Case studies in local innovations

in the LTC and ECEC sectors in the Netherlands

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1. Introduction

This report is based on four case studies, two in the ECEC sector and two in the LTC sector. As written in the NL-report on WP1 and WP2, trade unions and employers' associations in the Netherlands are active at the national and sectoral levels and have low institutional and hardly any organisation involvement at company and workplace levels (Tros & Kuijpers, draft WP1+2). Therefore, case studies in the Netherlands focus on innovative local practices are recommended or proposed by employment relations actors or dealing with the problems in the quality of labour or labour shortages in the wider care sectors that are addressed by these actors.

Cases in the Dutch ECEC sector

The main problems relating to the quality of work in the Dutch ECEC sector described in the report on WP1 and WP2 revolve around unsustainable levels of working pressure, which are partly caused by, but at the same time contribute to the staff shortages in the sector. In addition, there are relatively limited opportunities for professional development for pedagogical staff within the sector itself (Interviews with BK, BMK, BvoK, and FNV). Finally, FNV stresses that too much flexibility is required of pedagogical staff – who often work part-time and in short shifts (Interview FNV).

Case 1: Child centre

In a report written in 2016 by the Dutch Social Economic Council, the integration of primary education and childcare services – traditionally quite separated domains and sectors in the Netherlands – is proposed as a fertile basis for improvements that benefit both children and workers. For children, such an integration would lead to better outcomes in terms of emotional and cognitive development and more equal opportunities with regard to educational attainment. For pedagogical staff, the interprofessional collaboration would improve their opportunities for professional development. In addition, by combining tasks in childcare and education, pedagogical workers would be able to acquire more (stable) hours of employment (SER, 2016).

The Social Economic Council recommends the further development of 'child centres', formal collaborations between schools and childcare organisations, which offer integrated childcare and primary education services (SER, 2016). A recent report on the current state of child centres in the Netherlands notes that the 'ideal' child centre is characterized by equal and intense collaboration between teachers and pedagogical staff, which offer fully integrated education and childcare services in a single building. This to offer the richest and most stable play and learning environment for children. However, in practice child centres vary greatly in degree of integration: the collaboration between teachers and pedagogical workers is organised differently, and in many locations it is simply not possible to integrate these services in a single building (Veen, Ledoux, Emmelot, & Gevers Deynoot-Schaud, 2019).

The organisation selected for the first case study in the Dutch ECEC sector is such a child centre. Not just any child centre of course, but a highly innovate one – featuring the most integrated locations known in the Netherlands (Kohnstamm instituut, 2019). In fact, one of its most integrated locations was the first in the Netherlands to receive the predicate 'Dalton child centre' (interview 8). This is a quality mark from the Dutch Dalton Association which denotes a high degree of integration between high quality Dalton childcare and Dalton

educational services (Nederlandse Dalton Vereniging, 2020). In addition, this childcare organisation covers multiple locations. Some of these are highly integrated, but others are still working hard to achieve a higher degree of integration (Interview 1). Thus, this case is also suitable to highlight the factors that support or hinder the integration of education and care, and the important consequences of integration for the quality of work and service. The case is in several ways related to wider employment relations in the ECEC sector in the Netherlands. First because of the above mentioned recommendation of the social partners in the Social Economic Council in 2016. Secondly, because of the question of whether such a child centre-organisation experiences less problems with the quality of work than the average in the sector. As written in report WP1+WP2, trade unions (and employers' associations) in the Netherlands are not directly involved at the company level, but stimulate social innovation in the sector that could lead to better services and better quality of work. This case provides the social partners with (hopefully useful) information.
The first case in the Dutch ECEC sector is largely based on seven interviews with people from multiple locations falling under a single child centre organisation. Concretely, we spoke to the general manager and a HR manager from the central office (Interview 2, 8), one location manager and two pedagogical workers from different but highly integrated locations (Interview 5, 6, 7), and two pedagogical workers from one of the least integrated locations of this child centre (Interview 3, 4). In addition, we spoke to a program director of 'PACT for child centres' – a program designed to foster the development of child centres in the Netherlands (Interview 1).

Case 2: Recruitment and retainment of pedagogical staff
The employers' organisation BK stresses that child centres are not a solution that can be implemented throughout the sector. Such child centres typically employ 'alternative' pedagogical philosophies – for example inspired by Montessori or Dalton – which not all parents want for their children. In contrast, the members of BK, which are mostly commercial organisations or social enterprises, aim to use several innovative measures to recruit and retain sufficient pedagogical workers in times of staff shortages. These include offering more favourable working conditions (such as working hours), offering opportunities for professional development or novel ways of recruitment (Interview 9).
The second case in the Dutch ECEC sector deals with innovations undertaken by commercial childcare organisations. It is a commercial childcare organisation which uses several of the innovations that are typical of the commercial sector (more on which later) to recruit and retain sufficient pedagogical workers. This (combination) of good practices has the effect that, in the words of a representative of the BK, the organisation 'does not suffer' from the current staff shortages in the sector (Interview 9). Thus it may offer insights useful for more typical childcare organisations which hope to recruit and retain sufficient staff members, as compared to child centres specifically.
The second case in the Dutch ECEC sector is based on insights gained from four interviews: one with a policy officer of the employers' organisation BK, as well as the director, a human resources officer as well as a cluster manager of the childcare organisation. The cluster manager also used to be a pedagogical worker herself and has previous experience at other childcare organisations as well (Interviews 9, 10, 11, 12). The information from all these interviews is supplemented with insights gained from organisation websites and (policy) documents.

Cases in the Dutch LTC sector

Case 3: regionalisation in home-based care

The NL-report on WP1 and WP2 made clear that home-based care services in the Netherlands have suffered from problems relating to both the quality of services and quality of work following the joint introduction of public procurement, financial austerity measures and decentralization of services to the municipal level. The problems regarding the quality of services is captured in the societal debates about the rise of 'care cowboys'. These are organisations that seek the grey areas of the law regarding their treatment of their clients or workers in order to maximize their profits. Meanwhile, the issues regarding the quality of work come down to four issues: a) relatively low wages, b) high working pressure, c) limited opportunities for professional development and d) much regulatory pressure and an associated lack of perceived autonomy (Interviews ActiZ, FNV, Nu'91, Zorgthuisnl).

The largest general labour union in the Netherlands, FNV, suggests that there is a clear link between the introduction of public procurement/decentralisation and these problems in the homecare sector: due to their modest resources and scale – both financially but also in terms of staffing and expertise – individual municipalities are not well equipped to procure these services as a rational consumer would: all kinds of unintended consequences may arise from the way services are financed or the suppliers of these services are managed. Therefore, FNV suggests that regional cooperation between municipalities in purchasing home-based care services might contribute to the solution of some of the problems. In this way, municipalities can pool their resources and set up a procurement process that has the effective ability to improve the quality of services and work in the region – given the constraints of municipal budgets (Interview FNV). This case aims to give more information on the set-up and effectiveness of a regional initiative, not only on the point of service provision but also on the point of quality of work for those working in homecare.

