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**New Challenges for Public Services Social Dialogue: Integrating Service User and Workforce Involvement in the Netherlands**

**National report**

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**Executive summary**

This report examines user involvement and its relationship with social dialogue in the hospital and school sectors in the Netherlands. The report is based on:

* interviews with representatives of the stakeholders at national level: government ministries, employer associations, trade unions, and user organizations;
* interviews with representatives of the stakeholders in one hospital and one school for secondary education; and
* documents of the organizations that took part in this study, policy reports, earlier studies and relevant scientific literature.

*Drivers of user involvement*

The term ‘user’ is commonly understood in both narrow and broad ways. User involvement in a narrow sense refers to the patient in healthcare, and to students and their parents in the case of schools, although the importance of parents decreases when their children grow older. User involvement in a broad sense sees the ‘user’ as referring to citizens in general because citizens have an interest in accessible and high-quality healthcare and education.

The interest in user involvement has increased since the 1990s as part of the government’s interest in public sector reform inspired by the New Public Management movement which emphasized quality of service, performance and a customer approach. In the Netherlands healthcare specific concerns centred on the overall need for cost reduction and the increasing number of chronically ill patients related to an ageing population and improved medical treatments. Governments promoted user involvement as a way to co-produce effective treatments and as a way to create a critical counterforce versus healthcare professionals, hospitals, and health insurance companies. In education governmental interests in user involvement had to do with the need for good governance. Schools gradually gained more autonomy and stakeholder involvement and user participation are regarded as necessary elements of a good governance system. Their position was further strengthened when financial mismanagement and other incidents raised media attention and public disapproval.

*Forms of user involvement: institutionalization*

In healthcare patient organizations have become a very influential actor at national level with the aim of agenda setting and influencing healthcare policies. National patient organizations also play a role in exposing incidents at hospital level and organizing media attention to incentivize the health inspectorate. In secondary education, the national action committee of students (LAKS) has equally gained an influential position at national level.

The institutionalization of user involvement at *organizational level* can be observed from the framework of rules and regulations. User involvement is regulated through laws strengthening the position of *individual* users. Thus the right to information and the right to file a complaint holds for both healthcare and education. In healthcare legislation (2006) listed seven rights patients have, including the right for participation.

User involvement is also regulated through a legal framework for client participation on a *collective* level. In hospitals the 1996 WMCZ law makes client councils mandatory and grant these a number of legal rights, including the right to information, to consultation, to advice, to inquiry and the right to nominate a member of the board of trusts. In comparison the parent and student councils in schools for secondary education seem less powerful: they are not mandatory and they have no legal rights. However, in schools parents and students are also represented in school councils, and the 1992 WMO law grants them legal rights that parallel and even go beyond the rights client councils in hospitals have. Their rights include the right to information, advice, consultation as well as the right of approval on general school policies and the right of approval in specific user issues.

The difference between the two sectors when it comes to the degree of service user involvement at organization level can be illustrated by using Arnstein’s ladder of citizen’s participation: user involvement in hospitals generally amounts to informing and consultation (resulting in advice), whereas user involvement in schools for secondary education involves informing and consultation as well as partnership through rights of approval.

*Social dialogue and user involvement*

Social dialogue, involving union collective bargaining and employee participation in works/school councils, and user involvement do not interfere in each others’ activities. Both in healthcare and in education social dialogue and user involvement are separate domains and employee issues and user issues are disconnected.

Unions regard employment interests as their legitimate domain and do not take a position regarding the quality of care/education which they regard and respect as the domain of interest for user organizations. Conversely, patient and student organizations take an interest in the quality of care/education and feel no need nor do they concern themselves with the domain of employment conditions, which they regard as the unions’ domain. Both stakeholders recognize that theoretically social dialogue/employee participation and user involvement might strengthen each other. However, in practice coalitions are rare and are engaged in only in a pragmatic way, if and when these serve an organization’s own goal.

Both sides recognize that their primary interests are related. User representatives recognize that employment conditions may affect the quality of service but they feel that they cannot be involved in everything, so they usually restrict their scope and do not take a position on employment issues. Union representatives recognize that their concerns over employment conditions relate to the quality of care/education but most unions have decided to refrain from engaging with occupational/ professional interests a long time ago. The only exception in this respect is the Christian union CNV Onderwijs which takes the view that the quality of education is the overarching interest that employee and user representatives in schools should jointly take regard of.

To conclude, in the case of the Netherlands social dialogue and user involvement are basically separate phenomena, which focus on different issues. Even when there is a joint table, as is the case for the school council where employees and students/parents are equally represented, stakeholders tend to focus on their own interests and respect the others’ legitimate domain. Conflict is rare. So there is actually no new challenge for public services social dialogue seen from the prevalent union perspective which concentrates on employment interests. If one takes another perspective, notably the perspective of improving the accessibility and quality of public services, there is a challenge for the public services social dialogue. Healthcare and secondary education are public services that are in a process of more or less permanent reform and social dialogue is hardly involved in this process as far as employees’ professional interests and their identity as users/citizens are concerned. Taking the latter perspective, connecting with user involvement might be a challenge for public services social dialogue and a source for service quality improvement.

1. **The emergence of service user involvement: policy context**

***1.1 User participation in hospital and school sectors***

In this report we focus on user participation in the hospital and school sectors, in case of the latter more specifically in secondary education (students aged 12-18). In the hospital sector, end users can be defined in a narrow or a more broad way. In a narrow sense the end users are patients; those citizens that make use of the services provided by hospitals. In a more broad definition all citizens are regarded as users, because potentially every citizen might be a patient one day. The narrow definition is most commonly used by stakeholders in the hospital sector. In case of secondary education, students and their parents are seen as the end users.

User participation in the Netherlands is highly institutionalized in both sectors and this has been the case for several decades. Since the 1990s, user participation has been laid down in national legislation and regulations (see below). Currently, there are no explicit pressures to increase either patient or student/parent involvement. However, several national stakeholders have indicated that although user participation has been formally regulated for years, they perceived that in practice more use is being made of the opportunities for user participation in the last five to ten years. In the hospital sector, patient participation is now considered the norm (interview trade union CNV Publieke Zaak), this is considered a trend in the past five years. In the school sector, some stakeholders witness a new trend involving that participation by parents based on involvement and partnership is supplemented by demands parents make as ‘customers’ for delivering the results they want (interviews trade union CNV Onderwijs and Den Bosch School case study).

In the hospital sector, user participation is defined as making use of the unique expertise of patients aimed at increasing the quality of care (CBO, 2009, p. 5). Quality of care is considered as care that meets the needs of individual patients. The challenge in patient participation is to find and maintain a balance between standardization on the one hand and flexibility/individualization on the other. In the school sector, involvement of students and their parents is considered important for two reasons. The first one is to achieve successful school results for individual students. The second one is to improve quality of education in general, either at the school or sectoral level. The latter is a macro level outcome. In practice, stakeholders sometimes witness a potential tension between the two objectives of user participation in the school sector, as most parents (and students) are primarily interested in individual level outcomes. This might result in an imbalance between the individual and macro level objectives.

***1.2 Drivers of service user involvement***

The drivers of service user involvement are more strongly articulated in the hospital sector compared to the school sector. However, in both sectors the call for democratization is a strong driver of user participation. In the 1960s and 1970s, the trend was that it was no longer accepted that politicians and boards of hospitals and schools unilaterally decided on important issues with an impact on users and other relevant stakeholders. Therefore, more opportunities for participation were introduced, for example through works councils or councils composed of employees and students/parents in education (CBO, 2009, p. 9).

Hospital sector

In the hospital sector we can distinguish additional drivers to the general trend towards democratization: the increasing number of chronically ill patients, cost reduction in health care and the introduction of market mechanisms.

As in most western countries, the number of chronically ill patients in the Netherlands has increased as a result of the aging population and improved medical treatments. As a result, the system of health care provision has changed: cooperation between health care providers has become more important and patients develop knowledge and expertise on their specific disease. In most cases, the treatment of a chronic disease will strongly depend on the co-production between patient and doctor (Nyfer, 2005, p. 17). This strengthens the need for patient participation.

A second trend is towards cost efficiency through network management. In the 1980s, cost efficiency in health care was a priority of the Dutch government. One of the policy measures was to stimulate network management (Trappenburg, 2008, p. 74), which includes activating pressure groups, advisory bodies, politicians and patient organisations to get involved in policy development. The introduction and professionalization of patient participation was part of this policy discourse. The government’s central idea is that a critical attitude of patient representatives will result in lower costs for treatments.

A third and related trend is the introduction of market mechanisms in health care. In the new system, health care providers and insurance companies are given more power and autonomy and in order to maintain the power balance, patients and their representatives are given the opportunity to participate. In a sense, the introduction and strengthening of patient participation can be considered as a legitimation of the new market structures in the health care sector in general and the hospital sector in particular.

School sector

In the school sector, the main driver of student/parent participation is the need for good governance. School principals are required to involve relevant stakeholders in the design and implementation of new policies. Recently, this has been laid down in the code ‘good governance education’ (VO-raad, 2008). Relevant stakeholders that are explicitly mentioned in the code are students, their parents and employees. Horizontal accountability includes accounting for policy results as well as engaging in a dialogue on policy issues that affect students/parents and/or employees.

Although student/parent participation has been highly institutionalized since the 1990s, the importance of good governance and user involvement have lately been emphasized as a results of recent incidents in the school sector. For example, the misconduct in the Amarantis schools. Investigation has shown that the school’s management was guilty of conflict of interests and nepotism. This has revived the discussion on good governance (interviews Ministry of Education, Culture & Science and Dutch council for secondary education).

***1.3 Key policies***

Hospital sector

Since the 1990s, patient participation has been laid down in national legislation. There are several laws, which are still in place today, that address the position and the participation of patients. In 1995, the law Geneeskundige Behandelovereenkomst (WGBO) was passed. The aim was to strengthen the position of individual patients in the patient/doctor relationship. This law mainly deals with the right to information. Another related law, also aimed at the (legal) protection of individual patients was the Wet Klachtenrecht Cliënten Zorgsector (WKCZ). This law introduces the right for an individual patient to file a complaint. These can be seen as direct forms of patient participation.

