

DEVCOPA

Developing **C**ollective **B**argaining in the Care Sector

WP2 Country Report

DENMARK

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Introduction

Focusing on Long-Term Care (LTC) and Early Childhood Education and Care (ECEC) services, the EU-funded DEVCOPA project (Developing Collective Bargaining in the Care Sector) analyses the role of collective bargaining and representation in enhancing job quality and strengthen the attractiveness of these occupations in order to overcome severe labour and skill shortage. The project covers Denmark, Germany, Italy, Slovakia, Spain and the Netherlands (devcoba.unimi.it).

This Work Package 2 report includes the general picture of the LTC and the ECEC sectors in Denmark with regard to collective bargaining, social partner representation and labour and skill shortages. To support this analysis, it includes an introduction to the structure of the care providers in the two care sectors in Denmark, as this structure to some extent is mirrored in the employment relations structures.

LTC is in this project focused on elder care. In line with what is most common in Denmark, the report will label LTC and ECEC as two separate sectors, and not as part of one ‘care sector’. In Danish language, there exists no commonly used word for ‘care sector’. Along this line of understanding, ‘health care’ is a third care sector in Denmark, although it to some extent overlaps with LTC.

To be able to compare the two sectors and provide a not too complex overview, the report will in the following chapters distinguished between the (by far the largest) public sector part of the two sectors, the non-profit private part and the for-profit private part. However, this is a simplification of a more complex patterns. Below, these more complex financial and organizational structures are described shortly.

LTC

Organizationally, *LTC* can overall be divided into four types (borger.dk), whereas the two first types are taken as one, in the international literature classified as ‘institutional care’:

- *Nursing homes* (plejehjem) and *residential care home* (plejebolig) for elderly with a special or high need for care. The elderly pay for accommodation, food and medicine, while the care itself is publicly financed. Residential care homes are similar to nursing homes but are physically independent houses.
- *Residential elderly homes* (ældrebolig) are targeted elderly with physical disabilities. There is not connected any targeted personnel for this type, but the elderly can be referred to home help
- *Home care* is provided to older people living in their own homes.

Apart from a public (municipal) form, most of these types of LTC exist in non-profit and/or for-profit forms (Hjelmar et al. 2016; aldresagen.dk). Hence, the total organisational pattern of LTC can be listed as this:

- *Municipal nursing homes* (kommunale plejehjem) owned and fully financed by the municipalities (public)
- *Self-governing nursing homes* (selvejende plejehjem) and *free nursing homes* ('frieplejehjem'/'frieplejebolig') are privately owned, non-profit institutions with operational agreements with the municipalities, from whom they receive funding. In the free nursing homes, the elderly contribute to the financing of the care dimension (non-profit)
- *Outsourced nursing homes* ('udliciterede plejehjem') are privately owned following public tendering and can be run for-profit (mostly for-profit)
- *Municipal home care* ('kommunal hjemmepleje'): (public)
- *Private home care* ('privat hjemmepleje'): Connected to the free choice (non-profit or for-profit)

ECEC

In *ECEC*, services for children aged 0-6 years broadly include four types of day care:

- *Day care institutions*, either fully or partly publicly funded ('daginstitutioner')
- *Family day care* ('dagpleje'), subsidized by the municipalities and often taking place in the private home of the carer. This exist both in a public (municipal) and private form, but also in the private form the carer is approved and employed by the municipality
- *Private childminders* ('private pasningsordninger'), are self-employed receiving subsidies for hiring approved private home carers. The care takes places in the home of private home carer
- *Subsidized homecare of one's own children* ('tilskud til pasning af egne børn')

In addition to these, other types of day care exist that are not financed or subsidised by public sources. These include e.g. au pairs and the informal childcare provided by family, friends or other parts of the civil societies. These types are not included in this report.

According to the Day Care Act and the Consolidation Act on Day Care (BEK nr.1542) municipalities must provide parents with a subsidy for municipal day care. The municipalities' subsidy is in the last two types of childcares paid directly to the parents, whereas the subsidy in the two first types is paid to the day care institutions (Hansen and Mailand 2022). The rest of this chapter and the following chapters will focus on day care institutions and subsidised family care, where the carers are employees, not self-employed.

Organizationally, the first of the four types of ECEC – the day care institutions – can be divided into four types (Hansen and Mailand 2022):

- *Municipal day care institutions* are municipally owned institutions such as crèches, kindergartens and age-integrated institutions. The fee for a place in the institution must not exceed 25 % of the budgeted costs for the place (public).
- *Self-governed day care institutions* are run by non-profit private providers based on an operating agreement with the municipality. Self-governed day care institutions are subject

to municipal supervision and receive municipal grants to cover the institution's expenses. The fee for a place in the institution must not exceed 25 % of the budgeted costs (non-profit).

- *Outsourced day care institutions* are set up by private providers based on a tender and operated according to an agreement with the municipality. Outsourced day care institutions are part of the municipal supply, and the municipality allocates places in the institution. The fee for a place in the institution must not exceed 25 % of the budgeted costs (non-profit).

- *Private institutions* have private non-profit (most common) or for-profit ownership and operate by approval from the municipal council. The municipality cannot allocate a place in a private institution. The municipality provides a subsidy per child admitted to the private institution. The private institution itself determines the payment made by the parents (non-profit or for-profit).

Summary, sizes and developments

Below, the different types of care – both institutional and non-institutional – is summarised, and their sizes (where possible in terms of employment) and development of each type is discussed, where possible.

Table I.1 *summarises the different forms of care*. The table also include indicative shares of the four different forms (as percentage of total LTC institutional care, LTC home care, ECEC institutional care, and ECEC day care respectively) on organizational/ownership types.¹ Although estimates in some cases are rough and data in other cases are missing, it can be concluded that public (municipal) institutions are dominating in both institutional and non-institutional care in both sectors, but that the private for-profit and/or non-profit companies and organisations have more than marginal shares across the line. Hence, these parts of the sectors cannot be ignored. For-profit providers have their strongest presence in LTC, although only the figures here is about receivers and not employees.

The estimates in table I.1 do in some cases take into account *differences in average size of institutions*, in other cases not. In LTC, the interviewees estimated the average size of non-profit - and especially for-profit providers - to be much smaller than the public ones, although some private nursing homes are relatively large. Especially in home care, there are (still) several small private providers. Interviewees from one organization provided statistics from Statistics Denmark (BFL) showing that employment in the private LTC (not specified if this includes non-for profit) measured in full-time equivalents has increased from 4 to 10 % between 2010 and 2018 and been stable since then.

¹ The demarcation between public, non-profit and for-profit is sometimes blurred. Moreover, some statistical sources and estimates do not have the self-governing (aka non-profit) institutions as a separate category but include these institutions in the figures for the municipalities (likely because most of the self-governing institutions have an operational agreement with the municipalities), but amalgamate them with the for-profit private institutions to a joint category of private institutions.

In ECEC, the interviewees confirmed substantial higher average sizes of the public and the private providers.

Table I.1 – Summary of care types in LTC and ECEC, shares of employment

	Public sector	Private non-profit	Private for-profit
LTC inst. care **	Municipal nursing homes (68 %)	Self-governing nursing homes (13 %) Free nursing homes (4 %)	Outsourced nursing homes (15 %)
LTC home care	Municipal home care (?)	(Close to) non-existing (~ 0 %)	Private home care Estimate: 10 %**** 37/15 %***
ECEC inst. Care	Municipal day care inst. (55.485 employees)*	Self-governed day care inst. Outsourced day care inst. Estimate: 12 % (4.700 employees)* Two estimates: (15 %)	Private inst.
ECEC day Care	Family day care (7.100 employees)* Estimate: (75 %)	(Close to) non-existing (~ 0 %)	Private family day care (employees unknown)* Estimate: (25%)

Notes and sources: * = full-time equivalents 2022. ‘Municipal day care institutions’ include private non-profit institutions. ‘Estimate’ are estimates from interviewees. Figures that are not interview estimates are provided by interviewees in the form of statistics based on krl.dk.

** = plejehjemsoversigten.dk. Outsourced nursing homes = ‘private’.

*** = percentage of elderly receiving home care from private providers measured relative to all elderly receiving home care – in numbers (37 %) and in share of hours (15 %) (Dansk Erhverv 2021).

****= not specified if private non-profit is included (see text below).

Regarding *developments over time*, some of the interviewees in LTC found that the private share had been reduced somewhat in home care during the last decade as a consequence of difficulties in making an economic surplus for the companies. Statistics confirms that the number of private providers has declined from 459 in 2013 to 299 in 2021 (Ældreministeriet 2023). The largest share of the decline followed a wave of bankruptcies among smaller private homecare providers that around 2014. The series of bankruptcies came to a halt after different initiatives were taken to prevent further incidences of this kind (Mailand and Thor Larsen 2019). However, the share of elder receivers choosing private providers has continued to increase (Ældreministeren 2023) and the average size of the private providers has likely increased (Mailand and Larsen 2020). In ECEC, figures provided by some of the interviewees show an increase in the total number of employees (full-time equivalents) in day care institutions from 43,800 to 52,100 between 2015 and 2024, whereas the comparative number for the same period in family day care decreased from 11,100 to 7,100. The figures cover both public and private non-profit area. No similar data for the private for-profit part are available. The interviewees provided estimates for the relative shares of the three areas to be close to stable. A small overall increase in the share of public and private for-profit at the expense of private non-profit has been noticed by one of the interviewees (confirmed by DLO,

no year). As in LTC, the interviewees estimate the average size of non-profit and for-profit institutions to be much smaller than the public ones.