This case in the LTC sector centres around one such regional partnership (RP) in the Netherlands. The majority of municipalities are or have been part of such a partnership in the previous decades, making an RP not very innovative in and of itself (Uenk, 2020). However, the way in which the collaborating municipalities have professionalised their procurement process in this specific RP can be called innovative. First, they have introduced a novel method of public procurement called 'semi'-open house to reduce the number of care providers to a manageable level. Secondly, they have set up an integrated quality control and enforcement framework that is aimed at improving the quality of services and might also enhance better quality of work for homecare workers in the region.

This case study is based on nine interviews and selected policy documents and websites of the participating organisations. The large number of interviews makes it a relatively large case. This number of interviews was considered necessary because, as a regional collaboration, the case comprises several levels which must all be adequately covered. First, a procurement advisor, a relation manager and a quality controller from the RP itself. Second, representatives of both a larger and a smaller municipality involved in the collaboration: a senior policy advisor and a strategic policy advisor from the largest municipality, and a contract manager from the smaller municipality. Finally, representatives from the largest and a smaller, as well as profit and non-profit care providers in the region: a manager 'wmo' (social support act) from a larger non-profit organisation, a manager home-based care from a smaller non-profit organisation, as well as the director of a commercial care provider.

Case 4: self-organising teams in a nursing home

The other case mainly focuses on addressing the issue of regulatory pressures and the lack of autonomy perceived by workers in the Dutch LTC sector (Interview ActiZ, FNV, Nu'91, Zorgthuisnl). In the Netherlands, a model of self-governance by homecare nurses called the 'Buurtzorg model' (Neighbourhood care) has been highly successful in recent decades. It is

reported to be very effective at improving the autonomy and decreasing the regulatory pressure on staff while at the same time improving the quality of service as experienced by clients (Monsen & Deblok, 2013). In fact, it is so successful that it has been adopted in other countries. Known as 'the Dutch model' it has been implemented in – for example – the United Kingdom (Lalani *et al.*, 2019; Leask, Bell & Murray, 2020), and the United States (Gray, Sarnak, & Burgers, 2015). The main promise of the approach is that it improves both the quality of service as well as the quality of work: by allowing nurses to organise the care for patients themselves – such as managing budgets, organising staff planning and recruitment - they not only experience more autonomy but also provide better care corresponding to their own knowledge and experience (Monsen & Deblok, 2013).
The social partners in the LTC sector in the Netherlands have interests in having more knowledge and evaluation studies about experiences in the field and the further spread of best cases in self-organising teams and new leadership and management structures in the sector.[1] Problems of low professional autonomy in the sector are recognised (Tros & Kuijpers, draft). Rather than adding to the plethora of research into the Dutch neighbourhood care model, the final case study comprises a local initiative to translate such a model to intramural, residential care. This offers an interesting case because the wholesale implementation of self-governing teams in residential care has been criticized in the Netherlands due to the managerial burden it places on care workers (Bouma, 2019; Zorgcentra De Betuwe, 2022). In fact, several large residential care organisations in the Netherlands have 'abandoned' this approach following disappointing results (ibid.). Organisations that continue on this path experiment with 'finding the right balance' between the level of autonomy and the support to be given to teams of workers. In this light, in Dutch residential care, there has been a trend away from 'self-managing teams' and to 'self-organising teams' (Nu'91, 2022). The selected organisation has never worked with 'self-managing' teams, and has since 2017 focused on developing 'self-organising' teams. Making self-organisation work has been described by its management as 'a dialectical process' which requires continuous attention and improvements (Interview 24). This case study thus sheds light not only on the implementation, but also on innovations with regard to self-organisation.
The final case study is based on three interviews with four people involved in a relatively small but growing residential care foundation. First, an interview with both the director and the business operations manager (Interview 23). Second, an interview with a care worker (Interview 22). Finally, an interview with a 'team coach' – role specifically designed in recent years to provide support to self-organising teams (Interview 24). In addition, insights have been gained from selected documents and the organisation website.

2. Case 1: Integrated education and care in Dutch Child centres

2.1 The case study context

The history of child centres in the Netherlands is a combined story of top-down support through research and lobby activities, and bottom-up initiatives and pilots (Interview 1). The story starts in the years 2010-2013, when managers of educational institutions, youth care and municipalities formed several committees to discuss the in their eyes too sharply separated childcare and educational organisations in the Netherlands (VNG, 2014). In these committees, the practice and societal support for child centres were explored. These child

[1] Wie is de baas? Dubbelportret in de VVT (aovvt.nl)

centres should be one integral childcare and educational organisation, forming one legal entity which would offer a continuous trajectory of development for children aged 0 through 13 at a single location with a single pedagogical vision, based around equal interprofessional collaboration between teachers and pedagogical workers (Interview 1, VNG, 2013).
The idea for child centres was picked up by the The Childcare Fund [Het *Kinderopvangfonds*] in the program 'Pact for child centres' (Interview 1). This fund was set up in 2006, and has as its core aim to improve the quality of childcare services in the Netherlands. The fund was originally set up by the social partners, and historically focused on safeguarding the quality of work of pedagogical workers (Het Kinderopvangfonds, 2022). The program focuses heavily on organizing lobby activities and conducting research on the many bottom-up initiatives and pilots occurring in the Netherlands in creating childcare centres (Interview 1). Numbers are hard to come by, as there are no official statistics of child centres in the Netherlands. They are frequently counted amongst 'broad' primary schools, which have reportedly witnessed explosive growth since the turn of the century (Claasen, Knipping, Koopmans, & Vierke, 2008). In 2016 the tripartite Social-Economic Council recommended further development of child centres, as earlier written (SER, 2016).
The organisation in this case study houses some of the earliest and most integrated child centres in the Netherlands (Interview 8, Veen, Ledoux, Emmelot, & Gevers Deynoot-Schaud, 2019). It was set up 5 years ago after an administrative merger of several childcare organisations and primary schools. It serves roughly 10 thousand children with 1120 staff members, spread across 26 locations where education and childcare are integrated to a more or lesser extent, and also some completely separate childcare locations. The merger is only administrative, and formally the educational side and childcare side of the organisation remain separate legal entities. This is because there are different financial arrangements: education is the public sector, while childcare is privatized in the Netherlands. In addition, both sectors have their own collective labour agreements (Interview 2).
The organisation focuses on offering a continuous trajectory of development for children from 0 to 12 years of age. This in contrast to the 'hard cut' – which occurs when children are 'handed over' from childcare or pre-school organisations to primary education (Interview 2) This 'hard cut' occurs quite late in Netherlands compared to other European countries, namely at the age of 4 (Interview 1). Such a 'hard cut' implies many changes for the child – including going from a relatively small group of children to large classrooms, going to a different organisation and building, and being taken care of by different people. Adapting to this new context takes a lot of energy of the child, which could otherwise be spent on their own development (Interview 2).
The selected child centre employs a Dalton philosophy towards didactics and pedagogy (Interview 2). Dalton is an 'alternative' pedagogy compared to regular (either secular or Christian) primary education in the Netherlands. Although it is more 'a way of life' than a rigid, formal philosophy, its core tenets include, first, a focus on the broad development of children including their creative and social development in addition to their cognitive development. Second, a focus on democratic values and developing citizenship. And finally, enabling children to function in complex societies by fostering entrepreneurship and individual responsibility (Dalton.nl, 2022).
The continuous trajectory offered by the organisation is designed to support the development of children in three main ways. First, acquiring useful skills and knowledge (qualification). Second, learning (humanistic) standards and values and developing socially-emotionally (socialization). And finally, developing individuality and intrinsic motivation (personification). The organisation sees a strong complementary potential between education and childcare in these domains. This in contrast to traditional education, which focuses more

