

Work Package 2 – Deliverable 1

# SOCIO-ECONOMIC LITERATURE REVIEW REPORT ON CARE REGIME AT COUNTRY LEVEL

## DENMARK

Trine P. Larsen

Anna Ilsøe

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# The Danish care landscape and its regulatory framework – the cases of home help and cleaning services

## 1. Introduction

Denmark is typically considered one of the European countries with the most comprehensive long-term care system (OECD, 2022; European Commission, 2021). It belongs to the universal Nordic welfare state and the Danish regulatory care landscape is characterised by a strong legal framework and multi-level governance. Central government sets the national regulatory standards and the overall elder care and disability budgets while local government is responsible for the administration, service delivery and local budgets. Wage and working conditions within the care sector are regulated through collective agreements and statutory labour laws. Collective bargaining coverage is nearly 100% and there is a high union density and a dense network of union affiliated workplace representatives in the public sector. The Danish collective bargaining model is considerably weaker in the private and outsourced part of the care sector (Larsen et al. 2010; Arnholtz and Navrbjerg, 2021; Larsen & Ilsøe, 2022). Similar to other European countries, the Danish care sector has witnessed a series of changes over the last two to three decades with increasing challenges related to budget constraints, labour shortages, increased outsourcing and rising numbers of dependent older people, which puts pressure on its long-term care model in various ways.

This report is the first deliverable by the Danish team to the ORIGAMI project, financed by the EC DG Employment, Social Affairs and Inclusion. It maps the key features and the regulatory framework for Danish long-term care, using home help and cleaning services for older people and disabled adults as the empirical examples. The report also includes a brief description of the recent developments in public long-term care expenditure, recent key reforms as well as the take-up rate of Danish home help and cleaning services by older people, including their reliance on public vis a vis private care providers. We find that although Denmark is typically classified as belonging to the Nordic universal welfare state model and continues to be among the European countries with some of the highest public long-term care spending when measured as percentage of GDP, there are signs of welfare retrenchment and increased privatisation, especially in the areas of practical services such as cleaning tasks, but less so in home help. Care services continue to be heavily publicly subsidised but are increasingly delivered by a mix of public and private care and cleaning providers. The proportion of care provided by informal carers has increased during the last decade, with family playing a more prominent role in caregiving for older people in Denmark. This is especially true in cases of older people living with a partner, who are less likely

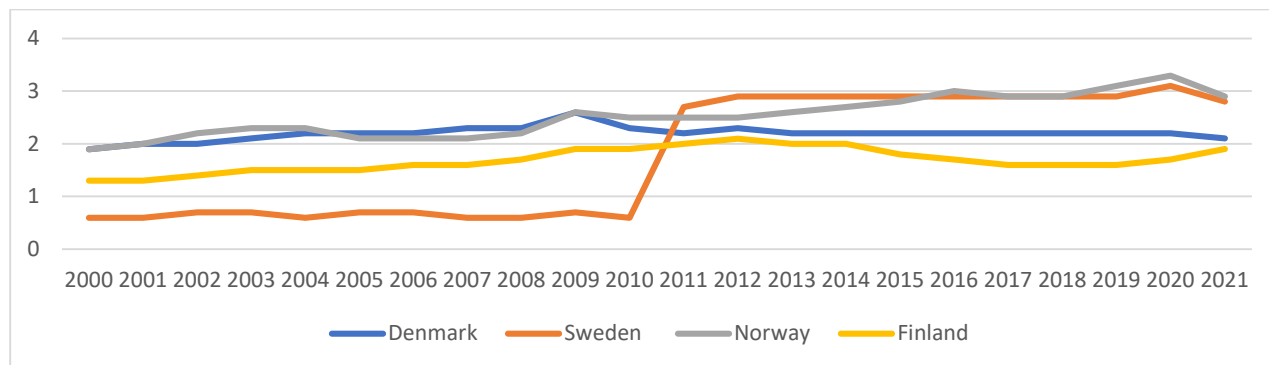
to receive care from outside providers (Statistics Denmark, 2024k; Hansen & Veliovites, 2024). Alongside these developments, private long-term care insurance has started to emerge and there has been a broadening of publicly funded cash for care schemes, along with a radical shift in the public care approach towards increased reablement, which aims to support older people to maintain or regain their independence and functions (Rostgaard et al. 2024; Gørtz et al. 2023). These recent developments point to regulatory changes from the traditional, universalistic Danish long-term care system towards a more blended welfare model with elements of re-familiarisation, insurance-based principles and market-based care although public subsidised care provision continues to be the main form of home help and practical services for older people and disabled adults in Denmark.

The structure of this report is based on the joint template developed by the ORIGAMI project Work Package II coordinators. The report exclusively draws on desk research of relevant policy documents, recent policy reforms, statutory laws, local government care policies and collective agreements along with academic and grey literatures and secondary statistical surveys, relevant online databases, etc. We start in section one with mapping the funding of the Danish long-term care system, identifying the main policy instruments and eligibility criteria for home help and cleaning services. In section two, we outline the regulatory instruments that govern the authorisation of care workers as well as the enforcement mechanisms in place to ensure that care providers adhere to relevant regulations. In section three, we review the main rules and regulations linked to the recruitment of migrant care workers from non-EU countries before we explore in section four the take-up of different home help and cleaning services, and the workforce composition within the Danish elder care sector. In section five we sum up the main findings.

## 2. Funding

Significant public investment characterises the Danish elder care sector. with budget spending corresponding to 2% of GDP in 2022; this is slightly lower than that of other Nordic countries such as Sweden and Norway, but higher than Finland (Figure 1). Danish long-term care spending has remained fairly stable since 2000 when measured as public expenditure on home-based care, nursing homes and residential care facilities (OECD, 2024: Figure 1). Future projections estimate that elder care sector expenditure in Denmark will increase to 6.2% of GDP by 2050 (European Commission, 2021: 62). The proportion of dependent older people aged 67+ is expected to increase by 44% between 2023 and 2070, and thus continues the trend from 2010 to 2023, where the number of older people aged 67+ increased by 41% (Ministry of Social Affairs, Housing and Long-term Care, 2024).

