Project Title

Impact of Changing Social Structures on Stress and Quality of Life: Individual and Social perspectives

Project Acronym/Logo:

STRESS IMPACT

Work Package 2

Review and Inventory of National Systems and Policy: The Netherland

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1 Chapter 1 – Introduction

1.1 Introduction

In the current study, we provide a review and inventory of national social insurance systems and related policies in the Netherlands on sickness and long-term absence. We present the main national legislative instruments on sickness that are relevant, with a focus on stress-related sickness and long-term absence. We also provide a review on non-legislative provisions and initiatives. Furthermore, we describe the current policy debate in the Netherlands, covering the positions and plans of various parties and institutions that are involved.
This study is part of an international research programme titled “Stress impact” that investigates long-term absence from work due to stress related health problems. This research programme is executed by research institutions from six European Union member states (i.e. United Kingdom, Ireland, Italy, Austria, Finland, and the Netherlands). The current study, as part of this research international programme, is performed in each participating member state.

1.2 Contents of the report

The contents of this report are the following:

- In Chapter 1, we will describe the philosophy of social insurance/social welfare legislation. In addition, we will present some figures of (stress-related) sickness, long-term absence, and disability in the Netherlands. After this, we will describe the involved parties and institutions (i.e., stakeholders).
- In Chapter 2, we will present the main national legislative instruments on sickness and long-term absence, with a focus on stress-related sickness and long-term absence at work.
- In Chapter 3, we will provide a review on non-legislative provisions and initiatives, such as collective agreements and covenants.
- In Chapter 4 we will describe the current policy debate in the Netherlands, covering the positions and plans of various parties and institutions that are involved.
- In Chapter 5 we will discuss the level of awareness and debate on the issue.

1.3 Data sources

For the present study we have used the following data sources:

Literature:

- Reports by TNO (The Netherlands Association of Applied Scientific Research)
- Publications Ministry of Social Affairs and Employment
- Publications Workers Insurance Authority (UWV)
- Other publications (see references)

Websites:

- Ministry of Social Affairs and Employment (www.szw.nl)
- Ministry of Health, Welfare and Sport (www.vws.nl)
- Occupational health and safety services branch association (www.boaplein.nl)
- Workers Insurance Authority (www.uwv.nl)
- Independent platform for Reintegration (www.stecr.nl)
- Social and Economic Council (www.ser.nl)
- Employers’ Organisations (www.fnv.nl, www.cnv.nl)
- Branch Organisation Rehabilitation Organisations (www.borea.nl)

2 Chapter 2 – National legislative instruments

2.1 Philosophy social insurance and social welfare legislation

The social insurance system in the Netherlands has witnessed continuous change in the past decades (see De Haan & Verboon, 2002; Return, 1999). Initially, the protective function of the system was of central concern: the system offered insurance against loss of income, with a guaranteed minimum income for everyone. However, when the economic situation deteriorated, the social insurance system became an important political issue in the Netherlands. Industrial employment declined in the second half of the 1970s, whereby redundant employees were shed in the Occupational Disability Insurance Act (WAO). Losing employees in such a way was attractive as the conditions for disability benefits were more favourable than for unemployment benefits. Nevertheless, the resulting increase in disability benefit recipients and 'improper use' of the WAO were more and more criticized.
In the 1990s, the public debate focused largely on sickness absenteeism and work incapacity. In order to diminish sickness absenteeism and work incapacity rates, the government decided to make all parties involved more aware of the need to limit the number of claims and to increase the responsibility of both employers and employees. The government introduced various measures for this purpose, such as profound changes to the Sickness Benefits Act (ZW) and the WAO. Employers nowadays have a higher financial risk; they have to pay for the first year of sickness by themselves, a period that will be stretched to two years in January 2004. This should encourage employers to have better policies concerning working conditions. For employees, the level and duration of benefits are currently less favourable. In addition, more attention is given to the prevention of fraud.

In the last decade, the activation and reintegration of employees claiming sickness and disability benefits were issues of central concern. Since 1994, organisations have to be affiliated with a certified Occupational Health and Safety Service (Arbodienst). Such OHS Services can be internally or externally organized. By far most Dutch companies have contracts with independent externally organized OHS Services. This should help employers improving their working conditions and preventing sickness absence and disability (Lisv, 1999). In addition, it became easier for employers to get grants for work adaptations or for specific work-related treatments (e.g., for burnout). This should lower the threshold for employers to employ disabled workers. An important act to activate and reintegrate sick employees is the Gatekeeper Improvement Act (Wet Verbetering Poortwachter), whereby the obligations of employers and employees are stated with respect to their activities aimed at activation/reintegration in the first year of sickness. Also the responsibilities of the institutions involved are more clearly discerned: the OHS Services should assist the employer and employee to prevent sickness and promote reintegration, whereas the Workers Insurance Authority (UWV) is responsible for evaluating reintegration efforts.

2.2 The Donner committees

Because of the high number of individuals entering the Occupational Disability Insurance Act and because of the high proportion of claims that were due to psychological problems, the government formed a committee to address these issues (Donner committee). This committee was formed in June 2000 and consisted of politicians who were or had been working in various fields (e.g., political parties, trade unions, employers organisations). This Donner committee concentrated on the rise in disability due to mental-health complaints and resulted in various recommendations to improve the prevention, care, treatment, and reintegration in case of sickness due to mental health complaints.
In 2001, a second Donner committee was formed, consisting of representatives of the major political parties and social partners. This second committee had to further analyse the problem of loss of labour due to sickness and disability. This committee advised that only fully and permanently disabled individuals should be eligible for WAO benefits. Employers should be responsible for finding or creating an appropriate function for partially or temporarily disabled employees. The employee should be actively involved in his/her reintegration and should be obliged to accept a different, suitable function. It was also proposed that employees could be dismissed if the employee refused to cooperate with his or her reintegration. However, if the employer had not sufficiently assisted the employee in reintegrating or in finding a new job, the period for paying wages would be extended. Furthermore, it was recommended that the assessment of disability should no longer take place after a

fixed period of one year of sickness. Instead, a flexible time schedule was proposed, whereby the timing of the assessment of disability would depend on the nature of the illness.
The proposals of the Donner committees have been translated into new plans of the government for redesigning the WAO (see Chapter 5). These plans were sent to the Social and Economic Council (SER), who was asked to give its opinion. The SER accepted these plans with some critical comments. At the time the draft legislation process is in full swing.

