

Chapter 2

Danish public sector industrial relations and welfare services in times of trouble

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1. Introduction

This chapter will analyse findings from Denmark related to the common themes of this book, which can be organised around the following questions:

- What changes with regard to the social partner organisations have taken place?
- What are the reasons for these changes?
- What shape has public sector reform taken in the country in general and in the three sectors in particular?
- To what extent and in what way have industrial relations actors (trade unions and employers and their organisations) influenced these reforms?
- What effect have reform policies had on the number and quality of jobs in the public sector?
- What effect have the changes in quantity and quality of jobs had on the availability and quality of public services?

The next section presents industrial relations in the Danish public sector in general. The following three sections include our findings regarding the three subsectors – the hospital sector, the school sector and the eldercare sector. The final section compares the findings and draws some conclusions. Where nothing else is stated the source of the findings are the interviews listed in appendix A and referred to in footnote 8. The period in focus is mainly 2000-2017.

2. The public sector – an overview

Denmark has one of the largest public sectors in Europe both measured in terms of share of the economy and share of employment. The public sector employed between 28 and 31% of all employees from 2000 to 2015 (29% in 2015) (Danmarks Statistik 2017). The number of employees in the three main areas of the public sector is 173 000 in the state area, 122 000 in the regional area and 416 000 in the municipal area (Statistics Denmark 2017). As many as 38% work part-time - and the large majority of these are women. Furthermore, 10% are on temporary contracts (Mailand 2015).

Subcontracting of public services is possible in most of the public sector. In the large municipal area, the share of public services legally possible to subcontract which were exposed to competition (meaning that they should be contracted out, but that it would

be possible for the municipality itself to make a bid) increased from 19.5% in 2006 to 26.9% in 2016 (KL 2015; 2016).

Whereas the formation of the IR system in the private sector in Denmark is normally dated to 1899 and the so-called September Compromise, the IR system in the public sector has a much shorter history. It was as late as 1969 that collective bargaining on wages and working conditions was formally recognised and the government became obliged to bargain with trade unions. The right and duty to negotiate covered both state employees and the increasing number of regional and municipal employees, but civil servants were still excluded from the right to strike (Due and Madsen 2009). In brief, the Danish public sector IR model is characterised by relatively limited legislation, bipartite collective agreements at all levels with high coverage rates, an extensive system of employee involvement, and relatively strong trade unions.

2.2 The social partners

The employer in the state sector is the Ministry of Finance (de facto, the Agency of Modernisation, until 2011 the Personnel Agency, Moderniseringsstyrelsen). Hence, the state employer is not a separate unit. During the reconstruction of the Agency for Modernisation in 2011, nearly all managers were replaced as part of a merger between this and another department. In some sectors, trade unions have since then experienced a tougher management approach, and they have understood the replacement of managers as part of this development whereas in other subsectors, they have experienced a more co-operative approach (Mailand 2014). This issue will be discussed further in sections 5 and 6.

As for the municipalities, their employer is Local Governance Denmark (Kommunernes Landsforening, KL). Its large number of responsibilities, the relative autonomy of the municipalities, and the high number of municipal employees means that KL is a relatively strong organisation. This remains true even though it may have lost power during recent decades due to the centralisation of political power in the Ministry of Finance. At the local level, individual municipalities and public institutions themselves are the employers. At the regional level, the employer is Danish Regions (Danske Regioner). At the local level, bargaining takes place between individual regions and the unions, but public institutions (de facto, the hospitals) might be the most important employer units because of their size.

While the employer structure in Denmark is generally straightforward, it is more complex on the trade union side. Of the three confederations the Danish Confederation of Trade Unions (Landsorganisationen i Danmark, LO), the Confederation of Professionals in Denmark (FTF), and the Danish Confederation of Professional Associations (Akademikerne, AC), only the latter plays a direct role in collective bargaining. Put simply, one or two bargaining cartels exist in each of the three main bargaining areas.¹

1. In 2019 LO and FTF fused into Lønmodtagernes Høverorganisation, FH.

There was a decline in trade union organisational density between 1996 and 2011, but less so in the public than in the private sector. For the subsectors where statistics exist for the whole period from 1996 to 2011 the density has dropped from 91 to 89% in public administration, from 86 to 80 % in education and 92 down to 83 % in health (Statistics Denmark, ‘tailor-made’ figures).

2.3 Collective bargaining

Collective bargaining covers no less than 98% of employees in the state sector. The remaining 2% covers employees who solely have individual contracts or whose pay and conditions are unilaterally regulated by legislation (Due and Madsen 2009: 360). No statistics exist for the regional and municipal sector, but the collective bargaining coverage is estimated to be at least as high as in the state sector.

However, these high percentages do not imply that collective bargaining is the sole important mode of regulating pay and conditions. Legislation plays a role, most importantly when it comes to employment conditions (terms of notice etc.), holiday regulation, maternity leave and working environment issues. Moreover, at the highest rungs of the job hierarchy individual agreements often supplement collective agreements.

Table 1 Levels, bargaining tables and actors in the public sector IR model

	The bargaining process	The actors
Sector level	Cartel bargaining (bi/triennial)	Ministry of Finance, Local Government Denmark (KL), Danish Regions Trade union bargaining cartels (coalitions)
	Organisational bargaining (bi/triennial)	Ministry of Finance, Local Government Denmark (KL), Danish Regions Individual trade unions
Local/regional level	Local level bargaining (continual)	Institutions within the government Regions/institutions within regions Municipalities/institutions within municipalities Local branch union officials/shop stewards

Source: Authors' own composition.

All three main bargaining areas - state, regions (health) and municipalities – have a three-tier structure, where the top two tiers are closely related (see table 1) (Hansen and Mailand 2013). The first tier is ‘cartel bargaining’, which normally takes place every second or third year. During these bargaining rounds, the state, regional, and municipal employers respectively bargain with cartels (coalitions) comprised of trade union representatives. The second tier is organisational bargaining (individual unions), which takes place more or less simultaneously with the sector-level bargaining. Here the individual trade unions conduct bargaining themselves around all occupation-specific issues related to wages, pensions and working conditions within an established economic framework. In times of tight budgets, there can be very little room to bargain at this level. The local level is the third bargaining level. This has grown in importance due to the partial decentralisation mentioned above (Hansen 2012). As a rule, a trade

union related shop steward conducts the bargaining. Bargaining issues include wages, working time, training and policies for senior employees.

2.4 Public sector reforms and the role of the social partners

The New Public Management (NPM) reforms have included, inter alia, privatisation, contracting out, consumer choice, competitive tendering, performance related management and decentralisation (of wage-setting and other issues) (Ibsen *et al.* 2011; Greve 2006; Hansen and Mailand 2013).

It is important to note that the trade unions in most of the NPM reforms presented below were involved through bargaining or at least consultation. Some of these were the social partners' own initiatives agreed upon in the collective bargaining arena while others have a political origin. It is also noteworthy that the basic features of the public sector IR system have remained unchanged by the reforms. For this and other reasons some researchers consider it more accurate to talk about 'modernisation' rather than 'marketisation', meaning that the reform path taken in Denmark has combined marketisation with other types of reforms, and therefore NPM has taken a moderate form (e.g. Ejersbo and Greve 2005; Ibsen *et al.* 2011).

The development of NPM in Denmark has gone through several phases. Firstly, in the 1980s, the Conservative led government initiated the first 'modernisation programme', which included NPM. However, privatisation and contracting out was not achieved to any large extent, although consumer choice was introduced, and local wage determination in various forms was introduced from 1987 (Ibsen *et al.* 2011).

In the 1990s, a centre-left government continued many of the NPM-oriented reforms, especially in the form of management by contract and large-scale privatisations of public utilities. Regarding wages, the trials from the 1980s were made permanent and formalised when social partners in 1998 agreed to decentralise elements of wage determination within the framework of the new wage system 'Ny Løn' and permit deviations from central working time provisions (Ibsen *et al.* 2011).

In the 2000s, the Liberal-Conservative government strengthened NPM with free customer choice in welfare services and extended compulsory competitive tendering while maintaining strong central controls through performance and quality management (Ibsen *et al.* 2011). However, the government also introduced a number of reforms that were not NPM reforms in the strictest sense, although they included some NPM elements: Firstly, the Welfare Reform from 2006, the aim of which was to redesign the public sector and its financing in order to meet the challenge of an aging population and other challenges. Secondly, the Quality Reform from 2007 that sought to improve service levels and job satisfaction for public employees; this reform promised to end detailed control systems and enhance the focus on skills development and local innovation. Social partners in the public sector followed up this reform by allocating financial resources when they made a tripartite agreement to support it in 2007 (Mailand 2006). Thirdly, and most important, the Structural Reform, which

was implemented in 2007. NPM dimensions of this reform included central control of performance and the mandate that quality and budgets should also be increased (Ibsen *et al.* 2011). The Structural Reform changed the responsibilities of the three main levels for public services – state, county/region and municipalities. Moreover, it amalgamated 273 municipalities into 99, and 14 counties were liquidated and replaced by five regions with a narrow range of responsibilities. The aim of the reform was to create economies of scale and to improve welfare services by reshuffling the division of responsibilities between the three main areas. The municipalities (local governments) were net-gainers of areas of responsibility from the reform.

Regarding the IR system, the Welfare Reform and the Quality Reform have had consequences for the retirement age and further training whereas the Structural Reform has led to larger workplaces and larger areas being covered by collective bargaining and co-determination. Furthermore, it has contributed to a decline in municipal employment.

In the 2010s, a new centre-left government continued the project of reforms with NPM features. One area where this can be seen is in the subcontracting of public services, which is possible in the majority of public service areas and is carried out to a large extent. KL agreed in 2007 that 25% of municipal public services (of the services it is legally permissible to subcontract) should be ‘exposed to competition’, as mentioned above. However, to some extent, the present decade has also seen a deceleration of the expansion of existing NPM initiatives and of the introduction of new ones. In the IR system, this is reflected in the low and stagnating share of wages negotiated at the local level. This wage-related development is partly crisis connected, but the slowdown of NPM is in some cases also a reaction to NPM itself. The so-called ‘trust-reform’ launch by the centre-left government illustrates this. This reform seeks to reduce control over public sector employees and managers and reduces the time they spend on drafting reports in order to allow them more time for the core tasks of delivering quality welfare services (Mailand 2012). Furthermore, at least in some parts of the public sector, user involvement is now an important tool (Hansen and Mailand 2015).