Figure 1: Public long-term care expenditure as percentage of GDP in Denmark compared to other Nordic countries



Source: OECD, 2024

## 2.1. Public and social insurance funding

### *2.1.1. Policy instruments to finance home care and cleaning services for older people and disabled adults*

In Denmark, home care and practical services, such as cleaning, for older people and disabled people have historically been heavily publicly subsidised. The Danish government started to regularly subsidise old age homes in 1927 whilst home care became a permanent feature of Danish social policies in 1949 (Fuglsang, 2000; Sipilä, 2007; Nielsen & Goul Andersen, 2005). Home help specifically targeting older people was enshrined in Danish law in 1958 with municipalities being mandated to provide such care services in 1968 (Larsen, 2008; Nielsen & Goul Andersen, 2005). Home care services were subject to means-testing until 1987 but since 1992 these services have been free of charge, subject to testing of care needs (Nielsen & Goul Andersen, 2005). Following the introduction of a universal elder care guarantee in 1992, all older people with reduced physical or mental capabilities have the right to an individual care needs assessment and a formal decision (Gørtz et al. 2023; Rostgaard et al. 2022).

The Danish long-term care services, including home help and practical services such as cleaning tasks, are financed through general taxation with local authorities covering the costs through block grants received from central government, local council taxes and the redistribution of funds from other local authorities (OECD, 2011, Mailand & Larsen, 2020). Local authorities also administrate home help and cleaning services while care provision is left to public and private care providers that are typically publicly funded (Mailand & Larsen, 2020). Although home care and practical assistance is often free of charge and publicly funded, residential care and meals on wheels services are more often self-financed (LBK nr 170 of 24/01/2022). For example, lodging costs and rent in residential care are covered by care recipients but with reductions for low-income groups identified via means-testing and with an upper ceiling for meal services

(Gørtz et al. 2023; Borger.dk, 2024a). Meals on wheels services for care recipients living in their own homes are also self-financed but with reductions subject to means-testing (Borger.dk, 2024a). Various tax relief schemes related to the purchase of specific domestic services, such as cleaning, are available to all Danish private households but these are not targeted explicitly at older people or disabled adults. Older people with higher incomes tend to rely on such tax reliefs to subsidise their publicly funded care services (Rostgaard et al. 2022; Rostgaard & Matthiessen, 2020). A range of publicly funded cash for care schemes have also been introduced over the years such as the local government administrated and financed *BPA scheme* (the citizen-administered disability assistance scheme, introduced in 2009), which is available to disabled adults or individuals with severely reduced physical and mental capabilities and covers the costs of employing a personal care assistant (Mailand & Larsen, 2020 : LBK nr 170 of 24/01/2022 § 96). A further cash for care scheme is the *cash for care allowance* that forms part of *the free choice care model* introduced in 2003. Under this scheme, care recipients have the right by law to choose between at least two different public or private care providers and can either receive a pre-paid care voucher or a cash for care allowance to choose their private, but publicly-funded, care provider, but only if qualifying for public funded home help or practical services (Hjalmer & Rostgaard, 2020; LBK nr 170 of 24/01/2022). A third cash for care scheme is the *temporary family care arrangement* scheme, through which older people or disabled adults have the option to temporarily employ a family member until more permanent care solutions are available (LBK nr 170 of 24/01/2022). *Paid carers leave* is a fourth scheme available only to relatives of terminally ill people and the typical leave duration is up to six months with the possibility of extension (FOA, 2024; Larsen 2008). A further cash for care scheme is *the contact and companion assistant scheme*, where local authorities are legally obliged to offer disabled adults unable to travel alone a personal companion to assist them with shopping, trips, visits, etc., for at least 15 hours per month. The disabled adult retains this right when they reach retirement age. The scheme also offers disabled adults the option to choose between a person appointed by the local authority or to receive a cash for care allowance to directly employ a contact and companion assistant, subject to the approval of the local authority (LBK nr 170 of 24/01/2022: §97).

Besides the publicly financed cash-for care schemes and care services, private health care and private long-term insurance schemes are offered by a range of private insurance companies either under collective agreements (notably the health care schemes) or via individual privately-purchased insurance. Private health insurance schemes have rapidly grown in recent years (4% in 2000 – 40% in 2020) and typically form part of Danish occupational pensions schemes or as one of the many social benefits regulated by Danish collective agreements (Gørtz et al. 2023:10; Larsen & Ilsøe, 2023). In contrast, private long-term care insurance remains marginal (less than

1%) and typically offers a free medical hotline, advice on how to navigate the Danish health care system as well as up to 20 hours of home help, cleaning and transport services that aim to supplement the statutory and publicly financed care provisions (Tryg, 2024; TJM insurance; Gørtz et al. 2023).

### *2.1.2. Eligibility criteria – the conditions under which this funding can be provided*

Different eligibility criteria apply to the various available care services and cash for care schemes, where certain qualifying conditions apply to potential care recipients/beneficiaries and care providers, respectively.