In 1995, another law was passed which dealt with client participation on a collective level. In the law Medezeggenschap Cliënten Zorgsector (WMCZ) it was regulated that each health care institution should have a client council. The client council has the right to advise on various issues. The WMCZ regulates patient participation on the organizational level.

In the 2000s several policies were introduced which address the issue of patient participation. For example the law Marktordening Gezondheidszorg (WMG, 2006) regulates the market mechanisms in health care and states that clients should be given a voice in the policy debate and that the Dutch Healthcare Authority should always put patients’ interests first. The aim of this law is an efficient and effective healthcare system, cost reduction and the protection of patients (NZA, 2014).

In 2008 the Ministry of Health, Welfare and Sport decided to strengthen the position of patients even further by listing seven patients’ rights. Client organizations, healthcare providers and insurance companies were involved in the creation of this programme. The seven rights mentioned in the programme include the right for quality and safety, the right for information, the right for privacy and the right for participation and good governance (CBO, 2009, p. 12).

In 2013 a bill was proposed on good governance in healthcare. The aim of this bill is to strengthen the professionalization of governance in the healthcare sector. One of the proposed measures is to make client participation more tailor-made. That is, it is no longer mandatory that each hospital has a client council, but the result (good quality of care and the involvement of clients) is the norm (VWS, 2013, p. 9). Several interviewees, including the national centre for client participation (LSR) have indicated that they are opposed to this proposal, as this might have a negative effect on patient participation.

Education sector

In the education sector, in 1968 the law Voortgezet Onderwijs (WVO) was passed. This provided a framework of the education system in the Netherlands. Relevant for user participation is the formal right to file a complaint. Nowadays, almost all schools have a formal complaints procedure and a complaints committee. Another issue that was dealt with in the WVO was the number of hours that students were entitled to education. A recent amendment of the law resulted in the obligation to have a dialogue with students and parents to determine which activities are and are not included in those hours.

In 2007, the law Medezeggenschap op Scholen (WMS) was passed which states that it is mandatory for every school to have a council composed of employees, students and parents. This council has the right to advise and approve, and on some topics the right of initiative. The Ministry of Education, Culture and Science provides a budget for council members to take courses. This law succeeds the 1992 law Medezeggenschap Onderwijs (WMO).

In the recent bill Versterking Bestuurskracht several proposals are presented to further strengthen the position of the employee and student/parent council. Transparency and openness of the appointment and dismissal of directors and the involvement of the council in these procedures is one of the main proposals.

In 2014, various stakeholders including the Dutch council for secondary education, several trade unions and representatives of students and parents presented a shared vision on participation in the education sector. This includes user participation, as well as employee participation. The main message is that participation can strengthen quality of education.

***1.4 Conclusion***

Concluding, user participation in the Netherlands is highly institutionalized in the Netherlands. Since the 1990s both patient participation and student/parent participation is institutionally strongly embedded. The main driver of user participation is the anticipation that user involvement will contribute to quality of care and quality of education, both at the individual and the organizational or sectoral level.

1. **Social dialogue in the hospital and school sectors**

***2.1 Social dialogue in the Netherlands: the institutional framework***

Since the 1950s the Netherlands has known a two tier system for social dialogue (Visser, 1992). One platform for social dialogue is at national sectoral level. Trade unions represent workers’ interests through collective bargaining with employer organizations, resulting in collective agreements which in the Netherlands are mainly multi-employer, industry-wide agreements. Collective bargaining takes place within an institutional framework which involves that collective agreements that are concluded by representative employer and employee organizations are generally binding for the sector (extension clause). The coverage of collective agreements is very high, with more than 80 per cent of all workers having their employment conditions determined by collective agreements.

The other platform for social dialogue is at the company level. The Works Council Act determines that every employer who employs fifty or more employees should have a works council. These works councils consisting of elected employee representatives have legal rights of information, advice and approval (co-determination) through which they can influence company policies and represent workers’ interests regarding issues in health and safety, personnel policies, and so on. The Works Council Act provides for frequent consultations between the works council and the employer.

Generally speaking social dialogue in the Netherlands is strongly institutionalised through laws, government policies and traditions of stakeholder consultation, which are also known as the ‘poldermodel’ (Visser & Hemerijck, 1997). Traditionally a division of labour has existed, with unions concentrating on collective bargaining over pay and conditions. Although unions have broadened their scope of activities to include issues such as training, employability and job mobility, sectoral collective agreements tend to restrict themselves to framework arrangements on these broader issues delegating their operationalization to the decentral level. With the ongoing decline of union membership, presently resulting in a national union density rate of 21 per cent, union organization at the workplace level is mostly absent. In an indirect way union influence on social dialogue at company level exists because the majority of works council members consists of union members.

This institutional framework for the social dialogue is a feature of today’s industrial relations system in the Netherlands (Leisink & Steijn, 2005). However, the public sector including the school sector, has had a different system until the 1990s and the current institutionalization of social dialogue in the public sector still has some special features. This pertains to the school sector but not to the hospital sector as the following sections will describe.

***2.2 The hospital sector***

*Structure*

The hospital sector in the Netherlands consists of academic hospitals on the one hand and general hospitals on the other. This study concentrates on general hospitals. The distinction between them is relevant for the purpose of this study. Academic hospitals are part of the wider public sector and employment relations are governed by public law. General hospitals are regarded as private organizations that serve a public interest and that, therefore, have to operate within publicly determined conditions (Ministry of Health, 2013). Hospitals get substantial funding from government and mandatory collective contributions from employers and employees but have the legal form of a foundation governed by a board and have their employment conditions regulated by private law. There are currently 75 general hospitals in the Netherlands (see Table). The number of general hospitals has declined slowly as a result of mergers, which are a reaction to government budget policies and the introduction in 2006 of market-like mechanisms with a central role for health insurance companies which negotiate service provision contracts with hospitals annually.

*Employment*

General hospitals employ almost 190,000 workers. Employment numbers has grown slowly over the past few years but numbers have now more or less stabilized.

Table: General hospitals key figures 2008-2012

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2008** | **2009** | **2010** | **2011** | **2012** |
| Number of general hospitals\* | 79 | 78 | 76 | 75 | 75 |
| Number of employees\*\*  | 178,786 | 188,365 | 185,648 | 185,491 | 188,348 |

\* Source CBS data[[1]](#footnote-1)

\*\* Source NVZ, Kerngetallen Nederlandse Ziekenhuizen 2008-2012[[2]](#footnote-2)

*Social dialogue: national and sectoral level*

Social dialogue at the sectoral level consists of consultation and negotiation between the hospital employers represented by the Dutch Hospital Association (NVZ) and four trade unions: Abvakabo FNV, CNV Publieke Zaak, FBZ (Federatie van Beroepsorganisaties in de Zorg), and NU’91. The employer association and trade unions are independent from government when it comes to concluding collective agreements. Contrary to the school sector where the government imposed a pay freeze as part of austerity measures to cope with the financial and economic crisis, the social partners in the hospital sector concluded two collective agreements covering 2009-2010 and 2011-2014 which offered pay rises plus other benefits (Leisink, Weske & Knies, 2012).

Because of demographic and labour market developments the issue of attracting and retaining sufficient numbers of qualified employees is another issue that is central to the social dialogue in the hospital sector. Employers and unions agree on the importance of supporting the employability of employees, through measures such as schooling and a life-stage budget which offers employees 35 hours per year extra for leave to use at their own discretion.

Employer representatives and union representatives have frequent bilateral contacts with civil servants of the ministry of Health, Welfare and Sport. These contacts are used for agenda setting purposes and for influencing government policy making on all sorts of issues.

*Social dialogue: hospital level*

The institutional framework in the Netherlands for social dialogue at company level holds for the hospital sector as well. Consequentially hospitals are required to have a works council as a platform for social dialogue. Based on the Works Council Act these works councils have:

* the right to information on the legal structure of the firm, the financial situation, personnel policies, and strategic plans;
* the right of advice on important strategic decisions such as investments, mergers, relocations, reorganizations, the appointment and dismissal of the hospital director;
* the right of approval regarding personnel policies concerning working hours, health and safety, pay systems, performance review systems, training, complaints, recruitment, promotion, and direct forms of employee involvement.

A survey of works councils in hospitals showed that they regard themselves as well-informed and well-positioned in the social dialogue with the employer. However, only 60 per cent of the works councils feel that they have a strong influence on personnel policies and in other areas such as strategic plans and financial policies only a quarter of works councils feel that they have a strong influence (Dongen, 2009).

*Importance of service user involvement*

Most stakeholders whom were interviewed were satisfied with the current situation in which employee participation through the social dialogue institutions and user involvement through institutions such as client council, are separate phenomena. Unions regard the employment interests they represent as their legitimate domain. Likewise unions see patients representing their interests in good quality of care.

***2.3 The school sector***

*Structure*

Successive governments since the 1980s followed a policy of restricting its role to governing, regulating and inspecting the production of public goods and services. In tandem with these developments schools in secondary education turned from organizations executing a governmental task into relatively autonomous institutions (Commissie Goed Onderwijsbestuur VO, 2014). Most schools now have the legal form of a foundation governed by a two-tier board. Today 344 school boards exist, some of which govern a single school while others govern more than fifty schools. In total 645 schools for secondary education exist (see Table).

Although legally schools are foundations governed by boards, they are fully funded by government and government policies and inspectorate are authoritative forces that constrain the autonomy of schools. The school sector is part of the public sector, which is understood in a broad sense in the Netherlands.

*Employment*

Schools in secondary education employ slightly more than 100,000 employees. Since 2009 the number of employees has been declining gradually, to now 104,100 employees (see Table). The causes of the decline in employment vary. In some regions demographic developments lead to a decline of student numbers. Government policies are another factor, in terms of budgets for education generally and specifically as regards the integration of the teaching of children with special needs in regular schools for secondary education (without as much funding as used to be available when these children with special needs were taught in special schools).