2.3 Involved institutions

Table 2 below shows the main institutions (stakeholders) that are involved in the social insurance system in the Netherlands.

Table 2: Involved Institutions (Stakeholders)

Name institution (English)	Name Institution (Dutch)	Tasks
Ministry of Social Affairs and Employment	SZW (Ministerie van Sociale Zaken en Werkgelegenheid)	Legislation, supervision
Ministry of Public Health, Welfare and Sport	VWS (Ministerie van Volksgezondheid, Welzijn en Sport)	Legislation, supervision
Social and Economic Council: a body containing representatives of trade unions, employers and independent members (national)	SER (Sociaal Economische Raad)	Advising the government
Labour Inspectorate (national)	Arbeidsinspectie	Inspecting and enforcing the quality of working conditions
Council for Work and Income (national)	RWI (Raad voor Werk en Inkomen)	Independent consultative body to promote a durable connection between demand and supply on the labour market by advice and subsidy
Inspection for Work and Income (national)	IWI (Inspectie Werk en Inkomen)	Inspecting the execution of social security
Board for Health Care Insurances (national)	CVZ (College voor Zorgverzekeringen)	Coordinates the execution and financing of the Health Insurance Act and the General Act for Exceptional Costs on Sickness
Committee "Working perspective" (national)	Commissie 'Het Werkend Perspectief''	Stimulates policies and activities contributing to a reduction of sickness absence and a reduction of individuals receiving disability benefits.
Occupational health and safety services branch association (national)	BOA (Branche Organisatie Arbodiensten)	Providing members (Occupational health and safety services) information for their professionals
Workers Insurance Authority (national)	UWV (Uitvoering Werknemers Verzekeringen)	Executing the administrative work of collecting premiums, assessing claims and arranging benefit payments (De Haan & Verboon, 2002)
Independent platform for Reintegration. Knowledge centre on reintegration for professionals (national)	STECR (Platform Reïntegratie)	Providing instruments, procedures and information regarding reintegration for professionals.
Two largest employers' organisations. -VNO-NCW: General Association of Entrepreneurs -AWVN: General Association of Employers (national)	VNO-NCW & AWVN (Algemene Werkgevers-Vereniging)	Protecting on both national and international level the interests of employers and advising on work related issues.
Two largest trade union confederations in the Netherlands: - the Dutch Trade Union Federation - the Christian Trade Union Federation (national)	FNV (Federatie Nederlandse Vakbeweging) & CNV (Christelijk Nationaal Vakverbond)	Collective bargaining
Occupational Health and Safety Service (OHS Service) (national, regional,local)	Arbodienst	Certified independent commercial enterprises that assist companies in preventing sickness and disability.
NVVG: Branch organisations for social security physicians, NVAB: Branch organisation for company doctors, NHG: Branch organisation for general	NVVG (Nederlandse Vereniging voor Verzekeringsgeneeskunde), NVAB (Nederlands Vereniging voor Arbeids- en Bedrijfsgeneeskunde), NHG	Providing standards and educational information for medical professionals and labour experts involved in the process of assessing disability claims.

physicians, NVA: Branch organisation for labour experts. (national)	(Nederlands Huisartsen Genootschap), NVA (Nederlands Vereniging van Arbeidsdeskundigen)	
Branch organisation rehabilitation companies. (national)	BOREA (Brancheorganisatie van Reïntegratiebedrijven)	Activities to improve the quality and transparency on the market of private rehabilitation organisations.

2.4 Main acts regarding (stress-related) sickness absence and long-term absence.

Table 3 displays which acts come into effect in the different stages of the sickness process. This table illustrates the interplay between the relevant acts with respect to long-term absence. In Table 3, the main acts concerning social security are briefly described.

Table 3: Time Schedule sickness process based upon Gatekeeper Improvement Act

Time Schedule	Action	Relevant Acts	Involved stakeholders & persons
Day 1	Employee on sick leave: - employee reports sickness to employer		Employer Employee
	Employer pays 70-100% of salary Employee receives pension according to ZW	1. Act on the Extension of Continued Payment of Wages in Case of Sickness 2. Act on Lengthening Payment of Wages in Case of Sickness 3. Sickness Benefits Act	Employer Employee
Week 1	Employer informs OHS Service about sick leave employee	Gatekeeper Improvement Act (WVP)	Employer OHS Service
Week 6	Determining sickness and reporting to the employer and employee what kind of reintegration is possible	Gatekeeper Improvement Act (WVP)	Occupational physician within OHS service. Employer Employee
Week 8	Employer and employee draw up a plan for recovery and reintegration at work (based on the advice of the OHS Service). A case manager coordinates this process for the employee After every six weeks the employer and employee should assess and evaluate this plan and subsequent actions	WVP	Employer Employee OHS Service
	Reintegration efforts: - adaptations of working place	Act on Vocational Rehabilitation (REA)	Employer Employee UWV Reintegration service
Week 13	The employer formally informs UWV about the sickness absence (reporting)	WVP	Employer Workers Insurance Authority (UWV)
Week 39 (ultimately)	Employee, employer and OHS Service make up/complete the reintegration report (partially based on their medical dossier). Employee submits WAO (WAZ, WAJONG) claim to UWV. UWV evaluates reintegration efforts.	Occupational Disability Insurance Act (WAO) Occupational Disability Insurance Act for Self-employed Persons (WAZ) Occupational Disability Insurance Act for Early handicapped/disabled Persons (WAJONG) WVP	Employer Employee OHS Service UWV
Week 52 (ultimately)	Assessing percentage of work incapacity According to WAO: 15% as boundary line According to WAZ and WAJONG: 25% as boundary line	WAO/TBA WAZ WAJONG	Employee UWV: assessment by multidisciplinary team
Over 52 weeks	Long-term work incapacity or unemployment	WAO WAZ WAJONG Act on Unemployment (WW)	UWV Employee
	Regulation of lost salary in long-term work incapacity - High premiums for risk organisations - Own financial risk for employers (5 annual salaries)	Premium Differentiation Work Incapacity (PEMBA)	UWV Employer
	Reintegration efforts: rehabilitation programs, premiums	REA	Employee Employer UWV Reintegration service

Partly based on: Return (1999), updated at 1-1-2003

Table 4: Main acts related to social security.