*Beneficiaries/care recipients – eligibility criteria:* Access to publicly funded, but publicly or privately provided home help, practical services, meals on wheels and residential care are all subject to needs-testing in Denmark. All individuals have by Danish law the right to a care needs assessment, an enablement and retraining evaluation aimed to assist, maintain or potentially improve physical or mental disabilities as well as a final decision regarding their entitlements to specific care services (LBK nr 170 of 24/01/2022). It is the local authorities that conduct the care needs assessment, set the local eligibility criteria and make the final decision, leading to cross-country variations in terms of care entitlements (Hjalmer & Rostgaard, 2020). Eligibility for other services, including meals on wheels, lodgings and meal costs in residential care are subject to means-testing, with an upper ceiling for self-financing. The upper ceiling for self-financing for meals on wheels services in private homes is €8 (61 DKK) per main meal in 2024, whilst in residential care the upper ceiling for meal costs is €551 (4.113 DKK) per month in 2024 (Borger.dk, 2024a). Whilst care provision is free of charge in residential care, the typical lodging costs vary between €402–1,434 (3,000 DKK– 10,700 DKK) per month with higher lodging costs in private care homes and additional reductions through means-testing for low-income groups (Borger.dk, 2024a; Kramtoft, 2023). Besides individual needs assessment, examples of eligibility criteria for cash for care schemes include:

- *BPA-scheme:* The employment of a personal assistant requires that the older person or disabled adult takes on the role of a manager and an employer, unless the employer responsibility is delegated to a private company, NGO or relative, subject to approval by the local authorities (LBK nr 170 of 24/01/2022 § 96 stk. 2).
- *Temporary family care arrangements* scheme: older people and disabled adults with personal care or practical service needs corresponding to 20 or more weekly working hours are entitled to receive cash in care under this scheme to temporarily employ a relative or friend to provide the required care (LBK nr 170 of 24/01/2022 § 95).

- *Paid Carers leave for the terminally ill:* for a terminally ill person to be eligible for paid carers leave a prognosis of short life expectancy must be provided by a medical doctor and confirmation that treatment requires only palliative care. The terminally ill must be in need of care, live in their own home and the terminally ill person and the relative must both agree to the care arrangement (Borger.dk. 2024c).
- *Private long-term care insurance:* The private long-term care insurance offered by the Danish insurance company Tryg is only available to older people aged 70 years+ (Tryg, 2024: TJM insurance, 2024).
- *The contact and companion assistant scheme:* This is only available to disabled adults unable to travel alone due to severe disability. However, once granted, the scheme is life-long and continues to be a right for eligible disabled adults into old age. The contact and companion assistant cannot typically be a close relative of the disabled adult (LBK nr 170 of 24/01/2022 § 97).
- *Tax relief for privately purchased cleaning services:* are only available if the older person or disabled adult can provide a receipt detailing the type of purchased service; the payment is transferred via online banking and a service declaration will be signed by the client and the private company (Skat.dk, 2024a).

*Care provider/worker – eligibility criteria.* Specific conditions also apply to care providers and care workers. For example, local authorities must approve any public or publicly subsidised private care provider as well as home care worker or cleaner providing services to older people or disabled adults according to the Danish Service Act (1998). Private care providers must, by law, document that there is no debt of more than 50.000 DKK to any public authorities and provide a bank guarantee, and deliver annual tax returns as well as annualised revised budgets to the local authority when winning a public tender on home help or practical services. Local authorities are legally obliged to establish emergency plans in case of bankruptcy by the private contractor (LBK nr 170 of 24/01/2022 § 92). In addition, the private contractor is also legally obliged to comply with the care quality standards developed and published by individual local authorities when providing publicly funded home help or cleaning services (LBK nr 170 of 24/01/2022 § 92). This could for example apply to labour clauses in public tenders where private contractors are mandated to offer wage and working conditions in line with the most representative collective agreement within the specific sector (Refslund et al. 2023). In cases where an older person or a disabled adult eligible for publicly funded home help or practical services opts for recruiting their own (but publicly funded) personal assistant, the appointment is subject to local authority approval with eligibility criteria often differing across individual local authorities (LBK nr 170 of 24/01/2022: § 94).

### *2.1.3. Local municipalities decide the level of home help and other practical services*

Access to home help and practical care services, including the level of care, is subject to needs testing in Denmark. Every individual has the right to a care needs assessment, rehabilitation evaluation and final decision (LBK nr 170 of 24/01/2022). It is the individual local authority that makes the assessment, sets the publicly available eligibility criteria and determines the level of home help and practical services (Rostgaard et al. 2022; LBK nr 170 of 24/01/2022).

### *2.1.4. Care recipients – older people & disabled adults & care options*

Since 2003, all care recipients such as older people and disabled adults living in their own home have the legal right to choose between at least two publicly funded (private or public) care providers or to select their own personal assistant with a prepaid voucher or cash for care allowance under the free choice model, provided that they qualify for publicly funded home help or practical services such as cleaning. Care recipients may also opt for a different cash for care scheme outlined in section 1.1, if eligible for publicly funded home help or practical services (Rostgaard et al. 2022; LBK nr 170 of 24/01/2022). Access to tax relief for purchased cleaning tasks is available to all, provided they comply with the eligibility criteria. Thus, there is extensive autonomy granted to older people and disabled adults as to their choice between different care options, provided they are eligible for publicly provided care support (Skat.dk, 2024a).

### *2.1.5. Authorities responsible for the implementation of the different policy instruments*

There is strong legal framework on care provision in Denmark. It is central government that sets the regulatory standards and the overall long-term care budget whilst it is 98 local authorities that are responsible for administration, service delivery, local budgets and thus for implementing the different policy instruments outlined under the Social Service Act (1998). It is also the individual local authority that decides who is eligible for home help and practical service such as cleaning based on a set of locally developed eligibility criteria (Rostgaard et al. 2022; LBK nr 170 of 24/01/2022).