Recent political developments

A political agreement on a new elder care law was completed in April 2024, which will have consequences for the employees in LTC. The law proposal was at the time the interviews (see Appendix A) were conducted still in its consultation phase. It has since passed in Parliament and will come into force in 2025. Among the headlines for the new elder law are less bureaucracy (including fewer rules for the employee tasks), more trust in the employees' judgements, less control, and self-organized teams (Folketinget 2024). The new law also includes more free choice for the elderly, which might increase the demand for the private providers. The law also introduced a new type nursing homes, 'local nursing homes'. The local nursing homes are limited liability/shareholder company structures with same degrees of freedom as the free nursing homes. They will be managed by independent, professional boards with representatives from the local community, but will have municipal ownership (KL 2024).

Section 1: Literature Review

1. Literature review

The literature review includes studies from various research traditions covering wages, working and employment condition as well as work organization in LTC and ECEC. These issues might or might not be the main subjects of the studies presented. With a few exceptions, studies of health and safety issues are not included.

1.1 Basic information on collective bargaining and representation

The *employment relations (ER) literature* covering Danish LTC and especially ECEC is limited, even when comparative studies are included. Some relevant ER-studies are covering these sectors, although they are not limited to this. Mori (2020) found in her comparative study of outsourced public services whole staff group to be transferred during outsourcing and conditions of employment remaining almost unaltered. This was facilitated by the strong tradition of collective bargaining in both the private and the public sector combined with regulation supporting collective agreement (CA) coverage of outsourced services. The strong (local) union presence has also proven important in relation to Danish processes of public procurement especially in mediating the effect of outsourcing on work and employment conditions and solidarity in other studies (Jaehrling et al. 2018; Mori; 2024). On similar lines, de la Porte et al. (2023) show the importance of unions in pushing back against cutbacks in ECEC spending and lowered service quality and working conditions among ECEC staff. Mailand and Larsen (2020) covered both LTC and health care (hospitals) in a study of reform and crisis impact on ER and job quality in the Danish public sector. They found in both sub-sectors a development towards more conflictual ER, work intensification challenges and a high level of non-standard employees (especially voluntary long part-time), but more risk of precarious-ness in LTC than in the hospitals. In a comparative case study of nursing homes in Denmark and Sweden, Hedenus and Rasmussen (2020) confirmed this pattern of non-standard employment in their Danish case but also pointed to (mis)use of on-call temps and constraints in the form of both skills and labour shortages. Larsen and Ilsøe (2024) analyses another type of non-standard employment in Danish LTC, namely platform-work, and find this type to be marginal so far.

The *welfare state and public administration literature* includes more studies of the two sectors, especially LTC. The research tradition often describes the Danish welfare state as historically characterized by universalism (e.g. Esping-Andersen, 1990). However, it is also often argued that universalism to some extent has come under pressure in some parts of the care sectors. However, while universal coverage in eldercare has declined, the coverage of childcare in Denmark has in the same period increased towards 100 % (Szebehely and Meagher, 2018; Rosgaard and Matthiessen, 2019). Indeed, de la Porte et al. (2023) have described ECEC in the Nordic countries as a ‘flagship of the social investment state’ that emphasize universal access and lifelong skill development through high-quality integrated care and education services and is also heavily subsidized.

Publications from the welfare state and public administration research traditions have seldom included analyses of work and employment-related issues within the Danish care sector, with the exception of a number of studies from The Danish Center for Social Science Research. Among them are Rostgaard and Matthiesen's (2016) nation-wide study of the working conditions of home care workers in 2005 and 2015, showing negative trends on most dimensions. Although 3/4 of home care workers perceived their work as interesting and meaningful, and a declining number found their workload to be too heavy, around 1/3 in 2015 continued to report heavy workloads and 2/3 felt frustrated because the elderly were not getting the necessary help.

Most of this research traditions' work and employment related studies analyse the effect on outsourcing on working conditions in the public sector. Vrangbæk et al. (2013) found both positive and negative effect on outsourcing for employees, although with a predominance of the negative effects, whereas Petersen et al. (2021) showed that outsourcing significantly decreased employee remuneration and employment and increased public income transfers, while the effect on health services use was marginal and transitory. However, the ECEC and LTC sub-sectors are most often not in focus in these publications. An exception is Rostgaard (2017), a study showing the working in (private) outsourced home care often involves a greater workload and a worsening of the psychological work environment, although private home-helpers on a few parameters - such as support from the employee's immediate manager and training - do better than their public sector colleagues. Still, in sum the publications provide indicators that outsourcing not always and, on all dimensions, leads to worse pay and conditions.

A work and employment-related issue which recently has received much attention - especially in LTC - is labour shortages/recruitment problems. Also on this issue, The Danish Center for Social Science Research has been the most active environment. Lauritzen et al. (2022) show that although a positive counter-image exists, e.g. at the schools educating elder care workers, the dominant image in the media and society in general is that eldercare work is dirty, has a bad work environment and is staffed with employees lacking qualifications for better alternatives. This negative image, which is worth when compared to other welfare educations, constitutes an important barrier for recruitment and retrenchment. The publication points to a number of potential initiatives to overcome the bad image. Another work and employment related stream of research from the center focusses of recent experimentations with Dutch inspired self-governing teams, which have become part of the Elder Law 2024. One of these studies is Buch et al.'s (2024) evaluation of self-governing teams trials in 25 Danish municipalities. The study find that the municipalities understand and set-up self-governing teams in different ways, but that the interdisciplinary and self-governing teams in general improve the well-being of care workers and strengthen their relations with care recipients.

1.2 Information, assessments and knowledge gaps to be addressed

Overall, previous studies have provided important knowledge on employment types and working conditions and to some extent recruitment problems and actions to overcome them in LTC, whereas studies of wages and studies of ECEC in general are fewer. Moreover, although a few of the studies indicate the importance of trade unions, employers' organisations and collective

bargaining for job quality, large knowledge gaps exist on these issues. The job quality issue has been analysed in relation to outsourcing and marketization processes, but the Danish studies are ambiguous on its effect, although most indications point in the direction of a worsening of conditions after outsourcing has taken place. Furthermore, knowledge about the work and employment related issues among the different types of non-profit and for-profit private providers is limited.

Section 2: Industrial Relations and Collective Bargaining

2. Collective bargaining

2.1 Basic information on collective bargaining in the two sub-sectors

Structure and coverage

With regard to *the structure of collective bargaining in the public sector part of both LTC and ECEC*, a three tier bargaining structure exists, where the first two (highest) tiers are closely related (see Table 4.3) (Hansen and Mailand 2013). The first tier is ‘cartel bargaining’, which normally takes place every second or third year. During these bargaining rounds, municipal employers (and state and regional employers in separate tracks) bargain with cartels (coalitions) made up of representatives of trade unions. The economic framework for the agreements is set here, including the so-called regulation mechanism (tying wage-growth in the specific part of the public sector to wage-growth in the private sector), and general wage-increases (in percentages).

Moreover, the cartel bargaining agreements include various cross-occupational projects that the social partners will work on until the next bargaining round, all cross-occupational work conditions and eventually a sum to be bargained on at the second tier of organizational bargaining (individual unions). This second-tier bargaining is similar to sector-level bargaining, but it covers one or more occupations within a sector rather than a whole sector. Here, the individual trade unions conduct bargaining on all occupation-specific parts of wages, pensions and working conditions within an established economic framework. Furthermore, the development of various occupation-specific projects is often agreed at this level. In times of restricted budgets, there can be very little to bargain about at this level.

The third bargaining level is the local level. This has gained in importance from the 1990s onwards due to a partial decentralization of especially wage bargaining, but the proportion of the wage-sum set at local level has stagnated at around 10% in recent years (Mailand 2020). The local level can be subdivided into the municipal and workplace level, where bargaining involves human resources and other directors on the employer side, and, on the employee side, shop stewards or local branch officers. Generally, it is a trade union related shop steward who acts as an employee representative in local level bargaining. Bargaining on the local level include issues such as wages, working time, training and policies for senior employees. As part of a tripartite agreement from 2023 that lifted wages of some public sector occupations (see below), it was as quit-pro-quo agreed, *inter alia*, to increase decentralization. A social partner project preparing this was initiated in autumn 2024.

The coverage of the CAs in the public sector parts of LTC and ECEC has previously been found to be nearly 100 % in both sectors (Larsen et al. 2010:268; Hansen et al. 2022). The interviewees in the present project confirmed these findings.

With regard to the *non-for profit and for-profit private* part of LTC, the CAs, the bargaining actors are the individual unions and either an employers’ organisation or an individual

company/organisation. The extent to which the individual employees are able to bargain for bonuses/extras is unknown, but according to interviewees there is no traditional for individual bargaining in the private part of LTC.

In both LTC and ECEC, there is a marked difference between CA-coverage in the private non-profit and the private for-profit parts. The explanation for this is first and foremost, that the municipal public sector agreement – alongside a list of other municipal regulations – is part of the operational agreements (*driftsoverenskomst*) between the individual non-profit institutions and the municipality, which provide the non-profit institutions with the municipal subsidies. In other words, the municipal CA is obligatory for the non-profit providers to take part in public procurement.