on qualification alone, and which leaves personification and socialization up to childcare organisations and the family (Interview 2).
As stated, the 26 locations falling under the organisation are integrated to a more or lesser extent – and therefore all have their own specific approach to childcare and (if applicable) education. While the organisation strives to promote the 'ideal' integration of education and childcare described above, it still recognizes that not all conditions allow for this ideal scenario. Crucially, it is not always possible to house childcare and primary education in the same building (Interview 2). In the Netherlands, primary schools are built with public funds, while childcare organisations hire or buy real estate privately (Interview 1). To capture this diversity, we spoke to staff members of two 'highly integrated' locations in which childcare and education are offered by a single interprofessional team in a single building (Interview 6, 7, 8), and one 'less integrated' location which offers childcare services in close collaboration with a nearby but separate primary school (Interview 4, 5).

2.2 The issue

First, one of the key issues in the quality of work where child centres could offer improvements is the lack of value and recognition given to the qualifications and skills of pedagogical workers. Pedagogical workers are given relatively little room to manoeuvre, even in 'quality-oriented' legislation such as the 'Innovation and Quality Childcare Act ((*Wet Innovatie en Kwaliteit Kinderopvang, IKK*). This makes them feel distrusted and belittled by, for example, the municipal health services, which control the enforcement of the Quality Childcare Act at the childcare, pre-school and after-school care organisations. To counter this, recognition of and trust in the professionalism of pedagogical workers is needed (Interview 2).
This lack of recognition of the professionalism of pedagogical workers has also been historically present in the education sector. Teachers are educated at higher vocational training institutes, while pedagogical workers are educated at lower or 'practical' vocational training schools. Their higher level of education may make teachers feel that pedagogical workers and their insights are 'beneath' them (Interview 3, 4). This sentiment is reflected in wider Dutch society, which harbours quite negative stereotypes attached to students or alumni in 'practical' vocational training schools. There is a strong ideal that everyone should be as highly educated as possible (BNNVARA, 2018; Lobosco, 2019). To illustrate this, national news has recently (29-10-2022) addressed the perception of lower vocational training schools as 'the trashcan of Dutch society' (van Prooijen, 2022). Contact and collaboration between teachers and pedagogical workers could be a way to reduce these negative stereotypes (Interview 1, 2).
Second, child centres are also a response to issues in the quality of Dutch ECEC services. As stated, early childhood development is impacted by the big changes children are introduced to when they transfer from childcare to education (Interview 2). In the Netherlands, this transfer happens quite early in life as children are already taken under the wing of primary education at the age of four. This introduces two big changes. First, the professional to child ratio in childcare differs greatly from that in education. For toddlers aged two to four, regulations provide that there can be only six children for one pedagogical worker. Even in after-school care - for ages four to twelve, just like primary education – it is mandated that there should be one supervisor for ten children. However, in primary education there is only one teacher for class sizes up to 30 children. Second, primary education introduces the children to formal learning instead of the 'playful' learning that is central at childcare. Although the early years of primary education – for toddlers aged four to six – are still relatively informal, it is still a much more structured environment as compared to childcare (Interview 1). Child centres

could offer a more ‘continuous’ line of development and offer a soft transition from childcare to education (Interview 1, 2).
Finally, child centres could address the inclusivity of childcare in the Netherlands. In the education sector, there are ‘special’ educational organisations focused on children with special needs or a development gap, known in the sector as ‘children who have a little backpack’. In addition, there are special schools for highly gifted or uniquely talented children. Apart from specific pre-school arrangements for children with a development gap, there is no such diversity in childcare. Due to its ‘alternative’ pedagogical philosophy, child centres generally focus on the specific talents of specific children in an holistic manner. This could also lead to a more inclusive organisation of childcare services (Interview 2). In fact, one of the locations participating in this research cares for an ‘unusually high number’ of highly intelligent children and employs a ‘coach’ specifically to support the pedagogical workers in tending to these children (Interview 8).

2.3 The process

Child centres have proliferated and developed in the Netherlands largely bottom-up, on the initiative of primary education organisations which were of an ‘alternative’ persuasion such as Dalton or Montessori elementary schools (Interview 1, 2). In the first years of the 21st century, these schools started to incorporate childcare into their organisations and these have in some cases developed into child centres (Interview 1). For example, the child centre organisation central in this case study developed largely out of a partnership of existing childcare organisations and primary schools (Interview 2). In addition, there are child centres which are fortunate enough to be founded and built as a child centre from the start – typically as part of a newly constructed neighbourhood (Veen, Ledoux, Emmelot, & Gevers Deynoot-Schaud, 2019). This also applies to one of the locations that belongs to the childcare organisation in this case study (Interview 6, 7). This bottom-up development causes that childcare organisations and locations vary greatly from one another, and differ in their degree of and approach to integration of education and childcare (Interview 1, 2).
The child centre organisation in question was not set up overnight. ‘There were incredibly many bears on the road’, the director explains (Interview 2). It started as a quite complex collaboration between two childcare organisations and neighbouring school boards. The two childcare organisations had acquired different locations in their time, and these needed to be ‘traded’ in such a way that childcare and educational services would be as close to one another as possible. This process was arduous and difficult, and in the end cost the organisation around three years (2016 – 2018) and one-third of their locations and staff (Interview 2).
In 2018 the childcare organisation got a single name, and from then on it started to see itself as a single organisation. Technically it is not a single legal entity, since education and childcare are funded differently (more on this later). ‘That is when the real work started’ explains the director, ‘now we had one organisation but the people still had to find each other’ (Interview 2). The experience of one of the managers illustrates how people from different organisations were integrated. The manager worked at a small organisation of 60 staff members, which was acquired by the childcare organisation in 2018. In the beginning, collaborating with each other was difficult. The manager and their colleagues were not used to working in a large organisational environment, as previously they worked quite informally and on a personal basis. In addition, the first years there were feelings of rivalry and ‘us versus them’ when it came to the various childcare locations. This was different in education, which is historically much more cohesive, partly due to its almost completely public character (Interview 3).

The approach taken to organisational integration by the childcare organisation was to start at the level of interpersonal connections, then develop the desired principles, values and standards (organisational culture) and finally structure the processes and rules around these connections and this culture. First, they organised meetings amongst the 60 managers in the organisation. Thereafter, management formulated the organisation values and principles. Importantly, the key aim of the organisation is to create a 'continuous trajectory of child development' rather than focusing on the label of a 'child centre' as such. A 'true' child centre is not a feasible or desirable solution at all locations (Interview 2).

Central management has formulated two key principles for the organisation: trust and growth. These principles apply both to the children and to the workers in the organisation. The organisation recognizes the pedagogical workers as their most important asset, as they are the ones who make a difference for the children. On the one hand, pedagogical workers are encouraged to trust their own judgment and professionalism. They often feel inadequate due to the many specific rules they need to comply with, the strict control from the municipal health services and their status difference with teaching staff. On the other hand, these principles also mean that workers are people first and employees second. In line with the 'holistic' image of humans from the Dalton philosophy, employees are both people and professionals. It is acceptable to be vulnerable, to feel bad and not always perform at your best. This creates a more relaxed atmosphere (Interview 2).