Table: Key figures secondary education 2008-2013

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2008** | **2009** | **2010** | **2011** | **2012** | **2013** |
| Number of schools | 643 | 644 | 646 | 646 | 645 | 645 |
| Number of students | 902.000 | 904.000 | 909.000 | 919.000 | 930.000 | 941.000 |
| Number of employees | 108.700 | 108.400 | 107.400 | 106.000 | 104.400 | 104.100 |

Source: DUO, Data as of October 2013[[3]](#footnote-3)

*Social dialogue: national and sectoral level*

Employment relations in the public sector have changed considerably since the 1980s (description based on Leisink & Steijn, 2005). One important development was that successive governments adopted a ‘normalization’ policy. As a result a convergence has been achieved between public and private sector employment relations. For public sector including school sector workers this resulted for instance in the lifting of the prohibition to strike, which existed until the 1980s, and in the extension of the Works Council Act to public sector organizations in 1995. These changes enlarged the opportunities for social dialogue significantly.

Decentralization in the system of industrial relations has been another important development for the social dialogue. Until 1993 terms of employment were centrally determined for all public sector workers. Although there were consultations between the government employer and the public sector trade unions, the government formally established the terms of employment unilaterally. Since 1993 the public sector has been divided in fourteen sectors, secondary education being one of them, and collective bargaining takes place at the sectoral level between the respective employer and union organizations.

For the school sector these developments implied that there was a need for employer organizations to grow and take their role. In secondary education, which is central in this study, the VO-raad is the employer association which organizes all schools for secondary education. The current collective labour agreement for secondary education covers all employees, who are represented by four trade unions, namely: Abvakabo FNV, Algemene Onderwijsbond AOb, CNV Onderwijs and Federatie van Onderwijsvakorganisaties.

The unionization rate of employees in the school sector is about 30 per cent, which is significantly higher than the overall unionization rate in the Netherlands of 21 per cent. The unionization of teachers in secondary education is higher, namely fifty per cent. Union membership has been declining slowly over time, specifically among younger employees. Union membership among employee representatives in school councils is higher, namely 67 per cent (Wartenbergh-Cras et al., 2013).

Apart from employer and trade union negotiations about the collective agreement, they also meet with government ministers in the so-called Foundation of Education. In addition, employer representatives and union representatives have frequent bilateral contacts with civil servants of the ministry of Education. These contacts are used for agenda setting purposes and for influencing government policy making on all sorts of issues. Since 2008 the government had decided on a pay freeze for public sector workers, including employees in the school sector. After lengthy consultations in the Foundation of Education, a National Education Agreement was concluded in 2013 in which the government committed the social partners to its educational agenda, involving the quality of education, increasing the quality of teachers, employment conditions – including the degree of direct and indirect employee participation – and the governance structure for the school sector. The government promised that in return it would lift the pay freeze and allocate the budget for a wage rise to be negotiated by the employers’ association and trade unions. Two unions affiliated to the FNV (Abvakabo FNV and AOb) refused to sign this National Education Agreement, because they felt that the room for collective bargaining was insufficient. However, in 2014 the employers association and all unions concluded a collective agreement.

*Social dialogue: school level*

The law on school councils (Wet Medezeggenschap Scholen, 2007) determines that employees have a right to participation through school councils, which is the equivalent of the works council which prevails in the private sector and most of the public sector. However, the school council has a unique feature compared to works councils, which is that parents and/or students are also represented on the school council. A school council consists of a minimum of 4 members, with parents/students and employees having equal numbers of representatives. Employee representatives in the school council are elected by all employees from their own ranks. The school council operates at the level of the individual school. When several schools fall jointly under the authority of the same school board there is also a joint school council at the ‘corporate’ level. In that case the composition of the joint school council must reflect the separate school councils proportionally.

The law provides the school council with a number of rights:

* the right to all information required for fulfilling its role. This includes the annual budget, and information on financial, organizational and educational policies;
* the right of advice regarding school hours, financial and organizational policies, and the appointment/dismissal of the school director;
* the right of approval. These concern general issues: educational goals, the school plan, rules regarding health and safety in general and the complaints procedure. The employee representatives in the school council also have the right of approval on specific issues which are excluded from parent/student voice, namely: staff numbers including the proportion of teaching and support staff, training, work instructions, leave and working hours regulations, financial benefits, performance review procedures, health and safety, and promotion policies.

The functioning of the school councils has been evaluated in 2012 and the current minister of education has proposed some modest improvements. The organizations of employers, unions, parent associations and student associations in the school sector have issued a joint ‘recommendation for ‘good participation’ in the school sector’ (April 2014). Their 21 recommendations flow from their evaluation that there is a need for clear guidance for all stakeholders to improve participation in practice. See more details in the section on user involvement in schools.

A recent study (Wartenbergh-Cras et al., 2014) showed that teachers’ indirect participation in several types of policy decisions is fairly stable. School councils are involved in decisions regarding teaching loads, the 4-year school plan, educational policies, and rule books, and their involvement in financial issues has increased since 2009.

About a third of the teachers in this recent survey indicated that the teacher representatives in the school council asks the views of their colleagues. About forty per cent of teachers is satisfied with the way in which the school council takes their views into account.

Overall the majority of teachers is satisfied with the degree of direct involvement regarding their own work. They are slightly less satisfied with the indirect participation in school protocols and procedures regarding for instance student monitoring systems.

*Importance of service user involvement*

Most stakeholders whom were interviewed were satisfied with the current situation in which employee participation through the social dialogue institutions and user involvement through institutions such as the school council, the parents and the students councils, are separate phenomena. Unions regard the employment interests they represent as their legitimate domain. Likewise unions see parents and students representing their interests in good education. The Christian union of school employees is the only stakeholder that is less positive about the separation of the two domains and argues that the quality of education is the overarching interest that both employees’ and user representatives should serve. The other unions accept the division of interests although they have mixed feelings about the assertive customers’ rights position which parents tend to adopt. In addition, unions as well as the employers association raise the issue of the representativeness of parents’ and students’ representatives, at national level as well as at the school level. They observe that it is only a small group of active people who are involved on behalf of these stakeholders. An example of a lack of representativeness given is the annual students’ exam complaints action, which consists of a disproportionally low number of complaints from students in secondary vocational education.

Unions recognize that theoretically employee participation and user involvement could strengthen each other. The employer association and unions have occasional bilateral contacts with the students’ association LAKS. However, so far unions approach their contacts with students’ representatives mainly in a pragmatic way, engaging in coalitions only if and when these serve their own goals. As regards user involvement through the school council at the school level, unions observe that parent representatives tend to be more interested in activities at the level of the individual school where their children study than in school policies at the ‘corporate’ level. On the other hand unions indicate that employee representatives in school councils are less interested in the level of the individual school, where parties and other practical issues are on the agenda, and more in the corporate level where policies are discussed. This means that collaboration between employee representatives and user representatives is less likely to occur.

1. **Mapping service user involvement in hospital and school sectors**

***3.1 Hospital sector***

*Relevant actors*

National level

About ten per cent of all Dutch citizens are members of a patient organisation (Nivel, 2012, p.1). There are general patient organizations, such as the Dutch patient organization (NPV) and disease-specific organisations, such as the lung fund, the Dutch diabetes association and the Dutch association for kidney patients. These patient organisations represent the patient perspective on a national sectoral level.

In order to bundle the input from the patient perspective, the government subsidizes the federation of patients and consumer organizations (NPCF). The NPCF is an umbrella organization, which represents 32 patient organisations on issues of policy development, innovation and the representation of interests ([www.npcf.nl](http://www.npcf.nl)). The NPCF runs a panel with 20,000 participants which is representative for the Dutch society. Moreover, the NPCF is involved in the initiative Zorgkaart Nederland, an online platform with information about healthcare provision and healthcare providers. The Dutch government finds it important to have one contact organization, in order to be efficient (Bovenkamp, 2008).

At the national sectoral level another important actor is the national centre for client participation (LSR). The LSR is the umbrella organization of client councils in the cure and care sectors. Quality of care from the perspective of patients is their main interest, in particular quality of participation and the handling of complaints. 75 of the 95 client councils in the Netherlands is a member of the LSR.

Organisational level

Client council

At the organizational level an important institution is the client council. The law Medezeggenschap Cliënten Zorgsector (WMCZ) determines that it is mandatory for each hospital to have a client council. These councils consist of citizens, patients and their family members and/or former patients. They do not represent the patients of the particular hospital, but the patient perspective.

The hospital is required to record in its policies the number of members of its client council, the way in which the members are elected and appointed and the term of the members. The hospital is also required to provide material resources for the client council to do its work. Important requirements are that the client council is representative of the clients of the hospital and that the client council is able to represent the interests of clients.

In order to represent the client perspective effectively each client council has a number of rights:

* right to information: the hospital must provide all relevant information in a timely manner;
* right to consultation: the client council regularly consults with the hospital’s management about the policies of the institution;
* right to advice: the client council can provide advice to the hospital’s management;
* right of inquiry: when the client council suspects mismanagement, they can request the court to investigate this;
* right to nominate a member of the Board of Trusts: the client council can influence the composition of the Board of Directors or the Board of Trusts by nominating at least one candidate for appointment in the Board of Trusts.

‘Mirror conversations’

There are several methods which hospitals employ to stimulate patient participation. One of these methods, which is often applied in hospitals and other institutions is the so called ‘mirror conversation’. This is a direct way to get more insights in the way clients experience the care provided and it aims to improve the quality of service provision and the focus on clients. The conversations often results in concrete suggestions for improvement.

In a mirror conversation, clients and their family members talk about their experiences with the care provided. The aim is to provide feedback to the care providers (e.g. doctors and nurses). The care providers are present in the room, but they do not sit in the inner circle. They are only allowed to listen to the experiences of patients and they are not allowed to get involved in the discussion. Only after the first round care providers are allowed to ask question, however, they cannot voice their opinion. Afterwards, action plans are prepared in order to address the issues raised in the conversation.