It has not been possible to get very accurate information about the CA-coverage of the private for-profit institutions and companies. Some interviewees did not even dare to estimate the coverage – and in the cases where they did, their estimates were in some cases very different. In LTC, one of the interviewees estimated that only half or less of the private home care providers have CA-coverage and found it very difficult for private for-profit providers to provide wages and conditions on CA-level, due to, inter alia, insufficient municipal subsidies. According to this interviewee, the larger and more responsible for-profit providers have gradually left the home care market with the result that both the average size of the companies and the CA-coverage have declined. However, this interviewee acknowledged that smaller private providers more often than the bigger ones are uncovered, and the share of covered employees therefore might be higher than the number of covered companies indicates. Another interviewee estimated that 80-90 % (measured as share of employees) of the private part for-profit LTC providers is covered, and found this comparatively high estimate to be related to the labour clauses (see below). This interviewee did not find the labour clauses themselves to have secured the high coverage, but that the debate about them had led to a situation where the larger suppliers perceive CAs as necessary in order to enter into cooperation with the municipalities. The more general perceptions of interviewees regarding labour clauses were that beyond the three largest municipalities and the construction sector, the municipalities lacked knowledge of the clauses and did not control the compliance with them.

Related to the issue of collective bargaining coverage is the issue of de facto wages and working conditions. A study of LTC not separating CA-covered and non-covered providers has found that working in outsourced elder care often involves a greater workload and worse psychological work environment, although on a few parameters – such as support from the employee's immediate manager and competency development – the private providers do better than their public sector colleagues. In addition, the study concludes that the introduction of the 'free choice' scheme and increased use of private providers has led to greater diversity and specialization, but not necessarily more satisfied users (Rostgaard 2017). The interviewees in the present project confirmed better support/easier access to leaders as one of the private providers' advantages. The interviewees also pointed to a lower level of sickness absence. Regarding wages, Statistics Denmark has made a comparison of actual (as opposed to negotiated) hourly wage levels including all extras and benefits across 20 occupations found in both the public and the private sectors. The largest difference is for home-helpers (covering private homes as well as nursing homes), where the wage level is 28%

higher in the public sector (Danmarks Statistik 2018). The fact that a paid lunch break in the public sector is included in the calculation may explain some of the difference, but, most importantly, those private providers not covered by CAs might also have substantially lower pay levels than those that are covered (Hansen and Mailand 2022).

In LTC, two of the interviewees (from both sides of the bargaining table) pointed to the existence of a type of secondary labour market among the private companies providing ‘cleaning only services’ as part of the home care. One of the interviewees describe this secondary market as small, dominated by micro-companies and mainly found in the rural municipalities wanting to support private suppliers and willing to accept below CA-levels of wages and conditions. With similarities to CA-covered cleaning providers, the employees are accordingly most often unskilled and not ethnic Danes, but the non-covered firms are often operating in areas with limited possibilities for unskilled work and/or where the unskilled alternatives include even lower wages. Compared to the alternatives, such as jobs in retail, the cleaning in home care jobs pay better, even though they are below the dominant CA-level. Some other interviewees estimated that monthly wage-levels in the private part of LTC to be around 130 euro (3-4 %) lower than the public home care, but it was also mentioned that different qualification levels (more unskilled workers in the private home care) complicated comparison. According to an interview, the trade union 3F has attempted to increase the coverage in this secondary labour market by visiting the companies, which are most often micro-companies with less than 10 employees. However, the companies gave the impression that they could not afford collective bargaining coverage, and 3F gave up these meetings after a while, as they did not find the resources used could be justified by the meagre outcomes. Another interviewee also mentioned contacts to uncovered care providers (both cleaning and personal assistance) that in many cases resulted in responses from the uncovered companies that they could not afford to pay the collectively agreed wages. This interviewee was surprised that the non-covered private providers could recruit on sub-CA level when the municipalities at the same time have recruitment problems but also pointed to a high turn-over in the non-covered private providers.

In the *non-for profit and for-profit private part of ECEC*, Confederation of Danish Industry (DI) and The Association of Child and Youth Educators (BUPL) have signed one CA for pedagogues in private day care institutions and DI and FOA have signed one for pedagogical assistants and pedagogical helpers in the same institutions. There exists a number of other organizations covering for- and non-profit private providers that have signed agreement with the trade unions (see table 3.1 for the most important). According to one employer organization representative, the bargaining coverage is most likely higher and the conditions better in the private for-profit part of ECEC than in LTC due to strength and high organisational coverage by BUPL. However, none of the interviewees were able to make estimates in shares or percentage of the CA coverage.

Table 2.1 Estimated coverage of CAs in LTC and ECEC

	Public sector	Private non-profit	Private for-profit
LTC	~ 100 %	Not announced, but below public and higher than private for-profit	Estimate 1: 50 % Estimate 2: 80 -90 %
ECEC	~ 100 %	Not announced, but below public and higher than private for-profit	Not announced

Workforce's characteristics and professional profiles

Regarding the workforce's characteristics and professional profiles², *LTC* has a four-tier structure. All four types work in institutional care as well as in home care. In 2017, education for higher-qualified social and health care assistants (SOSU assistants) was separated to create an independent branch of education, which takes three years and nine months to complete. The second type of care worker is the social and health care helper (SOSU helpers) who require two years and two months of study. SOSU helpers are qualified to undertake fewer tasks than SOSU assistants and have a more practical-oriented profile. The reason for separating the two branches of education was increasing demand for home helpers with a higher qualification level and, hence, a need to move SOSU assistants closer to the nurse occupation and away from the other category of home helper. The education of both types of home helpers is a so-called dual education, combining school-based education with practical training in workplaces. A third type exists, at it is possible to become an 'unskilled care workers' if you have not completed a formal SOSU education. Apart from these three types of care workers, the largest occupation in *LTC* is nurses. Other groups – primarily employed in nursing homes – includes, inter alia, cleaners, kitchen staff and physical therapists. Nurses often work in cooperation with SOSU employees, therapists, general practitioners and others. Statistics delivered by the interviewees indicate an increase in the share of unskilled care workers. Finally, a smaller unskilled group is the so-called 'house assistants', many of whom are employed in the nursing homes taking care of cleaning and other practical tasks.

Table 2.2 Main occupations in municipal LTC, percentage of employment, 2024

Nurses	SOSU assistants	SOSU helpers	Unskilled care workers	Others
12	28	37	14	9

NB: full-time equivalents. Source: Statistics provided by interviewees, mainly from krl.dk

Table 2.2 includes only municipal *LTC*, which accounts for 90% of all employees (full-time equivalents). The share of especially the unskilled care workers has increased, but there has also been smaller increases in the shares of SOSU helpers and nurses, while the share of SOSU assistants have decreased (statistics delivered by the interviewees).

In *ECEC*, contrary to *LTC*, the structure is related to the organisational type, i.e. day care institutions versus family day care. In the day care institutions, a four-tier structure is found.

² These paragraphs on workforce's characteristics and professional profiles draws to a large extent on information from Hansen and Mailand (2022).

Pedagogues have a so-called professional bachelor's degree entailing three years and six month of dual education and are comparable to 'pre-school teachers' in other countries. A gymnasium examination is needed to initiate the education. Pedagogical assistant is a vocational education of three years and one month of duration, which also takes the form of dual education, but a gymnasium degree is not needed to start the education. Pedagogical helpers work in day care centres alongside other trained staff and require no further formal training. Finally, in 2024, a position as a pedagogical specialist was added in the top of the hierarchy. To be a pedagogical specialist requires further training and the position will be used for development and specialist tasks. The position was according to interviewees introduced to support retrenchment of talented pedagogues. Regarding family day care, family day carers must all be approved by the municipality, but the position requires no further formal training.

Table 2.3 Main occupations in ECEC, percentage of employment, 2022

Pedagogues	Pedagogical assistants	Pedagogical helpers	Family home cares	Others
38	6	27	12	17

NB: Fulltime equivalents. Source: Statistics provided by interviewees, mainly from krl.dk. Covering employee in the municipalities and the non-profit organizations only.

Degree of fragmentation of CAs³

Leaving apart managers, support staff (such as kitchen employees and cleaners in nursing homes and day care institutions), and employees in specialized institutions, this section describes the degree of fragmentation in CAs.

In LTC's public part, the cartel-level CA signed between the interest organization for the municipality, Local Government Denmark, and the bargaining cartel '*Forhandlingskartellet*' covers – as mentioned above – general conditions of all municipal employees. Moreover, a number of issue-specific agreements cover the whole bargaining cartel '*Forhandlingskartellet*' or parts of this, including the care workers. The cartel-level can be seen as being placed in between the national and the sector-level.

With regard to the occupation-specific issues, there is basically only one municipal sector agreement, which covers all the core care workers groups apart from the nurses (SOSU assistants, SOSU helper and unskilled care workers) whether they work in institutional care or home care. For the reasons described above, this agreement also covers the non-profit private providers with an operational agreement with a municipality. For the nurses, the picture is the same. Apart from the cartel-level agreements, there is basically only one municipal sector agreement covering all nurses (without management tasks) whatever they work in institutional care or home care. Beyond these two main agreements, it is worth pointing to a new care worker agreement, signed during the collective bargaining round 2021. It targets young unskilled workers aged 15-17 and described their conditions (wages deliberately set at 'retail-level' not to create competition) and the tasks they are

³ This section focuses on the sector-wide agreements (single or multiple occupation agreements). The local-level agreements are only touched upon briefly.

allowed to perform, protecting both the young employees and the tasks of the ‘ordinary’ employees. The reason for this so-called sprout (‘spire’) agreement was not the existence of a large number of youth workers. Rather, the aim was to introduce young people to the care work on an early stage. Hence, this CA is part of a recruitment initiative.

Hence, the degree of CA fragmentation in the public part of LTC is not high. Turning to the private for-profit part of LTC, the level of fragmentation increases. A number of multi-employer/sector agreements exists between DI, The Danish Chamber and Commerce or other smaller of the smaller employer associations on the employers’ side (see section 3.1), and FOA and Danish Nurses Organization on the trade union side. In addition to these, an unknown number of single-employer agreements exists.

