W O R K I N G P A P E R

Home Care in Denmark

Agi Csonka & Joachim L. Boll

The Open Labour Market
Working Paper 12:2000

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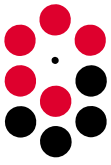

The Danish National Institute of Social Research

The Study

The Danish National Institute of Social Research carries out a program on the Open Labour Market, to be concluded in 2002. The research program is initiated by the Ministry of Social Affairs.

The study presented in this paper is part of the European project: New forms of Employment and Working Time in the Service Economy/NESY. The overall objective of the project is to analyse the emergence and the effects of new forms of employment, work organisation and working time patterns in the service sector. The focus of research in the NESY project is to identify the driving forces for the emergence and diffusion of new employment and working time forms, which are attributable to particular features of the service sector and service activities. The project covers the following EU-countries: Belgium, Denmark, Finland, France, Germany, Italy, Netherlands, Portugal, Sweden and United Kingdom.

The NESY-project is financed by the TSER Programme of the European Commision, DG XII. The project is coordinated by the Institut Arbeit und Technik, Gelsenkirchen, Germany. The Danish part of the project is co-financed by the Danish Research Counsils (welfare research) under the research programme: “Human Resources in Working Life”. The Danish research team consists of Ivan Thaulow, Joachim L. Boll and Agi Csonka., from the Danish National Institute of Social Research, the unit of the Open Labour Market.

In all the countries case studies of firms in selected service industries and activities will be used to identify the basic industry and activity-specific reasons for the emergence of certain forms of work organisation and working time arrangements. In Denmark case studies have been carried out within home care, IT and retail.

This paper presents the results of the case study within the home care sector.

Contents

Introduction

This paper presents some major trends in work organisation and working time arrangements in the Danish home care sector. In part 1, the sector is introduced by outlining the determinants of the actual home care provision, and by describing the labour market of home-helpers. Finally, some major trends and changes in home care provision during the last few decades are presented. The overall description of the home care sector is followed by two case studies, which represent qualitative perspectives on some of the major trends. The two case studies are presented in part 2, and in part 3, an analysis focusing on how the (same) major challenges and changes in the sector are handled differently by the two providers of home care.

1. Elderly care in Denmark

1.1. The need for elderly care

Community services are, naturally, highly dependent on the institutional and socio-economic structures in the countries studied. We therefore start this report by presenting a brief overview of the formal organisation and legal framework for community services in general and elder care in particular.

1.1.1. Demographics

Even though life expectancy in Denmark is among the lowest in Europe (78 years for women and 72.9 years for men) the ageing population is still an important trend in Denmark.

As is the case in most other European countries, Denmark has experienced an increase in the proportion of elderly people in the population. Persons over age 67 made up 15.1 percent of the population in 1996 as compared to 10.5 percent in 1960. For those aged over 80 the numbers are 2.8 and 1.6 percent respectively. This tendency is expected to continue in the near future, with an expected 17.6 and 3.5 percent of the population being over 67 and 80 in the year 2020 (Rostgaard & Fridberg, 1999, p.137).

The official retirement age in Denmark is currently 67, but from 2004 this will be lowered to 65. From this age on all persons are entitled to pension benefits.

1.1.2. Family and social structures

Societal and labour market structures are vital in determining the structure of the elderly care in a society. Denmark has a typical 'modern' structure with (relatively) weak family ties and a very high labour market participation rate among women.

The Labour market participation rate for woman was only about 35 percent in 1960 rising to a high of 78 percent around 1990, since then the rate has declined slightly. Over the same period the labour market participation rate of men has fell gradually from around 90 percent to a little bit over 80 percent (DA, 1999, p.34). At the same time the part time rate fell from a high of 18 percent in 1980 to just 8 percent in 1996. The fall in part time rates occured primarily among women aged 25 to 59, who previously made up a large part of the part timers. The young under 25 and those older than 60, however, increased their part time rate (DA, 1999, p.37f).

As a consequence of this labour market pattern, with high participation rates among both sexes and a low part time frequency, little time is leftover for taking care of elderly family members. Hence, care for the elderly has been almost completely externalised from the family and is nearly exclusively left to the public sector. Even though family networks still play an important role in many individual cases, there is no legal obligation for a child or other family member to care for an elderly relative.

Private providers or insurance paid private services like retirement homes etc. are also almost completely absent in the Danish system, with most of the services, accommodation, homes etc. being financed by the state and local authorities with tax money.

1.2. Care provision

In Denmark, community services for the elderly are almost exclusively the responsibility of the local authorities. Neither national organisations nor counties have any substantial role in the provision of these services. Provision of services through the market is also negligible. Even though private care organisations, mainly nursing homes operating as non-profit organisations, do exist they are often financed by public funds and tend to be regarded as an integral part of the public service provision system.

The guiding principle in elder care over the last couple of decades has been that of de-institutionalisation. De-institutionalisation implies that more elderly should be able to stay longer in their own homes or in various sorts of serviced or sheltered flats, instead of being moved to a traditional nursing home. As a result of this change in preference the need for personal and practical care in the home of the elderly has also grown, which is reflected in an increase in the number of jobs in home care. On the other hand the number of traditional nursing homes has actually declined in spite of the growing population of old and very old people. As a consequence, criterions for admitting persons to nursing homes have become stricter, with the nursing homes today being inhabited mainly by the very frail, senile or other groups with a need for constant care (Rostgaard & Fridberg, 1998, p. 148f).

1.3. Home care

Home care is the major assistance programme for older people in Denmark in terms of employment as well as expenditure, and is becoming still more important as a consequence of the policy of de-institutionalisation.

