# New challenges for public services social dialogue

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## Contents

**Introduction ..... 3**

**1. The emergence of service user involvement in Denmark..... 4**
1.1 Trends in user involvement nationally ..... 4
1.2 Key political-administrative developments ..... 5

**2. Overview of social dialogue in the schools and hospitals ..... 6**
2.1 Schools ..... 6
2.2 Hospitals ..... 10

**3. Mapping service user involvement in schools and hospitals .....12**
3.1 The schools ..... 12
3.2 The Hospitals ..... 17

**4. Case studies .....23**
4.1. Vejle Municipality and Vejle Central City School ..... 24
4.2 The user panel, Oncology department, Herlev Hospital ..... 28

**5. Conclusions .....33**
5.1 The findings ..... 34
5.2 Hypotheses: variation and user involvement-social dialogue split ..... 35

**References .....37**

**Appendix A: Method and data .....40**
A.1 Schools ..... 40
A.2 Hospitals ..... 41

**Appendix B: Overview of user involvement - school sector .....42**

**Appendix C: Overview of user involvement - hospital sector .....43**

## Introduction

This is the national report on Denmark to the country comparative project New Challenges for Public Services: Integrating Service User and Workforce Involvement to Support Responsive Public Services in Tough Times.

The project examines service user involvement and how it is related to traditional forms of social dialogue in five European countries. Furthermore, the project examines how employers and trade unions are responding to recent developments in the countries.

The research questions to be answered in this country report are as follows:

- How is the pressure of service user involvement (if at all) altering which actors are represented directly and indirectly within the system of social dialogue?
- To what extent has an emphasis on service user engagement encouraged new forms of direct user involvement, and what are the implications for traditional representative voice?
- How is the scope of social dialogue changing? In what ways has the agenda of social dialogue changed, and are the concerns of service users compatible with the interests of the social partners?
- What are the consequences for the social partners and workplace practice of these new challenges?

In order to address these questions in the Danish case, extensive written material has been collected, and 22 semi-structured interviews have been conducted. The written sources include Danish legislation, official government documents, newspaper articles, reports from public authorities and various organisations and secondary literature. These sources have informed us of the general structure of Danish social dialogue and user involvement within the school and hospital sectors. Furthermore, the written sources are used in the analysis to contextualise and further validate findings from interviews.

The interviews cover the hospital and school sector at three government levels: the national sector level, the regional/municipal level and the level of the local organisational units. Separate interview guides were constructed for the hospital area, the school area and the national versus local level. They all included questions concerning identifying the users within the sector, the form, level and scope of user involvement, social dialogue and the consequences of user involvement for social dialogue. During interviews with national actors, they were asked to give examples of innovative user involvement at the local level with implications for social dialogue. One school and one hospital case were selected based on this information. These individual cases represent recent

developments within the two sectors and illustrate the specific ways user involvement and social dialogue have become related (for more on method and data collection, please see appendix A).

In the next section, the emergence of service user involvement in Denmark is briefly discussed. This is followed by two sections mapping the development in social dialogue and user involvement. Within each section the developments in the school and hospital sectors are compared. This is followed by the presentation of a school and a hospital case illustrating user involvement in practice and how it relates to the social dialogue at the workplace. Finally, an overall conclusion comparing the two sectors is presented. The conclusion directly answers the four research questions concerning the Danish case. The conclusion is followed by a brief discussion of possible explanations for sector variation and similarity found within the Danish case.

## 1. The emergence of service user involvement in Denmark

### 1.1 Trends in user involvement nationally

During the 20th century, attempts have continually been made to decentralise, democratise and de-bureaucratise public administration in Denmark. Historically, one of the means to do so has been to increasingly involve non-bureaucrats and citizens in public service decision making (Knudsen, T. 1995). Decentralisation of local government is strong in Denmark. Since the municipal reform in 1970, most welfare services (including social care, health care, basic education, traffic and environment) have been the responsibility mainly of local government, thereby bringing service development, policy and governance closer to individual citizens. Thus, citizen involvement has long been a political project aimed at creating a strong basic democracy and reducing bureaucracy. In general, development of user involvement has been heavily reliant upon policy development within individual service sectors.

In this report, the focus is on the school sector (namely, the Danish Folkeskole, encompassing primary and lower secondary education) and the hospital sector. Between these two sectors, we find significant differences. Whereas formal school councils (a form of user boards) were introduced as early as 1934 in the school sector, similar fora have only very recently been developed in the hospital sector.

The development within the hospital sector is closely connected to the most significant change in public administrative thinking taking place with the introduction of the so-called *Modernisation programme* in 1983. This programme introduced neoliberal thinking into the government reform process, which had until then been dominated mainly by social-democratic politics in the years after the Second World War. However, the Modernisation programme is character-

ized less by pure ideology and more by pragmatism. Thus, the programme was launched under a conservative-led government but has been pursued by all governments since then, irrespective of political colour and conviction (Ejersbo and Greve 2008). Nevertheless, since that time, *user involvement* and *free choice* – as opposed to merely a *citizen involvement* focus – have been among the main buzzwords within official public administrative discourse (Sørensen 2000: 109). However, in reality multiple aims are framed within this discourse. Thus, user involvement continues to have a double aim: to achieve more efficient administration and to strengthen democracy (Sørensen 2000).

### 1.2 Key political-administrative developments

The idea of involving citizens in service development and governance as a way to empower citizens and strengthen participatory democracy is part of a broader *integrative democratisation ideal*, which in Denmark has also fed into the development of employee involvement – a specific part of social dialogue – at the workplace (Knudsen, H. 1995). Furthermore, citizen involvement is thought to create responsible citizens as their participation in service development together with officials and professionals should bring about mutual understanding and responsibility for services. However, during the Modernisation programme, this integrative democratisation ideal has been coupled with user involvement as an *administrative strategy* to enhance service quality directly by positioning citizens as consumers through the introduction of free choice and competition (Sørensen 2000).

Under the conservative-led governments from the early 1980s to the early 1990s, user involvement was framed mainly as free choice, although emphasising both the responsible citizen's ability to self-govern and the enhancement of the quality of welfare through increased marketization. The latter was further strengthened in light of results from large user satisfaction surveys conducted in the early 1990s (Ejersbo and Greve 2008: 32-43).

Under the 1990s' social-democratic-led government, user involvement continued to be in focus. In 1997, experiences with user boards in schools and child care became the object of studies set in motion by the Ministry of Finance and the Ministry of the Interior (Indenrigsministeriet 1998). The reporting which followed differentiated between three types of user involvement: free choice, user voice through user surveys, panels etc. and formal user boards. However, it is the latter which was the main focus of interest, and user boards' main aim was formulated as being 'to give users influence on task performance' (Ibid.: 7). Thus, apart from a research question concerning their democratic function as being representative of users, it is mainly their ability to strengthen governance in relation to local government leaders, both elected and professional, at the workplace which was considered.

In 2001, a liberal-conservative government took office and stayed in power until 2011. This government relaunched the Modernisation programme in May 2002. The revised programme included a clear reference to 'citizen governance' in the title of the official documents (Ejersbo and Greve 2008: 57). Free choice, performance management and a user-friendly and open public sector are the three main principles upon which further modernisation is to be built, especially within the hospitals and elder care. However, public dissemination of the quality of individual schools' education also is to provide a basis for citizens to exercise free choice. This is coupled with earlier ideas about further professionalisation of management and development of employees.

As the sections below will demonstrate, some of these objectives have been maintained during the current social-democratic-led government. Thus, enhancing the management prerogative and further professionalisation are still important elements of public administrative policy. However, rather than emphasising free choice, user involvement in both the hospital and school sector – and any other public sector, for that matter – should, according to this government, be mainly about enhancing the quality of services and involvement of users as codevelopers of services. This change in aims of user involvement might indicate a move from a more market-oriented public administrative approach towards a more network-oriented new public governance style. However, again it is important to keep sector differences in mind, as this is the policy level at which user involvement is actually developed in relation to service provision. Accordingly, the next sections will focus on mapping the development in social dialogue and user involvement for the school and hospital sectors respectively.

## 2. Overview of social dialogue in schools and hospitals

### 2.1 Schools

*Overview of school structure and employment*

In 2013 Denmark had 1,312 public schools and 548 private schools. 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 the integration of service users and workforce in *public schools*. The Danish Folkeskole was founded in 1814, providing for the basic right of all children to receive seven years of education. It covers both primary and lower secondary education, i.e. grade 0–6 and grade 7–9/10 (pupils traditionally from age 6 to 15). The first year is an introductory preschool which emphasises play. Upon completing the ninth grade, pupils must take the compulsory public school final examinations. The tenth grade is an educational opportunity for pupils to better themselves in order to continue in secondary schooling.

The Folkeskole is regulated through the Folkeskole Act, which sets the overall framework for the schools' activities. According to the act, it is the municipal local council that is responsible for the running of the school. From 2004 to 2007 Danish local government was restructured. The structural reform reduced the number of municipalities from 271 to 98 and replaced 13 counties with five regions. The aim was to improve quality in service provision and benefit from economies of scale. This has resulted in the merging of a number of schools locally in order to create larger, more specialized school units. Many schools today cover two or more school units, with one shared management.

In addition, the number of children has decreased in recent years. The effects of these two factors combined with increasingly tightened public spending have also resulted in a 7.2 % decrease in the total number of employed teachers from the school year 2008–09 to the school year 2011–12 (UNI.C 2012). According to Local Government Denmark, there were 51,453 full-time teaching positions within 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).

*Social dialogue in the school sector*

In the school area at the national level in Denmark, social dialogue has taken the form of a strong collective bargaining partnership and the inclusion of trade unions and other organisations in the decision-making processes through tri- and multipartite partnership. The latter implies that consultation is widely used concerning development of the school. A number of organisations are involved in the traditional social dialogue in the basic school area, including the employers' organisation Local Government Denmark (LGDK), which is also the interest group and member authority of all Danish municipalities. The Danish Union of Teachers (DLF) organises teachers of public and private schools and counts 91,000 members. The DLF was established in 1874 and is the only union to organise the teachers of the Danish Folkeskole. However, another and an 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, the Danish Association of School Leaders. This trade union represents principals, head teachers, deputy head teachers, heads of department and others with leadership responsibilities in and around the public school. However, DLF and the Danish Association of School Leaders bargain together through the Confederation of Teachers' Unions (LC). Thus, LGDK, BUPL, DLF and the Association of School Leaders (the last two represented by LC) are the main collective bargaining partners in the school area. In accordance with the Scandinavian corporatist tradition, these organisations are also represented in the social dialogue on the general development of the school.