In *ECEC*, the municipal CAs are only slightly more fragmented than in LTC. Apart from the same cartel-level agreement and a number of issue specific agreements, Local Government Denmark has signed one agreement with The Association of Child and Youth Educators (BUPL) covering all pedagogues (apart from the Copenhagen area) and one with FOA covering the pedagogical assistants and the pedagogical helpers. Local Government Denmark and FOA have, for particular historical reasons also signed a CA for pedagogues in the Copenhagen area. Finally, Local Government Denmark and FOA has signed a CA for family day carers. As in LTC, these agreements cover the private non-profit organizations with a municipal operational agreement.

With regards to the private for-profit part, the picture mirrors the one from LTC. There is a number of sector/multi-employer agreements signed by ‘The Day Care Institutions’ National Organization (LDD) and a number of other employers from the umbrella organisation for private for- and non-profit providers, National Organization of Day Care Institutions (DLO) on the employers’ side, and BUPL or FOA on the trade union side (see section 3.1). These agreements are supplemented by an unknown number of single employer agreements.

Differences between the public sector and private sector agreements

Although they also include several of the same issues, there are also differences between the public and private sector (especially for-profit). A number of the most important differences should be mentioned here. One is, as mentioned above, that pay in the private CAs according to some of the interviewees in the present project and other sources is lower than in the public sector CAs. Another difference is that the public sector CAs include half an hour of paid lunch, which the private sector CAs do not. Thirdly, the public sector CAs are typically longer and more complex, as they include more issues, some of which has their origin in collective bargaining on the cartel level.

2.2 Recent developments in collective bargaining in the two sub-sectors

The structure of collective bargaining and the content of the agreements

There have not been many important changes in the two care sectors’ structure of employment relations the last 10 years. The pandemic, which certainly changed working environment

temporarily, did not lead to permanent changes in the employment relations structures. Maybe the most important development in structures took place at a higher level, but with consequences for the care sectors as well: In 2014, the bargaining cartels for the health sector and for the other parts of the regional and municipal areas joined forces in the bargaining cartel, ‘Forhandlingsfællesskabet’, to increase their power-positions vis-à-vis the employers.

If changes in covered areas and content of the agreements are included in the understanding of ‘structure’, there is a bit more to tell. In *LTC*, the youth positions ‘sprouts’ with accompanying information have been mentioned in section 1 in the main care worker CA signed by Local Government Denmark and FOA. Also in 2021, a type of specialist position was introduced with Praxis Development Position (‘praksisnær udviklingsstilling’) for the very talented care workers with special competences in certain aspects of care (e.g. dementia). In *ECEC*, the pedagogical specialist is a new position introduced as a way to retrench and attract highly talented pedagogues. However, an interviewee found in general Local Government Denmark reluctant to include new content to the CAs. The general employer-scepticism towards overregulation might play a role for this perception, as the special nature of the municipal employer organization is bound to respect the semi-autonomous status of each municipality.

Both sectors have – along with other parts of the Danish labour market – seen a broadening of their CAs to include issues such as occupational pensions, further training, pay during maternity and paternity leave, and a number of other social benefits. However, this development more or less came to a halt 20 years ago – that is long before the period in focus here – although some new issues have been added to the CAs more recently. For the care sectors in focus, (also) the development in CAs to gradually include more opportunities to strengthen skills and to progress has continued in the last 10 years. The position as a pedagogical specialist in ECEC is just the most recent step in this direction.

The role of the state

Apart from the general employment relations role of the state in conciliation, arbitration, labour court underpinning etc. it is worth to mention the public authorities’ labour clauses. Although the large majority of the municipalities have now labour clauses, and outsourcing contracts refer to the necessity to respect the level of pay and conditions in the most representative agreements or similar formulations, the interviewees found the municipalities’ knowledge of the clauses, and their willingness and capacity to follow-up and check for compliance, to be limited. The construction sector in the largest municipalities was pointed to as a possible exception for this pattern (see also Refslund et al. 2024 for case studies beyond the care sectors).

Table 2.4 Summary table of collective bargaining⁴

Research questions	Answers (for both LTC and ECEC if nothing else is stated)
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⁴ As in the text, the table focuses only on collective agreement for core staff groups.

Main level where CAs are signed	At what level CAs are signed? (national/sectoral, regional, local)	Cartel-level (only public)
Second main level		Occupational/multi-occupational
Degree of fragmentation in CB	High would you evaluate the degree of fragmentation? High, medium, low?	Low in public part, medium in private
Country-specific addendum	Are there any country-specific dimensions to add?	
Vertical coordination between different levels	Are there mechanisms in place to coordinate CB across different co-existing levels?	Public: Strong coordination Private: None, only one level
Inter-sectoral horizontal coordination between public/private CAs	Are there mechanisms in place to coordinate CB in public/private sectors?	Operational agreement with municipalities for non-profit providers Connecting CA* Informal spill-over from public to private CA
Intra-sectoral horizontal coordination between private sector CAs	Are there mechanisms in place to coordinate CB between different CAs in the same sector?	No formal mechanism, but likely informal spill-over both horizontally and vertically
Country-specific addendum	Are there any country-specific dimensions to add?	
Number of CAs applied	Enumerate the main CAs signed in the sub-sector**	LTC public: 2 (1 sosu-staff, 1 nurses) LTC private: 1 (sosu-staff) ECEC public: 2 (1 pedagogues, 1 pedagogical assistants and helpers) ECEC private: 2 (1 pedagogues, 1 pedagogical assistants and helpers)
Characteristics of the main CAs signed	For each CA, please specify: - signatory parties (TUs & EOs) - % coverage - sector (public and/or private)	LTC public: KL and FOA: 'Overenskomst for social- og sundhedspersonale' KL, Danish Nurses Organization et al.: 'Overenskomst for syge- og sundhedsplejersker, etc'
		LTC private: Danish Chamber of Commerce and FOA 'Plejeoverenskomsten'
		ECEC public: KL og BUPL: 'Pædagogoverenskomsten for pædagoger ved daginstitution, etc.' KL og FOA 'Overenskomst for pædagogmedhjælpere og pædagogiske assistenter'
		ECEC private: LDD and BUPL 'Overenskomst for pædagogisk personale ansat ved privat-, og puljeinstitutioner' LDD and FOA 'Overenskomst pædagogisk privatansatte'

*= 'Tiltrædelsesoverenskomst': It is possible for private for-profit and non-profit suppliers to formally opt-in to the public sector CAs. **= Only the largest CAs are included. Especially in the private sector the number of CAs are higher

Changes in the context

Finally, it is worth pointing to a few important changes in the context of the CAs that might have impact on agreements themselves. It is in both sectors evident that the private for-profit part has a lower bargaining coverage and that this private 'care market' is very politically dependent. From the 1990s to the 2010s the private non-profit and for-profit suppliers were in decline in ECEC as a result of the political choice to strengthen the municipal employers. As part of this development, non-profit institutions were transformed to municipal institutions (CEPOS 2019). In LTC, the introduction of a free choice for elderly in the early 2000s by a conservative-liberal government in power for a decade promoted private suppliers, but some of the smaller private suppliers ran into financial difficulties in the early 2010s and a wave of bankruptcies took place. Since then, some consolidation has taken place, but the private LTC market never developed into what its proponents hoped for, and the larger potential suppliers have in general not entered the market. However, under the left-right wing coalition government coming into power in 2023 a new reform of elder policy will come into force from July 2025, as mentioned in the introduction. The headlines for this include less bureaucracy (including fewer rules for the employee tasks), more trust in the employees' judgements, less control, and self-organized teams. The proposal also includes more free choice for the elderly, which de facto will increase the demand for the private providers. Importantly, this comes with a demand for 'unity care', implying that all providers should cover both practical support (including cleaning), personal care and rehabilitation. That might be a challenge for especially the existing for-profit providers.

Also, in ECEC, political initiatives are able to change the market. A few years ago, the previous (social democratic) government was very close to getting a ban on for-profit childcare adopted. But after hard pressure from some of the private sector employer confederations and other actors, one of the supporting parties changed, according to interviewees, position in the final hours and the proposal was dropped.

3. Employers' organizations and trade unions

3.1 Basic information on collective representation in the two sectors

Below, the most important organizations are shortly presented in Table 3.1. The list is not complete, as for instance National Federation of Social Educators in Denmark (SL) – organizing some of the staff working with children with special needs – is not included. The organization 3F is, inter alia, organizing some few support functions such as cleaning in cantinas in ECEC and LTC, but is included here because it organizes cleaning-only service in private home care, which could be seen as a core service in LTC.

Employers' organizations

The by far most important employer organizations in both care sectors is *Local Government Denmark*, the interest organization of the 98 Danish municipalities.

Table 3.1 The most important social partner organizations in LTC and ECEC

<i>Employers' organization</i>	<i>Total membership</i>	<i>Membership or density LTC</i>	<i>Membership or density ECEC</i>
Local Government Denmark	All municipalities	100 % of public	100 % of public
Danish Chamber of Commerce	18.000 companies***	1/3 of private/non profit	?
Confederation of Danish Industries (DI)	20.000+ companies', employing 600.000**	Very low	Low
KA Pleje	20+ (1400 'main organisation)	25 % of private home care	Not relevant
Selveje Denmark	300, cover 10.000 employees	?	?
The Daycare Institutions' National Organization (LDD)	300	Not relevant	300
The National Organization of Day Care Inst. (DLO)	800	Not relevant	800
<i>Trade unions</i>	<i>Total membership</i>	<i>Membership and density LTC</i>	<i>Membership or density ECEC</i>
Fag og Arbejde (FOA)	167.000	3/4 *	8/10*
The Association of Child and Youth Educators (BUPL)	54.000	Not relevant	83-85 %
Danish Nurses Organization (DSR)	79.000	85 %	Not relevant
Union Federation of Danish Workers (3F)	262.000	Not announced, but low	Not relevant

Note: Density figures/estimates are related to the relevant occupations only.