Complaints

When clients are not satisfied with the care provided, there are several procedures to file a complaint. A patient can file a complaint directly to the hospital. The first step is trying to informally solve the problem by discussing it with relevant parties that are involved (Rijksoverheid, 2014). If an informal conversation does not solve the issue, it is possible for the client to file the complaint to a complaints officer or counsellor, which every hospital is required to employ (www.consumentenbond.nl). The complaints officer mediates between the patient and the care provider. The hospital has the opportunity to hire an external complaints officer or counsellor (for example from the LSR) in order to guarantee the independence of the official. Another relevant institution is the WKCZ complaints committee, which every hospital is required to have (www.consumentenbond.nl). The committee will investigate the complaint and will take a decision. The hospital can take measures as a result of the decision, however, it is not required to adopt the decision. The complaints committee is required to be independent. Therefore, the chairman of the committee cannot be employed by the hospital (www.consumentenbond.nl).

In addition to the opportunity to file a complaint directly to the hospital, it is also possible to express the complaint to a hotline. The National Hotline Care (Landelijk Meldpunt Zorg) provides patients with information and advice on the handling of complaints about quality of care. Another possibility is to file a complaint online, for example through Zorgkaart Nederland (an initiative of the NPCF). This website registers reviews of specific hospitals and compares these with others. This helps patients to select the best care provider based on a ranking on several criteria.

*Scope – over what issues*

On a national sectoral level the federation of patients and consumer organizations (NPCF) is the main stakeholder representing the patient perspective. The NPCF has four focus areas, which provide an overview of the issues the NPCF is involved in.

The first key area is quality and safety of care. The NPCF states that although in general the care provided in the Netherlands is good, there is always room for improvement. One of the points of attention is communication between care providers, either within or between institutions. The NPCF aims to assure that patient experiences form the basis for better care.

The second key area is assuring that every citizen can afford care. The NPCF aims to insure that care is accessible for everyone, now and in the future. Points of attention are fragmentation, over-treatment and unnecessary care. The NPCF supports initiatives that are cost effective, for example digital health care (e-health).

The third key area is openness and transparency. The NPCF finds it important to provide patients with sufficient information to make the best choice for good care. Therefore data need to be disclosed on the effectiveness of treatments and patients’ experiences.

The final key issue is better rights for patients. The NPCF observes that patients are not yet equal partners in health care. Therefore, they support and initiate projects that strengthen the position of patients. The NPCF aims to ensure that patients have a voice.

On the organizational level, the client council formally has the opportunity to advise on a number of issues (WMCZ, 1996). These include:

* changes in the goals or mission of the hospital;
* mergers or collaborations with other care institutions;
* relocations or major renovations;
* changes in the organizational structure;
* appointments of members of the Board of Directors;
* changes in the complaint procedures;
* improvements of the quality of care provided to patients;
* quality of food, safety and recreation; and
* budget.

In terms of Arnstein’s typology patient participation in the hospital sector can be characterized as consultation. Form the interviews it became clear that some of the issues above are more frequently discussed than others. Quality of care and quality of service in a broad sense are the most frequent discussed issues. Other issues are mergers and the specialization of hospitals, which might result in the narrowing of the range of specializations in a particular hospital. Also, (major) renovations are discussed with the client council.

*User involvement in practice*

At the national level, the NPCF is a respected partner for the Ministry of Health, Welfare and Sport, the Dutch Association of Hospital Employers and the insurance companies. The Ministry finds it important that there are checks and balances in the system of health care. Therefore, they always invite the NPCF when issues are discussed which impacts on patients. Not only the Ministry mentions the NPCF as a powerful and important stakeholder, other interviewees mention the NPCF as well. The visibility of the NPCF in the policy debate is strongly linked to the person of the director. Wilna Wind made the NPCF very visible, not only in the formal policy debate, but also in the media. Another factor influencing the position of the NPCF is the fact that the government finds it very important that they can discuss and negotiate with one patient representative. In order to increase the efficiency and the effectiveness of patient participation, the NPCF is *the* partner, instead of several smaller patient associations.

In terms of coalitions building, the NPCF operates very pragmatic. Depending on the issue on the table (for example innovation, information on insurance policies) they form a coalition with either the Ministry, the insurance companies or the Dutch Association of Hospital Employers. Moreover, the director states that ‘the media are our best friend’.

On the organisational level, the power and influence of the client council vary considerably. Their strength dependents very much on the members of the council and the impact that they can make. The relationship with the board of the hospital is very important in this respect. To what extent do client councils get sufficient room to operate? To what extent are client councils able to take an independent position? A factor that sometimes hinders the strength of patient participation is the fact that there is a high number of short stays in hospitals. Patients are passers-by, and therefore less inclined to participate in a client council.

In 2013 there was a committee on good governance in the healthcare sector. The committee stated that most institutions (including hospitals) have several institutions in place to organize patient participation. However, in practice there are shortcomings, in a sense that the management not always takes patient participation seriously. According to the committee, there is no culture of giving and providing feedback. Feedback often does not reach the management of the institution. This has its roots in the distance between the shop floor and the top of the organization and red tape. The committee stated that the solution cannot be found in more rules or procedures, but in an open culture, where people trust each other and provide each other feedback (Advies Commissie Behoorlijk Bestuur, 2013).

*Reponses of social partners*

In the hospital sector, both user and employee participation are guaranteed, however ‘user issues’ and ‘employee issues’ are disconnected and discussed in different platforms. The traditional social partners discuss different issues, such as working conditions, quality of labour, education and employment issues. These are topics that are not discussed by patient representatives. When asked, our respondents have indicated some topics which affect both patients and employees, such as mergers, visiting/working hours and quality of staff. However, these issues are not discussed at the same table. There is no conflict of interest, but neither do patient participation and employee participation strengthen each other both at the national sectoral level and the organizational level. As one respondent put it: ‘you have to pick your battles; you cannot voice an opinion about everything’.

* 1. ***School sector***

*National level*

Users in the school sector are represented by the National Action Committee Students (LAKS) and the National Parents’ Council (LO).

LAKS represents students’ interests in three ways:

* by lobby activities in the public space through meetings with the Ministry of Education, and activities addressed at the media;
* by providing information and organizing complaints such as the well-known annual exam complaints action, which collects complaints of thousands of students regarding the organization of the school exams;
* by supporting student representatives in school councils and student councils at school level, for instance by training student representatives.

Governmental policy to enhance user involvement results in funding to support LAKS and the training provided by LAKS to student representatives. LAKS claims a membership of about 250 school student councils.

The importance of user involvement at national level can be judged from the fact that the Minister of Education has formal consultation meetings with the LAKS twice a year, and from the fact that civil servants from the Ministry of Education have informal meetings with LAKS about four to five times per year to discuss a variety of issues such as the budget, educational policies regarding talented students, and career orientation activities. LAKS uses these informal talks to influence government policy plans. A success story is the student protest that LAKS has organized for a number of years against what they regard as compulsory school hours without meaningful teaching. This attendance obligation was the consequence of a law requiring schools to teach students a specific number of hours per year (1000-1040). However, because schools did not get the requisite budget for these extra school hours they obliged students to be at school without providing them meaningful activities, at least according to LAKS. As a result of the protests by LAKS parliament decided that school directors must engage in a horizontal dialogue with school councils to determine which teaching activities count as formal school hours.

On the other hand LAKS notes that the ministry’s interest in user involvement sometimes results in consultations with students in the field, for instance through internet consultations, as a result of which LAKS is bypassed or given less weight as the students’ representative.

Mirroring the unions’ view of employee interests as their legitimate domain, LAKS is not interested in taking a position regarding employment conditions. Like the unions LAKS takes the view that social dialogue and user involvement operate at ‘separate tables’ and that this is how it should be. LAKS is interested in achieving the best education for every student. Although LAKS recognizes that for instance teachers’ salaries are related to the quality of education, it feels that the two are separate domains and that LAKS should not get involved in the former.

Parent associations have less of a position in secondary education than in primary education. They are poorly organized and represented at the national level. Several parents’ organizations exist but usually disagree among each other. The LO (Landelijke Ouderraad) is the national umbrella organization.

*School level*

With the development of schools as relatively autonomous institutions their governance structure became an issue of growing importance. The employer association (VO-raad) issued a code of good governance in 2008, which was followed by a revised version in 2011. This code consists of a combination of binding rules and principles that serve as guidelines for the school boards in designing their own governance rules. The dialogue with relevant stakeholders is one of the issues which each school board is required to provide for (Code Goed Bestuur VO, 2011). Taking into account legislation regarding user involvement, what the good governance code in education adds consists of recommendations to create a culture of stakeholder dialogue. The Good School Governance Committee recommends that school boards use formal and informal means actively to inform stakeholders and give them the opportunity to influence school policies and decisions (Commissie Goed Onderwijsbestuur VO 2014, 61-62).

School boards

User representation in the school board is not mandatory in the Netherlands and it depends on the incumbent board members whether they choose to appoint parents. Currently about half of the school boards have a parent sitting on the board of the school in which their child is a pupil (Commissie Goed Onderwijsbestuur VO 2014, 30).

The school board operates at the employer level. In some cases the board governs a single school, in other cases a board governs more than fifty schools. The full scope of school policies and school performance fall under the remit of the non-executive board. All school boards monitor and discuss financial and educational performance. School boards perform their employer role regarding the executive board by appointing the executive board members, determining their pay, and reviewing their performance.

School boards engage in a horizontal dialogue with a variety of stakeholders. According to a recent survey school boards met with school councils (100 per cent), parents of pupils (79 per cent), parent councils (59 per cent), parent associations (8 per cent) (Commissie Goed Onderwijsbestuur 2014, 41-42). The quality of teaching, the school policy and its goals, the educational results and outcomes are the main issues in these horizontal dialogues. The satisfaction of students and parents is a topic of horizontal dialogues in 80 per cent of school boards.