The basic purpose of home care is to provide assistance with basic housekeeping and personal care. This includes a variety of tasks performed by the helpers, and a wide variation in the amount of help received by different clients. Ranging from a few hours of cleaning a week to clients getting help several hours a day. Independent of the general rise in the amount of home care performed, there has been a high growth in the number of clients receiving considerable amounts of help. Hence, the number of clients receiving more than 13 hours of help per week increased by 68 percent between 1992 and 1996 (Rostgaard & Fridberg, 1998, p. 141).

The average number of hours allocated to persons over 67 is five hours per week. This, however, covers variations between the municipalities ranging from an average of three hours per week in the 10 municipalities with the lowest average to 7.5 hours per week in the 10 municipalities with the highest average.

Table 1. Number of households receiving help and total hours of home care provided, by year.

	1991	1993	1994	1995	1996	1997	1998*
No. Of households Receiving home care	183,117	180,756	186,858	189,597	188,475	198,213	201,488
Scheduled help, Hours per week	745,279	792,437	814,555	848,498	846,372	973,701	1,119,359
Evening/night help, Hours per week				130,661	166,789	199,563	

*Note: For 1998 evening/night help is included in figure for scheduled help.
Source: DS: Statistiske efterretninger, Sociale forhold, sundhed og retsvæsen, 1994:25, 1996:8, 1996:25. 1999:1.

Home care is provided to the individual based on need. The local authority decides what amount of help is adequate in each situation. In reality, a manager allocates home care services, based on home visits.

1.3.1. The home care labour market

A consequence of the factors mentioned above is that the need for care has risen overall. Therefore, there has been a commensurate rise in employment in elder care, as illustrated in table 2.

Table 2. Employees in elder care etc.* Full time equivalents.

	1988	1993	1998
Employees	87,005	91,583	93,899

* Note: Includes home care, nursing homes, home nurses and various other activities.
Source: DS: Statistiske efterretninger: Sociale forhold, sundhed og retsvæsen 1999:2.

Thus the labour market of the home-helpers[1] is at present under pressure from several sides. The growing need for care, combined with the relatively low status of home care jobs and an economic upturn with general low unemployment have resulted in recruitment problems for home care in many areas. This is especially true as concerns employees with good qualifications. Even though it is a stated preference in many communities that all new employees should have at least the social and health worker education this is often not practicable. The labour market for home care employees is so strict in many areas that managers often have to employ people they now have very low qualifications just to get vacancies filled.

1.3.2. Employment relations

The rate of union membership is - as normal in Denmark - very high. Estimated, at least 95 per cent of the home care employees are members of the union FOA (union of public sector employees). FOA and the federation of municipalities (KL) make the general agreement that covers pay, working time, working conditions etc. This agreement covers all employees in the sector regardless of whether they are union members or not.

[1] The term "home-helpers" is used to characterise all employees providing personal and practical assistance in the homes of the elderly. That is social & health workers, social & health assistants and the like (cf. The passage on education).

For the purpose of collective bargaining all the county and municipal employee unions have set up a joint negotiation body: Association of Local Government Employees' Organisations (KTO).

It is KTO who negotiates directly with the county and municipal employers. These negotiations concern for instance: wage and salary conditions in general, maternity leave, child care days, participation, working time and agreements on projects concerning quality of work and personnel policy. Within the framework and general agreements the single unions negotiate more special and detailed conditions. For home care the union of public sector employees (FOA) negotiates these special conditions.

Pay

The wages of home help employees are mainly based on two factors: level of education and seniority. There is a general wage scale that is used for most public sector employees. This scale has a number of steps determining the monthly pay. In general an employee will move up one step for every two years of seniority achieved in the field of work. The bracket of the pay scale used for a specific employee depends on the employees' education. For instance a social and health assistant starts out on step 15 rising to step 21 after ten years of employment. Whereas a home help employee without education starts on step nine and ends on step 15 after ten years of seniority. A newly qualified social & health worker will normally start out with a basic salary of DKK16.000 per month, pre tax. (Euro: 2.145).

In addition to seniority and education, pay can be dependent on the functions performed (for instance group co-ordinator, assistant manager), the qualifications of the employee (for instance experience or education in special care for persons with pain, allergy, AIDS etc.) and upon achieving specific goals.

In general home help employees must be salaried on a monthly base, except for short term employees who are paid by the hour.

The salaried employees are subject to the terms in the salaried workers act. This means among other things, that they receive pay during sick leave and that the employer must give three to six months notification before dismissals.

Agreement on working time

The general agreement makes it possible to make local negotiations of working time regulation. This provision has been made with the goal of achieving greater flexibility for the employers as well as the employees. If no local agreement has been made, the working time is subject to the regulation in the general agreement.

1.3.3. Education

Until recently home-helpers did not need to have a formal education, only to take a five to seven week instructional course. Today, new home-helpers should ideally have an education as a social & health worker, which takes one year and includes 16 weeks of courses as well as practical training. This education is broadly aimed at all parts of the care sector, besides home care the social and health workers typically work in nursery homes or with physically or mentally disabled persons.

Beyond the social and health worker education there are several opportunities for further education and up-skilling. The most important is the social and health assistant education that lasts 1½ years and builds on top of the social and health worker education. Moreover, numerous courses of vocational training are offered, aimed at specific sectors in the care and health related fields. These courses normally take one to four weeks.

It is a stated goal of the trade union (FOA) as well as of many employers to get the unskilled employees up-graded to at least social & health workers. Hence, many of the employees with only the former five or seven week courses have been taking the social and health worker education since its introduction.

Today 48 percent of the staff in home care are social and health workers and this percentage is expected to grow considerably in the future. 23 percent are trained as nursing aides while 10 percent do not have any formal education. The introduction of the social and health worker education has led to professionalisation of home care. Not only do the majority of home-helpers now have a professional education, but the home-helpers with education also tend to work more hours than those without (Rostgaard & Fridberg, 1998, p. 143).