In 2013, the latest major reform initiative concerning the Folkeskole was passed by Parliament (Regeringen 2013). This reform initiative was to improve national educational standards, especially with regard to international PISA rankings and the performance of weaker students within the school system. From August 2014, schools are obliged to offer children a longer and more varied school day. This includes more hours, and more classes in certain subjects, such as Danish, mathematics and foreign languages. Child educators are increasingly to be included in supportive teaching. All students must have on average at least 45 minutes of physical exercise per day, and schools are obliged to offer help with homework. In 2015, it will also become mandatory for students to participate in homework aid activities. Furthermore, the reform creates the possibility for integrating other parts of local civil society into the schools. Thus, municipalities are obliged to collaborate with local sports and cultural clubs. This can also include collaboration with local trade associations and the like. As part of the Folkeskole reform, 1 billion DKK (approx. 135 million EUR) was set aside for training teachers and child educators from 2014 to 2012; another 60 million DKK (approx. 8 million EUR) was set aside for educating local school leaders from 2013 to 2015. Furthermore, 12 million DKK (approx. 1.6 million EUR) was set aside for strengthening parent involvement in the school boards through further education, and funds were also set aside for carrying out a large project involving the Ministry of Education, Aarhus University, the Danish Association of Pupils and more than 300 school classes and aimed at strengthening student participation and involvement.

*Main challenges for social dialogue in the school sector*

The reform had a direct influence on the central sector collective bargaining round in the public sector in 2013, as the possibility of realizing more lessons and new ways of working was to be funded through new working-time regulation. This resulted in a major conflict with the teachers' unions. For years, working time within the Folkeskole had been regulated through a frame agreement between LGDK and DLF. The frame agreement was renegotiated several times over the years, and again during the collective bargaining round in 2008. Thereafter, most municipalities entered into local agreements on working time filling out the new frame agreement (Hansen 2013b). However, during the collective bargaining round in 2013, employers freed themselves from the working-time agreement altogether. In an act witnessed before within the Danish labour market model, but untraditional for a public sector collective bargaining conflict, public employers locked out the teaching staff prior to a strike taking place. After 25 days this was followed by a statutory intervention. Since then, working time has been regulated by law, whereas the organisation of work remains the unique prerogative of the school leader within the frame of Act no. 409. In the immediate aftermath of the conflict, collaboration between the

teachers' unions, especially DLF, and public employers at the sector level has been strained (Mailand 2014). Nevertheless, trade unions and the main employers' organisation embodied in LGDK remain the most influential social partners, owing to strong representative membership bases reflected in high union and organisation density. However, the (national) government controls the implementation of the new school reform by (among other means) initiating collective knowledge banks drawing on local ideas, and hiring a national corps of teachers to help implementation at the school level.

As it is the municipal local council that is responsible for the school, an important part of the social dialogue takes place at this level. Municipal politicians approve curricula, decide on school structure, agree on the general financial budget for schools and are obliged to report annually on school performance in the municipality. Accordingly, the abovementioned trade unions within the Folkeskole area all have a strong local organisation, with local offices, staff and representatives, and interact regularly with local politicians (Hansen 2013a). Local wage negotiations (less than 10 % of the total wage formation) and participation in the formal collective committee system (MED system) ensuring employee participation within the workplace take place at this level. There is no documentation of a widespread local challenge to this social dialogue, but quite possibly the 2013 conflict had implications for social partnership in some municipalities, as emphasis was put on managers' right to manage working time (Pors 2014).

Within the frame set by the local council, schools handle their own budgets. The schoolmasters hold the management prerogative and are responsible for the overall pedagogical development and administration of the school. However, also at the school level, social dialogue is traditionally strong, involving local shop stewards and schoolmasters as well as other employee representatives within the individual schools' collective cooperative committee. The subsequent presentation of a case study within a Danish municipality and public school will demonstrate the significance of social dialogue carried out at local levels. Little documentation so far exists as to how this partnership has developed since the 2013 conflict and the loss of the collective working-time frame agreement. Shop stewards have also, without doubt, had to redefine their role within the schools. The first quantitative data published indicate that a collaborative approach on the part of school management is important for teachers' perception of how well the new system is functioning (Andersen et al. 2014). Furthermore, as the case below will illustrate, the local shop steward continues to play an important role at the school level.

In sum, user involvement in the Folkeskole has been strengthened over time at the national, municipal and school level. At the school level, the school boards in their current form were introduced in the late 1980s. During the

1990s, they were strengthened with a double aim to secure free choice for citizens and strengthen management. With the recent reform from 2013, school boards and student involvement were yet again strengthened. Furthermore, the recent reform process has also affected user involvement at other levels. At the national level, user organisations seem to have become important consultation partners for the political system, though their membership bases remain rather weak compared to the social partners. At the municipal level, new actors are to be involved in the school, and parents and students more often become involved in innovation and development of the local schools, as the case study presentation below will illustrate. Finally, the reform has also introduced a new form of direct student involvement through yearly satisfaction surveys. However, trade unions especially fear that this might become yet another performance measurement tool in addition to the existing examination scores, already-established individual school quality reporting for the municipal level, individual student plans and national tests.

### 2.2 Hospitals

*Overview of hospital structure and employment*

The five regions – the tier in the public sector structure between the state and the municipalities – have operational responsibility for public hospitals in Denmark. The overall responsibility remains with the Ministry of Health.

There are (as of 2014) 53 public hospitals in Denmark, employing 107,000 persons. Of these, 14 % are doctors, 33 % nurses, 10 % nurse assistants, 12 % other heath employees and 30 % administrative staff, psychologists, cleaning staff, technical staff etc. (Danske Regioner 2014). Besides these, there is a number of private hospitals. Twenty-nine of these (75 % of all private hospitals and clinics) are organised in the Branch Organisation for Private Hospitals and Clinics (Privathospitaler 2014). The number and the turnover of the private hospitals increased until 2010 but have declined since then as an effect of the crisis and the change of political priorities, when the government changed from liberal conservative to centre left in 2011. This includes both a decline in the extent to which private hospitals are used as subcontractors to public hospitals and a reduction in the prices paid to subcontractors for services.

In what follows, the focus will be on public hospitals and, regarding social dialogue, on the areas which have not been outsourced (for a study of outsourcing in Danish hospitals, see Mori 2014).

*Social dialogue in the hospital sector*

In the hospitals, the *employers*' interests are represented by Danish Regions (Danske Regioner), including the Region's Board for Wages and Tariffs (RLTN

at the national level). Danish Regions is the only employers' organisation for the hospitals. Danish Regions/RLTN is the bargaining partner in the bi- or tri-lateral collective bargaining rounds.

There are two other levels of employers' organisations worth mentioning. One is the administrative level of the regions. The hospitals are the only major responsibility left for the regions. There are councils for employee involvement at this level (so-called cooperation councils), and the general guidelines for staff policy at the hospital are formulated here, but no collective bargaining takes place.

The second level is the hospitals themselves. At this level, collective bargaining takes place within the framework of the sector agreements (those with Danish Regions as the employers' association). Because the hospitals are large employer units, their HR policy and industrial relations differ to a large extent.

The structure is somewhat more complex on the *employee side*. There is one confederation for doctors, the Danish Medical Association (DMA), which is the umbrella organisation for the two doctors' trade unions, the Danish Association of Medical Specialists (FAS) and the Danish Association of Junior Hospital Doctors (YL). These organisations bargained until 2014, together with Akademikerne (AC), with Danish Regions during the bi- or triannual collective bargaining round regarding general conditions. This was only one of four bargaining units at the so-called general bargaining. Another bargaining unit was the Health Care Cartel, including 11 trade unions. Many of these organise employees at the hospitals. The trade union for nurses (DSR) is by far the largest in the cartel. In 2014 the Health Care Cartel formed a new bargaining cartel for employees together with the municipalities, KTO, which is named Forhandlingsfællesskabet (the Bargaining Association). This will be the only bargaining unit at the general negotiations during the coming bargaining round in 2015. Apart from the general bargaining, each organisation bargains individually about more occupation-specific issues.

*Main challenges for social dialogue in the hospital sector*

It is noteworthy that the public sector employers' tendency to strengthen the management prerogative during the last few years (Mailand 2012; 2014) has not been so marked in the case of regional employers as in the cases of state and municipal employers. Moreover, reports from trade unions of a lack of employer commitment to the codetermination system is less common in the regional sector (the hospitals) than in the municipalities.

Still, the social partners in the sector face a number of challenges. The handling of the working-time issue, specifically the introduction of more working-time flexibility for doctors, seems to be a key employer wish in these years and will most likely continue to be so. Other important issues to handle include working conditions related to the construction of new hospitals (the so-called

supersygehuse), work environment, workload and the continuous development of competences.

Leaving aside the issues of the outsourced areas, a more general challenge for the social dialogue is the subordinate position of regional bargaining to municipal and state sector bargaining. A further strengthening of this hierarchy might take place in the future: It is now being openly discussed to merge LGDK and Danish Regions. What this will mean for collective bargaining in the regions is an open question.

## 3. Mapping service user involvement in schools and hospitals

### 3.1 The schools

*Development and actors in service user involvement*

As stated in the legislation concerning school boards, the main service users in the school area are *parents* and *pupils*. This is stated throughout the interviews with social partners. Whereas pupils are the direct users of the school, they do not have the right to vote in general or local elections, and thus hold a somewhat particular user position compared to other welfare areas. Parents, on the other hand, are both users and voting citizens and are, as such, involved in decision making concerning schools in various forms, most prominently as voters in national and local elections, through which they become represented by politicians in the legislative processes.

Traditions of formalised indirect user involvement in the Danish school system are long standing. In 1934 *parents* for the first time gained the right to involvement through school councils. This indirect involvement has taken different shapes over time and has been further strengthened. Furthermore, other more direct forms of involvement of both parents and pupils have been added, as described in the sections below.