School councils

The law on school councils (Wet Medezeggenschap Scholen, 2007) determines that parents and/or students are represented on the school council next to employees. A school council consists of a minimum of 4 members, with parents/students and employees having equal numbers of representatives. This feature of a voice platform in which both employees and users are represented is unique for the school sector. The law provides the school council with a number of rights. The rights of information, advice and approval on general issues have been listed in the section on the social dialogue at school level. Additionally the parents/ students in the school council have the right of approval on some specific issues including the financial contribution required from parents, students’ facilities, rules regarding parents’ and students’ rights, the annual school plan/guide, and extra-school activities.

The issues regarding which users in the school council have a right of approval are mostly different from those regarding which employees have a right of approval. When the previous law on school councils (WMO 1992) was replaced by the current law (WMS 2007) this division of rights was much debated. The largest trade unions affiliated to the social democratic FNV were opposed to sharing the rights that employee representatives have with users. The trade union affiliated to the Christian CNV was in favour of sharing rights under the heading of quality of education. In the end only a small number of issues were regulated by law as joint issues. These include issues that fall under the right to advice: school hours, financial and organizational policies, and the appointment/dismissal of the school director. Shared rights also include a limited number of issues regarding which the school council has the right of approval: educational goals, the 4-year school plan, general health and safety policies, complaints procedures.

From the perspective of a joint employee and user participation the issue of the school guide, including the planning of school hours, is an interesting one. The school council as a whole has the right of approval regarding the school guide including school days which are exempt from teaching; the employee representatives in the school council have the right to approve the activities on these days (for instance training activities) while parent and student representatives in the school council have the right of approval regarding the total number of school hours and the school activities that are formally designated as school hours. This division of rights was a result of the protest action organized by the student committee LAKS.

Parent councils

Parent councils are not mandatory. It is unknown how many schools for secondary education have a parent council, but older research (Karsten et al. 2006) estimated that this form of involvement was a modest phenomenon in which only small numbers of parents were involved. Parent councils focus mainly on voicing parents’ views towards parents’ representatives in the school council or more generally vis-à-vis the school management.

Student councils

Student councils are not mandatory but LAKS estimates that two thirds of schools for secondary education have student councils. Student councils are not necessarily elected. They engage in organizing activities such as school parties, sporting events, school bulletins and charity events. Student councils can also support the student representatives in the school council through information about students’ opinions and through ideas and plans.

Direct forms of parent participation

In recent years the government has emphasized the importance of direct involvement of parents. In 2012 the government launched a program ‘Parents and schools together’ to strengthen the involvement of parents, among others regarding the contribution parents can make in the area of career orientation.

Complaints

Following legal requirements (WMS 2007) almost all school have a procedure for filing complaints and a complaints committee to deal with complaints.

Evaluation

User involvement and participation in the school sector varies in terms of its extent and depth. The legal framework, which dates back to 1981 and has been updated several times since (1992, 2007, new proposals in 2014), provides rights of information, advice and approval which enable parent and student representatives. The approval rights provide the strongest form of participation (in terms of Arnstein’s typology). They concern the decisions on school hours and what school activities are formally designated as school hours.

The school council has a right to information on all issues which the council regards as necessary to fulfil its role. This right seems to function well, but school directors are advised by the Good School Governance Committee to provide information proactively and timely so that school councils can have a real influence in decision-making on school policies.

The ministry of Education commissioned an evaluation of the law on participation in schools (Research voor Beleid 2012). School councils judged the participation through school councils as ‘fairly good’. It also appeared that few seats in the school councils remain vacant because of a lack of candidates (10 per cent vacant seats in the case of parents and 20 per cent in the case of students). On this basis the ministry evaluated user and employee participation positively but indicated that participation can be improved (Ministry of Education 2014). In some respects representatives do not fully use the rights they have. In other respects their rights should be strengthened. This includes the right of advice on the appointment and dismissal of the school director and the right of horizontal dialogue with the school board.

Following the evaluation and the ministry’s response, the organizations of employers, unions, parent associations and student associations in the school sector have issued a joint ‘recommendation for ‘good participation’ in the school sector’ (April 2014). Their 21 recommendations flow from their evaluation that there is a need for clear guidance for all stakeholders to improve participation in practice. These recommendations address the shortcomings in the functioning of participation that these associations observe:

* shortcomings in communication and the provision of information;
* inadequate facilities and legal assistance;
* a consultation culture which suffers from a blurring of roles among some actors;
* a lack of professionalism of school councils.
1. **Case studies**
	1. ***Deventer Ziekenhuis***

*Case selection*

In the hospital sector we tried to find a case where there was a strong connection between user and employee involvement, but could not find any examples. Therefore, we decided to take strong user participation as a starting point for our case selection. This has resulted in the selection of ‘het Deventer Ziekenhuis’. This hospital has a high score in the ranking of ‘best hospitals’ in the Netherlands (8.5 on scale 1-10) ([www.zorgkaartnederland.nl](http://www.zorgkaartnederland.nl)) and also has high scores on the indicator ‘patient participation’ ([www.kiesbeter.nl](http://www.kiesbeter.nl)).

*Deventer Ziekenhuis, client council and works council*

The Deventer Ziekenhuis is a medium-sized general hospital in the east of the Netherlands. Yearly about 300,000 patients receive care in one of the clinics and about 20,000 patients are admitted to the hospital. The hospital employs about 2,500 care professionals.

The Deventer Ziekenhuis has an active client council which represents the patient perspective. They explicitly state that they do not represent a particular group of patients, but the patient perspective in general ([www.dz.nl](http://www.dz.nl)). The client council consists of 8 members. These members have to apply for a position and are appointed by the Board of Directors. It is preferred that the council consists of members with different backgrounds and not only members with a background in the healthcare sector. Potential members are required to have completed a higher professional education, to have excellent communication skills and to have a professional commitment. At the moment, when there is a vacancy for a position in the client council, many candidates apply.

The works council consists of 15 members, which represent different function groups within the hospital. Doctors are not represented in the works council, as they are generally not employed by the hospital. Members of the works council are elected by the employees of the hospital. The works council has an executive committee of three members. These are the contact persons for the Board of Directors, as well as for the employees they represent.

*Involvement*

All three stakeholders we interviewed mentioned that the Deventer Ziekenhuis is characterized by openness and transparency. This is appreciated by client and works council, as well as by the management itself. There are only three management levels: the Board of Directors, the ‘care managers’ and the operational managers. There is an informal culture where ‘the doors are always open’. Interviewees indicate that in most cases, before any problems arise, these are discussed and solved informally. This transparency is the basis for patient and employee involvement.

Involvement is considered the norm in the Deventer Ziekenhuis. This is an important value for the organization. Both the client and the works council are actively involved in decision making. They experience that they get all the required information from the Board of Directors and that they are invited to participate in projects and committees, for example on e-health and public relations. On the website of the Deventer Ziekenhuis the client council presents itself and patients have the opportunity to contact the client council directly.

Four times a year there is a so-called policy conference, where the strategy of the organization is discussed. The management, as well as the client and works council are invited to participate in this conference. There usually is a small committee that prepares the conference and they actively collect input from all stakeholders.

All interviewees emphasize that the management of the Deventer Ziekenhuis sees the added value of involvement and act accordingly. However, they also highlight that the effects of involvement depend on the actions of the client and works council. Especially the client council utilizes the opportunities for participation, by being actively being involved in the policy debate.

*Patient satisfaction*

Patient satisfaction is very important for the management of the Deventer Ziekenhuis (‘without patients, no food on the table’). They state that all employees in the hospital should be aware of the importance of patient satisfaction. Therefore, every department has an ambassador for hospitality. The Deventer Ziekenhuis also finds it very important to measure patient satisfaction. Several methods are being used to this end.

Every department is required to measure patient satisfaction on a yearly basis. A frequently used instrument is the online survey. Every department can tailor the questions to its particular situation, therefore improving the usefulness of the results. Usually the response of patients is quite high. The focus of the survey is to improve the quality of care. Therefore, the results are mainly discussed within the organization. As most patients are ‘passersby’, the hospital finds it difficult to provide active feedback to the patients who have completed the questionnaire.

Another method to measure patient satisfaction is by organizing panel discussions. Patients and their family members are in one room discussing their experiences in the Deventer Ziekenhuis. The discussion is broadcasted live and showed in another room where nurses and doctors can follow the discussion. However, they cannot participate in the discussion. Afterwards an action plan is prepared by the staff aimed at addressing the problems that were discussed. One of the managers is responsible for the progress and will address the action plan in team meetings. The client council is also present at the panel discussions. Usually, the panel discussions result in practical improvements in the provision of quality of service. The recommendations are usually less policy-oriented and/or strategic in nature.

A third way to get an insight in the patient perspective is the regular meetings between the management of the Deventer Ziekenhuis and the client council. Formally, there is a meeting once every two months. However, informally they meet more often. The client council gives advice on the issues addressed by the management, but they also put issues on the agenda themselves. The management evaluates the input of the client council as ‘constructive, critical and professional’. They address important issues and monitor the progress of projects. Because the management and the client council work together in a very constructive way, the client council sometimes finds it difficult to be objective and independent. Therefore, they discuss this internally to stay critical.

*The client council and the works council*

The client council and the works council meet twice a year. The issues discussed are of strategic importance. Both parties indicate that there is no conflict of interest. There is a strong common ground: patient satisfaction and quality of care. According to the works council, the aim of the meetings is to keep each other informed; the meetings are not aimed at active involvement and frequent cooperation. The client council does not speak of active involvement either. The client council indicates that they do not advise on personnel issues. This is the territory of the works council. Although the client and works councils do not actively cooperate, there are some policy issues that affect both stakeholders directly. However, the opportunities to cooperate are not utilized.

A first issue is e-health. The Deventer Ziekenhuis wants to make the provision of care more place and time independent. Contacts between a care provider and patient do no longer have to be face-to-face. For example through pc or tablet, the patient can interact with their doctor. Video consultation can be more efficient and patient-centered, however it has implications for several stakeholders. From a client perspective, this is an important development, as this save time to travel and allows patients to stay at home in a safe environment. According to the chairman of the client council, about twenty per cent of the employees are in favor of this new development. The other eighty per cent is hesitant. However, the works council is not actively involved in this debate as they judged that e-health will not develop very rapidly.