Table 3. Characteristics of the home care employees 1998:

	Percent
Sex	
Female	95
Male	5
Year of birth	
1970-1979	18
1960-1969	29
1950-1959	31
1940-1949	19
-1939	2
Years in home care	
1 year	19
2 year	12
3 year	12
4 year	11
5 to 10 years	25
11- years	12

Source: Unpublished data from FOA, based on a sample of n=303.

What is immediately apparent when looking at employee characteristics in home care is the very high share of women in home care. It is also noteworthy that the home-helpers in general have a rather low seniority in their jobs. 63 percent have been working in home care for five years or less.

In contrast, the age distribution of home care employees is very regular, with all ages being well represented. This fact seen in connection with the low average seniority could be an indication of people entering or re-entering the labour market as home-helpers late in life. If we make a direct comparison, 51 percent of home care employees are aged in their forties or older, and only 37 per cent have five years or more of seniority.

The influence of clients' expectations

The content of home care, as officially described, has a clear emphasis on practical and personal care. However, it is obvious from several studies that informal care in the form of talking to the client and being a (sometimes the only) social relation is actually more important to the client than the practical services. A recent study of the working principles in home care found that the most important function of home care from the clients perspective was to provide a feeling of security in every day life (Boll Hansen et al, 1999, p. 144). This makes the jobs in home care somewhat different from otherwise comparable service jobs in for instance cleaning. The same study also concludes that the work ethics as well as the personality and life experience of the individual home-helper are determinants of the way clients are treated, and ultimately these features have an influence on client satisfaction (Boll Hansen et al, 1999, p.148-149).

1.4. Major trends and changes in home care

1.4.1. Three phases of home help.

The development of home care in Denmark can be divided into three stages. (Fuglsang, 2000).

The first stage is the period from the 1940's to the mid-60's, when the "house wife relief", the forerunner of the home-helper, was introduced.

The second stage covers the period from the 1960's to the end of the 80's. In this period home help was established as an obligatory arrangement in all municipalities, and the home-helper was established as a profession, with certain qualification requirements (7 weeks of instructional course).

During this stage, the policy of "staying as long as possible in your own home" had its effects, especially in terms of home help getting more and more complicated, as those elderly persons staying at home got weaker.

During this period some experiments with decentralisation and self-governing teams were also introduced. The home-helpers were organised into districts in order to keep transportation costs to a minimum.

The third stage began in the early 1990's. Integrated collective home-care, combining home-nursing and home-help evolved. In 1995 elected committees of the elderly and committees taking care of complaints were established. This period is also characterised by attempts to cope with the accountability problems. Amongst other things, this focus resulted in promoting the outsourcing ideology, and various management initiatives, which are elaborated on in the following.

1.4.2. Outsourcing

Outsourcing of public services to private providers has been a much "hyped" trend in Denmark since the mid-80's. Most of the outsourcing has been carried out in "hard" areas such as garbage removal, cleaning and public transportation (PLS Consult, 1997, p. 9). So far few local authorities have substantial experience in outsourcing of home care or other personal ser-

vices (the socalled "soft" services). Yet, outsourcing of personal and practical care is spreading rapidly.

Thus a few years back outsourcing was the subject of a heated political battle. This is much less the case today, where the political climate seems to be moving towards a more general acceptance of outsourcing as a potential valuable instrument in service provision. Hence, there is little doubt that more and more communities will try to outsource more functions in the future.

Where outsourcing has been carried out it seems to have only negligible influence on the working conditions of the employees or the satisfaction of the clients. If there have been changes these have more often been in a positive direction than a negative one. (PLS, 1997).

1.4.3. Management initiatives in home care

Due to the pressure put on the home care system from budget constraints and the growing need for care, a number of initiatives have been carried out in order to organise the home care more efficiently. These initiatives had their background in a wish in the early 1990's to get the cost of home care under control.

By applying bench marking methodology as known from the business consultancy sector, it was revealed that there seemed to be a large amount of slack and little transparency in the organisation of home care. For instance the time actually spent with clients as a percentage of total man hours varied between 72 and 51 percent in 6 local authorities studied (Socialministeriet, 1997a, p. 9). Therefore it became the aim of the ministry of social affairs to develop a management concept for home care, making it possible for the local authorities to ensure that the actual services delivered to clients were consistent with the policy aims (Socialministeriet, 1997b, p.4-5). The overall aim, however, was still very much one of making an instrument for cost control, in order to keep the costs from escalating as a consequence of the growing need for care.

In regard to quality control the Minister of Social Affairs in 1998 mandated that the local authorities make a formal policy of quality standards for personal care (Socialministeriet 1998). These quality standards have to cover the subjects: service level, how to get access to service, forms of service provision as well as policies regarding the working conditions, occupational health and sickness absence of the employees (ibid. Chapter 4). However, the local authorities are encouraged to include various other topics in the quality standards.

Partly as a consequence of the mandated quality standards, the federation of local authorities (KL) decided around 1998 to develop a framework for allocation and measurement of help called "Common Language" (Fælles sprog) (Kommunernes Landsforening, 1998). The aim of the project is to develop a common terminology in regard to the different services performed by home care, thus making it easier to evaluate and compare the quality and cost of home care in different communities. It is the goal of the project that the communities using the system should become more specific as to what amount of time and cost are used on different services.