*= Total share, not in percentage. The accurate densities are known by the organization, but they only want to announce it/only want a rough number published.

** = The density for ECEC is pedagogical assistants. The figure for pedagogical helpers is likely lower but not announced.

*** = These figures include also sectors beyond LTC and ECEC. Source: The interviews where nothing else is stated.

In relation to the two sectors, Local Government Denmark and their members (the municipalities) do not only have the public employer role, but also the public authority role (including quality control service in both sectors and visitation/needs testing in LTC) and a service provider role. Moreover, Local Government Denmark represents the interests of Danish municipalities vis-à-vis the political system, for instance in various tri- and multipartite negotiations, consultations and lobbying activities, including the annual budget negotiations for the budgets of all municipalities. The relative autonomy of Danish municipalities – the so-called ‘municipal self-governance’ – means that the individual municipality is a very important actor with many responsibilities, and it limits what their interest organization can and will command the municipalities to do.

The other relevant employers’ organizations have much smaller shares but include the two largest Danish private sector confederations. *Danish Chamber of Commerce* was originally only organizing private service companies but has with some success lately hunted for members in the manufacturing industry. The organization represents approximately 20% of the wage-sum in the by far largest employers’ confederation, The Confederation of Danish Employers (DA) (Navrbjerg and Ibsen 2017). Danish Chamber of Commerce organizes the majority of the larger private non-profit LTC suppliers, especially the nursing homes. However, the organization also organizes a number of ECEC non-profit day care institutions. Among the largest are the Danish Deacon homes (Danske Diakonhjem) with 46 or more than 10 % of all non-municipal elder care institutions and the ‘Deaconess Foundation’, nowadays covering both LTC, ECEC and hospices. Both have roots in the Danish protestant church. However, Danish Chamber of Commerce also organizes branch-organizations.

The *Confederation of Danish Industries* (DI) is like Danish Chamber of Commerce a member of Danish Employers Confederation (DA). It has only a few thousand member-companies more than its competitor, but its wage-sum is more than three times higher (Navrbjerg and Ibsen 2017) due to a much larger average size of its company members. DI is Denmark’s largest and strongest employers’ organization, which now not only organizes manufacturing companies, but also companies in private services. However, its membership base in the two care sectors is not large. Statistics have not been provided, but according to interviewees, DI’s share of the providers in LTC is much smaller than Danish Chamber of Commerce’s, especially with a regard to the nursing homes. In ECEC, the balance between the two larger employers’ organizations is likely a bit more equal, as the organization FOBU, representing 150 private non-profit and for-profit day care institutions from 2023, is a member of both organizations⁵.

Apart from these two larger employers’ organizations and their affiliates, some other employers’ organizations exist. In LTC, *KA Care* (KA Pleje) was established in 2004 as a spin-off organization from the Christian Employers’ Association (Kristelig Arbejdsgiverforening) with 1.400 member-

⁵ Double memberships, i.e. the same companies or branch-organization are members of both these two large employers’ organizations, has become more and more widespread, but mostly for larger companies in other sectors than LTC and ECEC.

companies.⁶ According to an interviewee, KA Care itself has only around 20 member companies (all for-profit) with between 20 and 150 employees. Nearly all are situated in the provincial areas (Jutland). KA Care has signed CAs with FOA covering approximately 1.000 LTC privately employed care workers (foa.dk). It was the first time a Christian employers' organization signed a CA with a 'traditional' trade union in Denmark. The agreement was also controversial as it does not include rights to strike or lockout.

There are a number of – mostly smaller - branch/employers organizations in ECEC, many of them members of the umbrella organization *The National Organization of Day Care Institution* (Daginstitutionernes Landsorganisation, DLO), representing approximately 800 primarily self-governed, but also private and municipal self-governing, day care providers. Their key tasks is political lobbying, but DLO also advise their members in collective bargaining processes and sign a limited number of CAs. *The Daycare Institutions' National Organization* (Landsorganisationen Danske Daginstitutioner, LDD) has around 300 members, of which an estimated 2/3 are private for-profit. LDD supports – contrary to DLO – the day care providers operationally. Initially LDD offered support for the administration, operation and establishment of self-governing institutions only, but today it also offers these services to a large number of private for-profit institutions. LDD has signed CAs covering ECEC institutions with both FOA and BUPL. Many day care institutions are members of both DLO and LDD. The organisation for non-profit providers *Selveje Danmark* (no English translation) was established in 2012 and is the largest of the welfare branch-organizations in Danish Chamber of Commerce, representing 300 non-profit private welfare organizations and institutional care providers. The majority of their members are found in LTC, although the organizations also have members in ECEC and among the social 'socio-economic actors' acting as providers in active labour market policy. The organization provides their members with political lobbying and a number of member-oriented service activities, whereas Danish Chamber of Commerce takes care of issues in relation to the members' roles as employers.

Trade unions

As shown in table 3.1, the trade union landscape is not very fragmented in the two care sectors, especially not when the focus is only on trade unions' organizing employees working with the core tasks.

The trade union organizing most members by far in LTC is FOA (without any official English translation and nowadays only known by its acronym). FOA is the third largest trade union in Denmark and – like the other trade unions mentioned in this section – a member of The Danish Confederation of Trade Unions (FH), the largest Danish trade union confederation. It organizes three of the four main occupations in LTC – SOSU assistants, SOSU helpers and the unskilled care workers, which make up 81 % of the employees in LTC. In addition, FOA organises the

⁶ FOA could not accept signing a collective agreement with the Christian Employers' Association. Therefore the set-up of a sister-organization was necessary. The political part of the two employers' organizations are separate, whereas the organizational structures and staff are the same. A CA with FOA only made it to the agenda because the attempts to make a CA with the Christian /yellow union Krifa failed.

smaller group of ‘house assistants’ performing kitchen service. The organizational density for these three occupations is approximately three out of four.

The highest skilled occupation among the four main occupations is the nurses, making up 12 % of all employees in LTC (fulltime equivalents). They are organized in the other main trade union in LTC, Danish Nurses Organization (DSR), which is the sixth largest trade union in Denmark. An estimated 85% of Danish nurses are members of DSR (www.dsr.dk), and the organizational density is roughly the same for nurses working in elder care (Hansen and Mailand 2022).

Although having much fewer members in LTC than FOA and Danish Nurses organization, Denmark’s largest trade union 3F (Fagligt Fælles Forbund) organizes the third highest number of employees in elder care. 3F is a general workers union organizing employees with shorter or no vocational education, primarily in private manufacturing, construction and transport sectors, but also in some private services and in the public sector. In LTC, 3F only organizes minor groups, such as cleaners in nursing home cantinas, i.e. employees not performing core tasks. However, 3F also organizes some of the employees of the ‘cleaning only’ private providers as members. The number of these employees is unknown, but small. The same is the case for the organizational density of 3F in elder care.

In *ECEC*, The Association of Child and Youth Educators (BUPL) can be considered the main trade union, as it organizes the largest group of skilled employees, the pedagogues, although this group only make up 38 % of the employees in ECEC. Their organizational density is estimated to be as high as 83-85%. FOA is organizing the other main occupations in ECEC, the smaller group of pedagogical assistants and the larger groups of (unskilled) pedagogical helpers and family home carers. Hence, the organizational base is larger for FOA than for BUPL, but the organizational density for at least the pedagogical helpers is lower than for the pedagogues. However, it has not been possible to get access to the accurate percentages, but according to FOA, the organizational density for pedagogical assistants is at least 80%. The density for the pedagogical helpers is not announced, but is known to be lower.

Finally, in relation to both care sectors, the *yellow union* (Krifa) has increased their memberships during the last decades. Krifa has 185.000 members and another yellow union, Det Faglige Hus, 220.000 members. Hence, they are around the same size as the largest ‘traditional’ trade unions. However, the two organizations have not signed CAs in the two care sectors. The care sector are seemingly not among these yellow unions’ strongholds, but some of the interviewees had experienced a tendency for these unions trying to get foothold in the two care sectors. Their membership as well as organizational densities are unknown.

Relationships – collaboration, competition and divisions of labour

On *the employer-side*, the relationship between Local Government Denmark and the private sector employers’ organizations in the care sector does not seem very close. Not much cooperation is taking place. Local Government Denmark does not seem to be doing much to expand their already large share of the care supply, whereas the private employers’ organization do make an effort to change theirs. This has been the case recently in large lobbying and consultation activities in

connection to the above mentioned new elder law, expected to come into force in 2025. At the level of individual municipalities, a seemingly stronger level competition is taking place, as the individual private suppliers and their organizations often complain about unfair competition and insufficient subsidies when the care services are outsourced. A specific case has even been taken to the High Court by the employers' organization KA Care on behalf on one of their member companies. The court did not find that the municipality had calculated and paid a subsidy too small to the relevant KA Care member-company.