Some observers see the reform trend from the 2000s onwards as a departure from NPM, towards New Public Governance and other trends, with an emphasis on networks, partnerships, user involvement and digitalisation rather than NPM which focuses on marketisation in various forms (e.g. Greve 2012). Such shifts might have been real, but NPM certainly still plays a role in public sector employment. New reform paradigms add to NPM rather than replace it.

During the present decade, austerity measures have been incorporated into the ‘reform picture’. One example is that in 2011, municipal budgets were cut. Partly because of this plan, 20% of municipalities experienced cuts to their budget of 4% or more between 2009 and 2011 (KL 2011). The centre-left government that came into office in September 2011 continued the tight budget policy, but also introduced a stimulus package. The Liberal-Conservative government which came into office in 2015 also continued to cut spending in the public sector, for example with a demand for 2% annually increased productivity.

3. Hospitals

3.1 Introduction to the sector

The five regions have operational responsibility for the public hospitals in Denmark, whilst overall responsibility remains with the National Health Authority, which is part of the Ministry of Health (Sundheds- og ældreministeriet). There are currently 57 public hospitals, but the number is declining rapidly due to the decision to introduce a new hospital structure where (almost) all hospitals are required to become so-called 'super-hospitals' covering at least 200 000 patients. When this new structure is fully implemented in 2020 the number of hospitals will be reduced to 21 (Johansen 2014). Most hospitals will be both larger and more specialised than the existing ones.

The budgets for public hospitals have increased overall rather than decreased since the crisis. Figures from Danish Regions show that from 2009 to 2014 the budget increased by 5%. Measured as a share of GDP, the expenditure has increased as well. At 9.6% the spending was just above the OECD average of 8.6% in 2013 (Danske Regioner 2016).

In 2016 public hospitals employed a staff of 117 000, divided into:

- 14% doctors;
- 45% nurses (incl. lead nurses);
- 7% nursing assistants;
- 7% doctors' secretaries; and
- 27% other support staff, including administrative staff, psychologists, cleaning staff, technical staff, porters, etc. (DSR 2016).

Besides the public hospitals, there are around 18 private hospitals and larger clinics, but the exact number is uncertain. The trade union for nurses (DSR) estimates that only around 1% of their members work in private hospitals. The scale of the private hospitals and clinics is so limited in Denmark that this chapter will focus on hospitals in the public sector.

3.2 Social partners and collective agreements

Turning to social partner organisations, Danish Regions (Danske Regioner) represents employers' interests. Danish Regions is the bargaining partner in the bi- or triannual collective bargaining rounds. At the administrative level of the regions (five in all) there are councils for employee involvement (so-called Co-operation Councils), and the general guidelines for staff policy at the hospital are formulated here, but no collective bargaining takes place. For the hospitals themselves, collective bargaining takes place within the framework of the sector agreements (those with Danish Regions as the employers' association).

The structure is somewhat more complex on the employee side. The Health Care Cartel (Sundhedskartellet) includes 11 trade unions, none of which are trade unions

for doctors. The trade union for nurses (DSR) is by far the largest. Until recently the Health Care Cartel negotiated general working conditions and some more occupation specific conditions, whereas other occupation specific conditions are negotiated by individual trade unions. However, in mid-2014 the Health Care Cartel became part of a new broader cartel, The Danish Association of Local Government Employees' Organisations (Forhandlingsfællesskabet), along with the former bargaining cartel for employees in municipalities and regions. This development was a reaction to the 2013 industrial conflict described above, which included an incentive for creating stronger organisations on the trade union side.

Among the trade unions in the cartel, the trade union for nurses - DSR – is the largest with 61 000 members. Their precise organisational density is unknown, but is estimated to be around 85–90%. Fagligt Fælles Forbund (3F) organises hospital porters, cleaning assistants and skilled service assistants. Trade and Labour (Fag og Arbejde, FOA) is also a member of LO and represents lower skilled occupations such as care workers, hospital assistants and skilled service assistants. Other unions organising hospital employees include The Danish Association of Biomedical Laboratory Scientists (Danske Bioanalytikere, Dbio) and The Danish Association of Midwives (Jordmoderforeningen).

In the public sector, collective agreements create a complex web of regulations. Hospitals are no exception, and there is a plethora of collective agreements covering the hospitals. Areas that have been partially privatised – for instance, cleaning – are covered by private sector collective agreements and will not be examined in the present chapter. Collective bargaining coverage is close to 100%.

3.3 Reforms and the role of social partners

Reforms in the Danish public sector are decided upon either through the political system or through the collective bargaining system.

3.3.1 Collective bargaining rounds

Industrial relations in hospital related areas have been relatively conflictual, with industrial conflicts involving the nurses arising in 1995 and again 1999. The first bargaining round to be examined here is the 2008 round - completed months before the first signs of the crisis – which also featured industrial conflict, involving members of the Health Care Cartel and the FOA. The favourable economic context – and maybe political pressures - made the three public employers - the state, regions and municipalities – concede a 12.8% wage increase over a three-year period. However, The Health Care Cartel and FOA demanded a 15% pay increase and for a long period were not willing to compromise, and even with the help of the national arbitrator it was not possible to strike an agreement (Due and Madsen 2009). Unlike earlier sector-wide public sector industrial disputes, the government - a Liberal-Conservative government - demonstrated no willingness to intervene. In early May 2008, the parties agreed to a pay increase of 13.3%, which due to internal distribution among FOA members meant a 14% wage increase for nursing assistants. The Health Care Cartel, however, only

reached a compromise in mid-June, after planned lockouts had been added to the industrial conflict. Also in this case, the compromise was a 13.3% wage increase (Due and Madsen 2009). However, the strike was so expensive, especially for DSR, that they had to increase membership fees substantially for a long period and subsequently lost more than 3% of their members (DSR 2016).

The following 2011 bargaining round was less dramatic in the hospital area, involving few changes and limited or no wage increases. The 2013 round also ran relatively smoothly in the hospital related areas. The agreed wage increases were again very modest, and further decentralisation of decision-making power with regard to the Co-operation Councils was agreed. Most significant, however, was the flexibilisation of some types of hospital doctors' working time. This was a strong and enduring demand from the employers, who wanted a better utilisation of hospital equipment beyond normal working hours (Mailand 2014). The 2015 bargaining round, for the first time since the economic crisis, included more than marginal wage increases and increased working time flexibility for hospital doctors, but no major changes for other hospital employees (Hansen and Mailand 2015).

To sum up, industrial relations in hospital related areas have experienced interesting developments over the past decade, as a result of which it no longer represents a part of the public sector with a high level of conflict, but rather a lower conflict level than the state and municipal bargaining areas. Time will tell if this is a lasting trend.

3.3.2 The involvement of social partners in public policy reforms

The Structural Reform (implemented 2005-07) was 'high politics' and the social partners in the hospital areas were not among the most influential organisations. The reform was important for regional employers as it restructured their interest organisation from one which encompassed counties, several policy areas and public authority roles as well as an employer role, to one focused on regions, a single policy area (health) and the employer role as a central responsibility. Apart from that, however, the interviews did not highlight this as one of the most important initiatives for hospitals.

By far the most important political initiative according to the interviewees was the above-mentioned plan to introduce 'super-hospitals' as a new hospital structure. This was prepared in the 'Expert Panel for Investment in Hospitals', which was established after an agreement between the government and Danish Regions in 2007. Regarding the role of social partners, Danish Regions was one of the initiators of the panel, but not represented in it. Neither were any of the relevant trade unions. However, it was possible to influence the decision-making through hearings.

Other initiatives raised in the interviews we conducted include 'Eight Goals for Health Care Authorities', which was agreed by the Ministry of Health, Danish Regions and KL in 2016. The new eight goals are a way to improve quality by setting broad goals and having fewer indicators and fewer demands on processes and less registration. The introduction of a simpler model should be seen in the light of the political goal of

‘de-bureaucratisation’ and the development of alternatives to NPM, which has been supported by most actors in the Danish healthcare sector, but which nevertheless are still mainly intentions rather than initiatives.

Finally, the ‘annual economic agreements’ should be mentioned. These agreements are negotiated on an annual basis between Danish Regions and the government, and outline spending in different categories, which during the last few years have become less detailed compared to previous agreements. These agreements have not included overall cutbacks, but have oriented development towards higher productivity, which at 2.4% annually has increased more in the hospitals than anywhere else in the public sector. The trade unions are not involved in the annual economic agreements.

Evaluating their overall political influence, DSR finds that they – when they are involved in the political decision-making processes at all – are involved late and/or are involved in so-called ‘monitoring groups’ far removed from the key decision-making processes. Furthermore, they are most often involved when problems in connection to, for instance, cutbacks, work environment issues and working issues have to be solved. The weak government’s limited initiatives to involve DSR means that they are obliged ‘to invite themselves’ to the decision-making processes in order to seek influence. The Union of Specialised Doctors (Foreningen af Speciallæger, FAS), on the other hand, presents a picture of stronger influence and earlier involvement, illustrating the higher status and stronger power-position of doctors in contrast with that of nurses and support staff.

3.4 Quantity and quality of jobs and the effect of reforms

This section and the following sections will focus primarily, but not exclusively, on the employee groups with lower educational requirements (the support staff) and medium-level education (nurses), whereas the situation of employees with higher educational requirements (doctors) will only be touched on briefly. Services that have been outsourced are mainly cleaning and ambulance services. These could be argued to belong to sectors other than the hospital sector and will not be discussed here.

3.4.1 Quantity of employment and overview of employment types

Table 2 shows that the number of employees increased until 2010 (but started to decrease again from 2012, which the table does not show). Secondly, as expected, part-time work is very high.