As stated, there are salient status differences between teachers and pedagogical workers in the Netherlands. Child centres often have to work hard to integrate teachers and pedagogical workers on an equal footing in interprofessional teams. Teachers tend to treat pedagogical workers as assistants or lackeys, rather than equal colleagues (Interview 1). The childcare organisation in this case is no exception, and creating and maintaining an equal collaboration between teachers and pedagogical workers is a continuous process. One important development was made when the organisation changed from having one management for education and another one for childcare to a single central management and a single 'service desk' for the support of both teaching and childcare staff (Interview 2, 3). The location management still varies for each childcare location, as they are in different ways integrated with primary schools. Typically, however, location managers are employed based on a general profile falling under the general labour agreement of primary education. This because such positions are more easily organised and financed based on this agreement as compared to the general labour agreement of childcare (Interview 2).

Contrasting the development of interprofessional collaboration between teachers and pedagogical workers between various locations illustrates the diversity and challenges therein. To start with, one of the most integrated locations was founded in 2020 and is housed in a single, newly-constructed building as part of a new neighbourhood. Since its inception, it consist of a small team of teachers and pedagogical workers, all of whom have worked here since the start of the organisation. The organisation is composed of several units organised around a central 'restaurant' where the children and staff members eat together. Pedagogical workers and teachers are all referred to as 'team members' and they work together on an equal basis. They tend to the children in 'vertical groups' which cover various ages: there are units from zero to three, three to six, six to nine and nine to twelve years old. Often, the parents of the children do not even know who is (technically) a pedagogical worker or teacher. According to the employees themselves, having all started together and working in the same building has boosted their equal collaboration enormously (Interview 6, 7).

More typically, locations start out as relatively split managerial 'units'. With one manager for education and one (assistant) manager for childcare. Equal collaboration between teachers and pedagogical staff is then aided when the location is eventually brought under a single manager, together with increasing contact and collaboration between teachers and

pedagogical workers (Interview 2). One of the more integrated locations participating in this study developed according to this more typical route (Interview 8).
In contrast, the collaboration between education and childcare at a less integrated location is much less robust. This location offers pre-school and childcare services, and has a close partnership with a nearby school. This partnership started in 2015, and in these early years pedagogical workers often visited the schools and the older children of the school and regularly read stories aloud to the toddlers in childcare. However, with the arrival of new director this partnership waned. Since then, there has been a new school director every one or two years and the degree of collaboration varies greatly depending on the time and interests of the directors (Interview 5).
Since 2020, this location can work with a school director which is very keen on promoting the collaboration between pre-school and childcare on the one hand, and primary education on the other. The older children at the primary school once again read aloud to the toddlers in childcare once a month, and the toddlers can play on the school grounds twice or thrice per week. In short, the degree of collaboration varies strongly based on the interests and possibilities of school management and staff. That this location does not share a building with the primary school makes a big difference in this regard. This does not only create logistical issues, but also has the effect that the teachers and pedagogical workers meet quite infrequently – mostly when transferring children from pre-school or childcare to school (Interview 5).
Apart from the continuous development towards integration of education and care, the childcare organisation has also made steps to foster the professional development of its pedagogical workers (Interview 2). The organisation offers several free workshops, lectures and three yearly field trips on pedagogical topics, and there is a budget to attend self-selected courses (Interview 2, 4, 6, 7). To follow these courses, each pedagogical worker has a professional development budget of 500 euro's based on 1 fte. The height of this budget is based on the collective labour agreement of primary education, but for the sake of fairness it also applies to the pedagogical workers (Interview 2).
More recently, in early 2022, the organisation has also developed an internal educational track for 'childcare worker'. Here, people are educated specifically to work in an interprofessional setting where education and childcare are combined in a continuous trajectory of child development – and they are trained in practice in one of the 29 locations. In addition, alumni of this internal educational track are guaranteed a position as a 'child centre worker' – in which they can function both as a pedagogical worker or a teaching assistant (Interview 2). The alumni are also employed to work in both pre-school, childcare or after-school care combined with assisting in teaching (Interview 3).
Students who have enrolled mainly come from outside the organisation itself. This is unfortunate, as most pedagogical workers are trained at upper-secondary vocational education level 3 (MBO-3), while completing the track would raise their educational attainment to the next level (MBO-4). The organisation has found that the main obstacle to participation of many of its pedagogical workers was that they would have to follow the entire track. Many things would already be known to them and have no additional value for them, but nevertheless cost them their free time. Therefore, an innovation the organisation may implement next year is to divide this track into modules. For example, a part on after-school care and a part on teaching assistant. This would decrease the overlap with the current qualifications of staff and decrease the workload (Interview 3). As this innovation still has to take place, it falls outside the scope of this research.

2.4 The solution

The integration of education and childcare offers opportunities to improve the quality of work for pedagogical workers in several ways. One of the more straightforward benefits is that it allows pedagogical workers to work more hours. For example, they can expand their work in pre-school, childcare and/or after-school care – which often leads to short shifts – with work as an assistant in primary education (Interview 3). Moreover, in the fully integrated locations both teachers and pedagogical staff make 'long working days' from nine to five (Interview 2) – which is a lot more than regular Dutch childcare, where workdays often end at noon (pre-school) or two o'clock (childcare) (Interview 4).

Second, integration with education improves the opportunities for professional development amongst pedagogical workers. For example, by taking on tasks as a teaching assistant they can learn about didactics and group dynamics of older children (Interview 3). More generally, an integrated child centre allows workers to 'expand their horizons' (Interview 3). Often, pedagogical workers are interested in quite a specific age group when they enter the labour market. For example, babies aged zero to one, whose development and care is a whole different ball game compared to toddlers aged two to four. By working in an integrated setting, pedagogical workers come into contact with children of all these age groups and the colleagues caring for them (Interview 4, 5). Typically, working somewhere else – for example when filling in for a sick colleague – sparks the interest of the pedagogical workers. Especially when they meet children they have cared for at a younger age. This makes people think more about their career and expanding their pedagogical skillset (Interview 3). Dissatisfaction at professional career opportunities is one of the main problems among pedagogical workers in the childcare sector (see National Report SOWELL-NL).

Third, integration between childcare and education improves the job satisfaction of pedagogical workers because they are able to see how children they have cared for fare later in life (Interview 3, 6, 7). Even in the least integrated location, pedagogical workers have indicated that one of the main factors motivating them to organize collaboration with the nearby primary school is that they can see the children develop. It feels good to form an interprofessional team of pedagogical workers, teachers and social workers 'around the children' and make sure these children are offered optimal opportunities (Interview 4, 5). For example, one pedagogical worker cared for a girl in pre-school who was a refugee from Syria. The girl did not speak, but the worker saw a lot of potential in the child. She organized a 'warm takeover' with the primary school – which is an intense transfer trajectory with many talks and meetings. The point of these meetings was to allow her to attend a regular primary school, rather than send her to a 'special' school for children 'with a little backpack'. A social worker from the municipality also guided this process, and in the end the girl was able to go to the regular primary school. The pedagogical worker explained with a sense of satisfaction: "It is beautiful to all stand around the child and ask yourself: "What is the best we can offer them?" (Interview 4).