The present school board system from 1989 secures indirect participation of parents and pupils at the school level. School board elections are held by municipalities; however, voting participation has traditionally been low. At the national level, the school boards are represented through the National Association of School Parents (Skole og forældre), which was formed in 1935. The association has an elected chairmanship and president, who are serviced by a secretariat in Copenhagen with a professional staff of about 12 persons. It has local branches throughout the country. Its members are mainly school boards and a few individual members who wish to join and adhere to the organisation's rules and values.

Student councils similarly have a long history in Danish education. However, the formalisation of these representative bodies took place somewhat later.

During the 1960s and 1970s, *pupils* were increasingly involved at the school level, and the first national organisation was formed in 1969. Today the right to organise school councils at the school level is, as mentioned, secured by legislation. At the national level, students and student councils are represented by the Danish Association of Pupils (Danske Skoleelever, or DSE), which was formed on the basis of a merger of two separate organisations in 2004. The aim of DSE is to create 'the good school life' through an organisation 'by and for students'. Its members are mainly school student councils. The organisation has local regional student representatives, who form the organisation's board. A chairman is selected to head the board. A secretariat with 20 full-time employees and a number of volunteers is situated in Randers. Recently, one of DSE's major tasks has been to strengthen student involvement in the schools as part of the 2013 Folkeskole reform. Furthermore, the organisation has entered into partnership with Student-Friendly Municipalities to secure and optimize student democracy at the municipal level.

The Folkeskole Act states that each school must have a school board with five to seven elected parent representatives, two staff representatives and two student representatives elected by the students. Training of school boards takes place through the municipalities. However, training is limited and usually involves a one-day course. Thus, the National Association of School Parents also offers courses to school boards with the purpose of encouraging their work. Courses cover subjects such as school and home cooperation, parental contact, the competence of the school boards and financial decentralisation. The organisation also publishes books, leaflets and games about the rights and abilities of school boards, as well as the magazine *Skolebørn* (Schoolchildren), which is issued four times a year. Similarly, DSE also produces course material targeting students, teachers and school leaders with the aim of strengthening student participation in school life and decision making. Recently, it has developed material ('From reform to reality') targeting municipalities and schools with suggestions for how to implement parts of the new reform concerning, for instance, study groups and cafés and subject-prioritized teaching.

*Forms, levels and scope*

In Denmark, service users are integrated into the school area at four levels. At the *national level*, the abovementioned organisations are included in both formal and informal representation of interests. This is similar at the *municipal level* but is, however, the least formalised level of involvement. At the *school level*, indirect participation takes place through the previously mentioned school boards and student councils. Finally, parents are directly involved at the *class level* during annual parent meetings and school-home collaboration.

At the *national level*, the National Association of School Parents and DSE are included in many political committees etc., but they are wholly excluded

from the collective bargaining process. A number of smaller organisations representing specific groups of parents and pupils, such as the National Association for Autism, are also involved in relation to specific issues concerning inclusion of vulnerable children within the Folkeskole. Involvement takes the form mainly of *consultation*. Furthermore, a new tool was introduced in the 2013 Folkeskole reform directly targeting pupils at all levels through a yearly student satisfaction survey. The survey will measure satisfaction at the class, school and municipal level and implies a direct but passive involvement to be interpreted by other actors than the users themselves.

At the *municipal level*, there is a long-standing and strong tradition for *partnership* and *consultation* between politicians/the municipal administration and the local trade union branches. Furthermore, there seems to be an increased tendency for especially parents and to a lesser degree pupils to be involved ad hoc in school development projects at this level, the latter mainly in the form of *consultation*. As there is no formal registration of this development, it is difficult to determine the extent of this local involvement practice. However, DSE has established formal partnerships with a number of municipalities interested in strengthening student democracy. Yet again, parents and pupils are formally excluded from all issues related to collective bargaining. Informally, however, parents can play a significant role in the local political landscape. There have been a few examples in the child and educational area of parents blockading institutions and thus creating the opportunity for staff to stay away from work without directly engaging in illegal strike activities. Parents' and pupils' engagement in defending threatened institutions through local media and political actions in solidarity with school staff and management is also a rather common phenomenon.

At the *school level*, school boards have a number of formal rights of involvement secured through the Folkeskole Act. A parent representative is head of the school board, and the schoolmaster acts as the board's secretary. It is the responsibility of the individual municipality to hold elections for the school boards. The local council can decide to give parent and student representatives an annual fee of 134–403 EUR (1,000–3,000 DKK), depending on whether it is a parent or student representative, and/or offer daily allowances for activities of more than four hours' duration. Within the limits set by the local municipal council, school boards can formulate *principles for the running of the school*. This includes the way teaching is organised (e.g. the number of lessons for each grade, the length of the school day, elective courses and special courses), the collaboration between school and home, the provision of information on and evaluation of students' achievement in class, the distribution of work among the teachers, student events and social events and afterschool arrangements. In addition, the school board formally approves all educational material, sets the

general rules and values of the school and approves the yearly school budget. Furthermore, it is to be consulted during hiring processes. However, school boards are not to be included in other matters of the employment relation and are not to deal with individual cases involving pupils. It is the school leader who is the administrative and educational leader and who is responsible for the school's activities. .

Also at the school level, pupils have the right to form a *student council* if the school has fifth grade or higher. The student council consists of pupils elected by their peers. They council on all matters of significance to the student body. However, in practice they deal mainly with matters concerning social activities, educational activities and the student environment at school. In adherence with the new school reform implemented in 2014, various other actors, such as cultural and sports clubs and industrial associations, are to be involved directly in the service delivery. The latter are informally considered what might be called 'secondary users' of the school and are a resource for the individual school and its teaching activities. Furthermore, using citizen volunteers for care and homework assistance for pupils after school hours is used in some municipalities. It is undocumented how widespread the use of volunteers is within schools; however, so far the phenomenon seems rather limited.

At the *class level*, the involvement of parents and pupils are both direct and indirect. Danish schools have a strong tradition of involving parents directly in decisions concerning the individual class and pupil in addition to the daily interaction between students and parents, especially for younger children brought to school by parents. Parent meetings are held each year, where parents can set the general rules for social interaction in class, including birthdays, and, in the older grades, policies regarding alcohol and parties. Furthermore, Danish public schools offer school-home meetings about twice a year. During these meetings, parents can get a direct assessment of the scholastic progress of their children and discuss individual pupils' progress with teachers. This is all in accordance with the Folkeskole Act, which also states that schools are obliged to provide information concerning individual student plans electronically and inform parents regularly on students' learning outcome.

*Consequences for social dialogue*

The traditional social partners – namely, LGDK, DLF and the Association of School Leaders – regard user involvement as legitimate and qualifying for debate and also agree that especially the National Association of School Parents and DSE have gained influence, but they maintain that the latter are not threatening their realm of interest in the traditional social dialogue. It is important to note the difference in the representative base between the traditional social partners, who also undertake collective bargaining, and the here-mentioned organisations representing parents and pupils. Whereas the trade unions and the em-

ployers' organisation hold very strong power bases by organising close to all potential members, the National Association of School Parents and the DSE have a weaker membership base among more sporadically organised parents and students; though they represent close to all school boards and student councils, they have few individual members among the vast group of individual parents and pupils. However, when asked directly, all interviewees seemed to agree that the two organisations have probably never had more strength or political influence politically than they have today at both the national and local level. Both of these organisations have tried hard not to interfere in the conflict. In fact, the head of DSE especially has been praised by both employers and trade unions for DSE's handling of the situation. The organisations were not drawn directly into the negotiations, but during the conflict, they were informed about what was happening by LGDK, which was unusual. However, the conflict during the collective bargaining round 2013 very much took place in the media (Mailand 2014). During this process, the significance of winning the sympathy of the broader population was demonstrated. In this political struggle, the position of parents and pupils in confirming whether the teachers' union or managers represented their true interest became significant in the public discourse, however much the organisations representing these groups attempted to avoid commenting directly on the conflict.

User involvement in the school sector during the late 1990s was framed as a discussion concerning which decentralisation strategy seemed most appropriate and, ultimately, how a democratisation of the school was best achieved (Sørensen 2004). Thus, school boards became a political battlefield for how to combine *free choice for citizens* and a *strengthening of management* in various ways. However, previous research has also stressed that parent boards can sometime act as a rubber stamp for management and employee collective decisions and that employees generally hold the agenda-setting power in the parent boards (Floris and Bidsted 1997; Indenrigsministeriet 1998; Andersen and Jensen 2001).

The 2013 reform of the public schools also, as mentioned, included a general strengthening of parents' involvement in public school through the formal school boards, and a new focus on student satisfaction measured at the class, school and municipal level. However, the reform is less about free choice and more about management, professionalising the school boards, adjusting to a new school structure and making parent responsibilities clear (Undervisningsministeriet 2014a). Thus, the more recent initiatives link back to the abovementioned (see section 1) ideas of user involvement as a decentralisation strategy to increase democratisation in terms of both responsible citizens and integration of citizens.

Whether this will impact social dialogue at the local level is unclear. The removal of the right to collective agreement on working time locally in the school area seems to have created some insecurity concerning the limits on school boards' involvement in issues with significance for the working-time arrangements. Both trade union and LGDK representatives emphasise that this is not an area of involvement for parents. LGDK stresses that it is mainly a local management prerogative. However, the National Association of School Parents points to the rather broad possibilities for involvement of the school board in creating principles for the organisation of teaching, which might also have implications for the distribution of work among teachers. As the case study below will demonstrate, however, this very much depends on the strength and engagement of the school boards, and weak involvement implies no challenge to the traditional social dialogue. DLF has also noted that most likely, the yearly satisfaction surveys among pupils will mainly be yet another bureaucratisation initiating new steering tools for managers (Dørge 2014).

In addition, by including new actors in producing education (e.g. early childhood and youth educators, free time associations/clubs, industrial associations), the reform also opens up to a more varied group of potential stakeholders in the schools. During interviews, it was stressed that, for instance, youth education, cultural initiatives and industrial associations – as representatives of users of the human capital created in the schools – are heard both at the national and local level as 'users' of the school system. This inclusion of various actors at the local level was seen as unproblematic by the traditional social partners.