However, it is more significant that the number of marginal part-timers is below the national average, because they have an increased risk of precariousness. Danish Regions has formulated a ‘policy for full-time positions’, which came into force in January 2014. The policy means that new positions in the regions generally should be full-time positions, and includes targets for full-time employees in the regions (64% in 2015 and 80% in 2021) but there are also a number of possibilities for exemptions, which could be a barrier to meeting the targets (Danske Regioner 2013). However, the

interviewees stated that the policy was serious and genuine. The reason for the regional employers to formulate such a policy was not to improve the employment situation for part-timers, but due to foreseeable labour shortages.

Table 2 Employees by employment type in the hospital sector, 2007–2013

	2007	2010	2013
Full-time	74 000	85 000	120 000
Part-time	36 000	42 000	88 000
- Of these marginal part-time*	11 000	11 000	10 000
Fixed-term contracts	14 000	12 000	14 000
Open ended contracts	96 000	115 000	106 000
Temporary agency work (TAW)	4 000	2 000	3 000
Self-employed, no employees	n.a.	n.a.	n.a.
Total (not a sum of the above)	114 000	129 000	123 000

Numbers below 2 000 not reported by Statistics Denmark (= n.a.). NB: The figures are numbers of employees, not full-time equivalents. Both private and public hospitals and clinics are included.

* = 15 hours or below, de facto working hours.

Source: Statistics Denmark, tailored calculation, AKU.

Thirdly, fixed-term contracts are relatively widespread as well. Fourthly, although TAW has attracted quite some attention, the numbers are quite low. Fifthly, self-employment is almost non-existent.

However, the data displayed in table 2 conceals interesting differences between the occupations. Most importantly, while nearly all categories of employees have increased in numbers, the category ‘support staff with lower educational requirements’ has decreased since 2010. Of the occupations that have grown, doctors have seen the largest relative increase (esundhed.dk). Hence, one of the most important challenges for support staff is related not so much to wages and working conditions but to job and employment security. The main explanation given for this development by the interviewees is that the patients’ length of stay has shortened substantially in recent years, leading to less need for support/care and more focus on a ‘cure’.

3.4.2 The quality of employment for nurses – contract types and health & safety

As seen from table 2, the majority of nurses are employed on open-ended contracts, and self-employed nurses are nearly non-existent. Part-time contracts and (less so) fixed-term contracts and TAW are widely used. Since 2008, part-time workers have had the right to be upgraded to full-time employees, but very few have taken advantage of this opportunity (dr.dk, 16.06.11). Indeed, part-time work among nurses is predominantly voluntary. Apart from being paid according to working hours, part-timers have the same wages and the same employment and working conditions as full-timers, and the social benefits are the same. As a result, precariousness does not seem to be a problem for part-time nurses.

The nurses working as temps often hold a full-time or a part-time open-ended contract and are therefore mainly temping as a secondary job. Both before and after 2010, the large majority of nurses signing up for external or internal temp work were on open-ended contracts in the hospitals, as mentioned earlier.

Fixed-term contracts are relatively widespread in hospitals, and the figures are a bit higher than the national average for all sectors. However, the practice is not very widespread among nurses or support staff, according to the interviewees. Unfortunately, it has not been possible to provide figures for this type of employment.

Nurses face health and safety problems due to work intensification/excessive workloads. The problems seem to have increased in recent years. There is now less doubt on the trade union side that the problems are severe. In a large-scale independent survey of all Danish employees including questions on work environment issues, members of DSR score their work environment on all dimensions as clearly more problematic than the average Danish employee, including psychological burdens, time pressures and work load. Also, with regard to 'increasing demand for documentation in recent years', the difference is substantial: 90% of DSR members agree with this statement compared to 63% of all employees (Caraker *et al.* 2015). According to DSR, the most important explanation is that although the number of employees at public hospitals (and the number of nurses) has increased rather than decreased over the last 15 years, the workload has increased substantially. The reasons for this increase include shorter patient hospitalisation periods than previously, meaning they are in worse shape and their stay is more care intensive. Moreover, each health employee has to perform more tasks now than previously. Against this background, DSR finds the cuts have now reached the bone. As a professional organisation for leading doctors FAS is less outspoken in their criticism than DSR, but regarding the demand for 2% productivity increases they agree with DSR. Danish Regions recognises that problems exist in certain hospitals departments, but is of the opinion that the right type of work organisation is capable of solving these problems to a large degree.

The intense criticism of the demand for 2% productivity increases seems to have had an effect. In late September 2017, the government announced – under pressure from the largest opposition party and their own supporting party – that the demand would be abandoned, but no additional funding was promised.

3.4.3 Quality of employment for other healthcare staff and support staff

Hospitals employ a large number of other health care staff and support staff. These occupations appear not to be precarious to any notable extent. The positions are, in general, full-time open-ended contracts or long-term part-time contracts that tend to be voluntary. For the above-mentioned groups organised by FOA, 58% were on full-time contracts (FOA 2012). However, with regard to part-time employment, so-called 'hourly employees' have less favourable access to some social benefits compared to their colleagues on open-ended contracts, although the problem has been reduced by lowering employment period thresholds for benefits in the collective agreements. Similar challenges exist for a special category of fixed-term employees labelled

‘employees on occurrence of a special event’, the event being sick leave, maternity/paternity leave or another kind of leave, and ‘call temps’ (which is a type of zero-hour contract). The extent of the use of these contracts for the occupations under discussion is limited in the hospitals, according to our interviewees, whereas they are much more widespread in other parts of the health care sector. The same pattern exists regarding the use of marginal part-time employees (FOA 2017).

Work intensification/excessive workload has increasingly become an issue of concern, as indicated in the section on nurses. For several of the support staff groups with lower levels of qualifications the problem, according to trade union interviewees, is that the staff reductions have not been accompanied by a proportional reduction in the volume of work responsibilities.

3.5 Effect of job changes on the quantity and quality of the service

As shown above, the total number of employees has increased, but the number of patients has increased even more, and some degree of work intensification has taken place. The extent to which this has a ‘spill-over’ effect on the work environment problem is a matter of controversy. Is there an observable effect on the quantity and quality of services as well?

By far the majority of hospitals’ main goals and indicators show a positive development. Since 2009, overall activity, productivity and patient satisfaction has increased, whereas waiting time and mortality has been reduced (Danske Regioner 2016). Hence, the effect of work intensification on service quantity and quality does not (yet) show in the statistics. One interpretation of this is that the lack of ‘real’ cuts to budgets and the number of employees safeguards the quality of service in spite of work intensification. Another interpretation comes from the DSR – the most outspoken organisation regarding work intensification. A DSR interviewee acknowledges the positive tendency in the main indicators, but nevertheless argues that an increasing share of their members find their work situation ‘professionally indefensible’ and that the risk of making mistakes, including serious ones, has increased due to the work intensification.

During 2017, political mobilisation to abandon or at least change the government’s demand for a 2% yearly increase in productivity has intensified and so has the media coverage of its negative consequences. As described, DSR and other stakeholders see the productivity demand as one of the main causes of the problems with work intensification and service quality. In late September, just two weeks prior to the publication of this report, the government announced that they would abandon the demand. The question is what will replace it and whether the new regulation will reduce the overall workload.

It is also notable that the use of outsourcing – apart from cleaning and ambulance services – has been limited at the hospitals, again unlike the municipal health care sector. Outsourcing in these two areas has a longer history, but it is still occasionally debated whether the service has been reduced, most often in connection with specific problematic cases in individual regions.

4. Primary and lower secondary education

4.1 Introduction²

In 2013, Denmark had 1 312 public schools and 548 private schools for the age group 6-15. Less than a fifth of all students attended private schools, though the tendency has been growing in recent years. In the remainder of this section, the focus is on public schools.

The Danish Folkeskole ('People's School') covers both (public) primary and lower secondary education, i.e. grade 0–6 and grade 7–9/10 (with pupils traditionally from age 6 to 15). The Folkeskole are regulated through the Folkeskole Act, which sets the overall framework for the schools' activities. According to the Act, it is the municipality which is responsible for the running of the school. The Structural Reform has resulted in the merging of a number of schools locally in order to create larger, more specialised school units. Many schools today cover two or more school units, with one shared management. Furthermore, the number of children has decreased in recent years.

Regarding job levels, figures show a 7.2% decrease in the total number of employed teachers from the school year 2008/09 to the school year 2011/12 (UNIC 2012). According to KL, there were 51 453 full-time teaching positions at the Folkeskole in December 2013. However, this number will probably further decrease as 35 000 fewer schoolchildren are expected to enter the public school system in 2025 (KL 2013).

Expenditure in the Folkeskole per pupil decreased by 10% (adjusted for price- and wage development) between 2007 and 2013. Increased expenditure in connection with the 2013/14 reform limited the decrease to 4% (Økonomi- og indenrigsministeriet 2017).

4.2 The social partners

A number of organisations are involved in the traditional social dialogue in the Folkeskole, including KL, which is also the interest group and members' authority covering all Danish municipalities. The Danish Union of Teachers (DLF) organises teachers at public and private schools and has 91 000 members. However, another increasingly significant employee group in the Folkeskole is the early childhood and youth educators, represented by the trade union BUPL. School principals are represented by their own organisation. Thus, KL, BUPL, DLF and the Association of School Leaders are the main collective bargaining partners in the school sector. These organisations are also represented in social dialogue concerning the general development of schools.

2. Section 4.1 and 4.3 are edited versions of sections from Hansen and Mailand (2015).

4.3 Collective agreements³

This section focuses on teachers' collective agreements.

Working time has always been a controversial issue in industrial relations in the teaching field, and since the 1990s regulation has gradually been decentralised and made more flexible, although DLF managed to maintain a strong influence over the issue (Hansen 2012). In the Folkeskole area, steps towards a more flexible and decentralised and less bureaucratic working time regulation were agreed upon during the 2008 collective bargaining round. KL recognised this as a step in the right direction, but found it insufficient. In the case of the gymnasiums, an agreement had almost been reached with the Danish National Union of Upper Secondary School Teachers (GL) during the 2011 bargaining round, but it collapsed at the last minute, causing considerable frustration in the Ministry of Finance.

During the 2013 collective bargaining round, working time was removed from the collective bargaining arena. The new working time regulation resulting from this should be seen in connection with the 2013 Folkeskole reform (see below), in that the changes made during the 2013 collective bargaining round contributed to the financing of the reform.