"Common Language" specifies the terminology to be used for different sorts of personal and practical services, in order to make possible better quality control and comparisons between

the local authorities. Before the initiation of the "common language" project such comparisons were often impossible because the local authorities all used their own methods for assessing the need for care as well as differentiating between the various sorts of services. In the “common language" catalogue home care is divided into 12 main categories:

Personal care
Psychological care
Goal oriented training/education
Examination and treatment
Nutrition/catering, help eating, cooking
Administration of drugs, help using drugs
Cleaning
Laundry
Shopping
Physical training
Activities to activate and stimulate the citizen (social activities)
Activities to prevent future health problems
Other form of help to the citizen
Assessment and administrative duties

There is a further level of subdivision under these main categories.

In 1999, the Common Language framework was used in 36 percent of municipalities, but this number is expected to rise in the years to come. The adaptation of the instrument is voluntary and decided upon by the politicians in the local authorities. The specific consequences of the adaptation of the instrument seem to vary widely between the municipalities. In some municipalities the true neo-tayloristic potential of the instrument seems to have been played out in the organisation of the work. For instance one authority has issued bar code readers to the home-helpers, so they can check in and out of the clients home. Other municipalities, however, seems to be using the instrument in a "softer" way. It is up to the local politicians how the specific implementation of the instrument should be carried out in their municipality.

It is probably too early to say anything conclusive about the impact of the common language initiative on the working conditions of the home care employees. For several reasons; firstly the instrument has only been used in the long term in a limited number of municipalities. Secondly, there seems to be a great variety in how the instrument is implemented by the different local authorities. Thus it is entirely possible that the common language will have positive consequences for the employees in some places, and negative in others.

All in all, the general trend in the local authorities seems to be to professionalise and improve the management of home care activities. The main driving force behind this trend is the wish for service quality improvement and greater efficiency in the provision of care. The changes in management will probably have an influence on the work organisation and satisfaction of the workers. These changes can, however, be for better as well as for worse. On the one hand the employees might have to work harder and under more stressful conditions as time management and allocation of help becomes more strict and effective. On the other hand, poor management seems to be a major factor in job dissatisfaction among home care employees.

1.4.4. The role of the home-helper

The relationship between the client and the home-helper may be characterised in terms of three different service relations. (Fuglsang, 2000).

Personal relations are the bonds between the specific employee and the client. The home-helper will refer to her clients as "her own", and the client perceives the home-helper almost as a personal friend or relative.

Professional relations are characterised by the home-helper having high professional standards as to activation and care taking. Often the home-helpers engage in professional communities in order to develop professionally.

Technical relations indicate the more technical and practical dimensions of the relationship. That is the distribution of tasks, the organisation of work, the technical aid etc.

According to Fuglsang (2000) these different aspects of the work of home-helpers have been emphasised at different historical stages, resulting in different home-helper approaches. Thus Fuglsang identifies different types of home-helpers.

The "wage-earners" are typically young women recruited directly from the social & health schools. Often they do not have any former professional experience. Their approach to their work is characterised by focusing on the technical aspects of the work. They want to know what to do and how.

The "semi-professionals" emphasise the professional aspects of their work. They reflect upon the concept of care, and on how to professionally deal with the problems facing them. The semi-professional approach is typically found among home-helpers employed during the 80's.

The "trappers" are mostly inspired by the personal relationship with "their" clients. They emphasise the social needs of the clients, and are preoccupied with providing social support and security. Home-helpers employed 20-30 years back will often be exponents of this approach. (Fuglsang, 2000).

2. Case Studies

2.1. Selection of cases and methodology

The cases have been chosen in order to represent some of the most important trends in Danish home care. Both the chosen municipalities are outsourcing some of their tasks. Both cases are characterised by the division between the allocation and provision of services, and both have adopted the principals of the "common language". They do, however, differ substantially in their priorities of the new trends as well as in how they are implemented.

Apart from this, the cases are chosen to represent different kinds of geographical social and political environments. Case 1 is placed in a small town in the northern part of Zealand known for its recreational areas, with beautiful sights, nice beaches and a big area of holiday cottages. The town is governed by the rightwing liberal party (Venstre).

Case 2 is home care in one of the bigger provincial cities, known to have its fair share of social problems like violence, problems with immigrants, drugs etc. The city is governed by the Social Democrats.

The case studies have been performed mainly through personal interviews with representatives at different levels of the organisation.

In case 1 the following persons were interviewed:

Manager of home care
An educational consultant.
2 home-helpers
The manager of one of the private firms

In case 2 the following persons were interviewed:
The district manager
The group manager
A home-helper

In addition, different key persons have been interviewed:
A representative of the trade union
Background interview with the daily leader of a suburban home care-department
A representative of the Ministry of Social affairs
A representative of the National Association of Municipalities (Kommunernes Landsforening)

2.2. Case 1: SMALLCITY

SMALLCITY (the name of the town has been changed) is a small town with 20.600 inhabitants situated about 60 kilometres north of Copenhagen. The town has a big area for weekend cottages. The town council is almost exclusively dominated by a radical right-wing party (Venstre).

2.500 of the inhabitants are more than 67 years old and 600 citizens receive some sort of home care. During the summer, the number of home care recipients is slightly higher due to the guests at the weekend cottages.

2.2.1. Recent trends in the home care of SMALLCITY

Home care in SMALLCITY has been overwhelmed with organisational changes during the last decade.

In 1991, integrated home care was introduced. Senior residents, the nursing homes and home help were organised as one unit, with common management. The town was divided into four districts, each managed by a district manager. Within each district the employees had to work both at the centres and in the homes of the elderly. (In the terminology of the home-helpers: to work both "in-house" and "out-house").

In 1995, elderly care was reorganised. Three major changes were carried out, which are not necessarily interdependent, but which are nevertheless closely interconnected:

1) A clean cut between allocation and provision of services was established.
2) A new system of "service declarations" was introduced. The services were declared and described according to the "Common language".
3) The local authorities outsourced parts of the home care.

