and safety experts, and occupational physicians⁶⁸. The Government is also responsible for projects such as the 'Improving Safety at Work' programme and the 'Enhancing Works Policy on Substances' programme⁶⁹.

Policy initiatives related to the sustainable employability of older workers

Between 2004 and 2010, the Ministry made EUR 21 million of temporary subsidies available for organisations or enterprises with more than 30 employees and for employers' and sector organisations (in case of enterprises with fewer than 30 employees) to *create better conditions for the employment of older workers*. The goal of this initiative was to increase awareness and to collect and distribute information on relevant good practices. The temporary subsidies were implemented as part of a broader governmental programme, which aims to '**Stimulate the working life of older employees**'. Between 2004 and 2007, 310 projects were financed and implemented in organisations with 30 or more employees. In 2008-2009, 134 projects, set up by branch organisations, received financial support to develop and test age-aware policy instruments. The initiative 'Stimulate the working life of older employees' was regularly evaluated. The 2005 interim progress report⁷⁰ concluded that there had been very high levels of interest from enterprises/organisations about receiving the subsidy. The final progress report indicated that the majority of the organisations who had implemented subsidised projects, had continued with these projects after the subsidy had ended. In most cases, the projects had raised awareness about age aware policies. Additionally, around 40% of the participating organisations reported that multiple impediments to employment of older workers had been diminished and that employment of older workers had increased⁷¹.

From 2004 to 2007, the Ministry of Social Affairs and Employment set up the **Action group 'Grey Works'** ('Senior Power: working with experience'), as part of the implementation of the 'Stimulating longer working life of older employees' policy. The work plan of the Action Group focused on three steps:

1. Information campaign 'Senior Power', which aimed to provide information on practical measures that employers can use and implement to stimulate productive employment of older workers, disseminate information on practices collected from the temporary subsidy (see above), and to diminish negative stereotypes related to employing older workers.
2. Establishing dialogues and agreements with social partners regarding age-aware personnel policies, working conditions, life phase oriented schooling and (cross-sectoral) job mobility.
3. Collecting and distributing information on practical examples and initiatives of the implementation of age-aware policies⁷².

⁶⁷ Website of the Ministry of Social Affairs and Employment on labour conditions, Available at: <http://www.arboportaal.nl/> (Accessed May 2015).

⁶⁸ Website for labour inspectors and labour specialists, Available at: <http://www.arbokennisnet.nl/index.html> (Accessed December 2014).

⁶⁹ EU-OSHA website, page on OSH systems in the Netherlands. Available at: <https://osha.europa.eu/fop/netherlands/nl/systems/index.html> (Accessed December 2014).

⁷⁰ Progress report on 'Stimulating longer working life of older employees' by the Cabinet of Ministers <http://www.rijksoverheid.nl/documenten-en-publicaties/rapporten/2005/06/01/01-jun-2005-voortgangsrapportage-kabinetsstandpunt-stimuleren-langer-werken-van-ouderen.html> (Accessed December 2014).

⁷¹ Committing to sustainable employability. Final evaluation of Temporary subsidy for stimulation of age-aware policies [Inzetten op duurzame inzetbaarheid. Eindevaluatie Tijdelijke Subsidieregelingstimuleren leeftijdsbewust beleid] by Bureau Bartels. October 2010.

⁷² Workplan 2005 Action group 'Grey Works', *Werkplan 2005 Regiegroep GrijsWerkt*, Available at:

During the same period, the Ministry, supported by TNO and the Human Capital Group, put in place 29 instruments to encourage enterprises and sectors to support planning and implementation of *age-aware policies*⁷³. The toolbox is divided into the following sub-topics: acceptance and awareness-raising; occupational health and safety; mobility and development; customised policy; business sectors; and websites. The instruments are further categorised according to the target group. The materials for the toolbox were developed based on an analysis of collective labour agreements (CAO) and interest expressed by social partners. At the closing meeting in July 2010, the age-aware policy was evaluated as being 'successful'. About two thirds of the employers that had implemented an age-aware policy based on the toolbox and materials provided, indicated that their policy indeed stimulated older employees to continue working, or they expected that the policy would have such an effect in the near future.

Between 2010 and 2013, TNO, the Erasmus Medical Centre and the VU University Medical Centre have carried out a **Study on Transitions in Employment, Ability and Motivation (STREAM)**⁷⁴. STREAM comprises a Dutch prospective cohort study of individuals who were 45-64 years of age at the baseline. The study intended to provide a basis for policy interventions to increase sustainable employment and, in particular, aimed at assessing factors that can affect productivity, work ability or transitions in the employment status of older individuals. Outcomes showed that poor health leads to early retirement (i.e. because of a misfit between job demands and the ability to perform job tasks). Participants with poor health indicated that, in order to avoid productivity losses, work-related, relational or personal adjustments are necessary.

In 2012, the **GAK Institute** (see Section 1.2) published a report on the current state regarding the work ability of older employees⁷⁵. The report was based on the outcome of a study (financed by the Institute) that aimed to identify best practices and relevant tools to retain older workers at work, and to analyse the (underlying) factors that determine whether an older employee continues working as well as the determinants that have an impact on the decision of employers to retain older employees. The report concluded that a knowledge gap exists on the determinants and factors that influence the work ability of older workers. The identification of interventions, instruments and tools (for either the employee or employer) on how to enhance work ability in a sustainable way is therefore of great importance.

In 2012, the Ministry of Social Affairs and Employment, started a project called **Sustainable Employability (Duurzame Inzetbaarheid)**. The goal of this project was to create awareness, stimulate and support organisations who want to implement measures in order to keep employees working longer and in a better working environment. Together with 100 organisations, a manifest was developed, which was the start of a national campaign aimed at employers and workers. Since 2012, a number of activities have been launched under the framework of the Sustainable Employability project:

- A web-platform was built, which presented a collection of good practices and examples of sustainability interventions that address health, training and the productivity of workers. The interventions aim to maintain workers in good health and to provide them with relevant skills until their retirement.⁷⁶
- The Ministry also launched a website called 'Toolbox Sustainable employability' (*Toolbox Duurzame Inzetbaarheid*) which provides visitors with practical tools and instruments that can be used to improve understanding of the benefits of sustainable employability, to measure or analyse sustainable employability, or to influence processes that lead to sustainable employability. The site provides, for each of the tools included, a short description, an overview of their costs, information concerning the scientific background that the tool is based on, and

<http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2005/06/29/werkplan-2005-regiegroep-grijswerkt.html> (Accessed December 2014).