Fourth, integration may also improve the job satisfaction of pedagogical workers because they feel more valued for their professionalism and skills (Interview 2). This is especially true for more integrated locations, where an equal collaboration between teachers and pedagogical workers has been achieved (Interview 3). As stated, in the newly built, highly integrated location there are no informal differences in nomenclature for teachers or pedagogical staff – all are referred to as 'team members' to promote equal collaboration. Moreover, there are many meetings and moments of informal contact between teachers and pedagogical workers: There are daily meetings, which are more directly work-related (although in line with the 'Dalton' philosophy there is space for personal issues). There is also a monthly 'building conversation' where all workers discuss the development and future of the child centre. Around eight times per year there are joint dinners, where teachers and pedagogical workers

cook for each other and eat together. Four times per year there are ‘domain meetings’, where colleagues tending to the various domains (i.e. zero to three year olds, three to six year olds etc.) meet and discuss the progress of children and the organisation of the work. Finally, there are two yearly meetings. One ‘building day’ where management, teachers and pedagogical workers discuss the building itself and the physical organisation of space, and one two-day teambuilding event. All this contact makes your colleagues feel like family and makes both teachers and pedagogical workers feel at home with one another (Interview 6, 7).

That pedagogical workers need to collaborate and have contact with teachers on an equal footing to feel professionally valued is also evidenced by the experiences of workers in the least integrated location. Here, there have been many changes in the management of the primary school they collaborate with. The pedagogical worker notices that with each new school director, she needed to ‘start from scratch’ in building understanding of what the pre-school organisation actually does and what the work of pedagogical workers entails. As she explains: “This lack of respect is persistent. Sometimes there are teachers who do not even know what pre-school is. That indicates that there is something wrong with the education of the teachers as well.” This pedagogical worker did notice improvements in the last years, now that there has been a director for two years who is also interested in increasing collaboration between the primary school and pre-school and childcare (Interview 4).

In the interest of equality it is good to note that the integration of education and childcare is not only beneficial for pedagogical workers, but also for teachers (Interview 1, 2, 8). In traditional Dutch primary education, there is one teacher who teaches an entire class the whole curriculum for an entire year. But in a child centre, the teachers are supported by pedagogical workers and can specialise in certain subjects. For example, a teacher in math and another in history (Interview 1). Moreover, through interprofessional collaboration teachers can learn and professionalise as well. Pedagogical workers are traditionally more accustomed to dealing with parents of children, who they see much more frequently than teachers normally do. In addition, pedagogical staff focuses much more on the socio-emotional development and personhood of the child and not only on qualifications or bureaucratic skills (Interview 2). For example, in one of the more integrated locations teachers also operate as ‘coaches’ who support the pedagogical staff on specific issues, such as dealing with highly intelligent children or implementing the ‘Dalton’ pedagogical vision in childcare. This also enables them to develop more pedagogical skills in addition to their didactical skills (Interview 8).

The integration of education and care is not only beneficial for the quality of work, but also for the quality of service for the children (Interview 1, 2). For example, in the newly built location, children can make a soft transition from childcare to education. The units are organized in ‘vertical groups’ in which the unit for children of three to six covers in several years a transition that traditionally takes place overnight. Children from the unit of one to three year olds can also have a few ‘try out days’, where pedagogical staff and teachers can observe and evaluate how the children handle themselves in the new unit (Interview 6, 7). Also in the least integrated location, having interprofessional collaboration with the pedagogical workers and teachers at the primary school benefits the transition of children, as the earlier example of the Syrian girl illustrates (Interview 4).

Moving on, there are mixed feelings about the internal courses and educational opportunities offered at the child centre in question. On the one hand, several pedagogical workers appreciate the free workshops, lectures and courses a great deal. In line with the ‘Dalton’ philosophy, they are able to freely choose their own workshops which may be work-related (i.e. how to work in ‘vertical’ groups) or personal in nature (i.e. exploring your hobbies). These staff members appreciate the level of autonomy they are given in their own development (Interview 5, 6, 7). On the other, one pedagogical worker indicated that the

workshops and lectures may be a bit too unfocused. This employee used to work only in a pre-school setting, but now her organisation also offers childcare and after-school care. The workshops available at the location have diversified as a result. However, she herself has a quite specific interest in caring for and stimulating one to three year olds in a pre-school setting. She complains that previously all the workshops used to be interesting, but since these child services have merged in one organisation, there are quite a few workshops and courses she finds boring – such as those on caring for babies, or on telling 'cute' stories to parents (Interview 4).

2.5 The implementation

During their development and spread, child centres had to overcome many obstacles, some of which persist to this day. To start with, many earlier lobby activities at the turn of the century had failed. These were the high days of neoliberalism, and the integration of childcare and education was seen as a risk, since it might imply that childcare would also become a public good (Interview 1). Even today, the employers'organisation representing the commercial childcare organisation stresses that child centres are not a desirable solution in every situation (Interview 9). Organisations such as 'Pact for child centres' still encounter opposition from the more commercially oriented childcare organisations and their representatives, which still fear that integrating childcare with education would mean that childcare becomes a public service and a basic right for children or their parents (Interview 1). The childcare organisation central in this case would indeed prefer that childcare becomes a public service. Since it is organised as a market in the Netherlands, childcare is highly responsive to the private demand for childcare services (i.e. parents' value for money). This creates all kinds of uncertainties that are detrimental to the stability of childcare, which has adverse effects for both children and workers in childcare (Interview 1, 3). A manager director explains: "We should really take inspiration from the Scandinavian model, where everything is arranged much better." (Interview 3).

A second cultural obstacle is the 'mother myth'. As a nation with a strong Christian heritage, there is a strong ideal in the Netherlands that children are best cared for by their biological mothers rather than by professionals. This myth is so strong, that even pedagogical workers – 95% of whom is female – mostly prefer to work part-time and only three or four days a week (interview 1). This exacerbates the current staff-shortages in the sector, meaning for the organisation in this case study that it is sometimes very difficult to adhere to the stipulated professional-child ratio's (Interview 2). As the manager of 'Pact of child centres' recalls: "Many women work part-time in order to care for their children at home. It is ironic that [pedagogical workers] themselves maintain the 'mother myth."(Interview 1).

As stated, the child centre in this case study has formally two legal identities due to the split regulation and financing of education and childcare in the Netherlands (Interview 2). Formally, an educational organisation is not allowed to merge with a childcare organisation. The first is a public service, while the latter is a private enterprise (commercial or non-profit). One way child centres deal with this is to set up an overarching organisation, with the same board members in both the educational and childcare branch. If you would not set up an overarching organisation, one organisation would have to pay 21% VAT on externally hiring the other's staff (Interview 1).