### 3.2 The hospitals

*The development of service user involvement*

User involvement in Danish hospitals is not new, but it has clearly become more debated in recent years, and a number of new initiatives have been started. This includes both the direct (individual) form of involvement and indirect (organisational) involvement. Individual involvement has always taken place to some extent, in that doctors, nurses and nurses' assistants in many cases can hardly carry out the treatment of patients without some level of input from patients. Indirect involvement – that is, of the organised interests of the patients – also has a long history.

However, since the late 2000s, and especially within the last three years, user involvement has become much more widely discussed than previously, and many more initiatives have been started. The interviewees pointed to five interrelated explanations for this. First, demographic pressure and technological development, which makes treatment of an ever-increasing number of illnesses possible, combined with budget restraints are incentives to increase the quality

of treatment by all means, and here user involvement is an important tool. Second, there is an element of budget saving in the attention given to user involvement in the health sector, the line of thinking being that 'if patients can treat themselves, we can save money'. However, the interviewees were reluctant to admit to this interpretation. Third, international research and experience from countries where user involvement is more developed – e.g. the United States, the United Kingdom and to some extent Sweden – have been used as a source of inspiration by Danish decision makers. Fourth, until 2007 there were no umbrella organisations for patient organisations in Denmark. Hence, public authorities were often in a situation where they wanted to involve user interest organisations in cross-illness issues but were restrained from doing so because they did not want to provide some organisations with privileged access and others not. With the setup of the umbrella organisation Danish Patients in 2007, this problem was solved.In addition, Danish Patients has developed into a strong and respected organisation for user interests that raises its voice not only when asked. Fifth, the demands of patients have changed from a classical model, where patients accept what health authorities have to offer and do what doctors tell them to do, to the situation where patients increasingly want to be involved in the decision-making process regarding their own treatment. Sixth, the development of the user involvement agenda in health seems to have reached a self-perpetuating stage around 2013–14 where actors cannot ignore it and some organisations even can use it as a raison d'être.

It is noteworthy that none of the interviewees pointed to drivers that transcend the health sector, such as the development in management ideas, when explaining the development of user involvement. No matter what the drivers behind user involvement are, the legal framework has been strengthened in recent years. Until a few years ago, it was voluntary for the regions to have health user councils; since then they have been obligatory.

*Actors in user involvement*

The list of important actors in user involvement is long and includes the following, inter alia:

- The Ministry of Health
- The regions and their interest organisation, Danish Regions
- The public hospitals
- The private hospitals
- Patients Denmark (and member organisations)
- Danish Medical Association (DMA), lobby organisation for doctors and, as such, the umbrella organisation for the doctors' trade unions
- The trade unions/professional organisations – most important, the Danish Association of Medical Specialists (FAS), Danish Association of Junior Hospital Doctors (YL) and the trade union for nurses (DSR), and

least important, the trade union including nurses' assistants (FOA) and organisations for other health-related trades
- Local Government Denmark, LGDK (Kommunernes Landsforening, KL) – not directly involved in the hospitals, but the municipalities are responsible for a number of health-related tasks and processes and are therefore an important stakeholder
- The general practitioners, a stakeholder for the same reason as LGDK

According to the interviewees, all the important actors sign up to the user involvement agenda, and user involvement seems to have reached a status as something that one just cannot be against. However, unsurprisingly, there are variations in the way and the extent to which they do so. Danish Regions and the Ministry of Health are the key actors and often take the initiative in user involvement activities. Nevertheless, these actors occasionally air some concerns grounded in experiences from the past when patient representatives sometimes were seen as representing themselves rather than users in general.

Danish Patients and some of its larger user organisations are, unsurprisingly, maybe the most proactive actors, constantly pushing for extending user involvement. Danish Patients describes the roles of the other actors as positive but sees the state of user involvement in Denmark as being at an immature and ad hoc stage. The positive description includes the trade unions also, some of whom, however, do have reservations with regard to how far they want user involvement to go, among other reasons because it has consequences for the work tasks of these professions.

The trade unions do acknowledge the positive role of the user organisations and are in general in line with them. However, one trade union finds that some user organisations have a too-confrontational approach towards the trade unions and the hospitals. The trade unions also acknowledge and appreciate the role of the employers in Danish Regions, but when it comes to resources, interests differ.

There are also differences between the trade unions. According to a survey, the nurses' highest priority regarding user involvement is time, personal resources and knowledge. The doctors' highest priorities are physical framework, personnel resources and time (Videnscenter for brugerinddragelse 2014).

The interviewees provided a picture of the trade unions as interested in the user involvement agenda but, for some of them, hesitant to get too deeply involved at the present stage. On the one hand, all the interviewed trade unions see the agenda as relevant and as a new arena for political and practical influence. On the other hand, some trade unions are reluctant because they fear losing decision-making power to the patients, whereas other have a more proactive approach but find that they have been forced by public authorities to use re-

sources on the efficiency agenda, leaving limited resources for the user involvement agenda. Moreover, one of the trade union interviewees explained that their interest is in the specific 'clinical' level of user involvement, and they are less interested in the user involvement on higher levels (organisational involvement). Nevertheless, the engagement of the trade unions in the user involvement agenda has clearly changed, especially within the last two years. One of the trade unions with a more proactive approach to user involvement might be YL, which in 2013 formulated a policy regarding 'high-quality patient process' (det gode patientforløb), which includes a high degree of user involvement (Yngre Læger 2013).

The understanding of who the service users are differs only to some extent between the main actors. The patients and their relatives were mentioned by all interviewees. Sometimes the word 'patients' was replaced by 'citizens' or 'users'. Some actors use these alternative words sometimes because 'patients' is not an appropriate term for all users, such as in the case of women giving birth at hospitals or birth clinics. Danish Regions, for instance, is still uncertain about what terms to use in the different contexts. One of the trade unions distinguishes between 'citizen involvement' regarding construction of new hospitals and 'patient involvement' regarding individual involvement.

As with the question about who the service users are, the actors' understanding of what patient/user involvement is does not differ so much, at least not on the general level. It is about putting the patient in the centre of the health process. An often-quoted way of expressing this (which does not work so well in translation) is the movement from 'what-is-the-matter medicine' to 'what-matters-to-you medicine'. However, at a more specific level, the understandings differ to some extent. For instance, a study comparing the approaches of nurses and doctors to patient involvement showed that while doctors and nurses agreed on the importance of the issue, the doctors understood informed approval (from the patients to the doctors) as key, while the nurses had a much more holistic understanding, seeing the provision of choice between different opportunities as key (Videnscenter for brugerinddragelse 2014).

*Forms, levels and scope*

There are multiple forms of user involvement in and related to the hospitals. One way of separating these forms is in terms of the aim of the involvement. The general aim can be to improve the individual patient treatment process, medical research or the broader development of the health sector.

The typology of involvement most often referred to in the interviews was between individual and organisational involvement. This simple typology is similar to the distinction between direct and indirect participation in our project. Each of these two forms exist in many different variations according to aims, the actor constellations, the level of involvement and the scope.

*Organisational (indirect) involvement* is found on the sector level, the regional level, the hospital level and the hospital department level:

- Sector level (the health sector): There are no permanent public bodies for user involvement in the health sector. However, the Danish Society for Patient Safety is a non-profit organisation working to ensure that patient safety is an aspect of all decisions made in Danish health care. Although not a 'pure' user organisation, its aims are closely related to user involvement. It can be seen as a multipartite organisation in that it includes representatives from Danish Regions, LGDK, user organisations, trade unions and the medical industry. Established in 2001, it works for patient safety and health care quality, not only in Denmark but internationally as well. Among other activities, it provides advice to legislators and stakeholders, suggests standards for safe operation, creates consensus and initiates projects (Danish Society for Patient Safety 2014). Moreover, Danish Patients is more and more often invited to take part in government initiatives in the health area. Danish Patients isnow nearly always involved in new policy initiatives. Sometimes, both Danish Regions and trade unions are also involved, but this not often the case. The latest sector-wide initiative was started by Danish Regions, and its aim is to develop plans for the future of the hospitals. This partnership involves DSR and DMA as well as the Ministry of Health. According to the newest legislation on health, health initiatives should be developed 'in dialogue' with users and citizens, but the legislation does not specify the depth of this involvement. It can be done by hearing only and still be in compliance with the law. Bilateral meetings between user organisations do take place. One example is meetings between Danish Patients and YL that provide the latter with feedback on its user involvement policy (see above).
- Regional level: According to the health legislation, all regions are now obliged to have a health user council (sundhedsbrugerråd or dialogforum for sundhed). Until a few years ago, it was voluntary for the regions to set up these councils. In these, patient-only organisations are found. Each region formulates the specific aims of the councils. Usually the councils can get involved in health-related issues in the regions broadly.
- Hospital/department level: There are also user councils at these levels. These are not subject to any legal regulation. Hence, the variation is substantial. In contrast to the user councils at the regional level, it is not only users who are represented in these councils. There are also employee representatives and occasionally representatives from the management, whereas trade union representatives do not seem to be directly

represented. In some councils, the users are not only patients and relatives related to the hospital, but also representatives from patient organisations. The councils have typically an advisory role in the management of the hospital. At some hospitals, there are also user councils at the department level.

The interviewees described the organisational involvement as being very varied between regions and hospitals and marked by different understandings of what user involvement is and should be. Often, the councils at the hospitals have formulated only very general aims and lack more specific aims. Regarding the depth of the organisational involvement, the described forms are mostly of the informing (hearing) or consultation type. Arrangements of the type we classify as partnerships in this project seem to be rare. Informing is common as part of the political decision-making process on new legislation.

There are a large number of different forms of *individual (direct) user involvement*: The standard, and weakest, form is patient rounds (stuegang). At a neurological department at one hospital, where patients normally are hospitalised for a long time, this has been developed into a deeper form of involvement: the involving round (den involverende stuegang), a weekly form where all doctors and also relatives participate. The informed approval (det informerede samtykke) from the patients to the doctors is also a standard and weak form of involvement. Shared decision making (fælles beslutningstagning) is a stronger form of involvement in which the patient together with the doctor/nurse takes a decision based on choices between different options. Furthermore, in user-guided contact (brugerstyret kontakt), the patient takes the decision about whether and when to have contact with the health authorities. The *National Survey of the Satisfaction of Patient* (Den Landsdækkende Undersøgelse af Patientoplevelser, LUP) is also worth mentioning. LUP evaluates all hospitals down to the department level. These are, however, only examples of the multiple forms of individual (direct) user involvement which take place at Danish hospitals.