Name act (English)	Name act (Dutch)	Description act
Sickness Benefits Act	Ziektewet, ZW	Regulation of income in case of sickness absence or work incapacity (1930)
Act on Extending Payment of Wages in Case of Sickness	Wet Uitbreiding Loondoorbetaling bij Ziekte, WULBZ	Extending the period of continued payment of wages during sickness to a year (1996)
Act on Lengthening Payment of Wages in Case of Sickness	Wet Verlenging Loondoorbetalings-verplichting bij Ziekte	Extending the period of continued payment of wages during sickness to two years (will come into force: January 2004)
Occupational Disability Insurance Act	Wet op de Arbeidsongeschiktheids-verzekering, WAO	Regulation of income in case of sickness or work incapacity (1967)
Occupational Disability Insurance Act for Self-employed Persons	Wet Arbeidsongeschiktheidsverzekering Zelfstandigen, WAZ	Regulation of income in case of sickness or work incapacity for self-employed persons (1998)
Occupational Disability Insurance Act for Early handicapped/ disabled Persons	Wet Arbeidsongeschiktheidsvoorziening Jonggehandicapten, WAJONG	Regulation of income in case of sickness or work incapacity for early handicapped/disabled persons (1998)
Health Insurance Act	Ziekenfondswet, ZFW	Act on the obligation for health insurance (1964)
General Act for exceptional costs on sickness	Algemene wet bijzondere ziektekosten, AWBZ	This act covers exceptional high costs on sickness (1967)
Gatekeeper Improvement Act	Wet Verbetering Poortwachter, WVP	The main goal of this act is to promote reintegration efforts by employers and employees (2002)
Working Conditions Act	Arbeidsomstandighedenwet, Arbowet	Act that obliges all organisations to have a form of occupational health and inventory health risks in the organisation and to make a plan of action to change the organisation to a more healthy one. Purpose: preventing and reducing sickness absenteeism (1998)
Act on Vocational Rehabilitation	Wet op de (Re)integratie van Arbeidsgehandicapten, REA	Improving the possibilities of handicapped/disabled persons to reintegrate in the labour market. This act authorizes the minister of Social Affairs and Employment to impose a quota system on employers. (1998)
Premium Differentiation Work Incapacity (is part of the Occupational Disability Insurance Act)	Wet Premiedifferentiatie en Marktwerking bij Arbeidsongeschiktheidsregelingen, PEMBA	Regulation for employers of lost salary for long-term work incapacity: premiums made dependent on incapacity risk (1998)
Disability Benefits Claims Reduction Act (this act changed already existing acts)	Wet Terugdringing Beroep op de Arbeidsongeschiktheidsregelingen, TBA	Main points: change of criteria for disability, focus on work that someone can still perform, temporal duration of payment of disability benefits (1993)
Sheltered Employment Act	Wet Sociale Werkvoorziening, WSW	Measures to create extra jobs (additional and/or subsidised jobs) to improve the influx and career development possibilities for specific target groups. (1969)

2.5 Legislation: the first year of sickness absence

Act on Extending Payment of Wages during Sickness (WULBZ), Act on Lengthening Payment of Wages in Case of Sickness, and Sickness Benefits Act (ZW)

The most relevant act in the first year of sickness absence is the Act Extending Payment of Wages during Sickness (WULBZ). This act obligates employers to continue paying sickness benefits (70% of a person's wages) for a period of 52 weeks. In most collective labour agreements (CAOs), it is agreed that the employers supplement this payment up to 100% of the person's wages. Employers do not have to continue paying wages if employees have deliberately caused their sickness, if they hinder their recovery, or if do not accept an adjusted job in their own or in another organisation. There are (private) insurances for employers that (partly) cover the costs resulting from sickness absenteeism (see Van den Bossche, Jettinghoff & Houtman, 2003).

On January the first 2004, the WULBZ Act will be replaced by the Act on Lengthening Payment of Wages in Case of Sickness. This act extends the period of continued payment to two years.

Employees who are not entitled to continued payment by the employer may receive sickness benefits from the Workers Insurance Authority (UWV), as part of the Sickness Benefits Act. This may be the case, for instance, if employees are in their probation period, if they are working under a fixed-term

contract, or if they are working for a temping agency. The height of the sickness benefit is 70% of a person's wage. However, employers can claim 100% wage payment from the UWV in case of sickness due to pregnancy or organ donation, or if the sick employee was formerly assessed as disabled for work.

Gatekeeper Improvement Act (WVP)
In April 2002, the Gatekeeper Improvement Act came into force. This act aims to activate and reintegrate employees in the first year of sickness absence. The act specifies the obligations of employers and employees with respect to their activities aimed at activation/reintegration in the first year of sickness. Furthermore, the act defines the responsibilities of the institutions that are involved: the occupational health and safety services (Arbodiensten) are the consultants for the employers and employees, whereas the Workers Insurance Authority (UWV) is responsible for evaluating reintegration efforts. Table 3 describes the steps that have to be taken, according to the Gatekeeper Improvement Act, in case of sickness absence (see also UWV, 2003a).
The Workers Insurance Authority (UWV) evaluates the reintegration efforts on the basis of a reintegration plan. In this evaluation, the assessment of capacities and limitations for work are of central importance. The major questions that have to be answered are:

- Has there been an adequate analysis of the problem?
- Has there been an adequate plan for reintegration
- Has this plan been carried out? Has it been evaluated between times and, if necessary, has it been modified?

Employer and employee can jointly request the UWV to extend the 'waiting period' for at most one year. In this case, the employer will pay the wage of the employee during this extended waiting period.