⁷³ Joyce Van Der Wolk, Temporary subsidy for stimulation of age-aware policies - Practice 2004-2010, *Tijdelijke subsidieregeling stimuleren leeftijdsbewust beleid. De praktijk 2004-2010*, Presentation at closing event on 2 June 2010 Bureau Bartels. Final evaluation of Temporary subsidy for stimulation of age-aware policies, *Eindevaluatie Tijdelijke Subsidieregelingstimuleren leeftijdsbewust beleid*.

⁷⁴ TNO, Study on Transitions in Employment, Ability and Motivation (STREAM), Available at: <https://www.tno.nl/media/1946/infoblad-stream-mrt-2013.pdf> (Accessed December 2014).

⁷⁵ Brouwer, S., De Lange, A., Van der Mei, S., Wessels, M., Koolhaas, W., Bültmann, U., Van der Heijden, B., & Van der Klink, J. (2012). *Duurzame inzetbaarheid van de oudere werknemer: stand van zaken. Overzicht van determinanten, interventies en meetinstrumenten vanuit verschillende perspectieven. Gefinancierd door Stichting Instituut Gak. Universitair Medisch Centrum Groningen/Radboud Universiteit Nijmegen*.

⁷⁶ Website on sustainable employability of the Dutch Ministry of Social Affairs and Employment, Available at: <http://www.duurzameinzetbaarheid.nl> (Accessed December 2014).

an indication of the duration to use the tool⁷⁷.

- In 2014, the programme was expanded and a campaign was launched focusing on psychosocial risk factors (e.g. work-related stress), together with the Netherlands Focal Point of EU-OSHA. Through various activities, such as events, media campaigns, a national week and online adverts, the campaign managed to raise awareness on this topic. The campaign was evaluated, and found useful and important by 2/3 of the employees and 60% of the employers. The campaign continues until 2018. Four topics will be targeted: workload, aggression and violence, bullying on the workplace and discrimination. The different topics are addressed via different campaigns, but all aiming at creating awareness and help employers and employees start workplace dialogue and make the necessary arrangements in time. The ultimate objective is to prevent employees leaving the labour force due to unemployment or illness.
- In 2014, a campaign on sustainable employability within SMEs was also launched and it will also continue until 2018. Working with employee organisations, 500 SMEs will receive help with identifying and addressing the most relevant issues for workers in their companies. In 2015 a campaign will be launched on lifelong learning and the continuous development of skills of employees.
- In 2014 and 2015 the total amount of EUR 600 million was made available for so-called Sectorplans ('sectorplannen'). With these plans, social partners were able to get funding for activities that would benefit the labour market; sustainable employability was one of the possible subjects of these plans. Within the ESF project, EUR 22 million was made available in 2014 for sustainable employability for individual organisations.
- In 2015, a new website was developed, focusing on the different topics within the context of sustainable employability and the campaigns mentioned above. News, good practices and tools are presented.

Employment

The Ministry of Social Affairs and Employment, the Employee Insurance Agency (UWV) and the temporary work agencies are carrying out a two-year project, starting from October 2013, entitled "**Action Plan 55 plus works**" (*Actieplan 55PlusWerkt*). The project aims to reduce unemployment among older (unemployed) workers. EUR 67 million will be made available for this initiative, which includes, among other things the provision of monetary incentives in the form of placement bonuses and schooling vouchers for employers and job-seekers (under the condition that there is a prospect of a concrete job)⁷⁸.

2.2 Initiatives from social partners

There is a broad spectrum of social partners in the Netherlands, each of them taking a different OSH policy development approach. The programmes of the main actors are described in the section below.

In 2012, the **Social and Economic Council** (the employers, employees and experts' representative body) issued an advice on the '**System of Healthy and Safe Working**'⁷⁹. This document refers to older workers and occupational diseases, as older workers are at greater risk of developing such a disease due to accumulated stress. The advice also recognises that timely registration of occupational diseases helps to plan early interventions and to develop and implement prevention measures. Prevention is further discussed in relation to repetitive strain injuries (RSIs), aiming at how healthcare costs can be saved by investing in prevention measures. Prevention policy is described as a broad set of measures addressing working conditions, sick leave prevention, and re-integration, but also human resources

⁷⁷ Website on the toolbox sustainable employability of the Dutch Ministry of Social Affairs and Employment, Available at: <http://www.toolboxduurzameinzetbaarheid.nl/index.aspx> (Accessed December 2014).

⁷⁸ Dutch Government, press release on the new Action Plan 55+ Works, *UWV en minister Asscher presenteren Actieplan 55-plus Werkt*, 02.10.2013, Available at: <http://www.rijksoverheid.nl/onderwerpen/re-integratie/nieuws/2013/10/02/actieplan-55-plus-werkt.html> (Accessed December 2014).

⁷⁹ Social and Economic Council of the Netherlands (SER), Advice Nr. 2012/08 of 21 December 2012 on health and safety at work, *Stelsel voor gezond en veilig werken*, Available at: <http://www.ser.nl/nl/publicaties/adviezen/2010-2019/2012/stelsel-gezond-en-veilig-werken.aspx> (Accessed December 2014).

management instruments and age-aware personnel policies (age management). Moreover, sustainable employability is discussed in relation to cooperation between occupational health physicians and general healthcare workers to improve prevention. The insufficient number of occupational physicians is mentioned as a bottleneck for implementing re-integration and coaching services for workers who became sick.

The '**Policy agenda 2020: Investing in participation and employability**' of the **Labour Foundation** (2011) mainly focuses on increasing labour market participation among older workers and related changes in organisational policies, such as age management (age-aware policies), recruitment and increasing employability of older workers by means of enhancing their mobility. It also mentions the necessity to address the employability of all generations, and thus not only of older workers, and the need to improve the image of older workers.

The **Trade Union Federation (FNV) Policy plan** for 2009-2013⁸⁰ contains points on age-aware personnel policy as an aspect of increasing possibilities for flexible working arrangements and improving possibilities for combining employment and care. Moreover, in 2005 the FNV developed a note entitled 'Age and work'⁸¹, in which they complement advice issued by the Social and Economic Council and the Labour Foundation in the late 1990's and early 2000's on increasing participation of older workers and the necessity of positive stimuli, such as age management and work ability policies.