## **2.2. Private funding**

### *2.2.1. Home care and cleaning services covered by private insurance or other private schemes*



Private long-term care insurances continue to be rather marginal (less than 1%) in Denmark while the bulk of formal care provision being publicly subsidised but delivered by a mix of public and private care providers (Gørtz et al. 2023:10: Statistics Denmark, 2024a). The proportion of private, but publicly funded, care providers has rapidly increased since 2003, when the welfare reform entitled “the free choice care model scheme” came into force and legally mandated local authorities to offer eligible care recipients the choice between at least two care providers of which one must be a private care company, and the other can be a public care provider. In 2023, 40% of older people relied on a private care company to provide publicly subsidised home help or practical assistance such as cleaning services compared to 32% in 2010 (Ministry of Social Affairs, Housing & Elder Care, 2024: 32). In this context, older people are more likely to rely on private contractors for practical assistance (43%), less so for combined personal and practical assistance (32%) while only 9% of older people exclusively receive personal care from a private, but publicly subsidised, care company (Statistics Denmark, 2024c).

### **3. Regulatory instruments for home care / cleaning services**

In Denmark, there is a strong regulatory framework on home help and practical services such as cleaning. It is the Social Service Act (1998) that sets the national care standards, lists the various policy instruments and regulates the Danish long-term care sector, while the relevant collective agreements and statutory labour laws regulate wage and working conditions of care workers. Other relevant pieces of legislation include the recently adopted Aged Care Reform (2024), which among others extends care recipients’ care choices, entails greater empowerment of the individual care worker and care recipients as well as closer collaboration between the care provider, their care staff, the care recipients and their family. Part of the reform is also the introduction of new care standards that assign responsibility to care providers for developing a coherent and holistic care plan in close collaboration with the older person (Ministry of Social Affairs, Housing & Elder care (18/01/2024). The Danish ratification of the ILO-convention 94 on labour clauses in 1955 is also important given that the Danish government passed a law in 2014 which legally obliged all central government authorities to apply labour clauses to all publicly procured work, whilst it was optional for regional and local authorities to implement labour clauses in public procurement (Mailand & Larsen, 2020: Jaehrling et al. 2018). However, nearly all local and regional authorities apply labour clauses in public procurement, especially in the areas of publicly procured home help and cleaning services, where they request that private care providers comply with the wage and working conditions agreed by social partners in the most representative collective agreements covering the home help and

cleaning sectors (3F, 2021; Refslund et al. 2023). The ILO-convention 189 on domestic work also appears relevant, but Denmark has yet to ratify the convention, even if the Danish government at the time voted in favour of the convention when it was adopted by ILO in 2011 (Mailand & Larsen, 2020). The housing-job scheme, which regulates tax reliefs for privately purchased cleaning services, is also a highly relevant piece of legislation in relation to elder care; and the same applies to the Danish constitution, which guarantees disabled people the right to live in own homes and their independence (Mailand & Larsen, 2020).

### **3.1. General conditions to be authorised to provide home care and cleaning services**

The Danish Social Service Act (1998) outlines a set of conditions that apply to all private care companies and companies offering cleaning services for older people irrespective of whether they are publicly subsidised or not. All care companies must be VAT-registered and registered as a company with the Danish Business Authority where they acquire a company specific register number (CVR-number). Furthermore, local authorities must approve the publicly subsidised private care provider or cleaning company offering home help or cleaning services to older people or disabled adults according to a specific set of statutory and local government specific conditions. These conditions have become stricter in recent years, notably following a sharp rise in bankruptcies among private home help providers between 2013 to 2016 (Mailand & Larsen, 2020). Intense price-competition in public tenders where local authorities typically opted for the lowest viable bid and appeared unable to identify financially fragile care providers were reportedly the main reasons for the rise in bankruptcies among private care providers and the stricter rule changes since these bankruptcies had detrimental consequences for the care recipients, who did not receive their entitled care or cleaning services (Mailand and Larsen, 2020: 31–32). Subsequently, the Danish government and local authorities, in close collaboration with the Danish employers' associations, tightened the rules and regulations and developed jointly a series of guidelines to assist individual local authorities in developing their requirements for private contractors in their public tenders on home help and cleaning services (Mailand & Larsen, 2020: 32; VLAK-government et al. 2017). Some of these new statutory requirements that came into force in 2017 involved the aforementioned requirements that all private care providers are legally obliged to document that they have no debt of more than 50.000 DKK to any public authorities and are able to provide a bank guarantee, annual tax returns for the last three years and subsequently annually revised budgets to the local authority (LBK nr 170 of 24/01/2022: § 92).

Other qualifying conditions include private care contractor adherence to a set of local care quality standards developed and published by individual local authorities (LBK nr

170 of 24/01/2022: § 92). These include, for example, requirements that private contractors are able to guarantee a certain share of skilled care workers, have a certain level of experience providing home help and practical services to older people and disabled adults and adhere to social clauses and labour clauses used in specific public tenders (VLAK–government et al. 2017; Hilleroed Kommune, 2024: 3F, 2021). Most labour clauses mandate that private contractors offer wage and working conditions in line with the most representative collective agreement within the specific sector to avoid social dumping and sub–standard employment conditions. Social clauses typically include specific targets for further training, apprenticeships and proportions of vulnerable groups employed under specific terms and conditions (VEJ nr. 10079 of 19/12/2018; Refslund et al. 2023; 3F, 2021). In situations, where an older person or a disabled adult opt to recruit their own personal care assistant under the free choice scheme, the local authority must approve the appointment of the personal care assistant (LBK nr 170 of 24/01/2022: § 94, see also section 2.2 for the specific criteria). Private for–profit care companies offering home help to older people or disabled adults must also be approved by local authorities, and they need to adhere to similar conditions as publicly subsidised care providers. However, these rules and regulations do not apply to private for–profit cleaning companies that are not publicly subsidised nor do they require the approval of local authorities.