The public employers' aim was to wind-up all existing local agreements on working time for teachers in the Folkeskole (municipal employers' demands) and in most post-15 educational institutions (state employers' demands) in order to strengthen management's prerogative. In the case of the Folkeskole, the aim was also to facilitate and finance the implementation of a large-scale reform⁴ (see below). According to employers, the aim was not to make the teachers work longer, but to enable them to spend more time in the classroom with pupils. DLF contested the employers' claims arguing that, on the contrary, reduced preparation hours would lower the quality of education.

The bargaining process in the gymnasium area⁵ was concluded in early February. After a long standstill in the negotiations, GL agreed to waive their claim for the right to bargain on working time, and agreed to the phasing out of special seniority conditions, which was also one of the employers' demands. In return, they received a substantial wage increase and a (limited) fixed framework ('fence') to secure planning and avoid excessive teaching workloads. Justifying the decision to strike an agreement, GL's general secretary explained that GL would have lost their bargaining rights in any case, because the Ministry of Finance would have been willing to initiate an industrial conflict on the issue, which GL could not have won. By accepting 'the unacceptable' during the bargaining phase, GL obtained a substantial economic compensation.

3. Large parts of this section are edited sections from Mailand (2016).

4. By removing the preparation factor per teaching hour (which required a removal of trade unions' bargaining rights on the use of working time) teachers could be forced to teach more hours (as prescribed in the proposal for school reform) with fewer hours allocated for preparation. The formal working week would still be 37 hours.

5. Post-15 education prior to university. Includes both general education and some more vocational education.

However, DLF made it clear that they needed a compromise for the Folkeskole teachers, and not only compensation. At the end of February, the attempt to come to an agreement therefore continued under the leadership of the National Arbitrator, who had to give up after just two weeks. A lockout of nearly all Folkeskole teachers came into force. However, neither DLF, nor KL and the Ministry of Finance, changed their positions during the lockout. After three and half weeks, the government decided that it was time to intervene to prevent the lockout from having too great an effect on the final examinations of both the Folkeskole and the vocational education sector. The government had, well in advance, secured backing from large parts of the opposition. Hence, after a speedy two-day process in parliament, the legislative intervention took effect in May 2013. In sum, the intervention met the employers' main demands, and the compensation was limited and mainly related to wages. Calculated per teacher, it was substantially lower than the sum the gymnasium teachers received.

Because of this government intervention, teachers' working time is now regulated by legislation. However, during the 2015 collective bargaining round KL and DLF (and KL and the Ministry of Finance in the state bargaining area) agreed on a 'common understanding' in order to improve relations between the parties and facilitate the implementation of the new working time regulation regime locally. The common understanding adds to, rather than replaces, the law (Hansen and Mailand 2015).

4.4 Reforms

During the last 15-20 years, the main developments in the Folkeskole have been to: differentiate between the educational needs of pupils with different learning capacities; strengthen basic skills in maths, reading and writing; introduce English at an earlier stage; use more national tests and common goals; introduce individual 'learning plans'; and deal with increased competition from private schools.

The latest reform prior to the 'big reform' agreed in 2013 was the new Folkeskole Act of 2009. One of the main elements of the 2009 reform is that the nine years in folkeskolen should no longer be seen as a closed process ending with the final exam, but as a process that prepares students for further education. Worries about the approximate 20% of students who never complete a further education is clearly reflected in the reform.

The main elements of the school reform 2013 were:

- a longer school day;
- more lessons in Danish and Maths for grades 4–9, because the two core subjects are seen as fundamental to being able to learn other subjects;
- earlier foreign language learning: English from grade 1, a second foreign language (German/French) from grade 5 and an opportunity to choose an optional third foreign language in grade 7;
- homework assistance at school;

- exercise and movement integrated into all students' school days for an average of 45 minutes each day in order to enhance students' motivation, learning and health;
- continuing education of principals (Undervisningsministeriet 2013).

4.5 Quantity and quality of jobs and the effects of reforms on them⁶

4.5.1 Quantity of jobs and employment types

The number of employed teachers in folkeskolen has decreased by 4.7% from 2010 to 2015. However, over the same period the number of pupils decreased by 4.4%, indicating that the demographic development might be the most important driver. Teachers with open-ended contracts decreased by 7% during the same period, while fixed-term employed teachers in folkeskolen more than doubled from 2 200 to 5 500 in the period from 2013-2016. KL finds that the increased use of hourly-paid employees is a consequence of the reform's qualification requirements, which sends teachers and pedagogues through further training and thereby creates a need for replacements, but points also to the increased teaching time as part of the explanation (Pedersen 2015). By contrast, DLF points to the shortage of teachers as the main reason for the increasing use of hourly-paid teachers. The teachers must work faster, and according to DLF this has created a negative spiral, making the teaching profession a less attractive one (Hansen 2015).

An increased number of teachers have found a job in another profession after the new reform and regulations. More specifically, 3.6% of the teachers employed in 2014 had by the following year found a new job in another profession. Comparing this with teachers employed in 2012, only 2.2% of whom had found new jobs in another profession by the same year (Drescher *et al.* 2016).

4.5.2 Local working time regulation and types of working time

The implementation of teachers' working time regulation at municipal and local levels varies. A framework agreement between the main social partners in the municipalities since 1999 has enabled all personnel groups in local government to sign local agreements on working time. This possibility has also included teachers since 2013.

In the immediate aftermath of the 2013 conflict, KL advised local municipalities to refrain from entering into new local agreements on working time. Nevertheless, some municipalities engaged early on in forms of social dialogue with the local branches of DLF. Over time KL have softened their stance on local social dialogue, though they still warn municipalities against entering into agreements that tie up resources.

6. Most parts of this section 4.5 and the following section 4.6 have been provided by associate professor Nana Wesley Hansen and student assistant Sarah Ann Ansel-Henry, both FAOS. The sections use their own data and literature studies from the project (Hansen 2017). We are grateful that Nana and Sarah allowed us to include findings from their project.

For the school year 2015/2016, 54 out of the 98 municipalities reached an agreement or mutual understanding with the local branch of DLF. In addition, 12 municipalities drew up an administrative paper (Hansen 2017).⁷ A newly published memo from DLF indicates that the total number of local agreements up to March 2017 had increased to 69 (DLF 2017).

The reform resulted in a higher number of classroom hours. The regulation on teachers' working time distinguishes between teaching time and remaining time. The remaining time includes all other work assignments apart from teaching time. Survey data indicates that finding time for preparation and self-evaluation is the biggest challenge after The School Reform (Bjørnholt *et al.* 2015:6).

Another significant change following the regulation on teachers' working time is the principle regarding presence at the workplace during the working day. According to this principle, all work duties – including individual preparation – should take place at the school. For some teachers, the sharper division between the working day and leisure time has been a positive experience. For others it is a negative experience, challenging their professional norms with not enough time for preparation and creativity (Hansen 2017). Teachers are found to be more positive about the regulations in municipalities with the new local agreements/common understandings, if these resemble earlier agreements (Bjørnholt *et al.* 2015).

4.5.3 Sickness leave and benefits

The proportion of teachers on sick leave was below 3% during the period from 2010 to mid-2013. After the reform, the number increased to about 4%. However, it decreased slightly in the fourth quarter of 2015 (Drescher *et al.* 2016:9). Furthermore, absence due to illness rose from 11.1 days in 2013 to 13.9 in 2015 in folkeskolen (Drescher *et al.* 2016). The increase seen in the school sector might be ascribable to the changes in relation to the reform and the working time regulation, but it could also be due to other factors. Local budgetary difficulties, municipal austerity, and restructuring of local school systems are contributory factors of huge importance to the pressures experienced at the school level (Hansen 2017).

In general, teachers express a more positive response to the working time regulations if the new local agreement bears a closer resemblance to earlier regulations. Moreover, around 4% of the teachers employed in municipalities without local agreements in 2014 changed jobs to work in another municipality. This number is 1% higher than in municipalities with a local agreement (*ibid.*).

7. The Danish Institute for Local and Regional Government Research (KORA – since July 2017 'VIVE – The Danish Centre of Applied Social Science') and FAOS have collated all of the local agreements between local municipalities and DLF. Data-collection took place from March 14, 2016 to June 29, 2016. This is the source of the 2015-16 statistics (Hansen 2017).

4.5.4 Summary: the effect of the school reform on job quantity and job quality

Indicators here shortly after the implementation of the reform show only small changes in many cases:

The decline in the number of teachers has been matched by a decline in the number of students, so the decline cannot be seen as an expression of austerity. Whatever the explanation for this, there has been a decrease in open-ended contracts and an increase in the use of atypical employees, representing a declining job quality. Whether this change will be permanent is difficult to judge. As planned, principals' decision-making power has increased and the teachers' voice concerning working time has been reduced, but the local agreements reflect variation in this respect. There are some (vague) indications of a positive effect of the presence of local agreements on working environment dimensions after the implementation of the reform (such as less use of leisure time for work, the feeling of still having some autonomy and being motivated), but most indicators are negative (reduced motivation, reduced job satisfaction, slight increase in sick leave, preparation outside normal working hours).

4.6 Effect of the job changes for quantity and quality of the service

Due to the early stage of the implementation of the reform, it is difficult to draw any solid conclusions regarding the effect on the quality of services i.e. teaching quality. One of the latest large-scale surveys compares students' experiences in early 2016 with the situation before the reform in early 2014. The pattern is more or less similar to those regarding the quantity and quality of employment from the previous sections: either no change is registered, or the changes are small and mainly in a negative direction. The former is the case concerning the support from parents and teacher-parent relations, the latter is the case concerning overall satisfaction, the content of the lessons, and the extent to which there are clear teaching goals. The only main indicator which shows a change of more than a few percentage points is the share of the students who are of the opinion that the school day is too long. The share increased from 46% in 2014 to 82% in 2016 (Nielsen *et al.* 2016).

Another recent official evaluation which analyses six elements of the school reform also only points to marginal changes, with the exception of increased physical activities, which has led to an upswing in motivation and well-being (Jacobsen *et al.* 2017).