The Foundation Kroon op het Werk (Employers' Forum), WerkVanNu (consultancy and development bureau) and TNO have set up the **National Employability Plan (Nationale Inzetbaarheidsplan)**⁸², which aims at increasing the employability of all workers (including older workers). A set of instruments has been developed such as, among others, a Business Scan and DIX (a sustainable employability index), which make it possible for employees to become better aware of their own employability (including issues related to health and safety at work). The publication of the "Foundation National Employability Plan: Employer and Employer taking action together" (*Nationale Inzetbaarheidsplan: Werkgever and Werknemer aan zet*) by TNO (2012) includes examples of successful implementation of organisational changes at workplaces⁸³. It is estimated that in 2013, around 2000 employees were supported through the programme.

The Employers' Forum has collected practical examples of the implementation of successful organisational changes related to increasing employability and work ability among (partially) disabled workers and older workers by experts in the field and from HR managers. These examples have been described in a book entitled "**Possibilities at work: Practical examples of successful organisational changes**"⁸⁴. The 25 practices described cover many aspects of adapting work places, such as the installation of RSI software, ergonomic chairs, implementing devices for lifting; adjusting working conditions in terms of working time and tasks arrangements; adjustment of team composition; distant work arrangements; and additional guidance and supervision in case of, for example, re-integration or treatment of overload.

The Association of SMEs in the Netherlands (MKB Nederland) and the Ministry of Social Affairs and Employment have developed a project called "**EveryDayBetter**" (*ElkeDagBeter.nu*)⁸⁵, which supports small- and medium sized enterprises to increase the employability of their employees. Through the project, a vast amount of information is available related to improving health and working conditions in SMEs.

⁸⁰ Trade Union Federation (FNV) Policy plan for 2009-2013, *Algemeen beleidskader 2009-2013*, Available at: http://www.fnvbondgenoten.nl/site/over_de_bond/vereniging/downloadblokken/algemeen_beleidskader_2009_2013 (Accessed December 2014).

⁸¹ Trade Union Federation (FNV), publication on age and work, *leeftijd en Werk – bevordering arbeidsparticipatie oudere werknemers*, Available at: http://www.fnvbondgenoten.nl/site/dossiers/316842/316854/downloads_lpb/Nota_Leeftijd_en_Werk.pdf (Accessed December 2014).

⁸² Website of the Foundation Kroon op het Werk and the National Employability Plan, Available at: <http://nationaleinzetbaarheidsplan.nl> (Accessed December 2014).

⁸³ More examples of participating enterprises at: <http://nationaleinzetbaarheidsplan.nl/praktijkvoorbeelden> (Accessed December 2014).

⁸⁴ Werkgeversforum Kroon op het Werk, *Mogelijkheden in het werk – Succesvolle organisatorische werkaanpassingen*, 2007. Available at: http://www.uvw.nl/overuww/Images/Mogelijkheden_in_het_werk.pdf (Accessed May 2015)

⁸⁵ Website 'Every day better', Available at: <http://elkedagbeter.nu> (Accessed December 2014).

2.3 Initiatives from non-governmental organisations

The **Knowledge Centre “Innovative at Work”** (*Kenniscentrum Innovatief in Werk*) initiated by the Dutch Foundation for Psychotechnology [*Nederlandse Stichting voor Psychotechniek (NSvP)*] aims at improving knowledge on issues such as employability, motivation, social innovation and diversity, and at combining research insights with practical implementation. Various media fora facilitate the knowledge exchange processes and the organisation has funds available to subsidise projects at the workplace, which focus on innovation, employability, motivation, and increasing diversity of workers⁸⁶.

A media knowledge platform called ‘**Sustainable employability**’ of Vakmedianet is a discussion portal, where up-to-date information on sustainable employability, and different ways to work longer and healthier are collected and presented. Additionally, the initiators of the platform conduct an annual survey, organise conferences and circulate a bi-weekly newsletter on issues related to sustainable employability⁸⁷.

The Erasmus University Rotterdam and the Dutch Foundation for Psychotechnology have set up an 18-month research project called “**Sustainable employability of older workers and the new media**” (*Duurzame inzetbaarheid oudere werknemers & nieuwe media*). The project addresses the general concern that the workforce is ageing and that there is a need to utilise technological advancements at work, including communication technology⁸⁸. The research project has a twofold goal: 1. Establish the cognitive effects of prolonging the working life for older employees; and 2. Identify how a training programme can improve cognitive functioning of older employees. The ultimate goal is to develop a DVD with a training programme facilitating cognitive functioning of older workers.

Body@Work (an initiative of TNO, VU University Medical Center Amsterdam (VUmc) and de VU University Amsterdam (VU) developed an *integral programme for older construction workers*, aiming to increase job satisfaction and to prevent earlier outflow from employment because of health problems. The programme focuses on increasing recovery time between periods of heavy strain by adapting working styles, e.g. spreading out heavy tasks over the full day⁸⁹.

Between 2001 and 2006, the Association for Regional Care Provision (*De Stichting Voor Regionale Zorgverlening*) implemented a project called “**Senior Power: HR instrument**”⁹⁰. This human resource instrument, which aims to increase the potential of older workers in organisations, contains information on the positive characteristics of older employees. It explains in which sectors and jobs older employees can be most useful, and provides examples of changes that were effectively implemented at the workplace to incorporate older workers. During the project period, sick leave among workers who are 55 years of age and older decreased by 38%, and among workers between 45-55 years of age it decreased by 55%.

⁸⁶ Knowledge Centre “Innovative at Work”, Strategic plan of activity for 2011-2015, *Nieuwe arbeidsrelaties – Nieuwe Oplossingen, meerjarenplan NSvP 2011-2015*, Available at:

http://www.innovatiefinwerk.nl/sites/innovatiefinwerk.nl/files/field/bijlage/meerjarenplan_2011-2015_0.pdf.

⁸⁷ Knowledge platform “Sustainable Employability”: <http://overduurzameinzetbaarheid.nl/> (Accessed December 2014).

⁸⁸ Network ‘Innovation at work’, project sustainable employability of older workers and new media, *Duurzame inzetbaarheid oudere werknemers en nieuwe media*, Available at: <http://www.innovatiefinwerk.nl/projecten/duurzame-inzetbaarheid-oudere-werknemers-nieuwe-media> (Accessed December 2014).

⁸⁹ Website of a knowledge platform for safety and prevention, *Arbo – Kennisplatform voor veiligheid en preventie*, article of 19 April 2010 on Body@Work, Available at: <http://www.arbo-online.nl/artikelen/je-gezondheid-op-de-steigers.28382.lynkx?thema=Preventiemedewerker> (Accessed December 2014).

⁹⁰ Seniorenkracht. (Senior power), HR instrument to increase the potential of older workers in organisations, Available at: <http://www.leeftijd.nl/producten-diensten/implementatie/seniorenkracht> (Accessed December 2014).