A second issue is office hours of doctors. The hospital finds it important that doctors have evening office hours. This is considered an extra service for patients. This initiative was launched a few years ago. However, today hardly any department has evening office hours, as they found it very demanding. The client council finds it very important to keep this issue on the agenda. They state that it is important to focus on the conditions to make this possible. According to them you need the commitment of several departments, so that a patient can get a consult for a doctor, followed by an x-ray for example. They are open for suggestions and address the question what doctors need to make this work. The works council is not involved in this discussion, as this policy mainly affects doctors and these are not represented by the council.

*Conclusion*

The Deventer Ziekenhuis is an example of strong patient participation. It is considered the norm and patients are invited by the management of the hospital to participate. The client council utilizes the opportunities that are being offered. Although there are several issues that affect both patients and employees, the client and works council do not engage in active cooperation. This partly has to do with the fact that the doctors in a hospital are not represented in the works council as they are generally not employed by the hospital.

* 1. ***Den Bosch School***

*Case selection*

The institutional framework for secondary education involves that in every school council equal numbers of employees and parents/students are represented. So the aim was to select a case with active user participation of parents and students on top of the prevalent form of indirect participation through the school council. Den Bosch School was selected because this school attaches great importance to user participation. There are no specific national criteria which can be used to compare stakeholders’ satisfaction with this school’s user participation to user participation in other schools, but students and parents are generally satisfied with Den Bosch School (demonstrated by a ranking of 7.3 and 7.8 on a scale of 1-10).

*Features of user participation and school council*

Den Bosch School is governed by a one tier board. The executive board member is the rector of the school. There are 9 non-executive board members. When there are vacancies in the school board, parents are invited to show their interest. The school has the legal status of a foundation. The rector and two co-directors compose the management team. The school employs about 170 employees. About 1600 students have enrolled.

The school council of Den Bosch School consists of 12 members, 6 of whom represent the school’s employees while the other 6 represent students (3) and parents (3). All members are elected by the stakeholder group they represent. Students note that the call for candidates through the school bulletins does not arouse much interest from the students generally. A personal invitation by incumbent student members is more effective and usually the main means to recruit student candidates. The 3 student members of the school councils tend to come from the ranks of the higher forms of the higher school streams, but they do attempt to represent the students’ perspective. The same holds for the parents’ representatives.

The school council is chaired by a teacher who is an employee representative. The school council meets about every 6 weeks and has formal meetings with the school rector several times per year. The council chair and another employee representative have a meeting with the school rector every two weeks to discuss issues that are relevant for employees.

Den Bosch School has a permanent student council. The student council consists presently of 8 student representatives from various forms and program streams. Previously the student council had only 3 members due to a lack of student interest. Information in the school bulletins to invite candidates are not effective; the present student council members have become active after having been asked by previous students. One of the student members of the school council is also a member of the student council. In addition each of the three school program streams, which the school offers, has its own stream panel, which meets the stream school manager once or twice per year to discuss relevant issues.

The student council’s activities consist of organizing activities and giving the students’ opinion on issues at their own initiative and when asked by the school management. Activities vary from organizing the anonymous gift of roses to students on Valentine’s day, to revising the Student Statute which deals with issues such as the consequences of exam fraud and the maximum number of exams per day, and giving information about the student council’s activities at the Open Day when prospective students and parents visit the school.

Den Bosch School has an active parents council. The parent council consists of 15 parents. At the beginning of a new school year the parent council invites parents to become a candidate for the parent council. From these candidates the incumbent parent council members elect the new members based on particular criteria. Similarly parents are invited by the school board to take part in designated committees. The main goal of the parent council is to advise the school management from the parents’ perspective and to help organize support for several facilities such as the arts exhibition and study rooms. The parent council organizes about 5 meetings per year to discuss school issues with all parents. The executive board of the parent council has frequent meetings with the school rector.

Designated school committees serve as a sounding board for specific school projects. Thus there are parent and student committees for the 21st century skills pilot project in the first and second year, where teaching is to some extent personalized by providing students with laptops which enable them to follow their own learning track. There is also a designated committee of parents of children with special learning needs.

There are no active links between parents in the school council and parents who are involved in the parent council and designated committees. Formally one of the members of the parent council is the liaison with the school council but in practice there are no contacts, neither at the initiative of the parent council nor at the initiative of the school council.

Apart from the bodies for student and parent involvement there are also user surveys on a variety of issues, such as satisfaction surveys among students, parents and employees, and surveys among students to evaluate the quality of teaching by individual teachers. Finally there is also a complaints procedure which describes that complaints can be submitted to a number of internal authorities and two legally prescribed external independent bodies.

*Involvement: the view of the school rector and school management*

User involvement is an important principle of how Den Bosch School views the primary process of teaching and learning. The school rector and management hold the view that parents have a role and responsibility to take in the learning process of their children but also in the learning process in school generally. This emphasis on shared responsibility differs significantly from the growing tendency noted by the rector towards parents as consumers who order a product, in this case a specific level of education of their child, and who complain if the school fails to deliver this. This school rector sees it as the school’s mission to develop the students’ talents maximally and to coach them to adulthood, and encourages parents to take an active role in this process. Parents’ role as co-owner of the development of their child is strongest in the lower forms and decreases when their children get older. The school management regards parent involvement as a mutual commitment which begins when the children enter school. Parents should not just come when there is a problem with their child but be involved on a regular basis.

The school rector and management also support parent involvement in the school generally, for instance through supporting the parent council and initiating designated committees. For instance the school management meets with the parent council for a discussion on parents’ involvement and listens to the parent council’s views on alcohol drinking by children under 18. The school management instigated the designated committee on the 21st century skills teaching pilot to get parent feedback on how the digitalized learning process of their children takes place at home and how parents play their part in specific assignments. Similarly the designated committee of parents with children with special learning needs is meant to get feedback that can help improve the learning process of these children. This view on parent involvement resonates with the vision and identity of the school and these also function as the parameters for the school rector and management to respond to parents’ wishes and suggestions.

When it comes to involvement of parents in the school council the school rector has some doubts about its added value. Effective involvement here requires knowledge of complex policy issues and a helicopter view of developments in the school sector. Moreover, the time frames set for decision-making make it difficult for parents to gain sufficient knowledge.

Promoting involvement in the primary process of education and learning is not restricted to users. The school rector and management also promote the direct involvement of employees. The process of preparing a school plan in 2013 for the new 4-year period was an interactive process with much room for bottom-up initiatives. The school rector was intent on focusing on a limited number of key ambitions which would provide teachers space to elaborate these in line with their own activities. When the new school plan had been en route for a year a plenary meeting was organized with all 170 employees. They were invited to present good practices which they had instigated themselves and more than 30 examples were collected. People were excited and this created a lot of energy.

While direct involvement facilitates the generation of creative ideas, the school rector feels that the institutional framework for the social dialogue elicits a focus on rules, rights, conditions, hours, and requirements at the expense of educational vision and substantive ideas.

*Involvement: the view of parents*

The parents appreciate the school’s efforts in involving parents actively. They feel that the school’s management takes their feedback seriously. They share the school’s view on parents taking part in the responsibility for the learning process of their children. In their view this involves that parents should have regular contacts with their children’s teachers, where they have a proper dialogue about their child’s learning progress. Right now most schools have so-called 10-minutes meetings several times per year. The school rector’s idea that this fixed meeting routine could be replaced by a tailor-made practice of meetings when either the teacher or the parent feels the need for a joint meeting of teacher, parent and child is judged differently by the parents. One parent feels that the fixed meetings are necessary because parents are made to feel that they must attend these meetings because of their shared responsibility. Another parent sees the benefit of dialogue-meetings at the initiative of the parent because this intrinsic motivation to engage in a dialogue helps to create a shared commitment.

The parent council views its role as contributing to a positive learning climate in the school. It does so not by getting involved in policies but by giving the parents’ opinion and advising the school management.

Involving parents in designated committees such as the 21st century teaching pilot project is highly appreciated. Parents have to deal with constraints on their time, but designated committees serve to involve parents with a special expertise and interest.

Parents in parent councils and designated committees recognize that it is often difficult to represent the views of parents generally. They voice their own opinions on issues at stake, such as the drinking of alcohol by teenagers under 18, but they also try to sound parents’ diverse views by organizing a parents’café where they discuss such issues. Communicating with parents generally is difficult.

The most important condition of successful user involvement is being listened to: *Once parents have the feeling that they are talking in the void, they lose the sense of usefulness of being there.* Active parents expect the school management to report back to them how their opinions have been incorporated in school policies but do not expect that their opinions are adopted indiscriminately. They also recognize that the school has a specific identity, which makes parents choose this school to enrol their children, and which serves as a frame for management to assess the opinions parents deliver. Parents respect that the school management bases its policies on this identity. They also expect the school to stay in tune with changes in society and feel that the school succeeds in doing this.

Parents who are involved in the parent council and designated committees do not have an idea about parents’ involvement in the school council. They feel that their own involvement in the learning process is different from the policy focus of the school council, although they recognize that the school council members may be driven by a similar interest in improving the school and the quality of education. They feel that they are motivated by being in touch with what goes on in the school and having a conversation about substantive issues in teaching. Parents in parent councils and designated committees feel that their world and the world of the school council are separate ones.

The parents’ view on indirect involvement through the school council resonates with the school rector’s view in one respect, namely that parents suffer from a lack of time to get a grip on the complex issues on the agenda. This is a reason for making choices on what issues to concentrate on while leaving other issues to experts. The parent representative acknowledges that it is difficult to discuss issues on a general policy level rather than get stuck in practical details.

The parent representative would prefer to be involved in thinking about issues and developing policy plans at an earlier stage, before a plan is submitted to the council. *Not on all issues, but on issues such as the new school plan. Being at the end of the policy cycle as is currently the case, the school council cannot do more than checking: is the plan sound? Can this be implemented? Being involved at an earlier stage would enable the school council to take an initiating rather than a controlling role*. The parent representative feels that the school council does not have much influence.