Clean cut between ordering and providing home care services

The clean cut between ordering and providing home care services was carried out almost exactly as recommended by the Ministry of Social Affairs. A central ordering unit was established, evaluating all incoming demands for care, and outlining the services to be provided. The ordering unit must revisit all clients every 6 months. The service declaration is passed on to the co-ordinator in charge of distributing tasks to the other home-helpers. She evaluates whether the ordering unit has estimated the needs of the client correctly. The home-helpers know the clients on a daily basis, and will often correct the ordering units' estimate. If the home-helper, who carries out the tasks, estimates that the time limit for the tasks are to narrow, she passes her evaluation on to the group manager, who then asks the ordering unit to reconsider the recommendation.

Service declarations

The service declarations follow the guidelines of the "Common language". The ordering unit describes what the needs of the client are in some major categories, for instance: "personal care, practical assistance, medication needs, training" etc. Each of the categories are the elaborated on, by a description of the ability of the client. For instance, if the ordering unit has put a cross against "personal care", it is elaborated with remarks like: "Mr. X is able to wash without help, but he cannot get dressed by himself." The ordering unit also notes the upper time limits for each of the main categories, for instance: personal care: 10 minutes, practical assistance 20 minutes, etc. The group manager and the home-helpers then work out in detail, what has to be done on the basis of the description of the client. The clients are informed about what type of services they are entitled to, and the total time for the visit.

Outsourcing

When it comes to the third major change, the outsourcing, it should be kept in mind, that the town is governed by a radical right wing party, strongly in favour of minimising the services of the welfare state. Thus, this local authority was the first to outsource parts of home care, and though many municipalities have followed the same track, this is probably by far the most radical outsourcer, yet.

The outsourcing has been prepared through several years, and is planned in three phases. In phase 1, some of the cleaning and catering tasks were outsourced. Furthermore the less complicated home care services in two districts were privatised. In the second phase starting in November 1999, more complicated nursing tasks were also privatised. However, the nurses' trade union does not acknowledge the legality of the outsourcing of nursing tasks, and there are still heavy negotiations going on between the local authorities, the private firms and the trade union of nurses. The third phase, starting in April 2000 all of the elderly care was privatised. Three private firms took over all kinds of services directed towards the elderly citizens.

This case study was carried out in March 2000, just before phase 3 was to be implemented. Thus, the study does not focus on the total privatisation, rather on the - in a broader view more representative - mixed model.

2.2.2. The group visited

Personnel

The interviews were carried out in one of the four home care districts. The group visited has 7 employees on day shifts one working only night shifts and 4 working in the evening. Those working evenings and nights have volunteered, because these working hours fit their family life best. According to the collective agreement the employees must accept three shifts a month, which are placed outside their normal shifts. A few are working 32 hours a week, the rest work full time, that is 37 hours a week. Most of the employees in the group are skilled social & health workers (the one year education).

They are all women, the average age being about 38 years old. They would prefer more men in the group, because "men have a different approach to care taking. They question the way we are used to doing things, and that makes you think". But according to the respondents the job is not prestigious enough to attract men.

HRM

The training and development of the personnel seems to be quite extensive. A centrally placed educational consultant is responsible for continuous development of the home-helpers. In addition to "traditional" courses, there are different "study groups" who take up certain subjects. Resource persons are pointed out within each subject, and these resource persons receive extensive training. Thus the other home-helpers can get advice from colleagues with special knowledge within the different fields.

Recruitment is centralised in a central unit, taking care of all hiring within home care. This too, is to be seen as an attempt to raise the standards of home care, and to professionalise recruitment. According to the head of the central recruitment unit, home care in this community does not face any serious recruitment problems.

Employment relations

The municipality has its' own local agreement with the trade union (FOA). This agreement is somewhat more flexible in terms of working time arrangements than the national collective agreement. All the home-helpers are members of the union.

Work organisation and working time

The employee respondents refer to the work organisation as "semi-autonomous". Since March 1999 the group is responsible for planning their own work. In practice two of the home-helpers have taken over the planning tasks of the group manager. One has the responsibility for estimating the service declaration from the ordering unit. She evaluates whether the services and the time limits, set by the ordering unit, are adequate, and she is responsible for the home-helpers keeping the timetables. The other one is responsible for working out the timetables for each home-helper. Her task is to reconcile the wishes from her colleagues as to work tasks and working time with the needs of the clients.

The two home-helpers have applied for these positions, and do get extra pay to perform these tasks. Thus in practice they are kind of middle managers in the group. They did give expression to some of the cross pressure they felt from their colleagues, but all in all, they found that the group functions very well. If one of the home-helpers' children was sick, the others took over her tasks. And if the group assess, that one of the clients needs extra care for a period, then they provide that extra care, without formally reporting this. In reality the group partly defies the formal rules of strictly separating allocation from providing the services.

A central unit of "flex-jobbers" provides the personnel flexibility. The main principle in a *flexjob* is that a person with reduced working capacity may be employed permanently in an ordinary job, but on special conditions e.g. reduced working hours or specific work tasks. The employer pays part of the salary according to an estimation of work capacity, and the rest of the salary is paid by the state. The unit of "flexjobbers" work as a sort of temp agency. In cases of absence, an employee of this unit is called in as a "temp".

2.3. Case 2: BIGCITY

BIGCITY (the name has been altered) is a bigger provincial city in mid Denmark, with a about 185.000 inhabitants of which 23.619 are more than 67 years of age.

In order to strengthen and focus elderly care, a department for the elderly and handicapped was established in 1994. The city was divided into ten districts of elderly care, in 1999 the number of districts was reduced to 8.

The interviews were carried out in Hall district (The name of the district has been altered). The district has 17.157 inhabitants, of which 1.921 are more than 67 years old. 1.236 elderly inhabitants receive some sort of care, (including those living in nursery homes).