The social partners' readings of these and other official evaluations differs – perhaps unsurprisingly. KL emphasises in their summary of the reform that the share of students with 'high participation' in teaching increased by 3.5% between 2014-16, that the increase is largest among girls, students from homes with a weak educational tradition, and ethnic minorities, and that 95% of the parents still have an overall positive evaluation of folkeskolen. However, KL also emphasises that the share of parents who report disturbing noise in teaching is no less than 30% and that the share of parents who take part in school-related activities has dropped from 58% to 38% (KL 2017). DLF has a less positive view of the effects of the reform. Their own evaluation shows that in 2015

only 13% of their members found that the reform worked well, and that this number had dropped to 12% in 2016. Moreover, DLF points to the general lack of effectiveness found in Jacobsen *et al.*'s evaluation (Folkeskolen June 9, 2016; Folkeskolen January 24, 2017). Additionally, DLF is critical of the long-term development of folkeskolen. Although DLF admits that the increase in the average class size from 20.4 students in 2009 to 21.7 in 2017 is not that dramatic, the same period also shows that the number of students in classes of more than 25 increased over the same period from 17% to 27%. The average class size has not changed since 2013 (DLF 2015).

5. Municipality case - Eldercare

5.1 Introduction to the sector

Eldercare in Denmark is provided free of charge and consists of a wide range of services such as residential care, home help, personal care and various forms of healthcare. Danish municipalities are responsible for eldercare provision and it is one of their core services. Eldercare accounts for a significant share of the municipalities' annual expenditures and amounted to 4.5% of Danish GDP in 2015 (Rostgaard and Matthiessen 2016).

The eldercare sector employs 105 000 employees overall, which is roughly equal to a quarter of all municipal employees. During the period from 2010 to 2015 the number of employees in eldercare decreased by 2% (FOA 2016a). During the same period, the number of elderly citizens over the age of 80 increased by 6% to 241 000 persons (Statistical Denmark).

Comparing the situation in 2017 with 2007, expenditure on eldercare has increased. However, when the number of users (elder persons) are taken into account, and adjusting for price and wage development, spending has been reduced by 25% per elderly person (Økonomi- og indenrigsministeriet 2017). The budget for eldercare is decided by individual municipalities within the framework of the annual economic agreement signed by KL and the government.

Eldercare is divided into two main parts. One part includes traditional *nursing homes* where the elderly live in housing facilities with small apartments or rooms for each person and provision of full-time nursing. In several cases, the nursing homes have additional living facilities, so-called 'protected accommodation' ('beskyttede boliger') where the elderly can stay in e.g. an apartment with extra help and assistance, but still have to manage on their own. The second type is *nursing care at home* (aka home help services). This is a public provided service including cleaning, cooking and personal care to the dependent older people, who receive approval for assistance from the municipalities. The fact that home help is free of charge and primarily publicly funded is unique in a Scandinavian context (Rostgaard 2015).

5.1.1 Occupations

The eldercare sector employs a wide range of health and social care staff, which can roughly be divided into the following groups:

- *social and health care assistants*, who work in nursing homes as well as providing home help and personal care. The formal education and training qualification of this group ranges from 3 years and 10 months to 4 years and 7 months;
- *social and health care helpers*, who have completed a course of 2 years and 2 months and perform similar care-related tasks within the eldercare sector to the social and health care assistants;
- *nutrition assistants* who ensure that older people receive proper nutrition. These nutrition assistants have completed an education period of between 2 years and 4 years and 2 months of duration;
- other occupations such as *nurses and doctors* are also present in the sector, but the above-mentioned groups are the most widespread.

Since 2005, the eldercare sector has experienced an improved skills level overall (Rostgaard and Matthiessen 2016).

5.2 Social partners and collective agreements

KL has the employer role in collective bargaining and other forms of labour market regulation. FOA is the largest trade union in the eldercare sector. It mostly organises public employed workers with lower educational requirements within cleaning, cooking, childcare, and social and health services.

The Danish eldercare sector is characterised by high union density, estimated to be around 90%, and almost full collective agreement coverage (Larsen *et al.* 2010:268). Results from a survey among leaders and care institutions in 2010 report that 88% of self-governed or independent institutions are covered by collective agreements (*ibid.*). The collective agreements affect the working conditions and terms of employment of non-covered areas of the private sector as a spill-over effect on employees' expectations and demands (Larsen *et al.* 2010). It should be added that most of the employees in the sector are covered by the Salaried Workers Act in addition to collective bargaining.

5.3 Reforms and the role of social partners

Due to an ageing population and a political demand for effectiveness, the Danish eldercare sector has undergone a series of changes. NPM reforms have to a large extent affected the Danish eldercare sector with the adoption of NPM measures such as time registration, documentation and use of private providers to ensure productivity and effectivity (Kamp *et al.* 2013).

In the late 1990s, quality standards and the initiative 'Mutual Language' (Fælles Sprog) were developed to streamline the service and the time spent on care for each elderly person. In 2003, the divide between purchaser and provider was introduced. Requests by public authorities for increased documentation has also been an important development. From 2005 to 2015, the number of employees working on documentation and administrative tasks increased from 10% to 44%. In addition, employees in the eldercare sector performed an increasing amount of more practical services like cleaning and experienced a decrease in the volume of care-related services in the period from 2005 to 2015. For example, 69% of employees in 2005 described drinking coffee with the elderly as a part of their job description – this share had decreased to 36% in 2015 (Rostgaard and Matthiessen 2016).

Marketisation through contracting out and free client choice are also important NPM tools in Danish eldercare. Free client choice means that the municipalities are obliged to provide different provider options for cleaning and eldercare services to older people entitled to home help (The National Board of Social Services 2016). Especially regarding the delivery of home help to elderly people living in their own homes, the share of private contractors increased from 26% in 2008 to 38% in 2014 (KRL 2016). In nursing homes, the use of private providers is less widespread, but different types of ownership have become more widespread due to recent modernisation reforms in the public sector.

Public tendering is used to ensure free consumer choice. Approximately 38 private providers of home help have faced bankruptcy since 2013, which may indicate that the financial conditions are too narrow to compete and fulfil the contract as agreed. According to a trade union interviewee, the tendency of bankruptcies has led to a need for municipal backup teams to ensure and maintain nursing care.

Regarding the large-scale reforms covering the entire public sector, the eldercare sector was only briefly mentioned in the policy papers of the 2007 Structural Reform, but the sector was nevertheless affected by the reform. As a method of enhancing the efficiency of the health sector - including eldercare – a compulsory collaboration between the municipalities with responsibility for eldercare and the regions with responsibility for hospitals was agreed. The agreement compelled municipalities to create new solutions along the lines of prevention and rehabilitation in order to prevent hospitalisation, and by that means curtailing the financial support from the municipalities to the regions (Dahl 2008). To support this, a joint co-ordination committee was set up with the aim of implementing the so-called 'agreements on health' (part of the Structural Reform) to ensure co-ordination between hospitals and municipalities.

The most important reforms since the economic crisis have been the aforementioned annual economic agreements between the government, KL and Danish Region, and the Recovery Plan which caused 20% of the 98 municipalities to be subjected to budget cuts of 4% in the period 2009-11 (KL 2011). In the post-crisis era, focus on the rights of clients has also been prioritised. The 'Commission of the Elderly' was set up as part of the agreement regarding the annual budget in 2011 and aimed to enhance the focus on the individual's quality of life and self-determination (Kommission om

livskvalitet og selvbestemmelse i plejebolig og plejehjem 2012). According to a trade union interviewee, the economic crisis has legitimised these budget cuts along with the increased focus on efficiency and further modernisation of the eldercare sector.

Additional earmarked funds have been part of the annual budget for 2014 and 2016 respectively, with the aim of safeguarding the ‘dignity of the Danish elderly’. This illustrates, along with the recent appointment of a Minister for the Elderly in 2016, that eldercare is high on the political agenda. However, expenditure per elderly person continues to decline.

5.3.1 The role of the social partners⁸

The trade union interviewees representing the eldercare sector emphasised nearly exclusively their role in the collective bargaining arena, indicating that this is where they have by far the greatest influence. Thus, this section will not include the role of the social partners in the political (reform) arena to any great extent.

The *2008 collective bargaining round in the public sector* diverged from the previously moderate level of conflict. Relevant also for the negotiations in 2008 was the increased focus on employees, especially the so-called ‘warm hands’ (employees having direct contact with users), to ensure the quality of care prior to and during the bargaining round at the sectoral level. Another key trade union demand was equal pay. These issues became the focal points in the negotiations and were brought forward as a struggle for equal pay in a sector traditionally dominated by women (Due and Madsen 2009). It was the members of the Health Care Cartel and FOA (with nursing assistants working at the hospitals as one of the largest groups), who ended up in an industrial conflict, which revolved around financial concerns (see section 2.3).

The *2011, 2013 and 2015 collective bargaining rounds* were less dramatic, and included only a few changes – and limited wage growth – in the sector. However, our interviewees from the social partners representing the eldercare sector emphasised a shift in power relations.

Around the same time, FOA tried to influence *the political agenda* regarding the physical and psychological working environment in the eldercare sector. They pointed to the shorter life expectancy for social care workers compared to academics for example, and indicated the possibilities of differentiated retirement age. These attempts were made along with other relevant trade unions as a joint effort.

As a part of the cartel-level bargaining in the *2015 collective bargaining round*, a fund was set up which aimed to ensure educational opportunities for unskilled employees and further training for employees with less qualifications. The target group was employees above the age of 25 with more than 5 years of experience in the Danish municipalities. This training initiative may have enhanced the skill level of the eldercare sector in Denmark, as mentioned above.

8. Where nothing else is stated, the sources in this section are the interviews.

5.4 Quantity and quality of jobs

As previously mentioned, the *number of employees* within eldercare decreased by 2% in the period from 2010 to 2015 (FOA 2016a) and the number of employees per elderly person declined by 4% in the same period (Rostgaard and Matthiesen 2016). According to representatives from FOA, the economic crisis has affected the quantity of employment in the eldercare sector by increasing the number of employees with higher education, such as legal advisors and economic consultants. This may alienate care professionals from the decision making and consequently reduce their professional autonomy. According to FOA, the unemployment rate for their members stands at 2.7%, compared to the average of 3.4% for other members (FOA 2016b).