The effects of the Gatekeeper Improvement Act seem quite favourable: in the first half year of 2003, the number of new applications for WAO disability benefits has declined with 26% (UWV, 2003b). Moreover, sickness absence has declined. However, it should be noted that it is not absolutely certain whether this decline may be attributed to the Gatekeeper Improvement Act. Other factors that might be (partly) responsible for this decline encompass: (expected) changes in the WAO and a declining economic climate.

2.6 Legislation: long-term sickness absence

Occupational Disability Insurance Act (WAO)
Employees may apply for a disability benefit under the provision of the Occupational Disability Insurance Act (WAO) after an uninterrupted period of 52 week of sickness. Employees may receive disability benefits if they are unable -fully or partially- to earn with customary labour the income of a comparable healthy person, as a result of disease or impairment. Customary labour refers to all possible jobs for a person: all generally accepted work that a person could do. Earning capacity should be reduced with at least 15%.
The assessment of disability involves a social insurance physician and a labour expert, who relates impairments and capacities, in combination with labour market conditions, to earning capacity. The labour expert also takes into account the claimant's knowledge and skills.
The height of the disability benefit and the duration of entitlement vary according to age, the level of wages formerly earned, and the loss of earning capacity. The benefit is reviewed after one year and thereafter every five years. In collective labour agreements, it is often agreed that the benefit is supplemented up to 70% of the last salary in case of full disability. This supplement is covered by the industry-level pension fund of the sector (Bedrijfspensioenfonds), to which employers have to pay contribution (see De Haan & Verboon, 2002; Van den Bossche et al, 2003).
'Minimum-term' workers, that are workers without a fixed number of working hours (e.g., who work when their employer calls them), cannot apply for a disability benefit.
Table 5 below shows the WAO entrance and the causes of entrance in The Netherlands.

Table 5: WAO entrance (in % of total entrance)

	1993	1994	1995	1996	1997	1998	1999	2000	2001
Psychological	29,3	29,6	28,6	25,2	25,1	27,9	34,2	35,7	36,3
Locomotor apparatus	29,6	27,1	22	19,7	16,8	23	25,2	25,6	26,1
Injury							6,3	6,3	6,1
Circulation	5	5	5,4	4,9	4,2	5,3	5,1	5,3	5,3
'Disorder'/ insufficiently specified	2	3	5	4,7	13,2	18,8	9,6	8,2	7,2
Other	23,2	24,3	23,2	21,5	21,3	22,4	17,7	17,9	18,3
Unknown	12,7	13,9	12,7	24	19,4	2,6	1,9	1	0,7

Source: UWV, 2002

Figure 1 provides a graphical overview of this information. From this figure, it can be seen that WAO entrance due to psychological causes has been rising since 1997 from 25,1% to 36,3%. This rise may be partly due to the decline in the category 'unknown': this category probably has contained conditions that are now categorized as 'psychological' (Houtman & De Jonge, 2003).

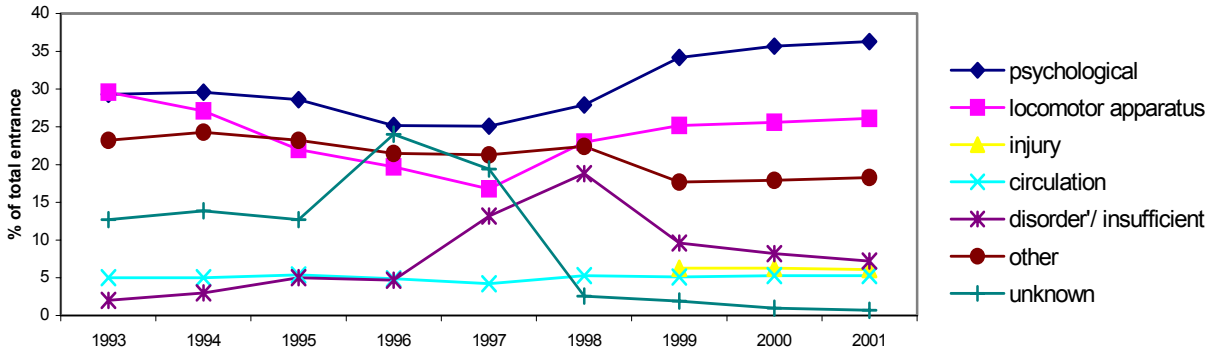

Figure 1: WAO entrance in The Netherlands, source: UWV, 2002

Disability Benefits Claims Reduction Act (TBA)

To reduce the number of disability benefit claims, the government realised in 1993 the Disability Benefits Claims Reduction Act (TBA). This act provided some changes in the assessment of disability. The assessment became more medical and the criterion for assessing the residual functional capacity was broadened (i.e., it changed from 'suitable work' to 'generally accepted labour'). In addition to these changes, the duration of payment of benefits was reduced to five years and benefits were made dependent on someone's age. Furthermore, more emphasis was put upon periodical re-assessment of disabled persons (Lisv, 1999).

Premium Differentiation Work Incapacity (PEMBA)

In January 1998, the act on 'Premium differentiation work incapacity' (PEMBA) was brought into effect. The goal of this act was to promote the prevention of disability and to increase the financial responsibility of employers for income replacement in case of disability. This act transferred the premium for the WAO from the employee to the employer, whereby the height of the premium partly came to depend on the risk of occupational disability in the employer's organisation. Furthermore, employers were given the possibility to carry the risks on disability in their organisation themselves for a certain period of time

From January 1998, only employers pay WAO premiums. They have to pay:

a) a basic contribution, which is the same for all employers. The basic contribution is paid to social insurance agencies and is deposited into a fund for covering the costs of long-term disabled persons and the costs of existing disability benefits.

b) an additional flexible contribution, depending on the number of (former) employees receiving disability benefit. A lower than average risk means that the employer has to pay less contribution, whereas a higher than average risk means that the employer has to pay more contribution. Employers are not obligated to pay the additional differentiated contribution to a social insurance agency, but may decide to bear the risk themselves. If employers choose for this option, they have to pay disability

benefits to disabled employees for the first five years of disability. However, employers may insure themselves against this risk with a private insurance.
In 2003, PEMBA was abolished for small enterprises (less than 25 employees). Nowadays, small enterprises do not pay a flexible contribution anymore, but a fixed one. Employers in small enterprises have long been striving for this. For some enterprises the abolishment of PEMBA leads to much lower contributions, but for most enterprises contributions increase a little. Enterprises do not have the possibility anymore to bear the risk themselves; only those enterprises that were bearing the risk on January 1st 2003 are allowed to continue this.