The parent representative has the opinion that the school council should not get involved in substantive teaching issues; the council should focus on policies at a more general level, such as the general aims of a 21st century teaching pilot project and its budget.

There are no regular contacts between the parents in the school council and the parents council or designated committees. The parents in the school council have their own meeting to prepare the council’s agenda. They try to take a position which is representative of the parents’ views, but they acknowledge that they have no communication with parents and that it is difficult to know parents’ views on issues.

*Involvement: the view of students*

The main motive students give for their active involvement is making the students’ voice heard. Students in the school council find that this is important because teachers do not naturally take students’ views into account. They also think that it is more important for students to sit in the school council than for parents, because students are confronted directly by school policies. Students in the student council are also motivated by talking about school issues, improving things and organizing activities. They feel that the student council can be approached more easily by students in general. Thus the student council can pick up things students signal more quickly and undertake action. In a formal sense, however, students think that the school council is more important than the student council because of the school council’s legal rights.

Students feel that the further up the hierarchy the less responsive school leaders are. They find that their school mentors are most responsive. The school stream managers who meet with the designate stream committees are unresponsive: student representatives observe that they do not hear from these stream managers what actions have been undertaken on the basis of their input. Similarly school stream managers do not respond to email messages.

The student members in the school council recognize that some items on the agenda such as the budget are too complex for them to have an opinion on and that other items such as the professional development plans for employees are too remote from their own situation. They feel no need to have an opinion on this. However, other issues relate directly to their situation such as the students as school stewards project and then they have their opinion. In this case student members of the school council noticed that they were actively approached by students about the issue.

The student member in the school council who is also an active member of the student council acts as the linking pin between these two bodies as far as the students are concerned. Occasionally the student council is involved in forming the students’ opinion on issues on the school council agenda. A case in point is the Student Statute. However, the student council is not regularly involved because the time preceding the school council’s meeting is too short and because it is unclear whether the information presented to the school council is public and can be shared.

In practice the student members in the school council prepare the school council meeting jointly and form a joint opinion, recognizing that they will not be heard otherwise. The three student members are formally not representative of all students’ streams and forms. However, student members sound other students in their circle and try to represent the students’ view on issues on the school council agenda. One example given concerns the issue of smoking in the school area: a student representative indicates that he does not smoke but because other students do he does not want to forbid smoking in the school area.

*Involvement and social dialogue: the school council*

The school council consists of equal numbers of employees’ representatives and parents/students’ representatives, and they share rights regarding a limited number of general policy issues next to having their own rights regarding specific issues. However, the meetings of the Den Bosch school council consist of plenary debates on all issues regardless of which stakeholder has rights of approval on a specific issue. Both the employee representative and the parent representative emphasize that they find it important to know the views of the other council members when they decide their position. Student representatives tend to concentrate on the issues that affect themselves. They feel that employee representatives are willing to listen to them but that employees and parents tend to dominate the council meetings.

The employee representative, the student and the parent representative share the opinion that the school council does not have much influence. Being at the end of the policy cycle is one aspect of this. It would help if the school management would involve the school council at an earlier stage in exchanging views on upcoming issues and take these on board. On the other hand the school council indicates that it is hesitant over its own role: should the council take a more pro-active role and engage in developing policies jointly with the school management or should the council take a controlling position?

The meetings every two weeks between the employee executive committee of the school council and the school rector to discuss employee issues is regarded as an effective platform.

The employee and parent council members share the view that it is important to know each others’ opinions on the issues on the agenda. Parents support the view that employment conditions are important because these affect the quality of teaching:

*We chose teachers’ workload as one of our concerns, because we noted teachers’ concern over this and felt that something should be done because that is better for the school. How teachers function makes a difference for the school and for the students. That is why it is also important for me as a parent.*

The school council is generally not divided in its opinion. It attempts to put the school interest over specific interests but recognizes that it does not always succeed in this. One example where the school council was unsuccessful is the school stewards project, which involves students being responsible themselves for order at school and during school breaks. The idea is that teams of students are on duty, monitor order and talk to fellow students on their conduct when they cause mess. The student representatives in the school council disliked this idea, but the employee and parent representatives felt that this idea fitted with the school’s philosophy of educating students to be responsible citizens. Because of the student representatives’ opposition to the idea the council decided to postpone a decision on the plan, but in the subsequent meeting voted in favour of the plan despite the continued student opposition.

An example where the school council was successful in putting the school interest over specific interests was when the school council had to advise on budget cuts. The school council including the employee representatives voted in favour of a budget cut which limited the standard number of working hours reserved for training. In this case the school council was supported by a large majority of teachers, although employee representatives note that at other times they feel constrained by employees who view the school council as a sort of pseudo union which should defend their employee rights.

*Involvement and workplace practices*

The school rector has a view on user involvement which favours its focus on the teaching and learning process. The rector recognizes that this focus may result in differences of opinion between stakeholders and impact on workplace practices. One example is a recent governmental policy which requires schools to indicate how they plan to distribute the total number of requisite school hours over the full curriculum (instead of the current fixed number of hours per year). The meeting between the rector and the school council was used by the rector to encourage out of the box thinking which made employees’ representatives feel uneasy but appealed to students’ representatives. In that instance parents’ representatives sympathized with the students. So this may lead to a debate where users’ interests in flexible teaching and learning processes and employees’ interests in control over working hours are both at stake.

In another instance, however, the school rector wanted to promote the voluntary citizenship work by students supervised by their school mentors as a designate school activity, but employees’ representatives in the school council were only willing to accept this if the issue of work pressure would be dealt with and in this case parents’ representatives supported the employees’ position.

Student representatives observe another instance of conflict. Because of construction work in the school building the duration of the breaks between lessons was increased because it took more time for teachers to move from one building to another. This decision was taken unilaterally by the school management according to the students. They were not in favour of this scheme but understood the reasons and claimed that they would be willing to accept this for as long as the construction work would last. However, they feared that the teachers would want this situation to become permanent whereas students were against a structural lengthening of their school day.

*Conclusion*

Den Bosch School is an example of active user involvement. Direct participation of parents in the parents council and designated committees is embedded in a philosophy of co-responsibility between the school and the parents, which is shared by the school rector and the parents. The focus is on the teaching and learning process and the contributions school and parents can make towards developing students’ talents and their growth to responsible citizens. On the other hand the school council provides a platform for employees’, students’ and parents’ involvement in school policies generally. This school council feels that its influence is limited. School council members, particularly employees’ and parents’ representatives have the opinion that their focus should be on the policy level, the budget, the conditions for the implementation of policies and not on the substantive issues of the teaching process. Student representatives focus mainly on issues that relate directly to the teaching situation. Although there are specific issues regarding which either employee representatives or parent and student representatives have rights of advice and approval, the school council has plenary debates on all issues and takes all stakeholders’ views on board before a decision is taken. The school council attempts to put the school’s interest over specific interests and is usually successful in this. The school’s educational goal of educating responsible citizens persuaded the employee and parent representatives to support a school student steward project although the students themselves opposed this idea. Examples of potential conflict between the employees’ interests on the one hand and the users’ interests on the other are looming. A case in point is the coaching by school mentors of voluntary citizenship activities by students but parents took the employees’ concern about the working load of mentors on board and made coaching conditional on management taking action regarding mentors’ working load. Another case is the lengthening of the school day due to extending the breaks between lessons, which might benefit the teachers but not please the students.

1. **Conclusion**

*The concept of user involvement*

This report examined user involvement and its relationship with social dialogue in the hospital and school sectors in the Netherlands. User involvement is a topic that generates a fair amount of interest in the Netherlands, from government and politicians, from user organizations, from media, and from users themselves both as users in their individual capacity as a patient, a student or a parent/family member and as user representatives in patient councils in hospitals or in school councils, parents councils and student councils in schools.

The term ‘user’ is commonly understood in both narrow and broad ways. User involvement in a narrow sense refers to the patient in healthcare, and to students and their parents in the case of schools, although the importance of parents decreases when their children grow older.

User involvement in a broad sense sees the ‘user’ as referring to citizens in general because citizens have an interest in accessible and high-quality healthcare and education, to which they contribute by paying taxes – and collective contributions from employers and employees in the case of healthcare. This connection of user involvement to citizens relates to Marshall’s (1950) citizens’ rights and specifically the social rights which Marshall viewed as connected to the institutions of the educational system and the social services. Although Marshall defined citizenship as a status, his ideas have been read as supporting a reading of citizenship as ‘participation in or membership of a community’ (Barbalet, 1988) or as ‘social membership and participation in society as a whole’ (Turner, 1986). Regarding citizenship as essentially concerned with participation in a community or society draws attention to the fact that citizenship is not merely a matter of having formal rights. Indeed, what legislation concerning user involvement in the Netherlands actually addresses are the conditions under which citizens can enact their rights.

*Drivers of user involvement*

Social dialogue and employee participation through trade unions and works councils have a history in the Netherlands which is much older than the history of user involvement. Their histories seemed to merge in the 1960s and 1970s when the call for democratization of society reinvigorated employee participation and created the first platforms for user participation. For some time trade unions supported this wider agenda of democratization. However, parallel with the gradual decline of union membership unions focused their agenda increasingly on the work and income interests of their members and more or less abandoned broader issues of democratization and participation (Leisink, Van Leemput & Vilrokx 1996).

The interest in user involvement increased again in the 1990s but now as part of the government’s agenda. Theoretically this governmental interest can be explained by OECD countries’ interest in public sector reform inspired by the New Public Management movement which emphasized quality of service, performance and a customer approach (Pollitt & Bouckaert 2004). In the Netherlands healthcare specific concerns centred on the overall need for cost reduction and the increasing number of chronically ill patients related to an ageing population and improved medical treatments. Governments promoted user involvement as a way to co-produce effective treatments and as a way to create a critical counterforce versus healthcare professionals and hospitals, and from 2006 onwards also versus health insurance companies. In education governmental interests in user involvement had to do with the need for good governance. Schools gradually gained more autonomy and stakeholder involvement and user participation are regarded as necessary elements of a good governance system. Their position was further strengthened when financial mismanagement and other incidents raised media attention and public disapproval.