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In the Netherlands, the employer and the worker have a shared responsibility for ensuring that the worker comes back to work as early as possible after a sickness absence. This responsibility is enshrined in the law. The Dutch system has an all-encompassing approach, covering all workers who suffer from a health problem, which obliges them to go on sickness absence for several weeks. It does not focus solely on people with disabilities or on victims of occupational accidents or diseases.

The following chapter first describes the institutional system in the Netherlands for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick or injured workers

Legal and policy framework

As mentioned previously, the **Working Conditions Act** covers requirements on employers to keep in contact with sick employees; and contracting a certified Occupational Safety and Health (OSH) Service.

According to the **Gatekeeper Improvement Act** (*Wet Verbetering Poortwachter – WVP*) of 2002, the employer and employee are both responsible for ensuring that the employee returns to work as soon as possible. The Act calls for quick action from employers to reduce absenteeism and occupational disability and to supervise the reintegration of employees.

The **Occupational Disability Insurance Act** (*WAO*), reformed in 2006 with the **Work and Income according to Labour Capacity Act** (*WIA*), aims to focus on the capabilities of people with partial occupational disability rather than on what they are not able to do. It seeks to give people who are partially fit for work a significant incentive to make use of their remaining capacity for work. During an application process, candidates with a handicap or chronic illness may be refused participation if it is necessary for the sake of the health and safety of the candidate/employee, or third parties. However, such a candidate/employee may not be refused if the risk to health and safety can be eliminated through workplace modifications⁹¹. The Act consists of two regulations⁹²:

- The regulation governing Resumption of Work for the Partially Disabled (WGA), and
- The regulation governing Income for the Fully Disabled (IVA).

The WIA seeks to provide incentives for people to use their capacities for work. These incentives include tools and instruments that will facilitate the return-to-work process as well as financial stimuli for both the employer and the employee to make the process of returning to work more interesting for

⁹¹ Government of the Netherlands, Ministry of Social Affairs and Employment, publication on 'Equal Treatment', Available at: <http://www.government.nl/documents-and-publications/leaflets/2011/09/02/q-a-equal-treatment.html> (Accessed December 2014).

⁹² European Agency for Safety and Health at Work, Work-related musculoskeletal disorders: Back to work report, 2007, Available at: <https://osha.europa.eu/en/publications/reports/7807300> (Accessed December 2014).

all parties involved^{93,94}. The WIA⁹⁵, provides possibilities for (unemployed) workers with (partial) disabilities to:

- 1) follow a re-integration project through the local Employee Insurance Agency (UWV) or a municipality;
- 2) receive help to start their own business, for example with a starting credit, while keeping the right for welfare payments;
- 3) receive an unpaid temporary proof employment (keeping the right for welfare).

The new regulation was adopted to change the previous situation under which workers with disabilities would lose a part of their pension if they decided to work.

From a policy perspective, the promotion of more successful return-to-work policies is perfectly in line with the approach of the Dutch government and the social partners to enhance sustainable employability throughout the life span and facilitate work ability at any age. Therefore, the OSH and employment policies focusing on healthy and safe work and on sustainable employability described in Section 2 are also relevant to rehabilitation and return to work.

For instance, the 2012 national programme '**Vision for the System of Healthy and Safe Work**'⁹⁶ of the Ministry of Social Affairs and Employment addresses the need to improve connections between regular health care systems and occupational health systems to simplify the re-integration of workers who became sick. The '**Strategy plan for 2013-2014**' of the Inspectorate SZW includes a goal to reduce sickness absence and the occurrence of disability by improving working conditions and addressing health risks. Although the Inspectorate's focus is more on prevention than on rehabilitation, it constitutes the first step towards successful RTW interventions.

Main actors and steps in the rehabilitation process

The main actors responsible for the re-integration of employees who became sick are: the employer; the employee; an occupational therapist or a professional OHS service; and, if possible, a re-integration service provider (enterprise providing consulting and coaching services).

According to the Gatekeeper Improvement Act (see above), the steps that employees, employers and OSH institutions must take to get sick employees back to work are:

- Employers must inform their OSH Service (or an organisational therapist) within the first week of the employee's sickness;
- The OSH Service must assess the case and draw up reintegration recommendations within six weeks of the first day of sickness;
- On the basis of the recommendations, and after a maximum of eight weeks, the employer and employee, together with an occupational therapist or a professional occupational health and safety service, draw up a plan of action, a so-called '**re-integration Action Plan** (PvA). This Plan should describe what both parties intend to do to ensure that the worker will be able to start working again and forms part of the so-called '**re-integration dossier**'. A re-integration dossier is necessary in case the employee is likely to remain sick for a longer period of time. Efforts made by the employer and employee, as a team, to get the employee back to work should be reported in the dossier.

⁹³ Government of the Netherlands, re-integration, publication on the review of the disability system, *herziening stelsel arbeidsongeschiktheid*, Available at: <http://www.rijksoverheid.nl/onderwerpen/re-integratie/documenten-en-publicaties/circulaires/2012/04/16/herziening-stelsel-arbeidsongeschiktheid.html> (Accessed December 2014).

⁹⁴ Dutch Senate, proposal of the WIA Law, *Wet werk en inkomen naar arbeidsvermogen (WIA)*, Available at: https://www.eerstekamer.nl/wetsvoorstel/30034_wet_werk_en_inkomen_naar ((Accessed December 2014).

⁹⁵ Government of the Netherlands, re-integration, webpage on stimulating re-integration, Available at: <http://www.rijksoverheid.nl/onderwerpen/re-integratie/stimuleren-van-re-integratie> (Accessed December 2014).

⁹⁶ Letter from the House of Representatives concerning its views on health and safety at work, *Kamerbrief met visie over gezond en veilig werken*, 03.03.2012, Available at: <http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2012/03/30/kamerbrief-met-visie-over-gezond-en-veilig-werken.html> (Accessed December 2014).

- The action plan is implemented by the employer and employee with progress meetings at least every six weeks.
- In case the employee is sick for more than a year, an evaluation must take place, in which both sides have to restate their re-integration goals and agree on how to achieve these new goals.

Advice and coaching on how to set up and develop a re-integration Action Plan is provided by private enterprises, specialised in coaching and assisting in re-integration (so-called re-integration bureaus, or general multidisciplinary occupational health and safety service providers)⁹⁷. For some sectors, service contracts are set up with specific bureaus on special tariffs. OVAL is an umbrella organisation that represents re-integration bureaus conforming to high quality standards⁹⁸.