The organisation in this case study has dealt with this issue by setting up a double formal identity, with a single management and one back office support staff. Still, the locations themselves are integrated in various ways. Typically, locations start out with one or multiple managers for education and childcare separately. Experiences in the past have taught this organisation that, once there is a single management which is responsible for both education

and care, equal collaboration and full integration of education and care become a real possibility (Interview 1).
A formal obstacle to equal collaboration between teachers and pedagogical workers are the different collective labour agreements for education and childcare (Interview 1, 2). To start with, there are marked differences in the level of financial remuneration between teachers in primary education and pedagogical workers. In the current collective labour agreement, pedagogical workers have a starting salary of 1,974 euro's based on a 36-hour workweek, which is relatively close to the minimum wage of 1,727 euro's (Cao Kinderopvang, 2022a; 2022b). Meanwhile, the starting salary of teachers in primary education is no less than 3.001 euro's based on a 40-hour workweek (Onderwijsloket, 2022).
In addition, the collective labour agreement of primary education has more finances and time available for the professionalisation of staff as compared to the labour agreement of childcare. The organisation solves this by offering the pedagogical workers the same budget (500 euro's per year) and similar opportunities as the teachers (Interview 3). A remaining issue when it comes to the professionalisation of staff is that primary education has a fixed number of 'study days' on which the schools are closed and teachers can attend conferences or follow courses. Such study days are not available in childcare, which is open year round. In some locations, this issue is solved by offering several 'study evenings' instead of a single study day. However, this still costs pedagogical workers their own time, while teacher's can study at a time they would otherwise be working. Unfortunately, closing a location for an entire day is often too expensive (Interview 2). Parents also expect childcare services to be offered all the time, since it is a service they pay for. This obstacle is thus yet to be resolved in the future. As a manager remarks: "The most logical solution would be that childcare goes public and that there will be a single collective labour agreement." (Interview 3).
Finally, an important factor facilitating the growth and proliferation of child centres are the changing societal attitudes towards childcare services. Illustrative are the reports of the Social Economic Council, in which childcare is no longer framed as a tool for the labour market participation of parents, but is also seen as beneficial for the development of children and the realization of equal opportunities in Dutch society (SER, 2016, 2022). In addition, the manager of 'Pact for child centres' sees the growth of academic pedagogical science tracks as another indicator of this development (Interview 1). The managers and staff of the child centre organisation in question recognize this development. However, they stress that the 'alternative' pedagogy such as 'Dalton' has always stressed the importance of early childhood education – not only in terms of qualifications but also socio-emotionally and psychologically (Interview 2, 6, 7). It may therefore not be very surprising that it were precisely schools of such alternative persuasions that started to offer the first (semi-integrated childcare services (Interview 1).

3. Case 2: Recruiting and retaining pedagogical (ECEC)

3.1 The case study context

In 2022 the social partners in the 'Commission labour market social sectors' (*Commissie Arbeidsproblematiek maatschappelijke sectoren'*) asked for political actions to combat labour scarcity in public sectors like education and care (SER, 2022). The COVID-19 pandemic has increased the sense of urgency in society regarding the importance – and vulnerability – of social sectors. Expectations are that 135,000 (!) extra workers will be needed in the care sectors in 2031. The Social and Economic Council (SER) advises to expand hours of part-time workers (next to new labour market entrants and pensioners), raise the quality of work, implement technological and social innovation, combat the 'red tape' and provide long term

perspectives in policy and financing (SER, 2021; SER, 2022). Where the SER has a function in agenda-setting, this case study is about how labour scarcity affects a childcare organisation and how an organisation deals with these challenges in practice.

Many Dutch childcare organisations struggle to attract and retain sufficient pedagogical staff members due to labour scarcity. Members of the employers' organisation BK typically use (a combination of) several measures aimed at improving the attractiveness of work in the sector. First, by innovating in the recruitment process itself. For example, by using novel ways of reaching out to job seekers. Second, by improving the working conditions or benefits for pedagogical workers – such as offering more contractual working hours. And finally by offering opportunities for professional development to pedagogical staff, thereby improving their career opportunities inside or outside the organisation (Interview 9). The childcare organisation central in this case study is exemplary, because it employs all three methods to recruit and retain sufficient staff members (Interview 10, 11, 12).

The organisation in this case study offers childcare services for children aged between 0 and 12 years old. For very young children, aged 0 to 4, the organisation has two daycares and two pre-school organisations spread across six locations. The largest part of their services concerns after-school care (BSO - *'buitenschoolse opvang'*), where children aged 4-12 who attend primary education can be taken care of during business hours after school hours (Organisation website). The organisation has initially started as a BSO-organisation, which explains why the largest part of their services fall in this domain. The daycare and pre-school locations have been acquired through mergers and business takeovers. Only at the largest location are all these services combined in one building. Generally, the daycare, pre-school and BSO are spread across several smaller locations close to primary schools. Since the organisation only operates within the municipality of Purmerend, all locations are relatively close to one another (Interview 10).

The organisation started with a single location, and has experienced quite rapid growth in the ten years of its existence (Interview 10). For the interviewees, it still 'feels' like a small organisation – in the sense that management personally knows all employees, and there is regular contact between the office and workers at the various locations (Interview 11,12). The organisation now has grown so much that, at the beginning of this year, it has introduced a new layer of management. A team of several 'cluster managers' now forms the linking pin between central management, and the managers of each of the daycare or BSO locations (Interview 10, 12). These cluster managers are mostly recruited from the pedagogical workers who have been working with the organisation since the beginning, although some are recruited externally (Interview 10, 12). Due to its growth, the organisation now has around 150 employees, but it will probably have around 200 employees in the near future (Interview 10).

A unique feature of the organisation is that sports instructors work alongside pedagogical workers in offering ECEC services to the children. The organisation is a family business set up by a couple with a background in sports education as well as pedagogical work (Interview 10). Sports is one of the central pillars of the pedagogical approach taken by this organisation, in addition to a focus on creativity, music and play (Organisation website). In fact, one of the motives behind the founding of the organisation was to offer more comprehensive labour contracts to sports instructors, since sports instructors often need to collect small labour contracts at multiple organisations to build up something resembling a full-time work week (Interview 10). The sports instructors primarily work at the BSO locations, as they lack the qualifications to work at the daycare or pre-school locations. In addition, they organize sport and play activities that children (and pedagogical workers) of the various locations can attend (Interview 11). Still, pedagogical workers make up the vast majority of the workforce and sports instructors make up roughly one-fifth of the workforce

(Interview 10). As we will explain later, the collaboration with sports instructors contributes positively to the quality of work and services related to the pedagogical staff in several ways.

3.2 The issue

Staff shortages plague the Dutch ECEC sector (Interview 9) and are the reason why the organisation invests strongly in recruiting and retaining staff members. Because there is a lot of competition between daycare and BSO organisations for pedagogical workers, this organisation has elevated sending out the right vacancies at the right time to an art. Despite this, and the other innovations to be discussed later, the organisation still finds positions at the BSO particularly difficult to fill. This is largely due to the small and rather inconvenient working hours of after school care, generally between 2 and 5 p.m. (Interview 10).

Another issue in the sector to which the organisation responds are the generally small and fragmented contracts of pedagogical workers. It is typical for pedagogical workers in the Netherlands to work multiple jobs at multiple daycare, pre-school and after-school care providers. Working for multiple employers complicates the finances and administration of the household. Moreover, workers in the Netherlands receive a labour tax reduction for only one employer, which makes working for multiple employers financially less rewarding. In addition, combining daycare or pre-school with after-school care leads to 'broken shifts' and rather useless 'free time' in the afternoon (Interview 12).