The relationship between the two largest private sector federations – DI and Danish Chamber of Commerce – has in general become increasingly competitive, despite of the fact that dual memberships are increasing in numbers. The previously existing division of labour between the two – manufacturing industry vs. private service – is long gone. This change has happened for several reasons, one of them being the technological development which has blurred the border between manufacturing and service. Competition also take place in relation to the LTC and ECEC areas, although there is tendency for non-profit suppliers to seek towards Danish Chamber of Commerce, whereas DI with its clearer business profiles is able to attract more for-profit companies. DI's recruitment of new members mostly takes the form of the potential member contacting DI rather than the other way around. Companies contact DI to become members when they themselves have notices – or from their business networks have heard about – DI's member services and political efforts.

The relationship between the two ECEC organizations' with near identical names, but different acronyms – DLO and LDD – is a relationship marked by collaboration and division of labour rather than competition, as LDD is a member of LDD, which is an umbrella-organization. Although they have both signed CAs and it is possible to be member of both organizations simultaneously, the former organization is mostly focused on political lobbying and the latter takes care of collective braining as well as other operational issues. The competition between DI and Danish Chamber of Commerce and DLO and their member-organisations seems to be limited. In LTC, there seems to be tendency for the private for-profit providers in Jutland to join KA Care, whereas they in the rest of the country join the larger Danish Chamber of Commerce. As an 'yellow'/alternative employers' organisation KA Care does not have access to the political system and is most often not invited to partake in tri- or multipartite initiatives. However, with regards to the important new Elder Law 2024 they have been involved to some extent.

On the *trade union side*, the relationships between the unions in LTC are best described as a relatively clear divisions of labour - with some exceptions. Danish Nurses Organization organizes the nurses, FOA the skilled and unskilled care workers (SOSU-employees) and 3F organizes some smaller unskilled group of (mainly) unskilled employees. The division of labour is supported by some relatively clearly formulated border agreement, especially between FOA and 3F, implying that FOA organizes the vast majority of also the unskilled labour. Hence, competition between the trade unions is limited. However, according to an interviewee, FOA has attempted to get a piece of 3F' cleaning in private homecare, but 3F have been able to resist these attempts. Another interviewee had the opposite interpretation, emphasising that 3F is not respecting the formal border agreement when organising in homecare, although this is only taking place in private cleaning-only homecare. Competition from the yellow unions do take place to some extent, likely

mostly in homecare and much less for Danish Nurses Organization than the other unions. Especially Danish Nurses Organization and FOA cooperate in several connections, among them the Equal Pay Alliance from 2008-18 and numerous recent labour shortage initiatives, and they are both part of the bargaining cartel, *Forhandlingsfællesskabet*. There are nevertheless also tensions between the two trade unions from time to time, whose employees are planned to work closer together in the future as a consequence of the ‘unity care’ approach (see the introduction). The tensions might partly be related to higher educational status of the nurses than the SOSU-employees.

In ECEC, the pattern is similar. A clear and explicit division of labour in the form of an explicit border agreement exist, prescribing that BUPL organizes the pedagogues and FOA organizes all other core staff groups, the pedagogical assistants and the pedagogical helpers. As the pedagogical assistants have nearly as long an education as the pedagogues, it might seem surprising that the two have ended up in two different unions. However, the pedagogues’ education has, as stated previously, the status of a bachelor education, whereas pedagogical assistant is a vocational education. When the pedagogical assistant education was introduced in the 1990s, the main target group was the pedagogical helpers that were already then organised by FOA. According to interviewees, one of the reasons for the split is that BUPL aims to protect their profession and wish to avoid it becoming watered down. BUPL has accordingly opposed the creation of a single pedagogical trade union, when this was attempted in the past. In line with this, the two organisations have different targets for employment. BUPL aim for an increase in the share of pedagogues, FOA for an increase in educated employees. Still, according to the interviewees the two organizations’ general relationship is one of cooperation, as they are aligned on most other issues. Moreover, both organizations did take part in the Equal Pay Alliance and numerous recent labour shortage initiatives, and they are both part of the bargaining cartel, *Forhandlingsfællesskabet*.

The presence of the yellow unions is, as stated above, not strong in LTC and ECEC, and the same is therefore the case with competition from these organizations.

3.2 Organizational strategies in the two sectors

Organizational attempts

As the memberships in the public part of the two care sectors are automatic (the municipalities membership of Local Government Denmark), organizational efforts and strategies are only a concern for the private sector employers’ organizations and the trade unions.

The private employers’ organizations did not have much to say about organizational attempts in relation to LTC and ECEC. Among the few that did, LDD is accordingly attracting companies and organizations that are not already members of one of the other employer’s organization, and DI is as described working indirectly and relying on ‘word-of-mouth’, letting the companies contact DI rather than the other way around.

As table 3.1 shows, organizing the care sectors have been relative successful for the trade unions, as membership figures are high, especially for the skilled groups of employees. However, smaller or larger shares of unorganized employees exist in both care sectors and the trade unions face some barriers in organizing these. One challenge is to organize the unskilled groups specifically. Here, the trade unions cannot use the contacts they have to the educational institutions in order to make organizational efforts. Moreover, as a large share of the unskilled employee in ECEC are gymnasium graduates – taking one or more sabbatical years before studying a non-ECEC subject or working alongside their studies – these unskilled employees lack incentives to sign-up to the ECEC trade unions, although they are offered reduced membership fees. Another challenge is the small size of many workplaces in homecare, especially among the private day care institutions and in family day care (where the workplace is the private homes of the carers). It is very resource demanding to conduct thorough organizing efforts in these workplaces. The trade union BUPL is currently discussing how they can improve their contacts to the new and old private institutions. An important issue in this regard is the question of who should take the lead in such initiatives that require many resources in order to succeed – the central trade union or the local branches?

The status and prioritization

Not surprisingly, ECEC or LTC have high priority within the single-occupation organizations such as BUPL, DLO, LDD and KA Pleje. The question regarding the status and prioritization of the LTC and ECEC areas is more open for the organizations, spanning more than a single occupation. It is noteworthy that all organizations – employer organizations as well as trade unions – report of high status of these areas within the other organizations and/or increasing status in recent years.

The status of LTC in organizations such as Local Government Denmark and FOA has benefitted from the fact that governments have given high priority to the area during the last 5-6 years. The area was by some of the interviewees mentioned as their organizations highest priority area of all. Regarding ECEC, in Local Government Denmark, the interviewees noticed an increase in the priority of the area and a development from a focus on care of the youngest children towards education of them, implying a higher status to the area. In FOA, the interviewees found the ECEC area to be given increased status and attention, although neither the attention nor the number of ECEC members in the organization is at par with LTC.

Table 3.2 Summary table on collective representation in ECEC/LTC⁷

Research questions		Answers
Degree of TUs fragmentation	How many TUs organise in the sector?	LTC: 2 main (FOA and Danish Nurses Organizations) ECEC: 2 main (FOA and BUPL)

⁷ Regarding the trade unions, as in the text, the table focuses only on the organizations organizing core staff. The total number of trade unions are therefore higher.

Membership of TUs	Do the TUs cover the same membership? Do the different TUs compete to recruit care workers?	LTC: No. Competition very limited. ECEC: No. Competition very limited.
Nature of the relationship between TUs	How would you define the relationships between TUs? Collaborative or competitive?	LTC: Both. Divisions of labour also relevant See text ECEC: Both. Divisions of labour also relevant See text
Degree of centralization in decision-making	At what organizational level decision-making takes place within TUs?	LTC: ? ECEC: ?
Structure of workers' representation	Are care workers organised through dedicated union categories? Or together with other groups?	LTC: Together with other groups* ECEC: Together with other groups*
Inter-sectoral horizontal coordination between public/private sector workers	Does the TUs represent care workers in both the public AND the private sector?	LTC: Yes ECEC: Yes
Characteristics of the most representative TUs	For each TU, please specify: - membership (absolute no. and % in the sector) - sector (public and/or private) - professional profiles of members	LTC: FOA, 167.000 (total), mostly public Danish Nurses Organization, 79.000 (total), mostly public
		ECEC: BUPL, 54.000 (total) mainly public FOA, 167.000 (total), mainly public
Degree of EOs fragmentation	How many EOs organise in the sector?	LTC public: 1 main LTC private: 4+ main ECEC public: 1 main ECEC private: 4+ main
Membership of EOs	Do the EOs cover the same membership? Do the different EOs compete to recruit care providers?	Some of the EOs covers sae types of members
Nature of the relationship between EOs	How would you define the relationships between EOs? Collaborative or competitive?	Some/limited competition
Degree of centralization in decision-making	At what organizational level decision-making takes place within EOs?	?
Structure of care providers' representation	Are care providers organised through dedicated structures? Or together with other firms?	Most of the EOs covers both LTC and ECEC as well as other sectors
Inter-sectoral horizontal coordination between EOs	Do the diverse EOs adopt mechanisms/procedures to coordinate in CB?	?
Characteristics of the most	For each EO, please specify: - membership (absolute no. and % in the sector)	LTC/ECEC: Local Government Denmark, all municipalities, public Danish Chamber of Commerce, 18.000 comp., private

representative EOs	- sector (public and/or private) - kind of firms organised	Confederation of Danish Industries. 30.000 comp, private Selveje Denmark, 300 comp., private
		LTC: KA Pleje, 20+ companies, private
		ECEC: The National Org. of Day Care Inst., 800 comp., private The Daycare Institutions' National Org., 300 comp., priv.

* = FOA and BUPL organises employees in LTC/ECEC, health care and non-care sectors. Danish Nurses Organization organizes mainly in LTC and health care.

4. Labour shortage

This section includes descriptions of the level of labour shortages in the two sectors as well as of initiatives to counteract them through, e.g., wages and working conditions, education and labour migration. Initiatives focused on new care-technologies are not included, as the interviewees were not asked about them.