In case the employee is not able to return to his/her old function, the employer is obliged to offer the employee a different, more suitable position within the organisation. For example, the employer could offer him/her part-time work or to perform tasks that can be modified if necessary⁹⁹. If it is not possible to offer the employee a different function, the employer is obliged to support the employee in finding a job at another organisation – at which point services of a re-integration bureau can be useful.

The complexity of the regulations on how to deal with sick leave, and the lack of awareness of employers with respect to age-related personnel policies, has led to the demand for private sector consultancy services that are specialised in labour law, regulations on how to deal with sick leaves, disability benefits regulations and social welfare payments. In 2004, there were about 650 private companies in the Netherlands offering such services^{100,101}.

Compensation system

Compensation system for sickness absence

Since 2004, as a result of the adoption of the Gatekeeper Improvement Act, employers are obliged to pay (at least) 70% of an employee's salary, for a maximum duration of two years, if he/she needs to take time off due to sickness. There are no public funds available to cover these costs, but employers can (partially) insure themselves against them. This creates incentives for employers to use occupational health and safety services and to assure that employees who are on sick leave return to work as soon as possible¹⁰². If necessary, employers are obliged to adjust the workplace and work tools for the employee who was sick.

The **Employee Insurance Agency** (UWV) compensates for the part that is not being paid out by the employer so that employees still receive a full wage.

⁹⁷ Website of OVAL, available at: <http://www.oval.nl/> (Accessed December 2014).

⁹⁸ Ministry of Social Affairs and Employment, website on labour conditions, *Arboportaal*, webpage: re-integration with support of a re-integration company, *Re-integratie met hulp van een re-integratiebedrijf*, Available at: <http://www.arboportaal.nl/onderwerpen/re-integratiebedrijf> (Accessed May 2015)

⁹⁹ Ministry of Social Affairs and Employment, website on labour conditions, *Arboportaal*, webpage: return-to-work law, *Wet Verbetering Poortwachter*, Available at: <http://www.arboportaal.nl/onderwerpen/arboret--en--regelgeving/verzuim/wet-verbetering-poortwachter.html> (Accessed December 2014).

¹⁰⁰ European Agency for Safety and Health at Work, Work-related musculoskeletal disorders: Back to work report, 2007, Available at: <https://osha.europa.eu/en/publications/reports/7807300> (Accessed December 2014).

¹⁰¹ For example: <http://www.astri.nl/>; <http://www.stap.nu> specialise on re-integration to the labour market; <http://www.qidos.nl/>; <http://www.leeftijd.nl/> focus on sustainable employability and in improving working conditions/age-aware personnel policies for all workers (Accessed December 2014).

¹⁰² Work-related musculoskeletal disorders: Back to work report (2007) European Agency for Safety and Health at Work.

Compensation system for disability or reduced work capacity

If, after two years of sick leave, a worker remains unemployed and he/she has a disability or work incapacity of at least 35%, he/she can qualify for receiving disability benefits¹⁰³. The body responsible for paying insurance benefits is the Employee Insurance Agency¹⁰⁴.

Financial Incentives

The Dutch government has introduced a number of financial incentives for employers to facilitate re-integration and to encourage organisations to employ people with (partial) disabilities or (partial) occupational disabilities. Wage dispensation and wage compensation allow employers to temporarily (during a period of up to five years) pay low or no wages for employees who are less able to perform or who are absent because of long-term sickness.

Incentives also exist for employers to employ older workers with partial work disability. For example, a mobility bonus is available for employers who employ individuals of 50 years or older who have the right to receive a social welfare payment¹⁰⁵. Older employees and self-employed workers may receive a work bonus if they are working when they become 61 years of age and older¹⁰⁶. A tax discount is also possible for individuals who want to start their own business but who receive social welfare payments because of occupational disability¹⁰⁷.

The **Employee Insurance Agency** (UWV – see section 1.2) provides subsidies for necessary workplace adjustments related to re-integration of sick employees or employees with disabilities¹⁰⁸.

In addition, employers receive financial support if they decide to employ a (long-term) unemployed person with a disability, and they can receive extra coaching from the UWV or from a re-integration bureau. In particular, employers can benefit, over a five year period, from a “no-risk insurance” policy (*noriskpolis*) for employees on health or disability benefits. During that time, if the person gets sick, the Agency, rather than the employer, will pay for sickness benefits. This incentive contributes to compensating the risk that employers avoid hiring people with pre-existing health problems to avoid the possibility of regularly paying for sickness benefits.

UWV also supports individual re-integration projects for unemployed individuals with partial disabilities who need to receive disability benefits in order to be eligible for having their re-integration coaching at a re-integration bureau paid by the UWV¹⁰⁹.

3.2 Specific initiatives

Initiatives from government/government-affiliated organisations

As mentioned, considering the holistic approach of the Dutch government to sustainable employability, many of the initiatives described in Section 2 are relevant for rehabilitation/RTW as well.

Examples are the **Study on Transitions in Employment, Ability and Motivation (STREAM)**, which focuses on studying the factors that affect willingness and ability of older workers to stay employed,

¹⁰³ Website of IRO Advise, page on individual re-integration agreement, *Individuele Reintegratie Overeenkomst (IRO)*, Available at:

http://www.uwv.nl/Particulieren/ik_ben_ziek/ik_ben_bijna_2_jaar_ziek_en_kan_nog_werken/ik_ben_bijna_2_jaar_ziek/index.aspx (Accessed December 2014).

¹⁰⁴ Website of UWV, the Dutch Employee Insurance Company, Available at: <http://www.uwv.nl/> (Accessed December 2014).

¹⁰⁵ Platform for entrepreneurs, *Ondernemersplein*, page on mobility bonus for employers, *Mobiliteitsbonus voor werkgevers*, Available at: <http://www.antwoordvoorbedrijven.nl/subsidie/mobiliteitsbonus> (Accessed December 2014).

¹⁰⁶ Dutch tax agency, page on work bonus, *werkbonus*, Available at:

http://www.belastingdienst.nl/wps/wcm/connect/bldcontentnl/belastingdienst/privet/inkomstenbelasting/heffingskortingen_boxe_n_tarieven/heffingskortingen/hk_werkbonus/ (Accessed December 2014).

¹⁰⁷ Platform for entrepreneurs, *Ondernemersplein*, page on tax reduction for starting entrepreneurs due to disability, *Startersaftrek (bij arbeidsongeschiktheid)*, Available at: <http://www.antwoordvoorbedrijven.nl/subsidie/startersaftrek> (Accessed December 2014).