Although pedagogical workers tend to gather small contracts at multiple organisations to fill their working week, another reason for the prevalence of part-time contracts in the sector has to do with the fact that the overwhelming majority of the workforce are women. Often, the organisation finds that women do not want to work more than three days per week. This because they want to set aside some time for their household and childcare duties at home. The Netherlands is characterized by a Christian child parenting culture where the mothers traditionally take full responsibility for raising their children at home. This harms the opportunities for professional development of these women, as – for example – certain management positions at the organisation require a working week of at least four days (Interview 10).

Finally, the 'corona crisis' has been a major challenge for this organisation, as for other ECEC organisations. The sector feared a sharp drop in the demand for ECEC services, due to the prevalence of working from home during and possibly after the crisis. Thus, many other daycare organisations have laid off or fired pedagogical workers during the early days of the crisis. However, the Dutch daycare sector was used as an instrument to protect the labour participation of parents during the lockdowns – through the so-called 'emergency daycare' [*noodopvang*]. And the early signs this organisation receives seem to indicate that the demand for childcare services is precisely growing now that people work from home (Interview 10).

Organisations that laid off pedagogical workers during the crisis are now compelled to hire self-employed pedagogical workers to fill the gaps in their roster (Interview 11, 12). This creates several problems for these organisations. First, self-employed pedagogical workers are more expensive and less productive for management. Self-employed workers may ask an hourly rate that is almost double the rate of regular pedagogical workers. In addition, being temporary workers they are less familiar with processes and ways of working in the organisation. Second, self-employed pedagogical are less familiar with the children and their parents, and thus reduce the quality of services. Finally, hiring self-employed pedagogical workers creates inequalities and frictions within the workforce. Regular workers may feel unfairly treated, when they find that some unfamiliar colleague is paid almost twice their own rate while they contribute little to actually serving and schooling the children (Interview 11).

However, this organisation has not laid off any staff during the corona crisis and is therefore not compelled to resort to externally hiring self-employed pedagogical (Interview 10, 12).

3.3 The process

The organisation management and staff recognize that the organisation is quite unaffected by current personnel shortages in the sector (Interview 9, 10, 11, 12). However, the organisation attributes a lot of its success in recruiting and retaining (pedagogical) workers less to recent innovations within the organisation than to the organisation's modus operandi. Thus, some of the 'innovations' central in these case have been its standards ways of working since its inception.

The organisation has been keenly aware of the value of good working conditions since its inception. As stated, one important motivation behind setting up the organisation was to be able to offer larger contracts to sports instructors. However, the organisation was not set up by the manager alone. Her partner was also involved. This partner has extensive experience in the Dutch ECEC sector and a keen sense of how things should *not* be organised. The organisation feels that some other childcare organisation may not realize the value of pedagogical staff. Many organisations may only consider that workers make up 80% of their costs in this sector, but this organisation fully embraces that the workers are the people who add value to its product. Two key things the organisation sought to improve were, first, the hire of sufficient pedagogical staff members and, second, the use of a personal management style rather than a controlling management style (Interview 10).

Both aspects have received attention since the start of the organisation. As an employee confided to us, one of the founders wants to visit all locations and meet their sports instructors and pedagogical staff personally (Interview 12). As stated, this organisation has managed to retain all staff members during the corona crisis. Remaining visible and open to staff members was challenging, due to the rapidly changing lockdown regulations. In order to motivate and inform pedagogical staff, management re-recreated the Dutch public news and presented it in a playful way (Interview 9).

The combination of sports and childcare, and the accompanying interprofessional collaboration between sports instructors and pedagogical workers has been a key characteristic of this organisation since it was founded (Interview 9, 10). The sports instructors work at all after-school care locations, and come up with daily sports games and exercises (Interview 12). The sports instructors are primarily concerned with group dynamics and children's physical development, while the pedagogical workers tend to focus on individual cognitive and emotional development (Interview 10). Thus, there is interprofessional collaboration at all after-school care locations, which is valuable for both the workers themselves as well as the children (Interview 9).

Currently, the organisation is in a 'transition' from small to large organisation (Interview 11). On the one hand, this creates additional opportunities for the professional development of pedagogical workers. The organisation has recently set up a new layer of cluster managers, who act as intermediaries between central management and the location managers. Many of the long-serving pedagogical staff members have been promoted to these positions (Interview 10, 12). On the other hand, the growth of the organisation makes it increasingly difficult to retain its characteristic 'personal' approach to staff members (Interview 11). As contact between management and pedagogical workers decreases, understanding each other and taking each other's wants and needs into account may become more difficult (Interview 10). Thus, the cluster managers make sure that central management is still able to visit all locations personally (Interview 11).

3.4 The solution

One key outcome of the policies and practices described above is that the organisation's numbers of staff are generally well above what is required according to the 'professional-

child ratio' (BKR). Hiring enough staff is beneficial for reducing working pressure. Yet, it also adds to the opportunities for professional development in the organisation (Interview 12). For example, the organisation has recently set up an internal educational track for childcare (assistant) manager – which has attracted both internal and extern students (Interview 10, 11). Because there are sufficient pedagogical workers to attend to all the children and perform additional duties (such as paperwork), people who are in training can have short internal 'internships'. They can take over tasks, such as planning or recruitment of new staff, on a voluntary basis. Due to the presence of sufficient personnel, they supplement rather than replace the regular workforce (interview 12).
The personal rather than directive management style also has positive outcomes for the quality of work. Such a personal approach makes people feel seen and valued (Interview 11), but also heard. When for example a new location opens, managers will personally speak to several pedagogical staff members they have in mind for that location three months in advance. And these conversations are based on the wants and needs of the staff members first, and the organisation second (Interview 10). In addition, people also have a greater say in their working hours. Because the organisations hires sufficient staff, pedagogical workers who want to take paid time off or call in sick do not have to feel guilty towards their colleagues, as may be the case at other organisations. Conversely, pedagogical workers who want to work a few extra hours can always raise this and their requests are often granted (Interview 12).
The collaboration between sports instructors and pedagogical workers creates a more diverse working environment for both (Interview 12). In addition, sports instructors tend to be male while pedagogical workers are overwhelmingly female. This also adds social diversity to the workforce, as men and women can mingle and collaborate. In addition, the additional sports activities and the presence of both male and female role models are also beneficial for the children themselves (Interview 11).
Importantly, the combination of sports and childcare helps the organisation to offer full working days to pedagogical workers. Pedagogical workers who combine daycare or pre-school with after school care at other organisations, often have to deal with a 'split shift' resulting in 'useless' free time in the afternoon. However, the sports instructors of this organisation often organize sports activities in precisely these hours. Pedagogical workers regularly help at these activities, in order to get paid a full working day and diversify their activities. In addition, this organisation also pays pedagogical workers who transport children from and to locations or schools in the area – which often happens in the afternoon as well (Interview 12). Although it goes too far to say that the presence of sports instructors helps to attract pedagogical workers directly, according to the people we spoke to their presence definitely benefits both the quality of work for pedagogical workers as well as the quality of services for the children (Interview 10, 11, 12).