Occupational Disability Insurance Act for Self-employed Persons (WAZ)
The WAZ is a compulsory disability insurance for self-employed persons. This act covers self-employed persons, spouses who assist their husband/wife in business, and professional practitioners (such as doctors and lawyers with their own practice). Persons are entitled to WAZ benefits if they are not older than 65 years, if they are or have been self-employed, and if they have been assessed as disabled for at least 25%. Benefit entitlement starts after a qualifying period of 52 weeks, starting from the first day of work incapacity. The height of the benefit is at maximum 70% of the minimum wage. It is planned to abolish this act soon.

Occupational Disability Insurance Act for Early handicapped/disabled Persons (WAJONG)
The WAJONG act regulates disability benefits for early handicapped or disabled persons who have been assessed as disabled for at least 25%. Young disabled persons are individuals who have been declared disabled by their 17th birthday and students declared disabled after their 17th birthday. These persons often have had little or no opportunity to earn an income, and, as a result, they are generally not entitled to disability payment under the WAO scheme. Under the WAJONG scheme, these individuals can claim a benefit for loss of earning capacity on account of disability.

2.7 Legislation: preventing sickness absence

Working Conditions Act (ARBO)
In 1998 the Working Conditions Act was implemented, describing the obligations of employers for creating the most favourable working conditions for their employees (see also Van den Bossche et al, 2003).
According to this act, employers have to:

- pursue a Health and Safety Policy (to improve working conditions and to prevent sickness, occupational diseases, absenteeism, and disability for work);
- make an analysis and evaluation of occupational risks in an organisation;
- make a specific plan to implement health and safety improvements;
- inform and advise employees about safety and health;
- report occupational accidents and diseases to the Labour Inspectorate;
- consult with employees;
- be affiliated with a certified Occupational Health and Safety Service (OHS Service) to help them pursue an effective Health and Safety Policy;
- form an in-house emergency and first-aid service.

The Working Conditions Act specifically describes the employer's obligations with regard to work rhythm, workload, and social relationships (i.e., protection from aggression, violence or sexual harassment).

2.8 Legislation: promoting reintegration

Act on Vocational Rehabilitation (REA)
In July 1998, the Act on Vocational Rehabilitation (REA) was brought into effect. This act aims to prevent the outflow of disabled workers from the labour market and to (re)integrate unemployed people who are incapacitated for work. REA consists of several types of instruments for employers, for disabled workers or disabled people in the open labour market, and for self-employed or people starting up self-employment (see Zwinkels, 2002.)
For employers, there are the following instruments:

- If employers have doubts about the hiring of a handicapped person with a (partial of full) unemployment benefit, they can hire this person the first six months for free.
- In the first year of employment employers receive a reduction in contribution (for WAO and unemployment benefits) and, if necessary, a subsidy for extra costs. For employees older than 58 years, employers receive an additional reduction in contribution.
- Employers can get a wage dispensation in case of insufficient performance by the employee.
- For the first 5 years, the employer does not have to pay wages in case of sickness and the employee is not included in the calculation of the Pemba contribution, in case of disability. The period of 5 years can be extended if there is a heightened chance on sickness or disability.

There are various instruments for employees. Employed people may get a reintegration allowance if they receive an education. They may also use certain services to help them perform their work, such as an interpreter for the deaf, transport to and from work, and specially adapted chairs or computers. Employees may also ask for a personal budget, which they can spend on services that may ameliorate their position on the labour market, such as employment-finding and career counselling.
Self-employed people may obtain a starting credit and may receive a supplement in wages in case of insufficient income. When they have insufficient income during the use of certain services (such as education), they may receive an allowance from the UWV.

Sheltered Employment Act (WSW)
The Sheltered Employment Act (WSW), implemented in 1969, regulates reemployment for persons with severe physical, intellectual or mental impairments. These persons are given the opportunity to work in a sheltered environment, specifically designed for the target group in question. On 1 January 1998, the new WSW Act was introduced. In this new act more emphasis was placed on increasing the chances for transfer to normal work. In addition, the criterion for WSW changed, being no longer the handicap itself, but the resulting restrictions for the persons' work. Physical, intellectual or mental impairments had to be medically stated (see De Haan & Verboon, 2002).

2.9 Legislation: health care costs

Health Insurance Act (ZFW)
More than 60 % of the Dutch is insured for costs of sickness under the Health Insurance Act. This act covers 'normal' costs of sickness, such as a doctor's visit or medication. This act is meant for employees and their families, but also for people that are entitled to benefits and self-employed. If the income of employees reaches a certain maximum level, one should insure oneself against sickness with a private insurance.

General Act for Exceptional Costs on Sickness (AWBZ)
This act covers exceptionally high costs of health care, such as life-long care or nursing of a severe disabled person. The act serves primarily as an insurance for treatment, but some preventive measures for sickness are also covered by this act. Since April 2003, this act has undergone several structural changes. Services in health care ('zorgaanbieders') can now provide (extramural) health care in other sectors than where they used to be active. The modernized AWBZ regulation also stimulates competition among health care services, because new providers get more easily permission for health care providence.

3 Chapter 3 – Non-legislative provisions and initiatives on stress and long-term sickness absence

In this chapter, the main non-legislative provision and initiatives on stress and long-term sickness absence are presented. These provisions and initiatives include collective (sectoral) agreements between employers and employees, covenants on health and safety at work, occupational health and safety services, guidelines, inspecting and enforcing organisations, governmental projects, the reintegration industry, and a rehabilitation help line .