¹⁰⁸ Government of the Netherlands, re-integration, webpage on stimulating re-integration, Available at:

<http://www.rijksoverheid.nl/onderwerpen/re-integratie/stimuleren-van-re-integratie> (Accessed December 2014).

¹⁰⁹ http://www.iroadvies.nl/index.php?module=content&content_id=2 (Accessed December 2014).

and the **Sustainable Employability project**, which focuses on a wide variety of good practices dealing with working arrangements but also health management in enterprises related to employing older workers.

Initiatives from social partners

As mentioned, in 2012 the **Social and Economic Council** issued an advice on the '**System of Healthy and Safe Working**'¹¹⁰. Within the general discussion related to health and disease prevention, the document refers to the cooperation between occupational health physicians and general practitioners to improve rehabilitation. The document mentions specifically that the insufficient number of occupational physicians is a bottleneck for implementing re-integration and coaching services for workers who became sick.

The '**EveryDayBetter**' (*ElkeDagBeter.nu*) initiative by the Association of Entrepreneurs (MKB-Nederland) and the Ministry of Social Affairs and Employability, which has been described earlier, not only has a service-desk focusing on healthy working conditions for workers, but also includes a 'service-desk' related to sick-leave and re-integration policies in SMEs. Information provided here focuses on topics such as how to prevent and deal with long-term sick leave in SMEs; what constitutes a re-integration report and how an entrepreneur should prepare it; and how to promote work for individuals with disabilities via improving flexible working arrangements, such as working from home.

The Employers' Forum 'Kroon op het Werk' has published a book entitled '**Health management at work: prevention of sick leave and re-integration of employees with health problems**', which presents a collection of good practices from enterprises with respect to reducing sick leave and (re-)integrating workers with health problems back to employment¹¹¹. Practices, among others, include adapted working time arrangements, different task package, and support from co-workers and the supervisor. The initiatives presented in the book were collected from enterprises nominated for the 'Kroon op het Werk' prize, which is awarded to companies or organisations with outstanding personnel policies, especially in terms of investments in sustainable employability or health management.

Initiatives from non-governmental organisations

The **Consultancy Step.nu** and the **Employee Insurance Agency (UWV)** propose individual counselling and coaching services to support individuals who survived a life-threatening disease to re-integrate into the labour market. The objective of the project, entitled '**Living and working after cancer**' (*Leven en werken na kanker*), is to help the re-integration to the labour market of individuals who survived cancer or another life-threatening disease. In addition to emotional support, individual physical and psychological abilities are studied to identify the right occupation. Labour market orientation, if necessary, support to choose a different occupation, coaching around job application processes, mediation and follow-up are included as well. The project, which started in 2009, was evaluated and showed that of the 43 individuals that participated, 93% were re-integrated into the labour market.

Between 2006 and 2009, a **partnership of organisations** (SWZ Zorg, Libra Zorggroep and regional departments of the UWV) carried out a project entitled **HEADwork**. This project targets unemployed individuals who have a non-born brain injury (i.e. after an infarct) and receive social welfare¹¹². As a first step, the project assessed the individual's ability to work. If the outcome was positive, the re-integration process would start and a broad assessment of the working capacities would take place. Next, during the activation phase, a trial placement in a 'learn-at-work' organisation (Triocen) was realised. Training, personal coaching, systematic support to find an appropriate job, and counselling

¹¹⁰ Social and Economic Council of the Netherlands (SER), Advice Nr. 2012/08 of 21 December 2012 on health and safety at work, *Stelsel voor gezond en veilig werken*, Available at: <http://www.ser.nl/nl/publicaties/adviezen/2010-2019/2012/stelsel-gezond-en-veilig-werken.aspx> (Accessed December 2014).

¹¹¹ Website of the Ministry of Social Affairs and Employment on labour conditions, publication on examples of good practices on health management (reintegration and return to work after health problems), *Goede praktijken gezondheidsmanagement*, Available at: <http://www.arboportaal.nl/documenten/publicatie/2008/05/05/goede-praktijken-gezondheidsmanagement> (Accessed May 2015).

¹¹² Website interventions according to work, *Interventies naar werk*, page on re-integration of people with acquired brain injuries, Available at: <http://www.interventiesnaarwerk.nl/interventies/headwerk> (Accessed December 2014).

are also part of the programme. From the first group of individuals that completed the project, 14 individuals have found a job (34%).

Following an initiative of the **Rheumatism patient association**, the '**Rheumatism and Work**' (*Reuma en Werk*)¹¹³ intervention was developed, aiming to assist patients with rheumatism to remain at work or to find a new job. The intervention focuses on supporting the patient to take their own responsibility, and extensive counselling (to address both physical as well as physiological complaints) is part of the programme to make the individual aware of his/her capabilities to take part in the labour market rather than to focus on his/her limitations due to the disease. The programme also provides the target group with career coaching by a coach from a re-integration bureau, and brings them in contact with experience experts (who are rheumatic patients themselves). Between 2005 and 2008, 280 people took part in this intervention; 61 people were successfully re-integrated in the labour market and 138 people were still participating in the intervention. .

The intervention '**TraJect: Aan het werk?!**' is developed by the **Knowledge Centre Participation, Work and Health** (*Kenniskring Participatie, Arbeid en Gezondheid*) of the University of Applied Sciences in Rotterdam in cooperation with revalidation experts from the Erasmus Medical Centre. The intervention supports (mainly) young individuals with chronic illnesses to find work. The project makes use of and focuses on the expertise from two areas: revalidation (ergo-therapist, psychologist, revalidation physicist, community worker) and re-integration (job coaching). The first two to three months consist of an initiation phase during which capacities, skills and work motivation are tested and individual goals are defined. The next phase, the competence phase, lasts for three to five months and aims at developing necessary skills, habits and routines, and gaining work experience. The next four to seven months are devoted to training during which paid work is identified. After one year, three out of 14 individuals had found a paid job and four people were involved in unpaid work. Given the difficult target group, this intervention can be considered successful.

¹¹³ Website interventions according to work, *Interventies naar werk*, publication on interventions addressing rheumatism and work, *Beschrijving van de interventie Rheuma en Werk*, Available at: http://www.interventiesnaarwerk.nl/sites/default/files/interventies/Reuma_en_Werk_0.pdf (Accessed December 2014).