Non-standard employment: The sector registers a growing number of employees working part time (under 35 hours a week). In 2015, only 21% of the employees providing home help and 23% of the employees in nursing homes worked 35 hours or more per week. Moreover, FOA has also experienced a rapid increase in the number of members in marginal part-time positions in the municipalities working 7 hours per week or less (FOA 2017). Finally, a study from 2009 showed that eldercare is one of the areas within the public sector that uses most temporary employees – the share at that time was 21% of all employees (Larsen 2008).

Work satisfaction, health and safety: 75% of employees in the Danish eldercare sector perceive their work as interesting and meaningful. This level has not changed much since 2005. However, 33% of the employees providing home help describe their working day as too stressful (Rostgaard and Matthiesen 2016), and 67% agreed or partly agreed that they were compelled to work faster than previously (Larsen *et al.* 2010).

Regarding work satisfaction, there seems to be a tension between the new market-oriented rationality in the sector and the high level of professionalism and occupational identity of the employees. With the introduction of time registration and documentation demands, a perception of a degraded service quality is widely held by eldercare workers, of which the majority have experienced increasing workloads (Kamp *et al.* 2013).

Job and employment security: The profound organisational changes around 2007 created insecurity among workers due to transformed workplaces and duties (Dahl 2008). Moreover, the number of suppliers which have experienced insolvency has increased, leaving many elderly citizens without the help needed. Therefore, the number of employees in the eldercare sector who are worried about their job and employment security due to repeated rounds of organisational changes has increased from 11% in 2005 to 32% in 2015 (Rostgaard and Matthiesen 2016).

5.5 The effect of changes in job quantity and quality on the service

Media and politicians are highly interested in measuring the quality of eldercare services, but it is a complicated task and is difficult to formulate accurate and fair definitions of quality care. Moreover, it is difficult to ensure comparability of quality

standards in a Danish context, because the standards are determined by the individual municipalities. This may also be the very reason why the quality of eldercare has only to a limited extent been researched in Denmark (Hjelmar *et al.* 2016). The Danish Health Authorities conduct national inspections on health-related issues. However, these do not assess the quality of the social interactions between staff and the elderly (procedural quality).

The only wide-ranging large-scale study to date of the quality of eldercare builds on a survey conducted with directors of Danish nursing homes and the coding of inspection reports (Hjelmar *et al.* 2016). According to this study, the quality of services provided has only to a limited extent been negatively affected by the marketisation reforms and increased use of private providers.

Another study which evaluates service quality is the national inspection report, which finds that the number of seriously negative remarks remained fairly stable between 2009 and 2015, fluctuating between 5% and 9% of the inspections. Furthermore, the number of nursing homes without any remarks continues to be relatively unchanged at 3 – 4% during the same period (The Danish Health Authorities 2011; The Danish Patient Safety Authorities 2015). Hence, no change over time in service quality is observed using this source either.

Whereas there is a lack of evidence in the research community for a negative impact of outsourcing on the quality of eldercare, most stakeholders seem to agree that problems exist. The former minister responsible for eldercare found that the municipalities are too concerned with price rather than quality when eldercare is outsourced (dr.dk February 24, 2017). FOA asks for mechanisms that could oblige the municipalities not to accept the lowest bid, if this is unrealistically low. FOA furthermore sees a connection with the unrealistically low bids and the continuously high level of bankruptcy among private eldercare providers (FOA February 20, 2017). Also, the organisation Danish Industries (DI), representing service providers, has warned against always choosing the cheapest offer from their member companies, because this might lead to insufficient quality and bankruptcy. KL, as the main responsible actor, finds that the municipalities already have the price-quality balance in view and refer to KL's guidelines for outsourcing (Politiken October 10, 2015).

6. Conclusions

In the following section, we will relate the questions mentioned in this chapter's introduction to the findings. The answers will as far as possible use the cross-sector sections of the report to address those six questions, and then address each of the questions with regard to the three sectors in focus. Finally, similarities and differences between the three sectors will be discussed.

6.1 Changes with regard to the social partner organisations

The first question concerned changes with regards to the social partners' structure and organisational capacity, ideologies and strategies, relationships (consensual or conflictive) and the coverage of collective bargaining, social dialogue and other relevant processes. Because of the question's very broad scope, it is nearly impossible to answer generally for the public sector within the limits of this national report. However, a focus on the three selected sectors might provide some information that can contribute to a general picture.

Regarding ideology in the public sector as a whole, it is worth to mention that a sort of NPM agenda – that some observers prefer to label 'modernisation' in its Nordic version – has developed under government and employer leadership. It is a version that in general has not excluded the public sector trade unions and the role of collective bargaining. The trade unions have gradually, but only partly, accepted the NPM agenda.

Another overall development might be partly related to this, but has only been visible in the present decade: that the public employers have become the most pro-active party in collective bargaining, often leaving the trade unions with a reactive role.

In the *hospital sector* collective bargaining coverage is still close to 100%. Some organisational change has taken place, insofar as the employers' organisation has developed from a mixed employer/public authority organisation to a 'purer' employer organisation. On the employee side, the trade unions in the health cartel were part of the wider collective bargaining cartel, before leaving and then returning to it recently. Hence, their strategy with regard to 'alone or together' seems to vary. Additionally, the balance between consensus and conflict has varied over the years, with 2008 being a peak on the side of conflict. Their organisational capacities have declined due to shrinking membership, but only marginally so. The organisational capacity - and strike capacity - of the nurses' union (DSR) was however seriously reduced for a couple of years after 2008.

The *school sector* arguably shows a little less stability, mostly due to what has happened since 2013. The gradual decentralisation of the working time issue which began in the 1990s and developed until 2008, was insufficient for public employers and the previous Social-Democratic led government. The bargaining process - especially the government intervention without a prior strike or strike warning - demonstrated a change of employer strategy and a shift in power relations. Moreover, the relations between the parties changed from relative consensus to conflict. The more conflictual relations and more asymmetrical power relations contributed to changed bargaining institutions and trade union strategies, in that they were some of the reasons for setting up the bargaining cartel Forhandlingsfællesskabet and the gradual development towards unity on the trade union side. However, some features are more or less unchanged in the sector. The trade unions are nearly all the same as 15 years ago and the organisational density and collective bargaining coverage have not changed substantially.

In the *eldercare* sector, power relations might have been influenced by the much larger scope of contracting out than in the two other sectors. Also, the fact that the average qualification level is lower than in the two other sectors might be of benefit for the employers. The 2008 industrial conflict involved the *eldercare* sector, and represents a peak in the scale of conflict. Organisationally, nothing much changed, apart from the fact that the trade union FOA, like the health cartel, has moved in and out of the larger bargaining coalitions.

6.2 The reasons for these changes

The changes described above, as well as in the following sections, are unlikely to be explained by just one or two factors. It is more likely that the developments are explained by a more complex web of interconnected factors. At least six of these are worth pointing out:

First, the *economic cycles* (including economic crises) have been of importance. The economic cycles were very favourable in the first half of the 15-year period in focus, and much less favourable in the second half – especially until 2013. The business cycles have directly and indirectly impacted on the relations between the social partners, the quality and quantity of jobs as well on the public services themselves.

Second, the evaluation of the economic crisis - which in many countries was a game-changer for the public sector and for public sector IR – is in a Danish context challenged by the fact that the implementation of a major political reform of administrative structures and welfare service institutions - the *Structural Reform* - took place more or less simultaneously with the economic crisis in the years following 2007. Hence, what is due to the effect of the crisis and what is the effect of the Structural Reform is often not clear (see also Hansen and Mailand 2013).

Third, *demographic change* has been a driver. The ageing of the population has impacted the hospital sector and *eldercare* sector, whereas the – at least temporary – decline in school children has affected the school sector.

Fourth, *technological development* has several impacts. One of these is that in some sectors it seems possible to reduce staff and/or spending per user without damaging the service quality – but also, there might be limits to this effect.

Fifth, although less marked than in the private sector, there seems to be a shift in *power-relations* to the benefit of the public employers – a change that cannot only be explained by the business cycles. This change has had repercussions on other changes, especially with regards to IR.

Finally, the change of *ideologies*, especially on the employer side, that includes some variation of NPM and learning from the private sector. This could, however, also be seen as a cause of several of the changes described above and below.

6.3 What shape has public sector reforms taken?

Although there was a reduction in public sector employment from 2010 to 2017 of 4.7%, Denmark has one of the largest public sectors in Europe both measured in share of GDP and share of employment; this was the case 15 years ago and is still the case today. The public sector's share of GDP has been between 26 and 28% since 2000 (27% in 2015), and the public sector employed between 28 and 31% of all employees over the same period (29% in 2015).

Nevertheless, a number of NPM inspired reforms, as well as a restructuring of administrative and organisational units into larger ones, have changed the public sector. Contracting out, privatisations, free consumer choice, local wage determination, contract management and widespread use of targets and registration of activities have been introduced from the late 1980s and onwards. However, only 25% of the municipalities' services are exposed to competition and only 11% of the total wage bill in the public sector are set at the local level. Moreover, a reaction to the NPM reforms - especially to the control and registration aspects of it - has slowly developed in the present decade, but it is still too early to judge what the real impact of this reaction will be.

Although the 15-year picture show certain stability, the economic crisis starting in 2008 has been followed by some (comparatively mild) austerity policies. Although, as mentioned above, it is difficult to separate the effects of the austerity initiatives from other factors, such as the demographic development and the Structural Reform, the austerity policies have no doubt contributed to the above-mentioned decline in the number of public sector employees since 2010.

In the *hospital sector* there has been an increase rather than a decline in the financial resources allocated to the sector. However, activities have - due to the ageing population and medical and technological development making new treatment possible - increased much more than the budgetary increase. Hence, the hospital sector has shown substantial productivity increases. Most of the NPM reforms mentioned above have been felt in this sector.