*Consequences for social dialogue*

In the health sector (including the hospitals), as in so many other areas of Danish society, social dialogue is well developed. However, the term 'social dialogue' is rarely used in a Danish context, and when it is, it is most often used in connection to processes at the EU level, which Danish ministerial and social partner actors take part in also. Instead, the terms 'collective bargaining/agreements' (kollektive forhandlinger/overenskomster) and 'codetermination/employee involvement' (medinddragelse/medindflydelse) are used extensively and cover most of the relevant social dialogue processes at the sector level. These processes take place at the sector level (with Danish Regions as the

employer part) as well as at the hospital level. No bargaining takes place at the regional level, but employee involvement does.

One of the key questions in the present project is to what extent user involvement and social dialogue are related. The interviews and the description above indicate the following:

- Firstly, social dialogue and user involvement take place in different decision-making areas that formally do not overlap. However, one of the trade union interviewees expects that user involvement directly or indirectly will be part of the regional social partners' collective bargaining round, which will take place in winter 2014.
- Secondly, it does happen occasionally that the key social dialogue actors – the employers and the trade unions – take part in the same decision-making processes as the patient organisations. These are never social dialogue processes but user involvement processes, since the social partners on some occasions (the employers seemingly more often than the trade unions) partake in the user involvement arena, while the patient organisations never take part in processes in the social dialogue arena.
- Thirdly, according to the interviewees, there are no signs that the growing user involvement replace social dialogue. The patient organisations are seen by the social partners as having partly similar agendas, although one trade union interviewee found some user organisations to engage in much complaining. Some of the trade union interviewees see them purely as potential partners whereas others see them as competitors for political influence. The effort of the trade unions is respected by the patient organisations, although they do not see the trade unions as first movers with regard to this issue. Moreover, social dialogue in itself is not seen as under pressure (see also above).
- Fourthly, these three findings could indicate that social dialogue and user involvement are complementary decision-making arenas and that there is no effect from user involvement on social dialogue. However, there might be consequences and impacts. The trade union interviewees see the opening of the user involvement agenda as an opportunity for them to increase influence. And the arenas are indirectly connected, in that user involvement has consequences for work organisation and work intensity. There are also indications that the two arenas might overlap more in the future.

## 4. Case studies

### 4.1. Vejle Municipality and Vejle Central City School

*Case study selection*

This case study deals with Vejle Central City School in the municipality of Vejle. However, since there is a close connection between municipality politics and school development, the case study discusses both municipal and school initiatives. The case was selected because it demonstrates the challenges and benefits of social dialogue stemming from both innovative and traditional engagement with users in the local school area. Vejle is a large municipality representative of merged entities containing both countryside and city areas characteristic of many of the municipalities making up the Danish municipal map today. Within the municipality, the urban Central City School was chosen for further enquiry.

The case presents an innovative school development project initiated at the municipal level in Vejle. This project involved users to a high degree, also setting the direction for the later management of the implementation of the 2013 school reform. Second, the case deals with work done to engage parents and pupils at the Vejle Central City School within the frame set by municipal school development and the 2013 reform. It should be mentioned that in 2014, the municipality was selected as the most pupil-friendly municipality by the pupils' organisation DSE, honouring its work in strengthening student democracy.

*Radical school innovation in Vejle Municipality*

Vejle has for years been at the forefront concerning school development initiatives. In 2000, it was one of the municipalities instating the heldagsskole, which integrates teaching and leisure activities throughout the school day, implying a close collaboration between teachers and child educators. These principles were introduced countrywide with the 2013 reform. Furthermore, Vejle Municipality carried out several projects during the 2000s focusing on approaches to different learning styles which were followed by a broad public on national television.

In 2010, it initiated a major development project of the municipal school system called 'The School in Motion' (Skolen i bevægelse). This project was aimed at creating a *radical innovative process* through a bottom-up process involving many actors, including various users. The aim was to challenge traditional ways of teaching and learning by including new perspectives from a broader array of professionals and users. In the early stages of the project, from April to October 2010, a number of camps were held involving students, parents, child educators, teachers, school leaders, administrators, shop stewards and local trade union representatives as well as a number of people recruited from outside the school environment. During this phase, the involvement took the form mainly of consultation. The ideas generated during these camps were further qualified in a partnership led by the head of education and learning in

Vejle Municipality and including four school managers, three internal consultants and four external experts (a professor in management, an entrepreneur, a researcher in education and psychology and a local process manager).

During later stages, project results were presented and discussed with groups of school managers, school board members, student body representatives and the steering group before being presented to the political committee on children and education. Parallel to the processes, an Internet site enabled all interested citizens to participate in the debate, and each school developed individual projects within the frame of the principles of The School in Motion.

Project management involved several parties – namely, *the project team*, including a small group of six municipal administrators who coordinated and prioritized initiatives throughout the project, and the *steering group*, including administrators, representatives of parents and pupils, the trade unions, a researcher and an external idea facilitator. Owing to this form of project management, involvement seems to have moved between consultation and partnership, depending on management's wish to strengthen or weaken inclusion.

The project received much praise as an early forerunner to many of the principles later discussed during the 2013 Folkeskole reform and has had an impact on teaching practices in the individual schools. However, the project also met with criticism, especially from the local trade union branch. An important background of the project The School in Motion was recent pressures facing the Folkeskole – namely, the liberal-conservative government's 360-degree service inspection of the school system and emphasis on making national tests public prior to 2010, as well as the general austerity measures instated in light of the financial crisis. Accordingly, the project was openly formulated as a necessity to rethink how to conduct teaching and learning with fewer financial resources. Alongside the running of the project, layoffs were being processed, and a restructuring of the schools involving several mergers of previously separate school units was carried out. This was experienced by the local trade union as extreme pressure on the staff within the school system, even if some of the principles instated though the project were looked upon positively. Discursively, the local branch of the Danish Union of Teachers was seriously challenged by the municipal administration, and traditional social dialogue concerning working-time negotiations and collective collaboration suffered.

These processes have weakened the local social partnership. What the actual causal relationship is between these processes, however, is difficult to discern in retrospect.

The project continues to run, but as it included aspects of the 2013 reform, it has today become combined with the implementation of the reform. For instance, the idea of integrating leisure and learning, including child educators into the school day and engaging with the surrounding society and integrating

external actors into the teaching and learning processes are all principles which later became an integral part of the Folkeskole reform in 2013.

Thus, in some respects, the municipality of Vejle has been able to draw on previous experiences from The School in Motion in the early implementation stages. *The steering group* continues to exist and is now involved directly in advising on the implementation of the reform. This involves consultation concerning performance measures, evaluation and administration of the reform as well as how to secure the working environment. Owing to the complexity of the reform measures to be implemented, the local trade union reports being increasingly involved in the work of the steering group and in a more constructive partnership with the local administration on how to handle the many changes. Furthermore, the reform supplies funds, allowing for a few new teaching and child educator positions to be created. Though the local trade union branch reports a worsened psychosocial working environment – especially as a result of the changes in working-time regulation, which it expects will result in an increase in the amount of long-term sick leave – immediate pressure on school budgets seems to have been alleviated somewhat.

However, the local trade union branch sees the continued participation of citizens and users in the reform implementation as a constructive part of the process which can help qualify discussions among social partners and thus strengthen consultation. As part of the reform, legislation dictates that several measurements must be performed, among which a student satisfaction survey is a new requirement. Also, the municipality has decided to carry out extra performance measures, including a survey of parents' perception of the reform implementation. The trade union has partaken in reviewing the questionnaire as part of the steering group. In this first stage, it was attentive to questions specifically placing simple responsibility for students' well-being and parents' reform experience on teachers. However, its main concern is now whether the local administration will actually follow up on results of this survey and the other general surveys to be conducted targeting both employees and pupils.

*Vejle Central City School emphasising user involvement*

Vejle Central City School, located in the largest town of Vejle Municipality, is among the largest schools in the municipality. It covers two school units and in April 2013 employed 113 teachers and had 661 students from preschool to ninth grade. It is a school known for high engagement, but it also currently has the lowest grade average in the municipality.

The school has been closely involved in the project The School in Motion and has particularly worked actively with how to *include the external society into the school and bring the school into the society*. It has entered into collaborations with the local music school and sports associations. Furthermore, the school principal is the Folkeskole representative to the local Youth Committee,

where leaders of the youth educational system meet. As a result of this, Vejle Central City School often acts as pilot school in innovative projects aimed at improving relations between basic education and youth education.

In addition, a representative from a local high school and a local child care institution are on the school board. This is possible as part of the 2013 reform. Untraditionally, the local high school representative is temporarily acting as chairman to the newly elected school board. With plenty of previous experience working on school boards, the representative will help professionalise and support a new parent chairmanship. The aim is to strengthen parent involvement in the school board into a more genuine partnership. The main challenge for both the school principal and teachers is to engage parents and students as much as possible, both in the representative bodies and also on a daily basis. Where some schools might experience strong parent interference in the running of the school, this is not the case here. Compared to other schools in the area, Vejle Central City School has an overrepresentation of pupils with other ethnicity and/or mother tongue than Danish as well as pupils who have left previous schools upon experiencing difficulties. As part of the effort to involve users of the school, the staff work actively with engaging techniques for students, communicate with parents through the school intranet and arrange a number of social activities targeting their particular user group on a daily basis.

Both the school leader and the teachers' shop steward report a close collaboration to implement a new working-time practice and other reform initiatives. Disregarding the loss of formal negotiation rights to working time, partnership with the traditional social dialogue at the school level remains strong. The shop steward also acts as employee representative on the school board. This is considered an advantage by both the school manager and the shop steward as it allows them to include school board decisions easily in their collaboration on employee issues. There is a strong consensus among the parties that the involvement of users (pupils, parents and external stakeholders) is desirable and improves the development of the school. User participation is not regarded in any way as a challenge to the traditional social dialogue.

*Putting into context: A mutual interest in strengthening the school*

The actual case study selected includes two important elements representative of aspects also mentioned during interviews at the national level with representatives from the Ministry of Education and the main national organisations within the school area.