4 Conclusions

General context

Facts and figures

- *The Dutch population will continue to become older:* The population in the Netherlands has been ageing since the 1960s, which is in line with trends within other European countries, and this is expected to continue, with the strongest ageing happening between now and 2040.
- *Employments rates among older workers will keep rising:* Employment among older people has been constantly increasing since 2002 and has been continuously above the EU average (e.g. employment among 55 to 64-year-olds was 60% in 2013 compared to 50% on EU average). Due to recent changes to the Dutch pension system, the official retirement age is increasing and the numbers of older workers are thus expected to keep increasing.
- *The attitude of older workers towards retirement has changed:* While tax benefits and early retirement schemes existed that promoted retirement before the official pension age had been reached, the Dutch government abolished these in 2006, which contributed to a cultural change. Workers are nowadays better aware of the necessity to continue working until they have reached their retirement age¹¹⁴. This is also reflected by data on the effective retirement age, which increased by four years for men and by three years for women between 2002 and 2012.
- *Financial motives are still the main reason for retirement; job satisfaction keeps people employed:* Even though a change in attitude is being observed, favourable financial arrangements to leave are still the main reason for people to stop working (28% compared to 7.2% at EU level). The second most important reason is their own health or disability (21% - similar to EU level). The main reasons for pensioners aged 50 to 69 years to continue working are non-financial (e.g. work satisfaction), and this share is much higher compared to the EU average (51% versus 29% respectively).
- *The number of self-employed older workers is increasing rapidly:* Since the economic crisis of 2008, the number of self-employed workers in the Netherlands has significantly increased (particularly among older workers). The current numbers are nearly twice as high as the EU average. The trend is expected to continue (in case the tax benefits continue to exist) and should be better addressed by Dutch legislation in light of the occupational health and safety and employability as these people are often uninsured and not aware of their rights and responsibilities.
- *Chronic diseases and work-related health problems are common in the Netherlands:* The prevalence of chronic illnesses is higher in the Netherlands compared to the EU average (73% versus 47% respectively, among the unemployed aged 55 to 64 years). Moreover, the Dutch population between 55 and 64 years of age report more work-related health problems (e.g. musculoskeletal disorders and psychological illnesses) compared to the EU average.
- *Many working conditions are better in the Netherlands than elsewhere:* Looking at the shares of older workers who report positive aspects of working conditions, the Netherlands performs well on various aspects compared to EU-averages. Older people are less likely to carry heavy loads, conduct shift work or work in tiring or painful positions. They also have a better control over their work pace, job sustainability, and are overall satisfied with their working conditions.

Legal and institutional framework

The Dutch government, particularly the Ministry of Social Affairs and Employment, has played an important role during recent years to put the issue of sustainable employability on the political agenda. However, over the past few years, the responsibility for sustainable employability (and OSH) has shifted from the government to employer/employee (company level). This is reflected in the way the social partners have become increasingly involved in the topic. Social dialogue is historically important in the

¹¹⁴ Information provided by the stakeholders during the national expert workshop on “Safer and Healthier Work at Any Age”, which took place on 13-14 March 2014 (more details provided in the introduction to this report).

Netherlands, as can be observed from the coordinated tripartite approach to OSH and working conditions and the delegations of certain aspects of OSH and working conditions to collective agreements at sectoral or company level (the OSH catalogues) rather than regulating them at national level.

The legal framework in the Netherlands concerning sustainable employability, occupational health and safety, antidiscrimination and pensions is well-functioning and relatively effective, supported by strong financial incentives for employers. A lot of changes and legislative reforms have taken place during the past 15 years, which have brought positive developments at the macro level for sustainable employability.

Views of the stakeholders¹¹⁵

Some stakeholders, in particular business representatives, noted that, at the company level, the numerous legal changes of the past decade have made it often difficult for employers and employees to keep up with all the rules and regulations they should be aware of. This is particularly the case for small and medium sized enterprises (SMEs). It was emphasised that it is important for the Dutch government to address this issue and ensure an effective implementation of the legal and policy framework. This is particularly true since, with the recent legislative changes, responsibilities have shifted from the government to the workplace and the employer and employee are now playing a bigger role in the sustainable employability as well as return-to-work processes.

OSH and older workers

In the beginning of the twenty-first century the emphasis in the Netherlands was on promoting ‘old-age’ policies, however, the government and social partners have quickly realised that directing policies at older individuals alone is not efficient. The focus therefore shifted to enhancing sustainable employability throughout the life span, facilitating work ability at any age, implementing age-aware policies, etc.

An integrated and multidisciplinary policy framework has been developed and is being used in the Netherlands to address the changing demographics of the country, called ‘*sustainable employability*’. It is a widely used concept across sectors, and can be characterised as the capability of employees to work in a healthy, vital and productive way until tomorrow, but also until they are eligible for a pension. It is thus a dynamic concept that emphasises the need to both invest in an employee’s health in the short term and ensure that the employee will remain healthy until he/she has reached the pension age.

The health and well-being of workers are thus being addressed, but are encapsulated within a bigger concept that also focuses on e.g. work ability, flexibility, “vitality” and trust. Additionally, the sustainable employability of all workers is being addressed, as improving the health of a younger worker is just as important as improving that of an older employee, particularly as it will ultimately have an impact on his/her future wellbeing.

The implementation of the large national project of the Ministry of Social Affairs and Employment in 2012 on sustainable employability has contributed significantly to raising awareness about the topic and facilitating and supporting the implementation of initiatives and programmes within organisations and companies. It has been accompanied by a number of instruments aimed at raising-awareness, providing practical solutions to employers (e.g. Toolbox Sustainable employability) or providing financial support (e.g. through subsidies for improving the working conditions of older workers).

The majority of initiatives and practices that are discussed in this report stem from funding provided by the government to increase employment among older workers and among workers with (partial) disabilities. They also focus on the implementation of measures addressing the potential of older workers and threats of losing valuable skills, knowledge and experience when older workers leave companies, and adjusting working conditions, working arrangements and working time. Additionally, programmes facilitating life-long learning and the (inter-sectoral) mobility of older workers, which aim to enhance their employability and to increase their chances of reintegration into the labour market, have been developed and promoted.

¹¹⁵ These views were expressed during the national expert workshop on “Safer and Healthier Work at Any Age”, which took place on 13-14 March 2014 (more details provided in the introduction to this report).

The concept of 'sustainable employability' has gotten a lot of attention and is well-known across sectors and bodies. Public-private partnerships are well developed in the Netherlands, and programmes and projects therefore often involve both governmental as well as non-governmental bodies.

Views of the stakeholders

Stakeholders in the Netherlands approve the lifelong approach taken by the Dutch government to health and safety at work and sustainable employability, rather than keeping a focus solely on older workers, as they believe it will minimise stigmatisation and discrimination at the workplace.