3.1 Collective (sectoral) agreements between employers and employees: CAOs

Most agreements in the collective (sectoral) agreements between employers and employees (CAOs) refer to employment-related issues and do not directly refer to the quality of work itself. However, CAOs deal with the payment of wages by the employer in case of sickness absence, that is, with the employers' supplementation of sickness benefits (see Chapter 2). In addition, CAOs may refer to several conditions and provisions concerning sickness absence and incapacity for work, including:

- Reintegration
- Company health care
- Reporting sickness
- Sanctions
- Medical examination in case of sickness absence
- Medical examination in case of work resumption
- Medical examination WAO benefit
- Transfer to another job/function in case of sickness

Research was performed by the Labour Inspectorate (Arbeidsinspectie, 2002a) on 125 large CAOs. It was concluded that in 115 CAOs, agreements are made on the extension of wage payment during sickness absence. For the first year of sickness, all CAOs provide a completion up to 100%. For the first year of WAO benefit agreements on supplementation are made in 99 CAOs (86%), with a mean completion of 90% of the former salary. For the second year of WAO benefit, supplementation is mentioned in about one third of the 115 CAOs, with a mean supplementation of 74%. For the third year of WAO benefit, only 7 CAOs provide an agreement on benefit supplementation: on average this supplementation is 70%.

The research by the Labour Inspectorate also focussed on CAO agreements on reintegration of (partly) incapacitated employees. It was concluded that most agreements contain issues with respect to integration and reintegration. These agreements are mostly intentional; only in 15 CAOs, more concrete agreements are mentioned. These concrete agreements specify, for example, the percentage of disabled employees to be employed in a particular branch or organisation.

3.2 Sectoral agreements: Covenants on Health and Safety at Work

Covenants on Health and Safety at Work (Arboconvenanten) are sectoral agreements that relate to the quality of work and reintegration of sick employees. These covenants are concluded by three parties: employers, employees and the government (Ministry of Social Affairs and Employment). The goal of these covenants is to reduce exposure of employees to risky and unfavourable working conditions and to promote reintegration of sick employees. The first step of a covenant consists of the formulation of the starting situation, mostly based on both quantitative and qualitative research. Subsequently, goals are formulated for a period of 2-4 years. After this step, plans are made and carried out, and evaluated at the end.

Since 2000, the Ministry of Social Affairs and Employment actively encourages and financially supports the formation of such covenants. In particular, the Ministry stimulates social partners to engage in primary and secondary prevention of sickness (see also Van den Bossche et al, 2003). Primary responsibility lays with the branch organisations for employers and employees, however.

It seems that the covenants begin to yield profit: Sickness absenteeism is declining in, for instance, primary and secondary education and in different social service sectors (Ministry of Social Affairs and Employment).

3.2.1 Covenants: Work pressure

Work pressure and early reintegration are the most widely spread subjects in covenants on Health and Safety at Work. In 21 of the current 33 covenants, agreements have been made on work pressure, covering 2.286.000 employees. Most quantitative objectives on work pressure aim to reduce the number of people working under pressure, whereby often a decrease of 10% is aspired. Gradually, the concept of work pressure has been broadened and currently work stress, psychological workload, aggression and violence are also included.
To help sectors in deciding on the most effective measures, a catalogue has been developed under the authority of the Ministry of Social Affairs and Employment including all the currently known measures on work pressure and work stress (Klein Hesselink, Van der Klink, & Vaas, 2001). In this catalogue, information is provided on the effectiveness, efficiency, and practical implications of the different measures and instruments. An important conclusion of the researchers is that a combination of both person- and organisation-oriented measures is the best approach on handling work pressure.

3.2.2 Covenants: Guidance in case of sickness absence and early reintegration

In 24 of the current 33 covenants, agreements have been made on early reintegration, covering 1.757.000 employees. Most covenants contain some kind of quantitative norms on reducing sickness absence, but they diverge in the way that is proposed to realize this reduction. Some common points seem to be: agreements on accurate registration of sickness absence, a faster and more effective approach on supporting absent employees, and giving an impulse to the quality of the services of Occupational Health and Safety Services.
Because the information on sickness absence in the sectors is rather fragmented, it is difficult to develop a goal-oriented policy on the subject. Some initiatives, though, have been developed to come to high-quality administrative system for sickness absence. At present, the CBS (Statistics Netherlands), BOA (Branch Organisation for Occupational Health Services) and SZW (Ministry of Social Affairs and Employment) are working together on developing a nation-wide administrative system for sickness absence. In addition, branches develop initiatives to come to branch-wide administration of sickness absence (Rapportage Arboconvenanten, 2002).
A catalogue has been published on all the currently known measurements on sickness absence guidance and early reintegration (Prins, Van Deursen, & Van der Poel, 2001). Information is given about the effectiveness, efficiency, and practical implications of the different measures.

Since the Gatekeeper Improvement Act has come into practice, more and more branches are paying attention on making their businesses ‘Gatekeeper proof’. When agreements are to be made on guidance on sickness absence and early reintegration, connections are made to requirements of the new act. At this point, Covenants on Health and Safety at Work add to a quick implementation of the Gatekeeper Improvement Act.

3.3 Occupational Health and Safety Services

Since 1998 all companies in the Netherlands are obligated to have a contract with an Occupational Health and Safety Service (OHS Service; Arbodienst) - possibly in-company - according to the Working Conditions Act (Arbowet). Consequently all companies in the sector should receive preventive services from Occupational Health and Safety Services (see also Van den Bossche et al, 2003)
OHS Services are independent commercial enterprises that operate in the private market by selling their services to companies. In order to operate legally, OHS Services must be certified. This certificate can be obtained from private certifying companies if the OHS Service meets certain legal and quality criteria. Each OHS Service must employ at least one certified professional from each of the following fields: occupational medicine, occupational safety, occupational hygiene, and work and organisation. These professionals are meant to work together as a team. Many OHS Services also

employ human factor specialists for ergonomic consultation and work and organisational psychologists for individual counselling and treatment of workers (Schaufeli & Kompier, 2002).
The main (obligatory) services provided by Occupational Health and Safety Services are (see also Van den Bossche et al, 2003):

- Health and safety risk assessment (Risico-inventarisatie en -evaluatie: RI&E);
- Periodic Occupational Health Examination (Periodiek Arbeidsgezondheidskundig Onderzoek: PAGO);
- Consultation on working conditions (Arbeidsomstandighedenspreekuur);
- Sickness Absence Guidance: as part of the Gatekeeper Improvement Act, the OHS Service must determine within 6 weeks of absence whether the absence will be long term. It must also determine what the possibilities are for preventing long-term absence and for promoting reintegration of the sick employee. The OHS Service must report this to the employer.
- Pre-employment medical examination, if necessary, for specific occupations (Aanstellingskeuring).