### **3.2. Conditions to be authorised as home care worker or cleaner for older people or disabled adults**

There are different national regulatory standards for the authorisation of distinct groups of care workers that are tied to educational attainment. For example, nurses and social and health care assistants can only be authorised as qualified nurses or qualified social and health care assistants if they have successfully achieved the relevant degree qualification. In order to be certified, they must also apply to the Danish Patient Safety Authority and pay a small fee to receive their certification/authorisation to work as nurses or social and health care assistants (Danish Patient Safety Authority, 2024a: 2024b). For nurses to be authorised, they must have completed the 3.5–year nursing degree, while the requirements for social and health care assistants is the completion of the 3 year, 9 months and 3 weeks social and health care assistant degree (Danish Patient Safety Authority, 2024a: 2024b). In contrast, there is no authorisation in place for care workers or cleaners having completed their qualifications as social and health care helper, service assistant or cleaning technician. In the last few years, there have been public and political debates on introducing a social and health care helpers authorisation system – a proposal put forward by the Conservative political party and supported by the trade union representing care workers (FOA), but yet to be put forward in the Danish Parliament (Pinborg, 2020: FOA,

2020). Care workers may also risk losing their licence to work as nurses or social and health care assistants if they endanger care recipients due to gross negligence – the most common reasons being alcohol abuse, mental illness or if carrying out work tasks beyond one level of competence (FOA, 2024a). There are also examples of other national standards, which are generally linked to overseas health and social care staff. For example, health and social care personnel coming from non-EU countries who apply to have their educational attainments approved, have to master a certain level of Danish before authorisation will be granted (L170 of 04/06/2024). Similar legal requirements to master Danish do not apply to care workers living and working in Denmark, but the training and education to become a qualified care worker is exclusively provided in Danish, which points to an implicit language requirement (Mailand & Larsen, 2020). In addition, there are no mandatory criminal record checks of care workers prior to starting to work with older people in Denmark. However, a series of recent social media stories about older people being robbed by their care workers have sparked some political debate and led the right-wing People's Party to call for nation-wide standards requiring care workers to be subject to criminal record checks. The same political party has also proposed a bill on nation-wide standards for Danish language requirements for care workers, but both this proposal and their proposal for nation-wide standards on mandatory criminal record checks of care workers failed to gain political support with most political parties voting against these policy proposals (Folketingets samling, 23/03/2021; 25/06/2020). Moreover, only certified nurses and social and health care assistants are allowed by law to administer medicine to older people, but only medical doctors can prescribe medicine to older workers, although it has been widely debated for years whether also nurses should have this right (BEK nr. 109 of 24/01/2022; Bom, 2009; Ringaard, 2016).

Most local authorities set additional local standards to public and private care providers and their staff with important variations in the different requirements across individual municipalities. For example, many municipalities set a specific target for the share of qualified care workers working for private contractors, notably for those providing personal care services and, in some instances, this requirement also applies to their use of temporary workers and cleaners (Guldborgsund municipality, 2021; Soroe Municipality, 2023). For example, Guldborgsund municipality requests that the care workers of their private care provider have at least the educational attainment of social and health care helpers and that 90% of temporary care workers used by private contractors are qualified care workers (Guldborgsund municipality, 2021). Another example is Hilleroed Municipality, which requests that the care staff of private contractors have the relevant skills and hold as a minimum the social and health care helpers degree. Hilleroed municipality further requests that 90% or more of care workers providing personal care through a private contractor are skilled care workers (Hilleroed municipality, 2024). Other local authorities demand that care workers and

cleaners speak Danish and have a clean criminal record, but this is not the case for all Danish municipalities (Guldborgsund municipality, 2021; Glostrup municipality, 2023; Helsingør municipality). A recent newspaper article revealed that 15 out of 65 municipalities which the reporter had contacted do not request their care workers to provide a criminal record check as part of their recruitment processes (Jensen et al. 07/03/2020).

### **3.3. Controlling and enforcing the service quality**

In Denmark, there are two public control and enforcement authorities – the individual municipalities and the Danish Patient Safety Authority that inspect the service and care quality of home help, practical assistance and residential care. All Danish municipalities have a duty to regularly inspect the care services provided to older people and disabled adults by both public and private care providers offering home help, reablement and retraining services, cleaning services or institutional care. Their duty is to ensure that the rules and regulations are enforced according to the local care quality standards set by the individual municipality. Part of the inspections involves at least one annual unannounced visit by the local authorities, and it is the duty of the municipality to follow up on any cases and resolve any violations identified (Borger.dk., 2024f; LBK nr 170 of 24/01/2022: §148; §151). All Danish municipalities are also legally obliged to develop and publicise their enforcement policies of public tenders, including the procedures they use for inspections and any follow-up measures in case of violations and undertake an evaluation of their enforcement policies and care quality standards at least once per year (LBK nr 170 of 24/01/2022: §151).

The Danish Patient Safety Authority also regularly inspects the care quality of both publicly provided and publicly subsidised and procured private home help, cleaning services and institutional care. The Danish Patient Safety Authority also has a duty to conduct unannounced inspections to ensure care standards are enforced according to the health and social care regulations regarding, for example, documentation and care quality. In addition, the Danish Patient Safety Authority is legally mandated to write up an inspection report for each unannounced visit to the public or private care provider (Borger.dk, 2024f; LBK nr 170 of 24/01/2022: §150). Individual citizens are able to contact the Danish Patient Safety Authority if they suspect potential violation of care standards; and if the Danish Patient Safety Authority considers the case valid, they will initiate an inspection case (Borger.dk. 2024f). In the case of suspected violations, the Danish Patient Safety Authority is legally obliged to inform the municipality and its municipal city council (LBK nr 170 of 24/01/2022: §150). It is then the duty of the municipality to ensure that the violation is resolved (LBK nr 170 of 24/01/2022: §151). Between 2021 to 2023, the Danish Patient Safety Authority conducted 314 inspections, and found that in 21% of the cases there were no problems

with the care quality provided, while in 60% of the cases they found minor care quality problems. However, in 17% of their inspections, there were critical care quality breaches with the Danish Patient Safety Authority requesting these care providers to rectify these breaches and instigating follow-up inspections (Ministry of Social Affairs, Housing & Elder Care, 2024: 27).