Firstly, the case displays how parents, students and trade unions together become engaged in the development of the school as idea makers and as parties in the implementation of the recent reform. This is very much in line with the Scandinavian tradition of corporatism and social partnership. The case demonstrates how this tradition is carried out in new innovative development of the

public sector. In itself, the inclusion of especially indirect user involvement in such policy-developing processes is regarded as legitimate and constructive for the general social dialogue. Nevertheless, it mainly takes the form of consultation and a weak form of partnership, compared to, for instance, collective bargaining, where social partners hold formal bargaining rights.

Furthermore, the case also demonstrates how such innovative user involvement processes can pose challenges to traditional social dialogue when accompanied by limited resources and pressure on employment. It is not the user involvement per se which is the problem, but rather the disregard for trade union voice by public employers.

Secondly, the work at Vejle Central City School demonstrates how engaging parents can also be of mutual interest among local social partners, preventing school segregation into 'good' and 'bad' public schools and/or preventing the flight of 'strong' students and parents to the private school system. At the school level, there is a keen interest in involving parents and pupils and creating a genuine partnership in order to strengthen the individual school, and as social partnership remains strong, there is no real challenge posed by users.

On a more negative note, however, this could also seem to confirm previous research results indicating that that parent boards sometime act as a rubber stamp for management and employee collective decisions and that employees generally hold the agenda-setting power in the parent boards (Floris and Bidsted 1997; Indenrigsministeriet 1998; Andersen and Jensen 2001).

### 4.2 The user panel, Oncology Department, Herlev Hospital

Herlev Hospital, a public hospital with 4,000 employees and 82,000 patients per year, is one of the largest Danish hospitals. It is situated in the Greater Copenhagen region. The case is connected to the hospital's Oncology Department, which has approximately 320 employees and is also one of the largest in Denmark.

*Selection, history, structure and participants*

Due to the relatively weak role of the trade unions in user involvement in Denmark described above, it was not possible to find an innovative case of user involvement at the organisational level which involved trade unions. The case chosen is nevertheless interesting for several reasons. Firstly, it was described positively in a short evaluation report from the regional health authorities for the Greater Copenhagen region (Region Hovedstaden 2013). Secondly, in addition to including individual users (former patients from the department), a user organisation, the Danish Cancer Society, also is involved. Thirdly, although the trade unions are not involved in the user panel, staff from the department are. Fourthly, the user panel is innovative in the sense that it was one of the first hospital user panels/user councils in Denmark.

The user panel was set up in September 2010 as a pilot but now has status as permanent body. The initiative could be said to be split. The management of the department, together with the communication officer, decided that a user panel was needed to improve the quality of the service provided. At the same time, the Danish Cancer Society contacted the department and a similar department at the National Hospital (Rigshospitalet) in order to initiate cooperation. It was decided that the cooperation should take the form of two user panels, one in each hospital.

The division of labour has been outlined so that the Danish Cancer Society is responsible for the recruitment of users and initially was also responsible for their training. The reason that the NGO has been given the task of recruiting users is to avoid potential problems of legitimacy, which could result if the hospital department was responsible for this procedure. The training initially lasted for two days and focused on giving quality feedback, the structure of the Danish health sector and the structure and responsibility of the hospital department. The training has now been taken over by the hospital department and takes the form of a one-day introductory course with roughly the same content. The meetings and other activities related to the user council are the responsibility of the hospital department.

Regarding participation, the formal chair of the panel is the managing departmental nurse (who is also a coleader of the department) and the communication officer. These are the only manager/staff representatives. The rest are representatives from the cancer NGO and the users (present and former patients). Through the recruitment process, an attempt is made to select a range of diagnoses, ages, gender, occupations etc. Regarding ages, it is difficult to get the variation desired; most patients are between 40 and 60 years old. It is also difficult to meet another requirement that limits users' participation in the panel to two years. This is so because some of the users become too ill, die or for other reasons have to terminate their participation in the panel, and it therefore has been necessary to retain more-experienced users, in addition to increasing the number of users from 9 to 12. However, the panel can benefit from having three experienced user representatives who have participated from the start. The user representatives are told that they are not supposed to represent other persons than themselves and that they should draw on their own experience.

*Activities of the user council*

The activity of the user council is focused on a number of tasks which are normally set by the management/staff representatives at one of the five or six user panel meetings held annually and discussed at the following meetings. The meetings last for 1 1/2 hours. The tasks are derived most often from the National Survey of the Experience of Patients (Den Landsdækkende Undersøgelse af Patientoplevelser, LUP). LUP evaluates all hospitals down to the department

level and is considered a strong tool for user involvement. Examples of tasks given to the panel in recent years are nearly always related to communication/service and include the following, inter alia:

- The waiting room: Cancer patients spend a long time in waiting rooms. Therefore, the panel has been working on how to design these rooms, including what should be shown on the television and what kinds of informative materials should be available.
- Communication between doctors and patients: Often doctors are not aware of how important attitude and communication are for long-term patients like cancer patients. The panel has been involved in formulating the communication strategy of the department and has held meetings with the doctors and nurses of the department.
- Being a relative: The issue 'being a relative' has been addressed at the meetings.
- Lifestyle: Some of the LUPs have shown that cancer patients expect more and better guidance on lifestyle (food, drinking, sports etc.) from doctors, who do not always feel that they have sufficient knowledge about these matters to provide guidance.
- Design of interior after renovation of the department: This was one of the first tasks the panel was given, and one of the few that the interviewees pointed to as a failure and 'frustrating'. The reason for the failure was straightforward: All important decisions were taken at the time the user panel got involved. This might be one of the reasons the interviewees emphasised that the panel now deals only with tasks it has a chance to influence.

The tasks can sometimes be formulated as dilemmas, other times as proposals and still other times as open questions. There are, however, also other activities than the tasks. Meetings with the staff in the department (for instance, in connection with the patient-doctor communication issue mentioned above) is an example of this. Another one is the annual 'patient day' (a type of open-house arrangement).

Consensus is normally obtained, but in some cases the management/staff representatives will block proposals because they are not feasible for resource-related reasons. One example of a user proposal which had to be rejected is the proposal that all patients should only have one contact person.

The users hold premeetings, which can last from one hour to more than two hours. At these meetings, the tasks are discussed and it is agreed who will present the positions of the users at the following meeting. The premeetings are held both to prepare the tasks given by the management/staff and to have a space where only the users are represented.

*Scope, impact and evaluation of the user council*

The scope of the issues discussed in the user panel is restricted to service and communication. The treatment of the patients – the core service, so to speak – is not on the agenda. It has not been proposed to widen the agenda to include these issues, and the user representatives have not asked for this. According to the user interviewee, the users do not have sufficient knowledge to address treatment. The various approaches to user involvement agenda in Denmark considered (see above) it could be said, that involvement of the treatment itself does take place. It is not clear why this could not be the case in the user council.

A consequence of not having a broader agenda scope-wise might be that the panel's recommendations have a real impact. According to the interviewees, the panel has had a real and concrete impact on all of the abovementioned tasks (except the design of the interior).

Also, the decision-making processes are evaluated positively by the interviewees. The staff representatives are described as being open minded and results oriented, and the staff representatives praise the input they are given by the user representatives. But it is also clear from the interviews that the council to some extent is hierarchical. The management representative is the leader, the staff/management representatives formulate the tasks and thereby have the advantage of being the initiator and it is the management/staff representatives that have to make sure the recommendations are implemented in the organisation. Moreover, it is clear from the interviews that the user council is not a place where sweeping reforms of user involvement will originate or where very strong criticism of the cancer treatment will take place.

To use the vocabulary of the present project, the user council is situated in the continuum somewhere in between partnership and consultation. It has elements of partnership (in the sense that coproduction does take place and there is representation in a governance structure), elements of placation (the use of rating of services [LUP]) and elements of consultation (the user panel is a type of an 'advisory council', but maybe also to some extent placation). It is noteworthy that the full name of the user council is the 'advisory user council'.

Firstly, its advisory (consultation) rather than partnership dimension is hereby emphasised. Secondly, and according to the interviewees, it is deliberate that the name 'council' is not used (as it is in some user bodies) and the label 'panel' is used instead. In the interviews, a variation in the perspectives on this is described, because the cancer NGO would like to think of the users more as 'representatives', want them as 'spokespersons' and think about the panel as a 'council'.

*Role of trade unions and relations to employee involvement bodies*

Regarding the role of the social partners (here the trade unions), the interviewees have not experienced any interests from trade unions or from employee representatives at the hospital in the work of the user council (the staff interviewee is also chair of the department's Cooperation Committee [MED-udvalg, LMU]). User involvement issues are in general not discussed in the Cooperation Committee. The only two user involvement–related issues which have been discussed in the Cooperation Committee are the LUP and the fact that more and more patients record the conversions they have with the staff so they make sure they get the message. There are no formal contacts between the Cooperation Committee and the user panel. This recording practice has gradually been accepted by the staff, and now the patients are even asked to do so in the welcome brochure of the department. The interviewees did not find any impact from user involvement on wages and working conditions and no impact on the other major form of social dialogue, collective bargaining.

As a noteworthy future form of user involvement, one of the interviewees mentioned that there are (still draft) plans to get users involved in staff recruitment processes at the hospital and that this might be something that could lead to trade union engagement.

*The user council and the rest of the hospital*

A steering group for user involvement was established at the hospital in mid-2014. In this steering group, the vice-director and different occupational groups from the hospital are represented. So far no patients are involved. In the process of setting up the steering group, one manager from the hospital level participated in meetings of the Oncology Department's user council. However, the hospital has now an overall strategy for user involvement although different types of user involvement take place in other departments.

User involvement has also taken place in connection to a large-scale enlargement of the hospital, which was initiated in 2013 and is planned to be completed in 2018. The management representatives of the user council in focus have participated together with two additional users.

*Putting into context: Evaluation of hospital user councils in the region*

A cross-hospital evaluation of hospital user involvement bodies in the Greater Copenhagen region (Region Hovedstaden 2013) pointed to the added values of these and recommendations (including about pitfalls to avoid).

The overall advantage of the user involvement bodies, according to the evaluation, is the inclusion of the patients' perspective on and experiences with the issues, which can led to new and better solutions or to improvement of existing solutions, as in the user involvement bodies relating their activity to LUP.