4.1 State of the art in the two sectors

Labour and skill shortages have developed into a labour market issue of high priority during the last decade, if not the highest priority issue.

Table 4.1 Unsuccessful recruitment attempts in LTC and ECEC occupations

<i>Job</i>	<i>June 2021</i>	<i>June 2022</i>	<i>June 2023</i>	<i>June 2024</i>
Nurse	33 %	46 %	18 %	19 %
SOSU assistant	40 %	42 %	20 %	20 %
SOSU helper	32 %	44 %	25 %	17 %
Pedagogue	27 %	26 %	31 %	28 %
Pedagogical helper	6 %	33 %	16 %	7 %

Source: Styrelsen for Arbejdsmarked og Rekruttering, 2021-24. Note: The survey is based on job ads published from approximately half a year prior to the month noted until the month noted.

Table 4.1 shows, that LTC and ECEC includes five of the forty jobs with the most severe recruitment problems in recent years. The table indicates a peak in the recruitment problems around 2022, but the interviewees found the problems to be lasting. There are no comparable figures for the period before the pandemic, but there is no indication that the pandemic have had a lasting effect on the labour shortages for the occupations in focus.

LTC was the first of the two sectors to face severe recruitment problems. Labour shortage (shortage of labour in general) and skill shortage (shortages of qualified labour) both exist, and the proportion of unskilled employees is increasing. Contributing to recruitment problems is the fact that educational institutions are having difficulties in attracting students, which means an insufficient number of graduates. The occupation's lack of prestige and high dropout rates is a challenge for the schools. The workforce in elder care is relatively old and the average age of employees are increasing.

Although figure 4.1 indicates a recent improvement in the situation, the recruitment problems in LTC is expected to get worse in the near future. This is due to the demographic situation with smaller youth cohorts, ageing of the LTC workers and an increase in the share of elders in the population from the present level of 5% to 7% in 2030 and 8% in 2040 (Dansk Industri 2023). SOSU-employees is also the large welfare occupation which shows the by far biggest labour shortage challenges, no matter the time-horizon of the forecast (e.g. Larsen og Jakobsen 2022; Finansministeriet 2023). For the other large welfare occupations – nurses, schoolteachers and

pedagogues – the forecasts differ more. However, as seen below, the number of initiatives to meet the challenges is especially high in LTC, and we might not have seen the full effect of all of these initiatives yet.

In *ECEC*, severe recruitment problems started a bit later and it took longer to attract the same level of attention as the recruitment problems in LTC. Moreover, forecast looks less bleak for the future. Nevertheless, in 2022 the problems had reached a level where they became as much debated as those in LTC. It is notable that labour shortages – contrary to LTC – is also on the top-40 list among the unskilled employees (pedagogical helpers). But the interviewees do not fully agree on how severe the labour shortage problem actually is. Some interviewees point to geographical differences and find it is mostly in the municipalities of the larger cities that the shortage is severe, whereas other interviewees saw the declining ratio of pedagogues/pedagogical helpers as a clear sign of shortage of pedagogues. And yet others point to the figures shown in table 4.1 as proof of labour shortages.

In the short run, labour shortages are expected to prevail in *ECEC*, also due to the reduced uptake of pedagogue students in the educational institutions (EVA 2024). Regarding the long-term labour shortage, these are expected to be smaller compared to LTC – if there will be labour shortage at all. The Ministry of Finance’s forecast estimated a deficit of 5,000 pedagogues in 2035, a quarter of the estimated deficit for SOSU-assistants and SOSU-helpers combined (Finansministeriet 2023). Moreover, a new forecast from Statistics Denmark in 2024 reduced the number of expected new-borns with 34,000 towards 2030, which will likely also have an effect. However, as some of the interviewees emphasised, these forecasts are based on the existing share of skilled pedagogues among the employees in *ECEC*. This is a share at least one of the trade unions would like to increase.

The educational institutions face different challenges for the pedagogues and pedagogical assistants respectively. From 2015 to 2024, the number of applicants for the pedagogical education has decreased with 45 % (Danske Professionshøjskoler 2024). The schools struggle with a high number of dropouts. The interviewees as well as other stakeholders have criticized the quality of the education, and the education will be reformed in 2025, and budgets will be increased. The education for pedagogical assistants is in a different situation. It attracts fewer students, but the number of applicants has increased and exceeds the available positions at the schools. This education received a positive evaluation in 2022 (Børne- og Ungdomsministeriet 2022).

4.2 Policies and social partner initiatives– with and without other actors

As labour shortage have moved up the political agenda and is now one of the core issues in domestic politics, it is not surprising that policies and initiatives are plenty. This is both the case for cross-sector initiatives, and for LTC-specific initiatives. The government is involved in several of these initiatives, and the NGO DaneAge Association – the largest and likely strongest Danish NGO – is also involved in some of them.

Regarding initiatives *across the two care sectors* two should be highlighted. In autumn 2020, Local Government Denmark and the trade unions within ‘Forhandlingsfællesskabet’ initiated a general

strategy to increase full-time employment among municipal employees, and hereby reduce the labour and skill shortages. The initiative – named A Future with Full-time – was accompanied by a similar initiative by the interest organisation of the regions, Danish Regions, and ‘Forhandlingsfællesskabet’ covering the five Danish regions. Both initiatives are still ongoing. The municipal initiative has a broad approach covering working-time culture, work-life balance, employee involvement and work environment perspectives. While it concentrates on multiple care areas, especially LTC is in focus. A Future with Full-time was evaluated in 2023. Among the most important experiences so far have been: 1) Longer shifts: By making use of longer shifts, the employees have been able to increase their working time without more (weekend) shifts, which is often a barrier. 2) Influence on the shift schedule: The employees are given the opportunity to hand in their own desired shift plan, after which the planners try to match the wishes. This has led to a situation where more people want to work more hours or even full-time. 3) Tasks and staffing: By mapping which tasks are carried out during a day/24 hours and then trying to obtain a more even distribution of the workload. This has resulted in more employees wanting to increase their working hours (KL 2023).

Interviewees in the Sowell-project⁸ pointed to some of the problems that such initiatives have met: On the supply side, night shifts, the experience of work intensification and the relatively ageing workforce have, in part, led to a situation where many home-helpers as well as nurses prefer part-time work. Moreover, the typical part-time positions with longer hours (32–34) leaves (at least formally) the decision whether to work full-time to the employee, because in the present labour market there is often a demand for extra hours. Finally, some employees who work long part-time hours feel that they de facto work full time. Therefore, the attempt to lift employees to 37 hours per week has also meant reframing from ‘full-time positions’ to ‘increased working hours (‘op i tid’) for some groups. These factors come on top of a general part-time culture in the public sector, where female employees especially (the majority) work part time (Hansen and Mailand 2022).

The other initiative is the 2024 dedicated wage lift for some public sector occupations, among them employees in LTC and ECEC in the municipalities. The wage lift came about after political intervention. As direct wage setting has always been an arena for social partner self-governance in Denmark – and a no-go zone for government, unless a collective bargaining round is stalemated – this is a very unusual step. The prologue to the initiative started with increasing dissatisfaction with the unequal (gender) pay, which in 2008 resulted in the set-up of a commission. The Wage Commission report from 2010 did not lead to any real initiatives or changes but was accompanied by the forming of the above-mentioned Equal Pay Alliance between a number of trade unions, include the Danish Nurse Organisation, FOA and BUPL, which with limited success pushed for changes until the end of the decade. However, in 2021 the members of the Danish Nurse Organization voted no to the result of the public sector collective bargaining round and the organization went – as the only trade union – on strike to increase their wages. They did not manage to get extra wage increases, but an outcome of the conflict was a proposal from the national conciliator to set up a Wage Committee to analyse equal pay and the wage hierarchy and structures in the public sector, which became part of the political intervention in august 2021 that ended the

⁸ The Sowell-project (Social dialogue in welfare services) 2020-22 focused on the same sectors and countries as the Devcoba-project. The findings on Denmark are reported in Hansen and Mailand (2022) and Hansen et al. (2022).

strike. The Wage Committee completed its report in May 2023, but political attention had already during 2022 moved away from equal pay to labour shortages. As part of this development, the government invited to the unusual tripartite negotiations to improve wages and working conditions for some groups of public employees, including some – but not all – of those had been most vocal about gender unequal pay. The tripartite agreement included substantial extra wages increases for elder care workers, childcare workers, (regionally employed) nurses and prison employees. The unusual extra wage increase was to be further negotiated during the collective bargaining round 2024 and fully implemented by 2026. The agreement also included a large number of concessions given to government and public employers on working conditions, pay decentralization and the CA voting procedure. All three actors emphasised that the tripartite was a one-off agreement. As the tripartite agreement is not yet fully implemented, it is too early to judge if it will reduce the labour shortage challenges within LTC and ECEC.