### **3.4. Regulation of prices for subsidised and non-subsidised care**

The prices for publicly subsidised home help and practical tasks such as cleaning are set by individual local authorities based on the estimated average costs for providing personal care and practical cleaning services outlined in the local care quality standards by the individual municipalities (LBK nr 170 of 24/01/2022). These prices are typically publicly available and typically an integrated part of the local care quality standards and public tenders. Local authorities are legally obliged to publish their care quality standards and public tenders on their websites. Cross-regional variations exist as to the prices listed by individual local authorities. For example, in Hilleroed municipality, the listed prices for subcontracted cleaning services are €63(468 DKK) per hour whilst the hourly rate is €68 (506 DKK) for subcontracted home help with a higher hourly rate for unsocial hours €92 (684 DKK) per hour (Hilleroed, 2024). Other local authorities such as Gulbergsund municipality operate with slightly different prices for subcontracted care and cleaning services €57(423 DK per hour) with a higher hourly rate for unsocial hours (€73 (542 DKK) – Gulbergsund, 2021). For non-subsidised care, the free-market forces are at play, and it is thus left to negotiations between the care recipient and the individual private for-profit care provider. However, most private for-profit care providers list their prices on their websites with examples of hourly prices for cleaning ranging from €68– €115(510–860 DKK) per hour and hourly prices for home help varying between €50– €80 (375 DKK– 600 DKK) depending on the private cleaning or home help company (Servicehuset, 2024; Hjemmehjælpen, 2024).

### **3.5. Regulations regarding market intermediaries in the home care and cleaning sector**

Since the early 1990s with the liberalisation of private employment agencies, there has been a steady growth in temporary work agencies providing temporary agency workers to the elder care sector such as nurses, social and health care assistants and helpers (Andersen & Karkov, 2011; Rasmussen et al., 2016). It has historically been one of the largest subgroups within the temporary work agency sector both when measured in terms of numbers of temporary agency workers and hours sold (Eurostat, 2024a; Statistics Denmark, 2024h). In recent years, when measured in hours sold by

the temporary work agencies, the numbers of temporary agency care workers have more than doubled between 2013 and 2022 with the largest increase in the hours sold was among nurses (+162% hours sold), followed by a 110% increase in hours sold for social and health care helpers and 68% increase in hours sold for social and health care assistants during this period (Authors own calculations based on the company statistics by Statistic Denmark, 2024h). Other recent examples of new market intermediaries entering the care sector are platform-based care, cleaning and meals on wheels companies with examples of such companies bidding in different public tenders on care provision and practical assistance services such as meals on wheels and cleaning (Larsen and Mailand, 2018; Ilsøe and Larsen, 2021). However, the platform economy remains marginal in Denmark with recent figures indicating that 1.4% of all employed have worked via a platform-based company within the last 12 months in 2023. The largest subsectors in the Danish platform economy are food delivery and cleaning in private households whilst relatively few work for a platform-based care company (Ilsøe et al. 2024; Ilsøe and Larsen, 2022). In fact, brief desk research indicates that there are relatively few platform-based care companies (less than five) in Denmark, but they are similar to temporary work agencies legally obliged to adhere to the same rules and regulations as other companies providing publicly subsidised home help and cleaning services under the Danish Social Service Act (1998).

### **3.6. Specific regulations for care platforms**

In Denmark, there are very few care platforms (less than five), and they are legally obliged to adhere to the same rules and regulations as other companies providing publicly subsidised home help and practical services such as cleaning tasks to older people and disabled adults under the Social Service Act (1998). Private for-profit cleaning and publicly subsidised companies offering their cleaning services are not obliged to operate under the strict criteria applied to private care companies. Instead, platform-based cleaning companies can, like traditional cleaning companies, offer their services to older people without being subject to a number of inspections by local authorities.

## **4. Migration**

Migration, in relation to the increasing labour shortages facing the Danish elder care sector, has been widely debated and is at the very top of the political agenda. Most recently, the Danish government passed a new legislation to ease foreign care workers', notably non-EU citizens', access to the Danish labour market (see section 3.1). Also, the Danish government together with other political parties has proposed forging

partnerships with national governments in India and the Philippines to support the recruitment of potential care workers, which has sparked a heated political debate (Danish government et al., 24/01/2024). Some trade unions such as the trade union representing nurses (DSR) have criticised the government's approach and find it highly inappropriate and unethical that the Danish government seeks to "poach" care workers from countries already experiencing labour shortages (Prakash & Stiesdal, 10/01/2024). The union DSR further emphasises the scope for a rich country such as Denmark to develop alternative solutions to what is considered a critical issue given that 5,000 nurses have left their nursing jobs for various reasons (Prakash & Stiesdal, 10/01/2024). Other political parties such as the Danish democrats are equally critical, but for different reasons and fear that relaxing Danish migration policies will lead to a "floodgate" of migrants (Prakash & Stiesdal, 10/01/2024).

#### **4.1. Specific regulations concerning migrant home care workers or organisations employing home care workers**

The Danish government recently introduced rule changes that ease migrant home care workers' access to work permits and residency permits in Denmark as a response to the rising labour shortages within the long-term sector, especially targeting skilled home care workers. In their most recent reform that will come into force on July 1<sup>st</sup> 2024, the Danish government expanded and relaxed their migration laws for migrant home care workers from non-EU countries. Some of the rule changes also stipulate that further training of certain groups of migrant social and health care workers, including foreign home care workers, can be included in the assessment of whether migrant workers' educational attainments correspond to the Danish authorisation standards for health and social care staff (BEK nr 1246 af 20/10/2023). The newly adopted reform also includes a new fast track authorisation process introduced for specific high demand groups of foreign health and social care workers working in sectors and occupations where labour shortages are critical. This so-called fast track authorisation and visa application process also covers skilled migrant home care workers, provided that an employment agreement is secured with a public or private care provider that adhere to certain eligibility criteria (L170 af 04/06/2024). Furthermore, the recent law changes also include the introduction of a specific quota for granting work and residence permits to social and health care helpers where the application for residency permit will be rejected after the statutory 1,000 quota for granting skilled care workers work and residency permit has been reached. However, the law offers an exemption to the quota should the applicant be considered by the relevant ministry in a high-demand occupation due to critical labour shortages, such as skilled migrant home care workers; they will thus be subject to the so-called fast track authorisation and visa application process. (L170 af 04/06/2024).