Moreover, the benefits from having a user involvement body are not necessarily restricted to the areas these bodies are directly involved in but can spill-over to other areas as well.

The recommendations include the following:

- The hospital/department needs a clear aim with user involvement, and the tasks of the user involvement body should be very specific.
- A process of equalizing the expectations of the hospital/department and users is important.
- The presence of the hospital/department management in the user involvement bodies is recommended to shorten the decision-making process.
- Since several user involvement bodies have experienced difficulties in getting the desired variation in the user representatives, it is important to reflect upon this and the typical bias towards middle-aged representatives with a strong resource base.
- Open dialogue and a code of conduct for meeting processes and discussions are important to avoid deadlocks and unnecessary conflicts.
- Premeetings of user representatives can be good way to qualify and smooth decision-making processes.
- The necessary time resources should be allocated to the work as one of several ways to make sure that something comes out of the involvement.
- User involvement bodies should not be used alone, but combined with other tolls of user involvement.

## 5. Conclusions

We will now attempt to address the four research questions presented in the introduction.

The project includes four research questions (mentioned in the official project description section E4), to which we will now turn:

- How is the pressure of service user involvement (if at all) altering which actors are represented directly and indirectly within the system of social dialogue?
- To what extent has an emphasis on service user engagement encouraged new forms of direct user involvement, and what are the implications for traditional representative voice?
- How is the scope of social dialogue changing? In what ways has the agenda of social dialogue changed, and are the concerns of service users compatible with the interests of the social partners?
- What are the consequences for the social partners and workplace practice of these new challenges?

### 5.1 The findings

The chapters above have told two quite different stories about the state and development of service user involvement in two areas of the Danish public sector – namely, the Folkeskole and the hospitals. This difference in itself is an important finding. It reflects the strong divisions within the Danish public sector, including when it comes to user involvement. Although the differences between the sectors might be more striking than the similarities, there is empirical ground for three general conclusions related to the four research questions covering both sectors:

Firstly, some form of user involvement has existed for a very long time in both sectors, and user organisations have existed in both sectors since the first half of the 20th century. Hence, *service user involvement as such is not something new* in Denmark. However, to a varying extent, *service user involvement is increasing in both sectors* in depth (how deep the involvement is) and/or scope (how many areas are covered).

Secondly, most forms of user involvement in the two sectors are situated on our continuum *somewhere between consultation and partnership, possibly most often leaning towards the former*, whereas social dialogue processes are more often of the partnership type than of the consultation and information types. The social dialogue processes are strongly institutionalised in both sectors, although they face challenges, especially in the school area.

Thirdly, service user involvement does in general take place in different fora and form different decision-making arenas than do the various forms of social dialogue. Also, the *impact on user involvement on social dialogue and vice versa is so far very limited*. Consequences for working conditions are limited. However, consequences for workplace practices can be found, among other reasons because user involvement in some cases forms a workplace practice. However, the impact on other workplace practices seems to be limited so far.

Apart from these general similarities, the sector studies include a number of differences:

Although direct user involvement in some forms – for instance, direct talks with patients – has a very long history, indirect forms of service user involvement and some forms of direct user involvement are *only a few years old in the hospitals* whereas *most forms of user involvement in the Folkeskole have a long history* and are well institutionalised. For instance, the 'hub' of user involvement in the Folkeskole, the school board, was introduced in 1934 as parents' councils and received its present form and name in 1989. This is not to say that no new development of service user involvement in the Folkeskole is taking place. As described, the school reform of 2013 has formally provided the school

boards with extended power. Moreover, the case study illustrates that new forms of user involvement in connection to new challenges and developments have been established.

This difference is also reflected in the approach of the social partners. Whereas the employers' organisations in the two sectors – LGDK and Danish Regions – have embraced user involvement more or less wholeheartedly, *the trade union in the school sector – Danish Teachers Union – is so far clearly more engaged in user involvement issues than the trade unions in the hospital sector*, although the Danish Teachers Union also has reservations regarding some forms of service user involvement, especially the more direct forms resembling performance measurements. That the trade unions in the hospital sector so far have not chosen to – or managed to – become a core actor in service user involvement in the hospital area does not necessarily mean that this will be so in the future. If user involvement continues to grow in scope and depth, trade unions might try to enter the scene much more forcefully than at present. They might do so either to exploit a new platform for influence, or – as the plans to involve users in the recruitment process from the case hospital illustrate – because user involvement is moving closer to the trade unions' traditional core business.

Yet another difference is that although service user involvement and social dialogue as described in both sectors most often take place in different fora and form different decision-making arenas, there seems to be *more multipartite fora with participation of both social partners and service users in the school sector than in the hospital sector*. Put differently, service users and social partner representatives meet more often in the Folkeskole than they do in the hospital sector.

### 5.2 Hypotheses: variation and user involvement–social dialogue split

This section will not attempt to fully explain why user involvement and social dialogue do not mix to a larger extent than they do or why the patterns of user involvement are relatively different between the two sectors, but hypotheses on these questions will be presented.

One possible explanation as to why service user involvement and social dialogue do not mix is that social dialogue, despite the challenges described, is strong and institutionalised. The social dialogue actors have a monopoly on regulating wages, employment and working conditions and have no interest in giving these up. Moreover, they have no incentives to do so, since service user involvement is related primarily to other issues than wages, employment and working conditions, and there is no or limited pressure from service users to get involved in these issues. Thus, service user involvement is adding to, rather than replacing, social dialogue in the sectors analysed. That said, some overlap is

found in the form of multipartite fora where social partners and user representatives meet, as the school sector especially illustrates.

Regarding hypotheses on the differences between the two sectors, three factors might help to explain why service user involvement reached a more developed stage in the Folkeskole much earlier than in the hospitals.

Firstly, the provider-user relationship and what can be called the 'dominant governance ideology' is different in the two sectors. The Folkeskole has for more than a century been about more than providing children with qualifications and competences. The Folkeskole has been embedded in a project to raise children as citizens in a participatory democracy. To do so, the Folkeskole has itself developed along principles of participatory democracy, included direct as well as indirect forms of service user involvement. The hospitals have not been part of such a democratisation project, and the relationship between service provider (doctors first and foremost) and users (patients and to some extent relatives) has been and still is hierarchal, and more so than the similar relationship in the Folkeskole.

Secondly, the history and power of the user organisations are to some extent different in the two sectors, which might also be a factor to consider. In relation to the Folkeskole, the National Association of School Parents was formed in 1935 and was long the only nationwide user organisation dealing with more than a single issue. In the hospital sector, a few user organisations are old, but most are new. And until Danish Patients was formed in 2007, there was no general organisation for patients. However, differences in the organisational capacity and power of the user organisations between the two sectors do not seem to be an explanatory factor, since the user organisations in the school sector cannot be said to be stronger than in the hospital sector. Moreover, the early setup of the user organisation in the school sector was more a consequence of than a reason for the early institutionalisation of user involvement in this sector. So this hypothesis finds little support from the empirical development.

Thirdly, the power relation between trade unions and user organisations potentially could be an important explanatory factor for the different patterns of user involvement. However, this does not seem to be case, since the trade unions in both sectors are strong, profession-based organisations. Hence, there is little variation to support this hypothesis either.

## References

Act no. 409: Act on extension and renewal of collective agreements and agreements between certain groups of employees in the public sector. April 26, 2013. To be found in the Journals of Law A (Lovtidende A). file:///Z:/L%C3%A6rernes%20arbejdstid/Lov%20409.pdf

Agreement between the Danish Government (the Social Democrats, the Social-Liberal Party and the Socialist People's Party), the Liberal Party of Denmark and the Danish People's Party on an improvement of standards in the Danish public school (primary and lower secondary education). June 7, 2013. http://eng.uvm.dk/~/media/UVM/Filer/English/PDF/131007%20folkeskolereformaftale_ENG_RED.ashx

Andersen, L. B., Boye, S., and Laursen, R. (2014) Baggrundsnotat: Folkeskolelærernes motivation og opfattelse af arbejdstidsreglerne. LEAP, Århus Universitet. http://ps.au.dk/fileadmin/Statskundskab/Billeder/Forskning/Forskningsprojekter/LEAP/Dokumenter/Baggrundsnotat_Folkeskolelaerernes_motivation_og_opfattelse_af_arbejdsreglerne.pdf

Andersen, L. B., and Jensen, R. S. (2001) Decentralised management and employee influence in local government. Conference paper, The ECPR 2001 General Conference, University of Kent, September 6–8, 2001. Department of Political Science, University of Aarhus, Aarhus: pp. 35, 2001. www.ps.au.dk/lotte

Bach, P. (1999) Folkeskolen og dens styrelse – set med en forældreforenings øjne. Skrevet og afleveret til Selskabet for Dansk Skolehistorie's årbog, august 1999, lagt på Skole og forældres hjemmeside. file:///C:/Users/socnha/Downloads/SOF_historie%20(1).pdf

Danish Society for Patient Safety (2014) About the Danish Society for Patient Safety. www.patientsikkerhed.dk/in-english

Dørge, H. (2014) Børnemagt. Weekendavisen, Samfund, s. 7, 21. November 2014

Ejersbo, N., and Greve, C. (2008) Moderniseringen af den offentlige sektor. København: Børsens Forlag

Floris, T. S., and Bidsted, C. (1997) Brugerbestyrelser på tværs – erfaringer fra amter og kommuner. København: AKF forlaget

Hansen, N.W. (2013a) Kollektivt samarbejde under effektivisering. Et studie af praksis i MED-samarbejdet i kommunerne under effektivisering og besparelse. Ph.d. afhandling, Sociologisk Institut, Københavns Universitet

Hansen, N. W. (2013b) Folkeskolelærernes arbejdstidsregler, Fakta på FAOS Temaside om Overenskomstforhandlingerne 2013

http://faos.ku.dk/pdf/temasider/ok/ok-2013/Fakta_L_rernes_arbejdstidsregler.pdf

Indenrigsministeriet (1998) Brugerbestyrelser. En undersøgelse af erfaringer. Juni 1998

KL (2013) Faktaark: Folkeskolen. April 30, 2013, 14.00. http://www.kl.dk/Folkeskolen/FAKTA-OM-FOLKESKOLEN-id83270/?section=132442

Knudsen, H. (1995) Employee participation in Europe. London: Sage Publications

Knudsen, T. (1995) Dansk Statsbygning. København: Jurist- og Økonomforbundets Forlag

Mailand, M. (2014) Overenskomstforhandlinger under pres. OK2013 i den offentlige sektor. København: Sociologisk Institut, Københavns Universitet, FAOS

Mori, A. (2014): Outsourcing in public sector organisations – Impact on labour and employment relations at comparative level. University of Milan. Unpublished paper.