Regarding the initiatives limited to LTC,⁹ the actors in the area – primarily the government (Ministry of Social Affairs and Senior Citizens until August 2024, hereafter Ministry for Senior Citizens, and Ministry of Children and Education) and the social partners, but to some extent also the NGO DaneAge Association and the training institutions – have taken many initiatives to address this problem. These include unilateral, bipartite, tripartite and multipartite initiatives. The most important initiatives from the present decade are summarized here:

- *Elder summits:* To develop common understandings and joint initiatives, the government, Local Government Denmark, the trade union FOA and DaneAge Association held a first summit in August 2020, and the meetings were repeated until 2023. Between the first two summits, the actors have worked on six tracks on service quality, recruitment, management and learning, monitoring quality and means-testing of home help. The interviewees from the Sowell project found the summit process useful in getting every actor to work in the same direction and to establish common knowledge platforms, although the summits have so far led to few specific initiatives and no quick fixes for the multiple challenges of elder care. It was also regarded as important that the government led the summits.
- *Recruitment taskforce:* In 2020, the government and Local Government Denmark established a taskforce to analyse recruitment problems in elder and health care and suggest actions to meet the challenges. The taskforce especially focusses on improving the education of home helpers, securing sufficient training places and better introduction to the occupation.
- *Improving education and qualifications:* During the bi-/triannual collective bargaining rounds, Local Government Denmark and FOA have introduced several initiatives to lift the qualification level of home helpers. In 2024, a political agreement was signed to improve the SOSU-educations for approx. 100 million euro 2024-29, and additional permanent funding. The initiative includes improvement of the dual educations including extension of the extra general subsidies to the schools, language assistance for students, home-work assistance, financial means for the ‘spout-initiative’ (see below), and an invitation to tripartite negotiations

⁹ This section is an extended version of a similar section in Hansen and Mailand (2022).

on more practical training places for the dual educations and real wages during education etc. (Børne- og Undervisningsministeriet 2024).

- *Recruitments ponds:* During the bargaining rounds in 2018 and 2021, Local Government Denmark, FOA and Forhandlingsfællesskabet agreed to provide the SOSU-employees with a small additional wage increase. In 2024, no recruitment ponds were agreed upon, but the tripartite agreement mentioned above secured the SOSU-employees relatively high additional wage increases.
- *Action plans for recruitment:* Between the bargaining rounds, Local Government Denmark and FOA have produced action plans to improve recruitment in the elder care and health care sectors. The 2018 plan focuses especially on educational institutions and includes, inter alia, tools to reduce the dropout rate and suggestions for improving the payment of students. The latter suggestion has been implemented, and students now receive a wage for the whole period of education and not just a student allowance in the beginning of the education. The 2021 action plan covers three themes: Recruitment to education, motivating employees with the right skills and digital welfare and technology.
- *Annual budget:* As part of the annual budget for 2021, the government promised 1 billion DKK (130 million euro) for the recruitment of SOSU employees, which have translated into 1,000 more SOSU employees. The following annual budgets have not included similar additional funding, but the new Elder Law 2024 also includes 1 billion DDK as permanent extra funding to LTC.
- *Labour migrants:* Several municipalities have experimented with recruitment of foreign are workers (e.g. Hansen et al. 2022), but in 2024 labour migration in LTC became part of a political agreement of foreign labour. The Government aims in 2024 to sign partnership agreements with India and the Philippines within the ethical principles of WHO's Global Code of Practice to get labour migration to happen on a larger scale (Regeringen et al. 2024).
- *Local initiatives:* According to one Sowell interviewee, during the Covid-19 pandemic, FOA, in cooperation with local employers and vocational training centres, retrained those who had lost their jobs due to the pandemic to become (unskilled) home helpers. This been a success in some cases, for instance, in the case of former employees at Copenhagen International Airport.

Turning to ECEC, it is not possible to point to the same high number of initiatives. This reflects that the level of attention has not been the same as for LTC. Moreover, at described above, consensus on the challenges is lacking, especially with the recent reduced forecast of fertility from Statistics Denmark, which the Ministry of Finance has picked up. Hence, the initiatives which can be pointed to are either local or more or less unilaterally driven by the trade unions. Compared to LTC, it is notable that there seems to be relatively more focus on skills shortages than on labour shortages. Below some of the most remarkable initiatives and policies are listed:

- The two largest cities in Denmark, Copenhagen and Aarhus, are facing the most severe recruitment problems in ECEC. In 2021, these two municipalities initiated *a cross-local partnerships* together with University College Copenhagen, Via University College (Aarhus) and BUPL, and

formed a recruitment and retrenchment project with the aim of increasing the share of skilled pedagogues. The partnership ended up in three recommendations: 1) Use the opportunity for further education of the pedagogical assistants and pedagogical helpers to the level of pedagogues, motivate them to use it and improve this further education; 2) Establish local partnerships; 3) Develop local recruitment plans, including, inter alia, competence development, from part-time to fulltime onboarding.

• *BUPLs have formulated their own guidelines* to combat labour and skill shortages: 1) pay to pedagogues that matches the education level of pedagogues and makes it attractive to become a pedagogue; 2) Create better norms and conditions for part-time educators that want to increase their working-time; 3) Retrenchment through systematic further training; 4) Strengthen financial support for the education of pedagogues; 5) Systematic further education of pedagogical assistants and pedagogical helpers; 6) Create financial incentives for unemployed people with relevant qualifications to start further education to become pedagogues; 7) Establish schemes for senior employees and attractive conditions for experienced educators to retrench them; 8) Stimulate gymnasium students' interest in the profession.

4.3 Other actors – and the role of civil society in the future

As the role of the state in connection to labour shortages is interwoven with that of the social partners, and therefore included in the previous sections, this section will focus on the civil society's and the NGOs' present and possible future roles.

I *LTC*, with 850,000 members, the DaneAge Association is the second largest NGO in Denmark. Apart from being a powerful interest organization vis-à-vis the political system, the DaneAge Association organizes 19,000 volunteers. Among the volunteers are 5,000 'visiting friends' that pay visits to elderly people living alone in their homes and they have about 300 volunteers who lunch with elderly persons once a week. Moreover, the DaneAge Association has around 1,300 volunteers who each morning call around 12,000 older people who live alone – so-called 'good morning calls' (Eldresagen 2017). However, these roles could, to a large extent, be considered as part-taking in informal care, additional to the formal care. The social partners accept the roles of the NGOs and the civil society at large, insofar as the latter adds to rather than replaces publicly financed welfare. A position also expressed by the interviewees. However, the trade union FOA has previously stated that such replacement has already taken place, whereas employers in Local Government Denmark disagreed (Ziegler and Adelskov 2019; Striib 2019).

In, *ECEC* there is an extensive role for the civil society (apart from relatives) in informal care, whereas the role in formal care is limited. The parents' organization FOLA is a smaller and politically weaker NGO than DaneAge Association. It has approximately 1,500 members and mainly works to strengthen parental involvement and parental cooperation in ECEC services. FOLA was created by concerned parents in 1974 and has both individuals and day care institutions as members. It represents the voice of parents on various boards and commissions within the auspices of the Ministry of Children and Education and collaborates with Local Government Denmark and trade unions within the sector. FOLA has an elected board of parents representing

parent organizations, parent boards and councils from individual day care centres. The organization has a small permanently staffed administration in Copenhagen (Hansen and Mailand 2022).

With regards to the *future role of the civil society*, this has been debated a lot recently. There are several aspects to the debate. On a general level, there has been a debate about expectations for the level of future elder care that the state will be able to deliver versus what needs to be delivered by the two other poles in the classic societal triangle, the civil society and the market. As the 2024 Elder Law illustrates, large parts of the political spectrum find it possible to grant the other poles with larger roles than they have now. However, as described above, when it comes to the role of the civil society, trade union cooperation with them can only be expected as long as the role for civil society is adding to, and not replacing, the role of employees. Moreover, it is important to note that these political expectations are mainly about LTC and are found to the same extent in relation to ECEC.

Another aspect of the debate is about the expectations of the civil society (as users) of the service provided. Some – including an interviewee from the Sowell-project – have argued that the expectations should be reduced and that the families have to provide a larger share of LTC, hereby reducing formal care and increasing informal care. However, this perspective have never become official policy of any of the organizations involved, nor of the government. Moreover, similar arguments have not been raised in connection to ECEC. As one of the interviewees from the present project stated, the learning/pedagogical element in ECEC is difficult to separate from the pure ‘care’. For instance, reading a book to a child of whatever age between 0-6 includes pedagogical elements. It might be easier in LTC to demarcate tasks that do not require strong professional competences. This difference might explain, inter alia, that a similar initiative to the spur initiative for youth workers in LTC is not found in ECEC.

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Appendix - interviews, conducted Aug 2024 - Feb 2025¹⁰

A.1 LTC

Amalie Wendel and Heidi Lauritzen Local Government Denmark (KL)

Jakob Scharff, Confederation of Danish Industries (DI)

Karsten Høgild, KA Care (KA Pleje) (online)

Jon Krog, Selveje Danmark

Mie Andersen, Poul Rasmussen and Alexander Larsen, FOA (Follow-up questions to Nicholai Ejdum Kjølberg, FOA).

Jonathan S. Olsen, FOA private team (online)

Henriette Olofson, Union Federation of Danish Workers (3F) (online)

Astrid Annie Kristensen, Danish Nurses Organization (DSR)*

A.2 ECEC

Martin Højkjær Larsen and Lisbeth Due, Local Government Denmark (KL)

Jakob Scharff, Confederation of Danish Industries (DI)

Steen Sterndorf, The Daycare Institutions' National Organization (LDD)

Thinne Nielsen, The National Organization of Day Care Institution (DLO)* (telephone)

Jon Krog, Selveje Danmark (online)

Flemming Vinther and Karen Bold Aagaard, The Association of Child and Youth Educators (BUPL)

Birgit Stechmann, FOA

¹⁰ In some cases, the same interview has covered both LTC and ECEC. Danish Chamber of Commerce has been contacted, but did not want to participate. An interview from 2021 with the organization from the Sowell project, mostly focusing on LTC, has been used in the analyses.

*DSR has contributed with written answers to some of the questions in the questionnaire. DLO has only answered few of the questions from the questionnaire in a telephone conversation in February 2025. Interviews with DSR and DLO (2021) from the Sowell project have been used for the analyses.