#### **4.2. Must immigration status be controlled by the employer and under which conditions?**

The visa, work and residency permit process is typically the responsibility of the individual care worker, except for those applying for work and residence via the so-called fast-track visa process. In these situations, the employer is responsible for submitting the visa, work permit and residency permit applications of the applicant. To qualify, the employer must be certified by the Danish Agency for International Recruitment and Integration (SIRI), applicants must have guaranteed employment and the work must adhere to the conditions outlined in one of the fast-track's five tracks (the pay limit track, the supplementary limit track, the short-term track, the researcher track and the educational track). However, migrant home care workers typically are unlikely to apply as they will often struggle to meet the minimum wage and qualification thresholds. Instead, migrant home care workers are able to apply for work permit and residence permit via the so-called positive lists, where they and not the employer apply. The work and residency permit is conditional on the employer being certified by SIRI, employment guaranteed and that the wage and working conditions offer corresponds to collectively agreed and statutory labour standards characterising such work in Denmark (New to Denmark, 2024). The employer is responsible for ensuring that overseas workers have a valid work and residency permit and risk a fine or prison sentence for employing illegal labour (Virksomhedsguiden.dk, 2024).

### **5. Outcomes**

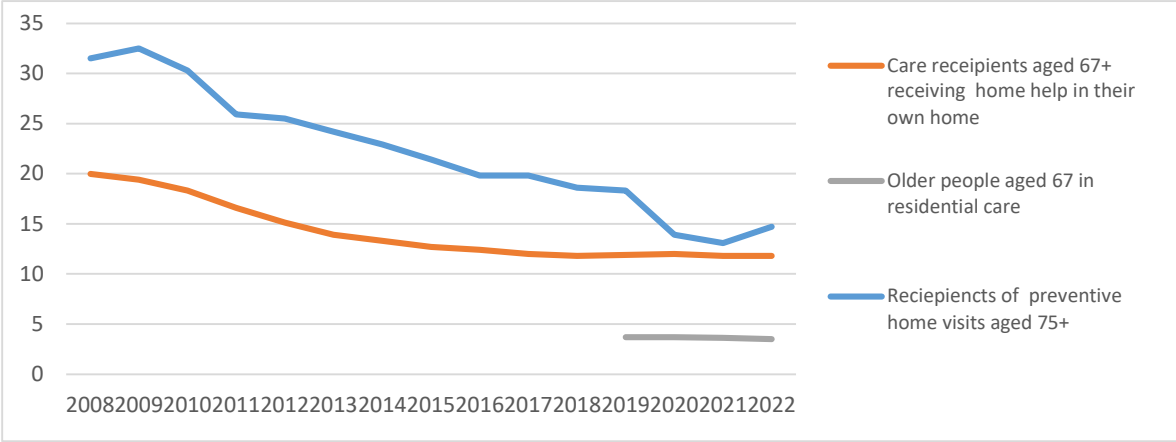
The various recent rule changes combined with a rising number of older people and labour shortages have changed the Danish regulatory care landscape in several ways. The Danish elder care sector is dominated by the person-centred care approach and the overarching aim to encourage older people and disabled adults to live in their own home for as long as possible (Danish government, 2024). The care sector has witnessed increased outsourcing of publicly provided care services for older people and disabled adults since 2003, and there has been a radical shift in the care approach towards reablement and rehabilitation of older people, notably since 2015 (Rostgaard et al. 2024: Statistics Denmark, 2024c). Alongside this development, there has also been a stronger emphasis on user choice as well as the role of the family in care provision combined with cutbacks in service provision and stricter eligibility criteria especially in relation to elder care, where fewer older people aged 67+ receive home help and practical services such as cleaning in 2023 (11% compared to 19% in 2008), (Statistics Denmark, 2024a; Rostgaard, 2017; Larsen, 2008; Hansen & Veliovites,

2024). Research also suggests that volunteers in care work play an increasingly important role, but private for-profit care remains marginal in the Danish care sector (Mailand & Larsen, 2020; Statistics Denmark, 2024; Aeldresagen, 2024).

**5.1. Share of people aged 67+ and 75+ living at home or in institutional care**

Recent figures indicate that older people aged 67+ are increasingly living in their own homes whilst the proportion of older people in some form of institutional care has declined since 2000. Around 3.5% of older people aged 67+ lived in some form of institutional care in 2022 compared to 3.7 per cent in 2016 (Statistics Denmark, 2024a: Figure 2). We also find that the share of older people receiving home help or practical assistance has declined from 20% in 2008 to 12% in 2023 (Figure 2). Also, the share of people aged 75+ receiving preventive home care visits has nearly halved since 2008 when 32% of older people aged 75+ received these services compared to 15% in 2022 (Figure 2). Preventive home visits are carried out by local government consultants in situations where an older person has lost their partner, their partner moves into residential care or there are other health or well-being reasons for such a visit.