Pors, J. G. (2014) Lokal ledelse og central styring. Kommunernes styring af folkeskolen fra 1970-2013. Nordisk Administrativt Tidsskrift 91 (2), 28–44

Regeringen (2013) Aftale mellem regeringen (Socialdemokraterne, Radikale Venstre og Socialistisk Folkeparti), Venstre og Dansk Folkeparti om et fagligt løft af folkeskolen. June 7, 2013.

The Folkeskole Act. LBK no. 521. May 27, 2013. https://www.retsinformation.dk/Forms/r0710.aspx?id=145631

Undervisningsministeriet (2014a) Styrket forældresamarbejde og elevinddragelse. Almindelige bemærkninger til lovforslaget der vedrører styrket forældreinddragelse og elevsamarbejde. http://www.uvm.dk/~/media/UVM/Filer/Folkeskolereformhjemmeside/Lovtekster/2%205%20Foraeldresamarbejde%20og%20elevinddragelse.pdf.

Undervisningsministeriet (2014b) Frie grundskoler i tal. Sidst opdateret. February 26, 2014. http://uvm.dk/Uddannelser/Frie-grundskoler/Fakta-om-frie-grundskoler/Frie-grundskoler-i-tal

Undervisningsministeriet (2014c). Antal grundskoler. February 10, 2014. http://uvm.dk/Service/Statistik/Statistik-om-folkeskolen-og-frie-skoler/Statistik-om-grundskoler/Antal-grundskoler

UNI.C. (2012) Pædagogisk personale i grundskolen af Mathilde Moesgaard. Statistik og Analyse. October 22, 2012. http://uvm.dk/~/media/UVM/Filer/Stat/PDF12/121122%20Paedagogisk%20personale%20i%20grundskolen%202011.pdf

Region Hovedstaden (2013): At få andre øjne på…Erfaringer med brugerråd på fem hospitaler i Region Hoverstaden. Udarebjdet af Enheden for Brugerinddragelse. København: Region Hovedstaden.

Skolebestyrelsesbekendtgørelsen. BEK nr. 28 af. January 14, 2014. https://www.retsinformation.dk/Forms/R0710.aspx?id=161332

Sørensen, E. (2000) Skolebestyrelser – i klemme mellem konkurrerende decentraliseringsstrategier. Dyrberg, Torben Bech, Hansen, Allan Dreyer og Torfing, Jacob (red.) Diskursteorien på arbejde. Roskilde: Roskilde Universitets Forlag, s. 105–130

Videnscenter for brugerinddragelse (2014): Læger og sygeplejerskers forståelse af patientinddragelse. En spørgeskemaundersøgelse blandt ansatte på hospitaler. I samarbejde med Lægeforeningen og Dansk Sygeplejeråd.

Yngre Læger (2013):Det gode patientforløb – visioner og fokusområder.

## Appendix A: Method and data

The Danish study is based on 22 semi- structured interviews, conducted May–December 2014, and written sources. The written sources range from legislation to official documents, newspaper articles, reports and secondary literature. They have informed us about the general structure of Danish social dialogue and user involvement within the school and hospital sectors. Furthermore, the written sources have been used in the analysis to contextualise and further validate findings from interviews.

The interviews cover the hospital and school sectors at three government levels: the national sector level, regional/municipal level and local unit level. Interviews lasted between 30 minutes and one hour. Eleven interviews were conducted face-to-face and 11 were phone interviews. Separate interview guides were constructed for the hospital area, the school area and national versus local/regional level. They all included questions concerning identifying the users within the sector, the form, level and scope of user involvement, social dialogue and the consequences of user involvement for social dialogue. During interviews with national actors, they were asked to give examples of innovative user involvement at the local level with implications for social dialogue.

Interviews were transcribed and analysed using a case comparative method. Through within-case analysis of interviews representing different positions in the social partnership, the validity of data was secured and statements continually tested against each other. Next, cross-case analysis was carried out. First, the focus was on the individual sector, comparing social dialogue developments at the national and local level. Finally, cases were compared across the school and hospital sectors.

### A.1 Schools

Seven interviews were conducted with representatives of the social partners, including user organisations in the school sector at the national level:

- Ministry of Education, head of Office for Folkeskole Policy and Legislation
- Local Government Denmark, head of Collective Bargaining Office
- The Danish Union of Teachers, head of Collective Bargaining Unit
- The Danish Union of Teachers, head of School and Education Unit
- The Danish Association of School Leaders, vice-president
- Danish Schoolchildren, president
- National Association of School Parents, project manager

Another six representatives were interviewed at the local level in the school sector covering both central municipal social dialogue and social dialogue at an individual school:

*Municipal level (case)*

- Vejle Municipality, director of Children and Education
- Vejle Municipality, head of Education and Learning
- The Danish Union of Teachers, Local Branch Vejle, president

*School level (case)*

- Vejle Central City School, school leader (head principal)
- Vejle Central City School, shop steward
- Vejle Central City School, president of the school board

### A.2 Hospitals

In the hospital sector, a similar structure of interviewing was pursued, including five interviews at the national sector level and another four at the local level:

- Danish Patients, director
- Danish Regions, head of Quality Unit
- Danish Nurses Association (DSR), head of Professions
- Danish Medical Association (Lægeforeningen), Health Policy and Communication
- Danish Association of Junior Hospital Doctors, general secretary (YL)

*Regional level*

- Greater Copenhagen Region (Region Hovedstaden), head of Patient Involvement

*Hospital level (case)*

- Herlev Hospital, Oncology Department, head nurse, chair of user panel, and chair of Cooperation Committee
- Herlev Hospital, Oncology Department, user panel participant
- Herlev Hospital, Oncology Department, vice-chair of Cooperation Committee

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## Appendix B: Overview of user involvement – school sector

*Actors, fora and scope of user involvement in the school sector (grade 0–10).*

| Level | Actors | Issues/fora | Direct/ indirect |
|---|---|---|---|
| Sector National | National Association of School Parents | More than 30 official committees and working groups involving, among others:<br>• Partnership on development of the school<br>• Assessment and advice on the academic level in the school<br>• Social inclusion in the school<br>• Student counselling<br>• Digitalization | Indirect |
| | Danish Association of Pupils | More than 20 official committees and working groups involving, among others:<br>• Partnership on development of the school<br>• Assessment and advice on the academic level in the school<br>• Social inclusion in the school<br>• Student counselling and participation<br>• Digitalization | Indirect |
| | Organisation repre-senting specific interests | • Social inclusion in the school | Indirect |
| | Pupils | • Yearly student satisfactory survey targeting grade 0–9, measuring individual class, school and municipality (to be implemented in 2014) | Direct |
| Sector Munici-pal | National Association of School Parents | Innovation and development of the schools<br>Evaluation | Indirect |
| | Danish Association of Pupils | Student involvement techniques<br>Innovation and development of the schools<br>Evaluation | Indirect |
| | Other actors: local culture and sports clubs, trade ass. etc. | Ad hoc innovation and development of the schools | Direct |
| School | School board | • Organisation of teaching (e.g. the number of lessons for each grade, the length of the school day, elective courses and special courses)<br>• Collaboration between school and home<br>• Provision of information and evaluation on students' achievement in class<br>• Distribution of work among the teachers<br>• Student events and social events, afterschool arrangements<br>• Approval of educational materials<br>• General rules and values of the school<br>• Approval of the yearly school budget<br>• Statement of opinion given to the local council when the school hires new managers, teachers and/or child educators. | Indirect |
| | Student council | All matters of significance to the student body | Indirect |
| | Other actors: local culture and sports clubs, trade assoc. etc. | Directly involved in the service delivery, e.g. teaching, and can be included with few representatives into the school board | Direct |
| | Citizens/volunteers | Volunteering as 'grandparents' offering care and homework assistance to pupils after school | Direct |
| Class | Parent representa-tives/parents | General rules for social interaction in the class<br>Individual pupil assessment/development<br>Can veto a number of issues concerning their own child | Indirect/ Direct |

| | | | |
|---|---|---|---|
| | Class representatives/pupils | Class rules for social interaction etc.<br>Individual pupil assessment/development | Indirect/ Direct |

## Appendix C: Overview of user involvement – hospital sector

*Actors, fora and scope of user involvement in the hospital sector*

| Level | For a | Issues and actors | Direct/ indirect |
|---|---|---|---|
| Sector National | Danish Society for Patient Safety | • Various activities and lobbyism to increase patient safety<br>• Danish Regions<br>• LGDK<br>• Trade unions<br>• User organisations<br>• Medical industry | indirect |
| | Other | • Ad hoc involvement in public authority policy initiatives and legislation<br>• Ministry of Health<br>• Danish Regions<br>• User organisations<br>• Trade unions<br>• Others | indirect |
| Sector Region | Health user councils | • Various aspects of health issues in the region with focus on the hospitals<br>• Regions<br>• User organisations<br>• Hospital representatives | indirect |
| Hospital/ department (examples) | National Survey of the Experiences of Patients (LUP) | • Broad scope of questions about patient experience<br>• Patients at hospitals nationwide | Indirect |
| | User-guided contact | • The patient decides whether and how to have contact with the health authorities | |
| | User councils/panels | • Various aspects of hospital tasks, often focus on communication<br>• Management representatives<br>• Staff representatives<br>• Patients<br>• Relatives<br>• User organisations | Indirect |
| | Shared decision making | • The patient make a joint decision with doctor(s) within a limited number of opportunities<br>• Patient<br>• Doctor(s) | direct |
| | Involving round | • The talk with patients is weekly and involves relatives and all relevant doctors<br>• Doctors<br>• Patient<br>• Relatives | direct |
| | Daily round with patients | • The classic daily talk with patients<br>• Doctor<br>• Patient | direct |