2.3.1. Recent trends in the home care of BIGCITY

The division between allocation and provision of services

As was the case with SMALLCITY, the home care of BIGCITY has undergone dramatic changes in the allocation and distribution of home care services. Earlier, that is before 1996, the estimation of services was in the hands of 80 group managers. If an elderly person needed

care, it was the group manager of the district who estimated the service needs, made up the time schedules, and then allocated a home-helper for the task. This procedure, however, led to much criticism, as the estimates and the resources allocated differed too much from district to district. In 1996 a test was carried out in which 4 group managers from each district estimated the needs for care of a fictitious elderly person. The estimates varied by up to 300 per cent!

Since March 1999, BIGCITY has reorganised the allocation procedures. A sharp division between estimating needs and providing care has been established, with a central estimating unit of 17 estimators.

The implementation of the "common language" in BIGCITY is, however, somewhat more radical than in SMALLCITY. In order to secure the homogeneity and transparency in the service provision, BIGCITY has developed a system of estimating all tasks related to personal and medical care, training and the like. For example, personal care has been split up into 14 elements, with an indication of time to each. Transportation of the client: 1 minute. Toilet visit: 2 minutes. Communication and observation: 5 minutes, etc. In addition to these time indications, a set of so called "value-times" can be applied. If for instance the client will benefit from participating in the tasks, 5 minutes can be added in order to enhance "participation". Psychological support is also estimated to take 5 minutes, and can be added to if necessary, etc.

These time indications are the result of negotiations between different municipal decision-makers and practitioners. Thus the time estimates are not based on actual time studies, but on politically negotiated ideal time indications. "To wash a clients hair should not take more than 4 minutes", as the district manager puts it.

When it comes to practical assistance (cleaning, shopping etc), 1/3 of the time spent with practical assistance is at the clients' disposal. Thus the client can decide whether the windows should be cleaned or if the time should be spent decorating for Christmas etc.

The ordering unit makes up an agreement with the client on a special form, where the main categories are listed, but without any time estimates. Thus the client knows, that he/she is entitled to personal care, practical assistance etc. In addition a description of the clients physical and psychological abilities is made, just as in the SMALLCITY case. Finally the ordering unit states a total time to be spent at the client. This total is based on the estimating system mentioned above, but it is all in the head of the estimator. The breaking down of each task in time indications is not written down.

The group manager receives the agreement with a total indication of time and the description of the clients' abilities. The group manager then will put together a schedule for what is to be done at the client. The group manager too bases her estimate on the estimating system, but again, this is not mentioned explicitly. Finally the group manager allocates a home-helper to the task.

The estimating system is supported by a highly developed technological monitoring system. Each client has a bar code attached to the door. The home-helper checks in and out via the bar code. Furthermore the home-helper has a diary with a bar code attached to each task, so when the task has been done, the home-helper scans this at once. Thus the group manager has a de-

tailed overview of all the home-helpers and their whereabouts minute by minute. That is, as long as the system is up, and there are no technological breakdowns!

Outsourcing

Since April 2000 the clients in two of the districts can choose whether they want "public or private" cleaning services. Only three clients have switched to the private provider, so far. The municipalities are planning to outsource elderly care on a larger scale, but it is still not decided how and when.

2.3.2. The group visited

Until January 1999 home care was integrated with nursing homes, and the employees worked both "in-house" (at the nursery home) and out-house (in the private homes of the clients). Now the services are divided into pure in-house and out-house groups.

In Hall district there are 5 groups providing home care. One group solely provides cleaning, four groups provide both cleaning and personal care. Of these four groups, one takes all evening and night shifts.

The cleaning group has been established recently in order to match the outsourcing of cleaning. The home-helpers in the group have all chosen to do only cleaning, probably to avoid working at night and on weekends. Most of them have high seniority and accordingly higher salaries, so actually the public cleaning services are more expensive than the private providers, since they often use unskilled workers with low seniority.

The group visited is one of the three groups providing both cleaning and personal services. The group consists of 20 home-helpers, three apprentices and three nurses, though the nurses form their own group. They are all women, most of them in their late thirties and early forties. This group was formed about a year ago, and consists of personnel from three different groups, who used to be attached to different nursery homes. The group takes care of 110 clients.

HRM

It is the policy of the district (as in the other districts) to upgrade the home-helpers, to at least social & health workers. According to the district manager, the unskilled workers are strongly encouraged to educate themselves, amongst other things by granting full wage compensation during their education. Yet, according to some of the other respondents, the home-helpers must accept a decrease in wages while studying, because they do not get their usual bonuses. When it comes to training and courses, it was indicated that the employees have to wait quite a long time to get the courses they would like.

Employment relations

Nearly all the employees are members of the union, and the collective agreement is followed to the letter.

Work organisation

The group manager is responsible for distributing tasks, and making the daily plan. The daily planning takes place in meetings every morning, where clients are distributed etc. This, how-

ever, is about to change, in that one of the employees is taking over the daily planning and allocation of home-helpers. The home-helpers hope that the morning meeting will then be spent on more general professional discussions.

Flexibility is obtained through constant overstaffing. Of the 20 employees in the group, 16 have to be at work in order to make the daily schedule work. Most of the home-helpers are not fully scheduled during the day. These holes in the schedule form the scope of flexibility in that they are filled out with clients of absent home-helpers, or new clients. If accidentally no employees are absent, then some of the home-helpers would take a day-off.

The group manager is supposed to visit all clients twice a year to make sure, they get the services they are entitled to.

If the home-helper finds, that the needs of a client have changed, she must report to the group manager, who then reports this to the ordering unit. The ordering unit then decides on whether the proposed changes are to be implemented. The ordering unit has to react to demands for change within 24 hours.