3.4 STECR guidelines

STECR, the knowledge centre on reintegration for professionals, has developed several guidelines to promote the reintegration of sick employees. In the development of these guidelines, STECR focuses on the detection and development of successful intervention methods. The resulting guidelines offer the best conceivable approach for specific problem areas with respect to reintegration, such as low back complaints, labour conflicts, and occupational distress. In addition, more general guidelines are developed, covering topics such as socio-medical counselling of ethnic minorities and cooperation between professionals in the reintegration process.

3.5 Inspecting and enforcing organisations

The main inspecting and enforcing organisation regarding the quality of working conditions is the Labour Inspectorate. The Labour Inspectorate controls the compliance of companies with the regulations on occupational health and safety. The Labour Inspectorate has several means of enforcement: it may close down business in case of danger, and may impose warrants/fines in case of non-compliance to the Working Conditions Act (Arbeidsinspectie, 2002b; see also Van den Bossche et al, 2003).
IWI, the Inspection for Work and Income, inspects the execution of social security. The IWI conducts research and supervises the organisations that are operating in the field of reintegration / employment-finding and income support, such as the UWV. The IWI reports to the Ministry of Social Affairs and Employment.

3.6 Governmental projects: The Working Perspective

Recently, the ministry of SZW has created a new committee 'The Working Perspective' (Het werkend perspectief). This committee aims to reduce the number of people entering the WAO and to increase the number of people leaving the WAO. Members come from employers' and employees' organisations, patient/client organisations, and other involved institutions, such as insurance companies, UWV, Occupational Health and Safety Services, social services, and the media.
The committee wants to reach its goals by promoting a positive and realistic image among employers and employees about individuals who are (partly) incapacitated for work. The committee will increase the knowledge of employers, employees, and advisors in the field of sickness prevention, treatment, and reintegration. Particular attention is thereby asked for specific target groups, such as young chronically ill people. A sub committee will concentrate on the prevention of disability for work due to psychological reasons. This committee is in fact the continuation of the former Donner Committee.

3.7 Private organisations: Reintegration industry

In the Netherlands, there are private institutions operating on the market that provide rehabilitation and reintegration services. These private institutions include Occupational Health and Safety Services, specialized rehabilitation companies, and (temporary) employment agencies. UWV outsources the

rehabilitation of persons that are difficult to reintegrate to these private institutions. Employers and employees can also approach these rehabilitation services themselves.
Since the market of rehabilitation companies has been growing during the past few years, it has become difficult to differentiate between the companies and the quality and effect of their services. To promote transparency and quality control, in 2002 BOREA (the branch organisation for rehabilitation companies) has set up a procedure for companies to obtain a quality mark.

3.8 The Rehabilitation Help line

In September 2003, the Workers Insurance Authority (UWV) introduced a unique concept: a help line for (partly) incapacitated persons who want to work again. When individuals call this help line, their options on the labour market are discussed and they can soon start with a rehabilitation programme. UWV hopes to stimulate partly incapacitated persons to get back to work again. The rehabilitation help line is accompanied by a media campaign to reach as many persons as possible.

4 Chapter $ – The current policy debate

4.1 Disability and sickness benefits

Reducing the number of individuals receiving disability benefits is a major issue for the new government that was formed in May 2003. The government aims to reduce the number of individuals entering the disability scheme from 100.000 per year to 25.000. To obtain this reduction, the political discussion is strongly focused on renewing the WAO. It is proposed that only individuals who are permanently (more than 5 years) and fully (more than 80%) incapacitated for work will receive disability benefits. Furthermore, individuals younger than 45 years who currently receive a disability benefit should be reassessed according to the new criterion. Partly disabled (if more than 35%) who are working will receive an allowance on their salary. Partly disabled who are not working will receive an unemployment benefit, followed by a welfare benefit.
Another important change that has been proposed concerns the period of sickness benefit. The period in which the employer has to continue paying wages will be extended to 2 years during sickness. This change is meant to increase the employer's responsibility for the reintegration of sick employees. It also means that only after 2 years of sickness individuals can apply for disability benefits. For the second year, the government plans to forbid wage supplementation above 70% of the last earned wage. Individuals who are paid more than 70% are not entitled to disability benefits. In the new scheme, employers are also obliged to cover their employees under a private insurance against wage loss and other damage due to industrial accidents or occupational diseases.
Employers have reacted very negatively to the proposal to extend the period of wage continuation during sickness to two years. Employers' organisation VNO-NCW is pointing out that this 'treatment' of employers is unique in the world and that the cause of sickness can originate from many factors outside the workplace.
The payment of sick employees by employers during the second year of sickness is also a point of discussion for FNV Bondgenoten, the largest trade union in the Netherlands. The government wants to forbid agreements in collective sectoral agreements (CAOs) on supplemental payments above 70% of the last earned wage in the second year of sickness. FNV has strongly reacted against this plan. FNV wants to repair this gap with private insurances and considers cooperation with insurance companies.