In the *school sector* (public primary and lower secondary school) key aims of the reforms during the last 15 years (and a decade before that) have been to: differentiate more between the educational needs of students with different learning capacities; focus more on basic skills in maths, reading and writing; introduce English at an earlier stage; use more national tests and common goals and introduce individual 'learning plans'; face increased competition from private schools. Elements of NPM are seen here, but not to the same extent as in the hospital sector. Compared with the situation before the crisis and the Structural Reform (2007), expenditure in 2013 decreased by 10% (adjusted for price and wage development). Increased expenditure in connection with the 2013 reform reduced the decrease to 4%.

In the *eldercare sector*, NPM reforms have very much been on the agenda for the past 15 years and even longer, and have in this sector especially led to increasing

documentation demands, standardisation of services, free client choice and use of private providers. The number of employees has decreased and the number of elderly people needing care has increased. Compared to the situation before the Structural Reform and the 2007 economic crisis, expenditure without adjustments has increased in the sector, but adjusted for price and wage development spending has been reduced by 25% per older person (without the 8% adjustment).

6.4 The industrial relations actors' involvement in the reforms

The overall picture of the influence of industrial relations actors on the public sector is varied, but generally speaking they have had a strong influence through the collective bargaining arena - and varied, but much weaker influence through the political arena.

Since legislation regarding wages is close to non-existent and limited regarding employment and working conditions, the collective bargaining arena is of major importance for the regulation of these issues and the reforms covering them, such as decentralisation of wages and working time flexibility. Public sector industrial relations have traditionally been relatively consensual, but large-scale industrial conflicts in relation to the bi- or triennial bargaining rounds have been set in motion twice during the last 15 years, in 2008 and 2013.

The role of the social partners in the main cross-sector reforms in the political arena takes place ad hoc either through lobbying, hearings/consultations or – more rarely – tripartite negotiations. In general, the social partners' role in relation to austerity policies has been limited.

In the *hospital sector*, social partners have contributed to the development of the reform policies – NPM reforms as well as non-NPM – themselves in the collective bargaining arena. A large-scale wage-related conflict took place in 2008. In recent years, hospitals (regional) have seemed less conflictual than the two other main public sector areas, the state and municipal areas. Regarding the political arena, the influence of social partners is ad hoc and uneven – not only between employers and trade unions, but also between the trade unions insofar as the doctors' trade unions seem to have the best access to the political system. In general, involvement of the trade unions – when it takes place – happens late in the decision-making processes.

The social partners in the *eldercare sector* were also involved in the 2008 industrial conflict, and since then have experienced bargaining rounds with relatively few changes (such as the 'security funds' for employees facing dismissal), limited or no wage increases and a strengthening of the power of the employers. The trade unions role in policy-making has been limited.

The social partners' role in the *school sector* presents another pattern. In the collective bargaining arena, an agreement to restructure working time regulation was made in 2008, but employers and politicians nevertheless made the withdrawal of working time from the bargaining agenda an essential demand in 2013. This demand was realised

only after industrial conflict and government intervention. Involvement in political initiatives has traditionally been widespread in the sector, but in relation to initiatives around the 2013 reform the trade unions were by and large excluded.

6.5 The effects of reform policies on the number and quality of jobs

As mentioned above, a decline in the number of employees in the public sector has occurred since 2010, but employment is still at the same level as 2008. The national labour force survey shows that atypical employment in the form of temporary employees, part-time employees and self-employment has been more or less stable since 2009.

In the *hospital sector* the total number of jobs has remained stable, but focussing on occupations, it is only the number of nurses that has not shown any notable change: the number of doctors has increased and the number of support staff (with a lower education level) has decreased. This reflects a development towards shorter periods of hospitalisation and higher numbers of patients. Voluntary (long-term) part-time work is widespread in the sector, whereas the employment types associated with precariousness are at the same level or lower than on the Danish labour market on average. The main job quality related problem seems to be work intensification, and the problem is – according to the trade unions – huge.

The *eldercare sector* shares with the hospital sector a situation in which an increasing number of citizens need the service of the sector. However, in the eldercare sector the number of employees has decreased (at least since 2010). Regarding job quality, part-time work generally and marginal part-time work has been increasing. The NPM reforms and decreasing care time per elder person have created a situation where a fair share of the employees fear losing their jobs, feel that the professionalism of their occupation is under threat, and that they have to work faster than previously. However, the majority of employees still find their job interesting and meaningful.

In the *school sector* most major changes occurred in connection with the 2013 collective bargaining round and the related 2014 school reform. Contrary to the two other sectors, the citizens covered by the service (students in the case of schools) has declined recently (after 2010), and the number of jobs has declined proportionally. However, changes can be observed in employment types, where full-time employment is in decline and fixed-term employment is rising. Whether this is a permanent or a temporary development, connected to the implementation of the 2014 school reform, is a matter of debate. Regarding the working environment, there are some positive indications after the implementation of the reform (such as less use of leisure time for work, the feeling of still having some autonomy and being motivated), but most indications are negative (reduced motivation, reduced job satisfaction, slight increase in sickness absence, and preparation outside normal working hours).

6.6 Effects of job changes on the quantity and quality of the service

For none of the three sectors is it possible to say anything conclusive about changes in the quantity and quality of the service.

Regarding the *hospital sector* no clear conclusions can be drawn as to whether the work intensification - which without any doubt has taken place - has spilled over to create problems in the quantity and especially the quality of the service provided. The trade union for nurses, DSR, posits a connection between work intensification and a declining quality of services, including declining safety of patients. Those who do not see such a connection, including the hospital employers in Danish Regions, point to the fact that nearly all main service indicators point in the right direction.

The picture is not much clearer in the *school sector*. Conclusions with regards to the effects of the 2014 school reform are uncertain, both because the reform is very recent and because the high political priority of the reforms implies that several alternative evaluations exist as well as several alternative readings of those evaluations. Using the most official evaluation as a source, the pattern in the dimensions analysed is either that no change has taken place, or that the changes are small and mainly in a negative direction. The former is the case in terms of the support from parents and relations with teachers, the latter is the case in terms of overall satisfaction, lesson contents, and the extent to which there are clear teaching goals. The only main indicator which shows more than a few percentage points change is the share of the pupils who are of the opinion that the school day is too long.

In the *eldercare sector* the effect from the changes in job quantity and quality on the quality of the service provided is difficult to measure and there is no clear evidence with regard to the direction of this change; the few available sources point to stability rather than change.

6.7 Comparing the sectors and perspectives

Table 3 displays a brief formulated attempt to compare the findings from the three sectors. There are several *commonalities*. All three sectors:

- present no major changes with regard to the social partner organisation, to their organisational densities or to the coverage of the relevant collective agreements;
- have seen a development towards ‘tougher’ and more active employers (although not to the same extent);
- have been affected by the same drivers for change (although not to the same extent);
- have been affected by NPM reforms (although not to the same extent);
- show stronger social partner influence through the collective bargaining arena than the political arena;
- have experienced work intensification;

- have been subject to intense discussions about the quality of services, though this has not led to any clear picture of this quality, neither has any clear link to the development in quality and quantity of jobs been established.

Variation is seen with regard to:

- the relations between the social partners (most conflictual in the school sector (since 2013);
- the scope of NPM reforms (least extensive in the school sector);
- the shape of NPM reforms (most widespread use of outsourcing in the eldercare sector);
- the overall number of jobs (changed the least in the hospital sector);
- the use of atypical employment (least widespread in the school sector).

Table 3 Comparing findings from the three sectors

	Hospital sector	School sector	Eldercare sector
1. Changes to SP organisations and relations	Not major, although '08 conflict and new employers org. Employers' org. not so 'tough' as the other public employers	Major re: relations due to '13 conflict and tougher employers, but no big org. changes	Not major, although employers have become 'tougher'. No big org. changes
2. Reasons for changes	NPM ideologies Economic crisis > budget cuts/austerity policies + changing power relations Structural Reform; demographic development; technological development		
3. Scope and shape of reforms	Extensive NPM reforms, limited outsourcing Overall increased budget, reduced per user	Some NPM reforms, limited outsourcing Overall reduced budget, reduced per user	Extensive NPM reforms, extensive outsourcing Overall reduced budget, reduced per user
4. Role of SP in reforms through	Policy arena: Uneven between org's, greatest for employers' org. and doctors TU CB area: Important	Policy arena: TU important role until '13, then reduced CB arena: Important, but reduced from '13	Policy arena: Limited for TU CB arena: Important
5. Quantity and quality of jobs	Same number of jobs, but more doctors, fewer support staff Atypical widespread, but mostly long-term part-time and not increasing Work-intensification	Reduced number of jobs Atypical limited, but increasing since '13? Work-intensification since '13?	Reduced number of jobs Atypical widespread, and seems to be increasing Work-intensification
6. Effect on quality of service	Nearly all quality indicators show positive development, but TU says work intensification leads to negative effects on quality	Very controversial issue. Effect of the '13 reform not yet certain, limited negative overall development?	Few studies and few registrations to use, those that exist show stability and limited/no effect of outsourcing on quality of service

Note: SP = social partners. CB = collective bargaining. TU = trade unions. Org = organisation or organisational.

A number of observations can be drawn from this pattern and the sector analyses.

Firstly, although three quite different - in terms of services - parts of the public sector are covered and there are challenges specific to each of the three sectors, challenges and developments are to a large extent the same as described above. Moreover, it is not possible to conclude that any one of the three sectors are facing more challenges from the crisis, reforms and other drivers than the others. That said, however, the eldercare sector has probably changed the most over the 15-year period in terms of organisational structure and work-organisation (due to the widespread use of outsourcing for example). It might also be the sector where the trade union has been least able to influence reforms and has the weakest position in terms of power. The dominant union in the sector - FOA - is basically a general workers union (of employees with no or little formal education) and they have never had the strong occupational identity, organisational capacity and history of (occasional) trade union militancy to use as a resource, as for instance the nurses' and the teachers' trade unions have. However, the presence of these features is no guarantee of influence, as is illustrated by the 2013 industrial conflict and the subsequent school reform.

Secondly, one of the common challenges revealed most clearly in the sector analysis is work intensification. Whereas solid conclusions about the effect of the quality and quantity of employment on the quality of service could not be drawn, there is no doubt that work intensification – and related challenges for the psychological working environment – has become a major issue across all sectors in recent years.