However, some of them noted that one single 'golden standard does not exist to improve the sustainable employability of people. Each approach needs to be adapted to the circumstances, sector and situation a company or organisation operates in, as the needs and challenges in terms of age management and age programmes will be very different. This specifically applies to SMEs, which often do not have the same resources and tools available, compared to bigger companies, for promoting health and safety among their older employees, or the knowledge and awareness of their rights and responsibilities.

Moreover, worker representatives recalled that since 2000 the number of self-employed workers has significantly increased in the Netherlands, particularly among older workers. The numbers are predicted to grow further (in case tax benefits continue to exist) and this should be addressed by the Dutch government as many of these people are uninsured and unaware of how they could improve and contribute to their own sustainable employability.

Rehabilitation/return to work

In the Dutch system for rehabilitation/return to work, the employer and the employee have a shared responsibility for ensuring that the employee comes back to work as early as possible following a sickness absence. This responsibility is enshrined in the law, through the provisions of the 2002 Gatekeeper Improvement Act. In addition to shifting the responsibility for an early return to work to the employer, the Act includes a financial incentive to do so, as employers have to pay for sickness absence benefits (up to 70% of the worker's salary) for two years, which is much longer than in other EU Member States. In addition, since 2005, the Work and Income According to Labour Capacity Act, later reformed by the Occupational Disability Insurance Act, shifted the focus from an assessment of workers' disabilities to an assessment of their remaining capacities, reinforcing the Dutch approach to sustainable employability with regard to workers with reduced capacity of work.

The Dutch system is all-encompassing, covering all workers who suffer from a health problem, which obliges them to go on sickness absence for several weeks. It does not focus solely on people with disabilities or on victims of occupational accidents or diseases.

Employers and employees, supported by the occupational health services (internal or external) in their tasks, have to draw up a re-integration Action Plan after a maximum of eight weeks of sickness absence, describing what employer and worker intend to do to ensure that the worker will be able to start working again. The employer can receive support from the Employee Insurance Agency for workplace adaptations, in particular if they decide to hire an unemployed person with reduced work capacity.

With regard to specific initiatives, most of the initiatives related to sustainable employability mentioned in the previous section are very relevant for rehabilitation/return to work as they have as a general objective the reduction of sickness absence. Social partners have also been active in the Netherlands on the topic of rehabilitation/return to work, for instance with the handbook of 'Kroon op het Werk' on 'Health management at work: prevention of sick leave and re-integration of employees with health problems'.

Views of the stakeholders

Stakeholders recall that the Netherlands has relatively low rates of absenteeism and the multidisciplinary cooperation between sectors and bodies has been actively stimulated for successful return-to-work policies. In particular, cooperation between the medical doctor and the occupational physician has improved over the years, and awareness of the importance of work in the rehabilitation process is recognised. Also, the culture of having an open dialogue between the employer and employee has been beneficial for the rehabilitation and return-to-work processes, and the emphasis

that has been put in the Dutch system on the role of the employer and the occupational physician rather than the medical specialist has been praised by many international organisations, such as the OECD.

Certain stakeholders, in particular social partners and OSH experts, note that there are however various aspects that could be further improved in the country, and particularly the government as well as the insurances have a role to play here. The Dutch government has introduced various financial incentives to support and encourage both the employee as well the employer to ensure a fast rehabilitation or return-to-work process in case a worker has fallen ill or had an accident. However, in practice, this is not always the case. The introduction of more 'positive' financial incentives (e.g. rewarding an employer in case preventive measures are implemented rather than offering compensation once a problem has occurred i.e. a worker falls ill) could be a suggestion.

Moreover, there is room for improvement concerning 'track two' (*spoor twee*), which is the return of an ill or disabled worker to the job market but with a position at a different firm to where he/she was working before. Changes are required within the current system, and potentially an evaluation of the '*no-risk policy*' could be beneficial to this process. The scope of this policy is currently quite broad and there is a need for a more targeted and focussed approach (e.g. focus on specific diseases such as cancer). The use of this policy should also be introduced earlier in the rehabilitation process.

General conclusions

While 10 years ago, the Netherlands was already considering issues related to the OSH of its older workforce, it has been moving gradually towards the concept of sustainable employability, a successful integrated framework used across all the relevant policy areas (OSH, employment, public health) and by all relevant actors (government, social partners and also certain non-governmental organisations). This concept encompasses the two topics addressed in this report – OSH and older workers and rehabilitation/return to work. Under the heading of "sustainable employability", the government has developed various campaigns, tools, websites and strategies to raise awareness about the importance to invest in the employee's health and wellbeing to ensure that they are able to work tomorrow, but also until their retirement age.

5 References and further information

European and international sources

- EU-OSHA – European Agency for Safety and Health at Work, *Work-related musculoskeletal disorders: Back to work*, 2007
- EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, “OSH system at national level –Netherlands”.
- Eurofound – European Foundation for the Improvement of Living and Working Conditions, *Sustainable work and the ageing workforce, A report based on the fifth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg, 2012.
- Eurostat, *Active ageing and solidarity between generations, A statistical portrait of the European Union 2012*, Publications Office of the European Union, Luxembourg, 2011.
- Meggender O., Boukal C., *Healthy Work in an Ageing Europe – A European Collection of Measures for Promoting the Health of Ageing Employees at the Workplace*, 5th initiative of the European Network for Workplace Health Promotion, Mabuse-Verlag, Frankfurt am Main, 2005.
- OECD – Organisation for Economic Cooperation and Development, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010

National sources

- Bosselaar, H., Van Den Berg, M., and Den Hoedt, M., *Re-integration of older unemployed: Lessons from the first good practice* (Re-integratie van oudere werkzoekenden Lessen uit de eerste good practices), Ministry of Social Affairs and Employment, 2006.
- De Grip, A., Fouarge, D., and Montizaan, R., ‘How Sensitive are Individual Expectations to Raising the Retirement Age?’ *De Economist*, Vol.161, Springer Science, 2013, pp.225-251.
- De Muijnck, J.A. and Zwinkels, W.S. *Older workers in SME’s. Literature study on employing older workers in SME’s*. [Oudere werknemers in het MKB. Literatuurstudie naar de inzet van oudere werknemers in de MKB-onderneming]. EIM, Zoetemeer, 2002.
- Montizaan, R., *PhD Thesis*, Research Centre for Education and the Labour Market, Maastricht, 2010.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

European Agency for Safety and Health at Work

Santiago de Compostela, 12 – 5th floor
48003 Bilbao - Spain

E-mail: information@osha.europa.eu

<http://osha.europa.eu>



Publications Office