The introduction of market-like mechanisms is less strong and explicit in education than it is in healthcare. In education the legacy of democratization, the view of educating students as responsible citizens and the view of parents as sharing with the school in the responsibility of educating their children has remained strong among political parties and stakeholders in education. This has resulted in various direct forms of student and parent involvement – student councils, parent councils, designated committees, surveys - and indirect participation through the school council as a joint platform for participation by employees, students and parents. In healthcare the 1970s legacy of democratization was less strong and successive governments were committed to introducing market-like mechanisms in healthcare as a means to improve quality and to curb costs. The Netherlands features a special form of market mechanisms in healthcare where health insurance companies play a major role by contracting services with healthcare providers on behalf of their clients. As part of these market mechanisms clients are not only free to choose their own health insurance company, but their position has also been strengthened by the creation of patient organizations at national level, sponsored by government money, and mandatory client councils at hospital level, to provide a counterweight to healthcare professionals, hospitals and health insurance companies.

In sum, it is not so much pressure from service users which has been the driver of new forms of service user involvement that currently prevail, but rather government policies that are oriented at enhancing the quality and efficiency of public service provision. However, the prominent presence of patient organizations and the national student action committee in the national media are also a driver of service user involvement in themselves because they permanently underline the importance of user involvement.

*Forms of user involvement: institutionalization*

In healthcare patient organizations have become a very influential actor at national level with the aim of agenda setting and influencing healthcare policies. National patient organizations also play a role in exposing incidents at hospital level and organizing media attention to incentivize the health inspectorate. Client councils at hospital level differ strongly in the influence they have at hospital level. Government appreciation of the role they play is demonstrated by a recent governmental initiative to make client councils no longer mandatory.

In secondary education, the national action committee of students (LAKS) has equally gained an influential position at national level. At school level students and parents are represented in the school council equally to employee representatives. User involvement through parent councils and student councils are not mandatory. In addition, recent legislation supports various forms of direct participation of parents in schools.

The institutionalization of user involvement at the national level consists of the established practice of frequent talks between government ministers and user organizations, either bilaterally or in tripartite platforms. The institutionalization of user involvement at organizational level can be observed from the framework of rules and regulations.

User involvement is regulated through laws strengthening the position of *individual* users. Thus the right to information and the right to file a complaint holds for both healthcare and education. In healthcare legislation (2006) listed seven rights patients have, including the right for participation.

User involvement is also regulated through a legal framework for client participation on a *collective* level. In hospitals the 1996 WMCZ law makes client councils mandatory and grant these a number of legal rights, including the right to information, to consultation, to advice, to inquiry and the right to nominate a member of the board of trusts. In comparison the parent and student councils in schools for secondary education seem less powerful: they are not mandatory and they have no legal rights. However, in schools parents and students are also represented in school councils, and the 1992 WMO law grants them legal rights that parallel and even go beyond the rights client councils in hospitals have. Their rights include the right to information, advice, consultation as well as the right of approval on general school policies (educational goals, school plan, general health and safety rules, complaints procedure) and the right of approval in specific issues such as the financial contribution required from parents, students’ facilities, parents’ and students’ rights, the annual school guide, and extra-curricular activities.

The difference between the two sectors when it comes to the degree of service user involvement at organization level can be illustrated by using Arnstein’s ladder of citizen’s participation: except for the right to nominate a member of the board of trusts, user involvement in hospitals generally amounts to informing and consultation (resulting in advice), whereas user involvement in schools for secondary education involves informing and consultation as well as partnership through rights of approval. In addition to the difference in formal rights of indirect user involvement platforms it appears that direct forms of participation of students and parents in schools – through direct meetings with teachers and designated committees – have more influence on the day-to-day primary education and teaching process. This impact of direct involvement in schools may be related to the fact that students and their parents are usually part of a school community for a number of years, whereas patients in hospitals are passers-by, as one interviewee observed, which means that patients themselves rarely participate personally in client councils. The client council in a hospital represents the patient perspective in general and is further removed from the primary process. However, one new form of user involvement in hospitals, the so-called mirror conversations where clients and their family members talk about their experiences with hospital care, appears to have a direct effect on the quality of care when nurses and doctors are required to make action plans to address the issues raised by the clients. In sum, it appears that user involvement in schools is more influential than in hospitals. However, this is due not only to the features of user involvement as such but also to organizational features with hospitals being much larger and hierarchical than schools, and having less of an open culture where people trust each other and are open to providing and receiving feedback.

*Social dialogue and user involvement*

Social dialogue, involving union collective bargaining and employee participation in works/school councils on the one hand, and user involvement, involving patient and student organizations’ activities at national level and client councils, school councils, parent and student councils at school level on the other hand, do not interfere in each others’ activities, they do not conflict nor do they support each other. Both in healthcare and in education social dialogue and user involvement are separate domains and employee issues and user issues are disconnected.

Unions regard employment interests as their legitimate domain and do not take a position regarding the quality of care/education which they regard and respect as the domain of interest for user organizations. Conversely, patient and student organizations take an interest in the quality of care/education and feel no need nor do they concern themselves with the domain of employment conditions, which they regard as the unions’ domain. Both stakeholders recognize that theoretically social dialogue/employee participation and user involvement might strengthen each other. However, in practice coalitions are rare and are engaged in only in a pragmatic way, if and when these serve an organization’s own goal. An example of this is the joint policy paper by all stakeholder organizations in the education sector, presenting “Recommendations for good participation in the school sector”.

Both sides recognize that their primary interests are related. User representatives recognize that employment conditions may affect the quality of service but they feel that they cannot be involved in everything, so they usually restrict their scope and do not take a position on employment issues. In our case studies we came across a rare example of parent representatives in the school council who recognized employees’ concern over the workload of teachers, and supported their concern reasoning that this would affect the school and ultimately their own interest as a parent. A contrasting example is the possibility that the school day may become longer because of the extension of breaks between lessons, which may benefit teachers but will be disliked by students. The school is an interesting case study because the school council has the unique feature of being composed of equal numbers of employee and user representatives. We found that employees and users generally took part in debates over all issues on the agenda and appreciated that whichever party had a legal right to advice or approval took the other party’s views on board. It could be that employee representatives at the school level are closer to the primary process and engage in debates not only from the position as an employee but also as a professional teacher. At the sectoral level, however, union representatives recognize that their concerns over employment conditions relate to the quality of care/education but most unions have decided to refrain from engaging with occupational/ professional interests a long time ago (Leisink, 1996). The only exception in this respect is the Christian union CNV Onderwijs which takes the view that the quality of education is the overarching interest that employee and user representatives in schools should jointly take regard of.

*User involvement and workplace practice*

The interviews and case studies presented issues over which employee and user representatives could potentially have conflicted but conflict never materialized. One such issue is employees’ working hours which may be affected in hospitals by patients’ interest in extended visiting hours during the day, in the evening or during the weekend, or in education by parents’ interests in having longer or more frequent interviews with teachers in the evening over their child’s educational progress.

Similarly the ‘mirror conversations’ in hospitals could have an impact on workplace practices and result in changes that affect employment conditions of particular categories of employees. However, evidence of such an impact and their inherent conflict potential was not found. This is not to say that such conflicts do not occur. However, it is difficult to trace how criticisms and proposals raised by client councils travel through the organization. It could well be that changes proposed by management which are a direct or indirect response to client councils lead to conflicts when such changes are submitted to the works council for approval or when such changes are submitted to a team meeting. However, management has its own role in arguing proposed changes and dealing with employee reactions and resistance, and it is difficult to relate this directly to the challenges for public services social dialogue.

To conclude, in the case of the Netherlands social dialogue and user involvement are basically separate phenomena, which focus on different issues at different tables. Even when there is a joint table, as is the case for the school council where employees and students/parents are equally represented, stakeholders tend to focus on their own interests and respect the others’ legitimate domain. Conflict is rare. So there is actually no new challenge for public services social dialogue seen from the prevalent union perspective which concentrates on employment interests. If one takes another perspective, notably the perspective of improving the accessibility and quality of public services as a way of permanently updating the social rights which Marshall (1950) had in mind, there is a challenge for the public services social dialogue. Healthcare and secondary education are public services that are in a process of more or less permanent reform and social dialogue is involved in this process in a sectional way only, meaning restricted to their impact on employee interests only but not with a simultaneous focus on their professional interests and their identity as users/citizens. Taking the latter perspective, connecting with user involvement might be a challenge for public services social dialogue and a source for service quality improvement.

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**Appendix 1**

**Hospital sector: user involvement**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forum** | **Level** | **status** | **members** | **How elected** | **What info** | **What issues** |
| Hospital board | Employer level | Mandatory | Executive directors | Not | All | All |
| Client council | Employer level | Mandatory | Patients/ citizens | Not. Appointed by hospital board | All relevant | Advice on all issues |

**School sector: user involvement**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forum** | **Level** | **status** | **members** | **How elected** | **What info** | **What issues** |
| School board | Employer level (1 or more schools governed by the same board) | Voluntary | Mostly 2-tier board.Non-executive members can be a parent  | Not. Appointed by incumbent board | All | All. Notably financial and educational performance |
| School council[(G)MR] | Employer level and school level  | Mandatory | Employees; parents; students | Elected | All | Advice on all issues. Approval of personnel issues restricted to employee representatives. Approval of school hours and school activities. |
| Parent council | School level | Voluntary | Parents | Usually not.  | - | Voicing parents’ opinions |
| Student council | School level | Voluntary | Students | Informal | - | Organizing student activities |

**Appendix 2: a note on methods**

This report is based on primary and secondary data collected between January and December 2014. During this period 25 key respondents were interviewed in the health and education sectors in the Netherlands. Two main groups were interviewed. First, national level user, employer and trade union representatives whose role extended beyond traditional employment relations to include some responsibility for user involvement policy and practice in their organisation. Second, interviews were conducted at workplace level with managers, employee representatives and user representatives within the case study organisations. Typically interviews lasted between 60 and 90 minutes and were digitally recorded and fully transcribed.

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