4.2 Focus on prevention and reintegration

In addition to measures for renewing the WAO and extending the period of sickness benefit, the government concentrates on the prevention of sickness/disability and on early treatment/reintegration. To improve working circumstances, covenants on health and safety at work are considered as important means. Additional agreements on sickness and reintegration will be made in 7 to 10 covenants, in high-risk sectors. For small companies, branch organisations could fulfil an important role in the prevention of sickness, and the promotion of healthy working conditions and reintegration of sick employees.
Another way to prevent long-term absence and to stimulate early reintegration, as put forward by the government, is to promote a closer connection between social insurance and curative health care. This can be realized by establishing clear guidelines about possibilities for exchanging information between curative health care, company doctors, and social insurance doctors. Furthermore, it is planned to let company doctors refer employees to curative health care for treatment.
As a relatively high percentage of women are entering the WAO, reintegration of female employees is considered of major importance. WAO entrance numbers show a 60% higher risk for women to enter the WAO scheme than men. Especially in the category under 35 years of age, far more women than men are entering the WAO (see www.szw.nl). According to the Minister of Social Affairs and Employment, employers should have more knowledge about effective reintegration of female employees who are sick, in particular of women from ethnic minorities.
UWV has taken an initiative to come to a better understanding of the high WAO entrance among women. In the evaluation process of women under 35 years who suffer from psychological problems, a second doctor is consulted to come to a conclusion about disability. Trade union CNV has rejected this initiative, stating that one cannot evaluate different groups with different measures. The initiative of UWV will take place during 3 months, after which an evaluation will take place. The project may be continued and may be extended to men under 35 years of age.

4.3 Role of Occupational Health and Safety Services

The current political debate also concerns the role of Occupational Health and Safety Services. The European Council has stated that the Dutch act on working conditions is not in line with European guidelines: Dutch employers are given too much freedom to outsource knowledge and support for the prevention of occupational risks. Dutch employers themselves also are critical about the obliged affiliation with an external OHS Service. Many companies, in particular large companies, have enough knowledge themselves. The smaller enterprises consider the obliged affiliation with an OHS Service as a disproportionally high cost compared to the benefits.
In the future, companies must have an internal 'prevention professional' that is responsible for health and safety risk assessments and the protection against occupational risks. Only if there is no possibility for such a professional, a company may call in an external OHS Service.

4.4 Privatisation of the social insurance system

The social insurance system has been constantly changing since the mid nineties. One thing that can be observed over time is the growing role of private parties in the system. Reintegration of handicapped/disabled persons into the labour market is performed by private parties. In addition, the Sickness Benefits Act, as well as some elements of the Occupational Disability Insurance Act, is performed by private institutions. Some other elements of the social insurance system are still performed by public institutions, such as the evaluation of disability and the payment of benefits. Proposals of the new government will make the system even more mixed: the execution of subsidized work has to be moved from municipalities to private parties. Moreover, under the new disability scheme, companies are obliged to insure themselves against partial incapacity for work and against work-related incapacity for work. Hence, the role of private parties in the system is growing. This development will become a major discussion point in the future debate about social insurance.

4.5 Evaluation of the Gatekeeper Improvement Act

As concerns the Gatekeeper Improvement Act, this act seems fairly successful. In the first half year of 2003, the number of new applications for WAO disability benefits has declined with 26% (UWV, 2003b). Moreover, sickness absence has declined. However, the way in which the act is executed could be further improved, according to the government. The government underlines that reintegration efforts should not be evaluated in a formalistic manner. Rather, it should be evaluated, in a non-formalistic way, whether employees and employers have done what could be *reasonabl*y expected. The UWV appears to find it difficult to avoid formalization and bureaucracy in the evaluation of employees' and employers' reintegration efforts.
The UWV acknowledges the positive effects of the Gatekeeper Improvement Act, but also perceives some negative effects. The new regulations are quite complicated for employers. During the first two months of 2003 the UWV accepted only 2.500 of the 15.000 WAO application forms at first judgement. BOA, the Branch Organisation for Occupational Health Services, is positive about the effects of the Gatekeeper Improvement Act. They state that early interference in the sickness process and a clear division of the responsibilities of the different parties prevent that recovery of the disability takes longer than necessary.

4.6 Self-employed persons

The new government aims to further extend the rules concerning occupational health and safety for the self-employed. This extension deals with rules for life-threatening or highly serious risks in the working place, such as places in which one might be dazed or suffocated. With this, the new government hopes to reduce occupational health risks for the self-employed and their employees. The law for occupational health will not impose administrative duties on the self-employed.
In addition, the government has decided to abolish the WAZ, the Occupational Disability Insurance Act for Self-employed Persons. This act was much criticized by self-employed persons. To their opinion, this compulsory insurance is too expensive and is putting an administrative burden on self-employed persons. Furthermore, research has shown that only 5% of the self-employed has once used a payment according to the WAZ (Evers, 2000).

5 Chapter 5 – Conclusions

Long-term absence and related issues, such as incapacity for work, are high on the political agenda in the Netherlands. In the past few decades, the government introduced various measures to make all parties involved more aware of the need to reduce sickness absence and disability. As a result of these measures, employers nowadays have higher financial risks in case of sickness absence and they are responsible for reintegrating sick employees. Employees too are obligated to promote their return to work in case of sickness absence. Moreover, conditions for receiving disability benefits have become less favourable and will be even more restricted in the future.

The current debate in the Netherlands between the involved parties (such as the government, employers' organisations, trade unions, and UWV) witnesses the importance that is attached to long-term absence. Special attention is hereby paid to long-term absence and incapacity for work due to psychological reasons. This is the case, for instance, in covenants on health and safety and by the commission 'The working perspective'. In general, most parties are aware of the impact of mental health problems on sickness absence and WAO entrance.

Although the problem of long-term absence is generally acknowledged, there is much discussion about the changes in legislation that have been proposed by the government. What will be the effects of these changes? How will employers and employees be affected, for instance? And, relatedly, in what ways should responsibilities be divided? As responsibility is more and more translated in financial accountability, shifts in responsibility may have major consequences for the different parties that are involved.

The future will reveal to what extent the proposed changes in policies have eventually been taken into force. By then we may have more information about the actual execution of the proposed changes. Moreover, we may have obtained knowledge about the effects of these changes on the occurrence of long-term sickness absence and the number of individuals who are incapacitated for work. As such, the Netherlands may obtain valuable information about the effects of profound changes in legislation with respect to long-term absence and related issues.

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