3. Analysis

In the following analysis of the two cases, the focus is on how the two cases handle the same external pressures differently. The point of departure is the common understanding of the pressures the home care sector is facing. Thus, both cases are preoccupied with documenting efficiency and service quality. Yet, they handle these challenges quite differently, and the effects on the working conditions of the home-helpers differ accordingly.

3.1. External pressures: minimising costs and maximising service quality

Both cases represent some of the major changes in the home care services, and as such both cases react to external pressures.

These pressures derive from the political debate on the restructuring of the welfare state. In Denmark the debate on public expenditures has been quite heated. The social democratic welfare state concept has been questioned from several sides, resulting in a focus on how to limit public costs. At the same time care for elderly persons is a politically delicate question, and horrifying stories about deficiencies and misery in elderly care seem endless. Thus home care is caught in a Gordian knot with pressure for reducing costs on the one side, and pressure for documenting humanity, fairness and transparency on the other.

The two cases represent two different answers to this dilemma.

SMALLCITY has chosen the outsourcing model, as a solution to reducing public expenditure. By now SMALLCITY has outsourced all elderly care to private providers. In reality these providers are suppliers, delivering services specified in detail. At the same time, the local authorities have announced, that they expect a 15 percent decrease in expenditure as a result of the outsourcing, without specifying on what grounds such a decrease might be expected.

When it comes to the documentation of quality, SMALLCITY has primarily focused on the logistics of the services. The division between the ordering and provision of services is looked on as a guarantee of homogeneity and transparency. This is even more the case as the ordering unit is public and the provider is private.

Furthermore the service quality is monitored primarily through clients' evaluations. The clients are regularly asked about their satisfaction with the services provided. The private provider will lose the contract if the satisfaction of the clients falls below a certain level. Though the satisfaction of clients is measured in certain tangible measures, in the end it is the subjective experience of the client, which determine if the service is satisfactory. According to the private provider, this puts a pressure on management to secure the job satisfaction of the home-helpers. "If the home-helpers are not satisfied and happy, then they cannot do their job in the right spirit, and the ratings will be low. So we have to make sure, that the home-helpers are well trained and satisfied with their jobs".

On the other hand, the organisation of the services may make it difficult to assign responsibility. If the employees of the private provider finds the allocation of services inadequate, the manager can always refer to "force majeur", that is, the local authorities. And the local authorities can pass on any general critique of the elderly care the private providers.

The other case, BIGCITY seems to have resolved the dilemma in another way. BIGCITY has not engaged in major outsourcing. Instead BIGCITY has applied *standardisation and (technological) monitoring of the performance of services* as the means of control per se. The focus is primarily on controlling how the services are carried out, by setting detailed time standards for each task, and by closely monitoring, how and when the services are delivered.

3.2. Taylorisation of work

One might speak of a sort of taylorisation of the home care services. The services are split up into simple tasks with specific time indications. The main task of management, then, is to make sure that service declarations (the equivalent in manufacturing industries is an order form) and the time limits are observed.

The taylorisation within home care differs from taylorisation in manufacturing. Thus the time indications are not a result of time studies, but a result of political negotiations. How much time it takes to put on support stockings is an estimate formed by negotiations between home care managers and politicians.

The taylorisation is, however, far more distinct in the case of BIGCITY, than in the case of SMALLCITY.

In the case of SMALLCITY the division between allocation and provision of services contribute to the taylorisation by removing the autonomy and discretion from the home-helpers to a central unit. But the control of the service quality is based on the evaluation from the clients. In the case of BIGCITY, the autonomy and discretion is also removed from the home-helpers to a central unit. But in addition, the service quality is enforced mainly through standardising the tasks.

The detailed time indications of each task, and the bar codes are not necessarily implemented in order to control the work of the home-helpers. Both the district manager and the group manager stress that the monitoring system is a superb instrument to handle complaints and bad exposure in the media. “If the paper brings a story about a client who did not get any home care for 14 days or so, then I can clearly document that this is not true. The transcripts will show exactly when our home-helper was there.” The managers argue, that the monitoring system protects the home-helpers from false accusations etc.

This may hold some truth. Nevertheless, the detailed time indications do affect the work of the home-helpers. Thus the home-helpers have constant discussions with management on the time indications. For instance they would have to argue that in order to put on support stockings, the leg has to be totally dry, and this takes more than two minutes. Or one cannot bathe, dry and put on lotion within 20 minutes, etc. One might argue that these kinds of discussions and arguments replace more general professional discussions, from which both the home-helpers and the clients would benefit.

Furthermore, the division between ordering and providing services may result in bureaucracy and less flexibility. Apparently, to change the decisions of the ordering unit, in regards to the time allowed, may take quite a while, despite the 24-hours rule. Forms have to be filled out, the home-helper must contact the group manager, who then contacts the ordering unit. Thus

the decisions on changes in the service provision are taken on a higher level, without directly involving the home-helper.

3.3. The response from the home-helpers: "supportive disobedience"

The home-helpers are far from opposed to the new trends. Especially in the case of SMALLCITY, they seemed quite supportive towards both outsourcing and the division between ordering and provision of services. They found these initiatives necessary in order to make the home care provision professional and effective. On the other hand, the home-helpers stated that their quality standards were not open to compromise.

The home-helper respondents represent both the "semi-professionals" and the "trappers". Thus they all emphasise the personal relations to the clients as the main source of job satisfaction. "It is important to show your human face. If one of your clients die, it is okay to cry". And they are very much aware of the social role they play in the lives of the clients. "They need us to talk about things, they cannot discuss with their families. Their thoughts on death for instance".

At the same time they stress the importance of keeping a professional distance. Both because the clients' needs for social contact exceed the capacity of one person, and because otherwise one gets too involved.