Thirdly, interestingly, a high intensity of NPM reform or a high level of budgetary cuts do not seem to necessarily lead to more conflictual relations. Table 3 and the sector analyses indicate that other factors play a role. One is the level of involvement of social partners, especially the trade unions. Their involvement in NPM reforms (through one of the two arenas or both) in the formulation and implementation of these seems in many cases to prevent conflict. But the power of the trade unions may also play a role, in that more powerful trade unions are able to be more vocal and efficient in their complaints, if they are bypassed, than weaker ones.

Fourthly, although change has taken place there is also a great deal of stability. The reforms, the Great Recession and other drivers have impacted on the public sector, but fundamentally IR institutions are the same and the social partner organisations show a high level of stability over the 15 year period. Likewise, although employment has been reduced in recent years, the job level in 2017 is the same as it was in 2008 and the public sector in terms of resources and employment is still among the largest in Europe when compared to the private sector.

The short-term perspectives for social dialogue in the public sector look conflictual. 2018 is the first year with a collective bargaining round since 2015. The 'trust-crisis' between the social partners in the state sector is still present at the time of writing. Moreover, it seems that the teachers working time will again be a point of conflict during the coming round. Maybe less conflictual will be bargaining regarding the conditions of atypical employees, as KL has signalled that want to further reduce, or totally

eliminate, remaining thresholds. Moreover, the psychological working environment and work intensification also seem to be an important part of the agenda.

References

- Bjørnholt B., Boye S., Hønge Flarup L. and Lemvig K. (2015) Pædagogiske medarbejderes oplevelser og erfaringer i den nye folkeskole, København, KORA.
- Caraker E., Høgedahl L.K., Jørgensen H. and Møberg R.J. (2015) Fællesskabet før forskellene: Hovedrapport fra APL III-projektet om nye lønmodtagerværdier og interesser, København, FTF and LO.
- Dahl H.M. (2008) Nye styringsformer og anerkendelseskamp: den vrede hjemmehjælper?, *Kvinder, Køn og Forskning*, (4), 19-29.
- Danske Regioner (2013) Politik om fuld tid, Notat 27-05-14, København, Danske Regioner.
- Danske Regioner (2016) Regionernes resultater 2016, København, Danske Regioner.
- Danmarks Statistik (2017): Statistisk Årbog 2017: København: Danmarks Statistik.
- DLF (2015) Udviklingen i klassekoefficienten i Folkeskolen, Analysenotat, Børne- og Undervisningsudvalget 2015-16, BUU Alm. del Bilag 15, Danmarks Lærerforening.
- DLF (2017) Flere kommuner laver aftaler med lærerne, København, Danmarks Lærerforening.
- Drescher M. *et al.* (2016) Folkeskolelærere skifter oftere job efter nye arbejdstidsregler og folkeskolereform, DST Analyse 2016:21, København, Danmarks Statistik.
- DSR (2016) Personaledata 2016, København, Dansk Sygeplejeråd.
- Due J.J. and Madsen J.S. (2009) Forligsmagere og forumshoppere: analyse af OK 2008 i den offentlige sektor, København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier.
- Ejersbo N. and Greve C. (2005) Moderniseringen af den offentlige sektor, København, Børsens Forlag.
- FOA (2012) Atypiske ansættelser på regionale og kommunale FOA arbejds-pladser, København, FOA.
- FOA (2016a) Ledighed blandt medlemmer af FOAs A-kasse. <https://www.foa.dk/Forbund/Om-FOA/Medlemmer-i-tal/Ledighedstal>
- FOA (2016b) Lokal løn, København, FOA.
- FOA (2017) Atypisk arbejde i det offentlige: et voksende problem, Presentation by the Federal President Dennis Kristensen, FOA, at the Inequality Summit, 27 February 2017.
- Greve C. (2006) Public management reform in Denmark, *Public Management Review*, 8 (1), 161-169.
- Greve C. (2012) Reformanalyse: hvordan den offentlige sektor grundlæggende blev forandret i 00'erne, København, Jurist- og Økonomforbundet.
- Hansen E.M. (2015) Bondo: Lærerne belastes af øget brug af vikarer, *Politiken*, 29 September 2015.
- Hansen N.W. (2012) Lokal løn i det offentlige: fakta, København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier.
- Hansen N.W. (2017) Folkeskolelærernes arbejdstid og partssamarbejdet, Forskningsnotat 158, København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier.
- Hansen N.W. and Mailand M. (2013) Public service employment relations in an era of austerity: the case of Denmark, *European Journal of Industrial Relations*, 19 (4), 375-389.
- Hansen N.W. and Mailand M. (2015) New challenges for public services social dialogue: national report Denmark, FAOS Research Paper 142, Copenhagen, Employment Relations Research Centre, University of Copenhagen.

- Hjelmar U. *et al.* (2016) Kvalitet på offentlige og private plejecentre i Danmark, Roskilde, Roskilde Universitet.
- Ibsen C.L., Larsen T.P., Madsen J.S. and Due J. (2011) Challenging Scandinavian employment relations: the effect of new public management reforms, *The International Journal of Human Resource Management*, 22 (11), 2295-2310.
- Jacobsen R.H. *et al.* (2017) En længere og mere varieret skoledag -Implementerings- og effektundersøgelse, København, KORA.
- Johansen, G. (2014): Her ligger dit nye supersygehus. <http://www.danskekommuner.dk/Global/Artikelbilleder/2015/DK-3/DK-3-side-26-27.pdf>
- Kamp A., Hohnen P., Hvid H. and Scheller V.K. (2013) New public management: konsekvenser for arbejdsmiljø og produktivitet, Roskilde, Center for Arbejdslivsforskning, Roskilde Universitet.
- KL (2011): Massive besparelser i kommunerne. Momentum 2011-3-1.
- KL (2013): Faktaark: Folkeskolen. 30.04.13.
- KL (2016): KL's IKU-værktøj opdateret med 2016-tal. www.kl.dk
- KL (2017): Resultater fra folkeskolereformens evaluerings- og følgeforskning. 24.01.17.
- Knudsen L. and Rostgaard T. (2015) Et demografisk billede af de ældre i Danmark: nu og i fremtiden, in Jensen P. and Rostgaard T. (eds.) *Det aldrende samfund: udfordringer og nye muligheder*, København, Frydenlund.
- Kommission om livskvalitet og selvbestemmelse i plejebolig og plejehjem (2012): *Livskvalitet og selvbestemmelse på plejehjem*. København: Ældrekommissionen.
- KRL (2016) Kommuner og Regioners Løndatakontor. <https://www.krl.dk/>
- Larsen, T. P. (2008): EU's direktiv om tidsbegrænset ansættelse - effekter i den kommunale sektor - undersøgelse gennemført for KL og KTO. Forskningsnotat nr. 97. FAOS, Sociologisk Institut, University of Copenhagen.
- Larsen T.P., Navrbjerg S.E. and Johansen M.M. (2010) Tillidsrepræsentanten og arbejdspladsen, København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier.
- Mailand, M. (2006) 'Dynamic neo-corporatism - regulating work and welfare in Denmark'. *Transfer* 12 (3): 131 -152.
- Mailand M. (2012) Overenskomstfornyelsen 2011: den kommunale sektor perspektiveret, FAOS Forskningsnotat 122, København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier.
- Mailand M. (2014) Overenskomstforhandlinger under pres: OK2013 i den offentlige sektor, København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier.
- Mailand M. (2015) Dagpengereformer, flexicurity og atypisk ansatte: delrapport 2 i projektet 'Dagpengereformer og flexicurity', København, Forskningscenter for Arbejdsmarkeds- og Organisationsstudier. Unpublished manuscript
- Mailand M. and Hansen N.W. (2016) Denmark and Sweden: the consequences of public service reform and economic crisis for public service employment relations, in Bach S. and Bordogna L. (eds.) *Public service management and employment relations in Europe: emerging from the crisis*, London, Routledge.
- Nielsen C.P., Keilow M. and Jensen L. (2016) Folkeskolereformen: Beskrivelse af 3. dataindsamling blandt elever og forskelle over tid, København, SFI.
- Pedersen C.H. (2015) Bondo: Lærerne belastes af øget brug af vikarer, *Politiken*, 28 September 2015.
- Rostgaard T. (2015) Kvalitetsreformer i hjemmeplejen: balancen mellem standardisering og individualisering, in Jensen H. and Rostgaard T. (eds.) *Det aldrende samfund: udfordringer og nye muligheder*, Frederiksberg, Frydenlund Academic.

- Rostgaard T. and Matthiessen M. (2016) Arbejdsvilkår i ældreplejen: Mere dokumentation og mindre tid til social omsorg, København, KORA.
- The Danish Health Authorities (2011) Plejehjemstilsynet 2011, København, Sundhedsstyrelsen.
- The Danish Patient Safety Authorities (2015) Styrelsen for Patientsikkerheds tilsyn med plejehjem Landsrapport 2015, København, Styrelsen for Patientsikkerhed.
- Undervisningsministeriet (2013): Hovedelementerne i Folkeskolereformen. København: Undervisningsministeriet.
- UNI.C (2012) Statistik and analyse, 22 Oktober 2012.
- Økonomi- og Indenrigsministeriet (2017) www.noegletal.dk.

Appendix

List of interviews

- Marianne Brinch-Fischer, Head of General Collective Agreements, Local Government Denmark (KL).
- Jakob Oluf-Bang, Head of Collective Bargaining Department, FOA.
- Grete Christensen, Secretary General and Helle Warming, Head of Collective Bargaining Department, Danish Nurses Organisation (DSR).
- Ole Lund Jensen, Head of Center for Negotiations and Collective Agreements, Danish Regions.
- Kasper Axel Nielsen, Director, The Union of Specialised Doctors (Foreningen af Speciallæger, FAS).
- Anders Damm-Frydenberg, Consultant, Collective Bargaining Department, FOA.

All interviews were conducted in the period October 2016 – May 2017. The list only includes interviews conducted especially for the BARSOP project. The report includes interview-based findings from other projects as well. It is indicated where this is the case.