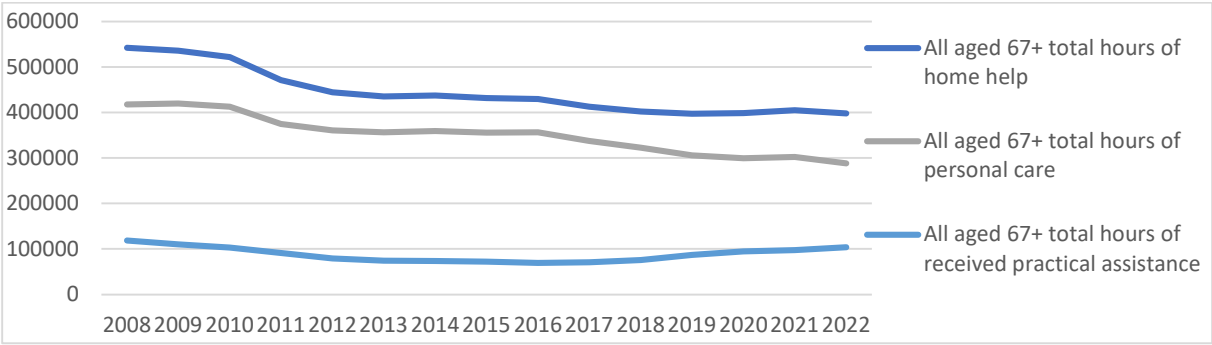
**Figure 2: Share of older people aged 67+ receiving home help in their own home, living in residential care and recipients aged 75+ receiving preventive home visits among total population (2008–2022)**



Source: Statistics Denmark (2024a)

The recent development in publicly funded care provision points to welfare retrenchment with fewer older people aged 67+ receiving home help services. This conclusion is further reinforced on exploration of the types and number of hours of home help services. The total number of hours of publicly subsidised home help has declined by 26% between 2008 to 2022. The number of hours of personal care provided to older people that has significantly declined between 2008–2022 (33%) while the decline in provided hours of practical care services such as cleaning is much lower (11%) (Figure 3).

**Figure 3: Types of home help services for those aged 67+ – personal care and practical assistance, measured in total hours provided (2008–2023)**



Source: Statistics Denmark (2024b)

**5.2. Indicators on the share of tax/social insurance/private funding dedicated to home care/institutional care**

Danish public expenditure on long-term care amounts to around 2% of GDP in 2022 and these figures have remained fairly stable since 2000 as previously mentioned (Figure 1: OECD, 2024). Recent studies indicate that more than 90% of funds financing the Danish long-term care derive from general taxation, 9.7% from self-financing individual private households and less than 0.2% from optional health care or long-term care insurances in 2019 (Gørtz et al. 2023 et al. 2023).

**5.3. Structure of the home care and cleaning sector for older people/disabled adults**

The structure of the Danish home care and cleaning sector for older people and disabled adults is characterised by central government setting the national regulatory standards and the overall elder care and disability budgets while local government is responsible for the administration, service delivery and local budgets as mentioned earlier. Wage and working conditions are primarily regulated through collective bargaining with stronger industrial relations institutions in place in the public sector compared to the private care and cleaning sector (Larsen & Ilsøe, 2022). Around 2.5% of the Danish workforce work within the elder care sector in 2023, and recent figures suggest that there has been a shift in the workforce composition, notably the proportion of unskilled care workers doubling between 2018 and 2023 (Ministry of Social Affairs, Housing and Elder Care, 2024). In 2018 unskilled care workers accounted for 8% of the care workforce compared to 17% in 2023. In contrast, all occupational care groups have either declined in number (Social and Health Care Assistants and Social and Health Care Helper) or remained relatively stable (nurses, physiotherapists and occupational therapists) during the same period (Ministry of Social Affairs, Housing and Elder Care, 2024).

When we look at the various employment forms within the Danish elder care sector, we find that part-time work is widespread with more than 74% of the care workers working fractional hours and only 19% working full-time. A third group of care workers (7%) work as on-call temporary workers according to recent figures (Ministry of Social Affairs, Housing & Elder care, 2024: 22). Other studies indicate that volunteer work has increased within the care sector. The NGO Aeldresagen is now the second largest volunteering organisation in Denmark with more than 20,000 volunteers in 2024, which is nearly twice as many as in 2018. These volunteers make morning calls to older people on a daily basis, offer companionship to lonely older people, assist older people with IT issues and organise social events (Aeldresagen, 2024: Mailand & Thor Larsen, 2018). In addition, the family appears to have gained a more prominent role in the care provision. A recent study by Hansen & Veliovites (2024) indicates that relatives are increasingly involved in the care of their older and dependent family members (92% in 2023 compared to 83% in 2015) and they also provide an increasing number of hours, in many cases as a response to the recent cutbacks in the publicly funded care provision. No specific studies have estimated the level of undeclared work within the elder care sector, but other studies exploring more generally the level of undeclared work estimate that between 4%-10% of Danes have secured cleaning and window cleaning services that can be classified as undeclared work, which is typically performed by friends or female relatives, not private companies (Bendtsen et al. 2018).

## 6. Conclusion

Denmark is often flagged internationally for their well-developed long-term care system embedded within the Nordic universal welfare state setting. However, our analyses of the recent development within the Danish long-term care system, using home help and cleaning services as illustrative examples, point to regulatory changes from the traditional universalistic Danish long-term care system towards a more blended welfare model with elements of re-familiarisation, insurance-based principles and market-based care. We find that fewer older people aged 67+ receive home help and practical services or live in residential care in 2023 compared to 2008. Many older people received fewer weekly hours of care in 2023 compared with 2009. In this period, family and volunteering organisations have played a more significant role in caregiving suggesting that the seemingly unchanged public long-term care expenditure on closer examination shows signs of welfare retrenchment and public budget constraints. This has led to an increasingly fragmented care landscape with signs of increased inequalities at the nexus of caregiving: those with greater means will buy private services, but publicly subsidised care provision continues to be the primary

source of home help and practical services accessed by older people and disabled adults in Denmark, despite indications of retrenchment.

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