The semi-professional attitude seems a little more prevalent in the case of SMALLCITY while the trapper attitude is more distinct in BIGCITY. This might be a matter of chance in regard to the personality of the specific respondents, but it may also have something to do with the personnel policies. Thus in SMALLCITY the development and training of the home-helpers seems to have higher priorities, than is the case in BIGCITY.

Anyway, both the semi-professionals and the trappers are very much aware of their responsibilities to their clients. They regard themselves as the defenders of the clients, and they are prepared to disobey rules in order to protect the clients from the effects of the taylorisation. "When it comes to taking proper care of our clients we will not give in. We will not accept any reductions in quality." (Home-helper).

In the case of SMALLCITY the home-helpers actually do maintain an alternative organisation of services. If Mr X. needs extra care because he is a little depressed, then the home-helpers provide this extra care, without asking anyone, and then cover up for each other. In this way they actually cushion the worst effects of the taylorisation.

3.4. The employment relations

Though the work organisation in home care has undergone dramatic changes, the working time arrangement seems unaffected by and large. The home care sector is totally unionised with almost all employees organised in the union. The collective agreements are followed by the rules.

When home care services are outsourced, the private provider is obliged to follow the collective agreement for at least a year. The private provider in SMALLCITY is working on establishing a local agreement with the trade union (FOA) in that he finds the collective agreement far too complicated and rigid. Instead of all the different bonuses for working weekends and

nights etc, he wants a more simple agreement, where the basic salary is somewhat higher, in return for fewer bonuses. The union seems to be giving the idea favourable consideration.

Though the need for more flexible agreements may be more urgent with the new forms of work organisation, this does not seem to cause any major disagreements between the social partners.

3.5. Concluding remarks

The home care sector has undergone some dramatic changes over the last couple of decades.

Especially in the late 1990's, the pressure for change derives from the heated debate on the restructuring of the welfare state. In general the Danish debate on welfare services has turned on the question of rationalising and reorganising welfare services in order to reduce costs and retain or even improve the service quality. Most of all, this has resulted in a political attention to "how our tax money is spent".

In the home care sector, as well as in other parts of the social sector, this political attention has resulted in a "documentation wave". The public sector constantly has to legitimise its existence through extensive efforts of transparency and documentation of quality.

Thus it is characteristic that the major concern of the managers is to protect the home care department from "false accusations", by being able to document transparency, fairness and homogeneity in the home care services.

Both the cases have implemented the new method for describing and assessing the home care services ("common language") and they both have reorganised the services with a clear cut division between the ordering and the provision of home care services. Both these initiative can be seen as efforts to conform to the political pressure for documentation.

But in the actual organisation and implementation of these initiatives the two cases differ substantially.

One might argue that in the case of SMALLCITY, political legitimacy has been obtained through outsourcing, since outsourcing is cost efficient almost "by definition" in the political rhetoric. The private providers are subcontractors delivering a specified good as described in the service declarations. These service declarations do contain specifications on the kind of service, and upper time limits are set. But the monitoring of the services is based on quality control by the customers.

In the case of BIGCITY, political legitimacy is obtained through transparency and homogeneity in the services delivered. The quality of the services is mainly secured through standardisation and detailed monitoring of the services provided.

In both cases indications of a taylorisation of the work are prevalent. Yet, in the case of BIGCITY, the indications are somewhat stronger, than in the case of SMALLCITY. This, however, does not seem to create any open opposition from the home-helpers. In order to preserve their main values and to protect their clients, the home-helpers are prepared to be quite informally disobedient to the new systems. Ironically, the home-helpers, by being disobedient,

actually contribute to avoiding some of the less becoming media stories that were one of the driving forces behind the new systems to begin with.

Presumably, there are numerous other ways of solving the dilemma of reducing costs and documenting service quality. Had two other cases been chosen, two other answers probably would have been revealed. The two cases serve mainly to indicate that there exists a range of responses to the same kind of pressure, and that these responses may affect work organisation quite differently.

References

Boll Hansen, E., Eskelinen, L. and Madsen, J. K. (1999)
Hjemmehjælp og ældres velbefindende. (Home help and the well being of the elderly) Copenhagen:AKF.

DA (1999)
Arbejdsmarkedsrapport 1999 (Labour Market Report 1999). Danish Employers' Fedration.DA.

Danmarks Statistik (1994)
Statistiske efterretninger, Sociale forhold, sundhed og retsvæsen, 1994:25,

Danmarks Statistik (1996a)
Statistiske efterretninger, Sociale forhold, sundhed og retsvæsen, 1996:8.

Danmarks Statistik (1996b)
Statistiske efterretninger, Sociale forhold, sundhed og retsvæsen, 1996:25

Danmarks Statistik (1999)
Statistiske efterretninger, Sociale forhold, sundhed og retsvæsen, 1999:1.

Fuglsang, L. (2000)
Management problems in welfare services: The role of the "social entrepreneur" in Valby home-help for the elderly. (to appear in Scandinavian Journal of Management).

Kommunernes Landsforening (1998)
Fælles sprog på ældre- og handicapområdet. KL.

PLS Consult (1997)
Erfaringer med udlicitering i amter og kommuner: Hovedrapport
(Experiences regarding outsourcing in Counties and local authorities - main report). PLS Consult.

Rostgaard, Tine & Torben Fridberg, (1998)
Caring for Children and Older People - A Comparison of European Policies and Practices. Social Security in Europe 6. The Danish National Institute of Social Research 98:20.

Socialministeriet (1997a)
Projekt Hjemmeplejen - Analyserapport.

Socialministeriet (1997b)
Projekt Hjemmeplejen - Styringskoncept

Socialministeriet (1998)
Idekatalog: Kvalitets-standarder – personlig og praktisk hjælp m.v.