3.5 The implementation

As stated, some of the good outcomes in this case concerning the quality of work amongst pedagogical staff are not achieved by 'innovations' as such. In fact, the manager considers the 'old-fashioned' modus operandi as key to the success of this otherwise 'young organisation'. These old-fashioned ways of working are present, first, in the 'formation management' employed by the organisation. A complete personnel planning is made three years in advance, which contains predictions about where the organisation expects to grow and how many employees of which type it will need. This gives sufficient time to recruit new staff members, or discuss opportunities for relocation with current staff members well in advance (Interview 10). This forward planning allows the organisation to hire newly recruited pedagogical workers one month before their full duties begin. This way, new workers are

able to ‘ease into it’ and do not have to know and do everything right from the start (Interview 12).
Secondly, the organisation goes against current post-corona trends in the uptake of working from home. Instead, the organisation has an ‘old fashioned’ office culture of in- person meetings. Requiring office workers to be present, decreases the differences between them and the pedagogical workers and sports instructors. After all, children cannot be taken care off through a screen. In addition, the actual presence of office staff and the frequent meetings between central, middle and location management have the effect that management keeps ‘in touch with’ the executive staff (Interview 10).
One possibly more innovative, or at least less ‘old school’ aspect of this case may be that the organisation has refined ‘the art of sending out smart vacancies at the right time’. First, the timing needs to be just right. There is no point in reaching out to students who are about to finish their education in sports instruction or pedagogical work, the founders know from their own experience how intensive the final stretch of these educational tracks can be. In addition, many students travel immediately after graduating, making the best time to reach out to them well beyond their graduation date. Second, the recruiting and working conditions have to fit the wants and needs of the new generation. The founders both regularly visit educational institutions of sports instruction and pedagogy. While giving lectures as both experienced practitioners in their fields, they take the opportunity to chat with students and ask them how they imagine their futures (Interview 10). This is where the idea for a ‘low stakes’ initial working period, where people are hired one month before their actual job begins (Interview 11), came from. As the founders found that the younger generations are more hesitant to take on responsibilities. In their own words: ‘Younger generations are part of the Netflix culture: they first want to get a taste for things, without too much commitment right away.’ (Interview 10).
The collaboration between sports instructors and pedagogical staff is one of the unique selling points of this organisation, and possibly its most innovative aspect (Interview 10). This offers a uniquely diverse working environment in terms of tasks (Interview 12), as well as gender (Interview 11) for pedagogical workers compared to other organisations. Moreover, because the sports instructors organize afternoon sports activities in which the pedagogical workers are involved, they create a unique opportunity to increase the number of working hours of pedagogical workers (Interview 12). The inclusion of sports also improves the organisation’s collaborative relations with the local municipality, schools and sports organisations. For example, the sports instructors often visit the local schools to give sports lessons. And the municipality is ‘very enthusiastic’ about the role sports can play in creating more vibrant and resilient local communities (Interview 10).
Finally, luck also plays a role in this case. Another important factor which may explain the success of this organisation lies in its location (Interview 10). Purmerend is in the northern metropolitan part of the Netherlands, near Amsterdam. It is a fast-growing medium-sized city with 82,683 registered residents in 2021, and 92,240 registered residents in 2022 (CBS.nl, 2022), representing a growth of 11.6%. It is a popular but still relatively affordable place to settle, especially considering its vicinity to the capital. This allows pedagogical workers (and sports instructors) to live near the locations where they work, in contrast to many other newly built neighbourhoods in the Netherlands (Interview 10).

4. Case 3: Regionalisation in home-based care (LTC)

4.1 The case study context

The RP in this case study is located in the eastern part of the Netherlands, outside the metropolitan area. It was founded in 2017 for the purpose of combining the expertise and resources of the collaborating municipalities with a view to jointly professionalizing the procurement of care services in the region (Interview 13, 16, 18). The eleven municipalities cooperating in this partnership range from small villages to medium-sized cities. To give a sense of its scope, the number of residents in each of these municipalities is outlined below:

Municipality	**Number of residents**
Arnhem	163,888
Doesburg	11,064 (2021)
Duiven	24,958
Lingewaard	46,936
Overbetuwe	48,266
Renkum	31,358
Rheden	43,476
Rozendaal	1,753
Wageningen	39,939
Westervoort	14,943
Zevenaar	44,645
Total	471,226

Source: StatLine CBS (Statistics Netherlands

In total, the RP has to procure care services for almost half a million residents living in its area. The decentralisation of care services means that the municipalities remain the prime 'client' of the care providers in the region. The RP functions as a contract manager, an added factor in the relationship between municipality and supplier (Interviews 13,14,16,17,18). The municipality and the suppliers maintain their direct contact and the RP does not act as a gatekeeper standing 'between' them.

For example, access to home-based care is still organized at the municipal level. Local teams of 'access workers' link clients to the right providers. What this access looks like varies per municipality (Interview 13). The smaller municipality included in the case study works with a central 'care desk' where residents can apply for care services. The level and type of care they need are determined in direct conversations between the residents and the care suppliers (Interview 18). In contrast, the larger municipality has teams of social workers in each neighbourhood who visit residents who have applied for (home-based) care services. Together with the resident, they determine the type of care required and link the client to an appropriate supplier (Interview 16, 17).

Home-based care is procured by the regional organisation on behalf of the collaborating municipalities (Interview 13, 14). Three 'care products' define the units and quantity of home-based care services bought by the RP:

1) General domestic help: Clients need help in carrying out all or part of the household tasks. Clients are able to supervise the care worker and manage the service themselves. (RP, 2022, 3).
2) Customized domestic help: Household support is intended for people who live at home with some form of limitation (in accordance with the Wmo 2015). The extent to which a client is able to cope with his disability determines what help is offered. An important question here is also to what extent the client is capable of self-direction, can still learn how to deal with his limitations in combination with performing household tasks. (ibid.; 6)

3) Combi support at home: Intended for situations where domestic help alone is no longer sufficient. Combi support at home is a combination of customized domestic help and care given by one care provider creates the integrated range of Combi-support at home (ibid., 8). Typical care giving in this case refers to help in performing personal hygiene or self-care, such as brushing one's teeth, showering and bathing, or preparing and eating a personal meal (Interview 19, 20).

As stated in the previous chapters, social dialogue is centralized in the Netherlands and the social partners play no direct role in this RP. However, in line with the Dutch 'polder' model of ongoing consultations between stakeholders, the RP, municipalities and care providers have a regular formal dialogue and meetings through regional 'market consultations'. These consultations are organized multiple times per year and discuss shared problems that affect the RP, municipalities and providers – such as the limited budgets for care services or personnel shortages. Such a consultation can take place at the initiative of the RP, but also at the request of the municipalities or care providers (Interview 13, 14, 16, 18, 19, 20, 21). There is also a formal link between social partners and stakeholders at the local level: service providers must follow the collective agreement at sectoral level regarding wages and other terms and conditions of employment in homecare (negotiated by the employers' associations ActiZ and Zorgthuisnl and trade unions FNV, CNV, NU '91 an FBZ).[2] Municipalities are supposed to calculate 'real prices', based on the labour costs according to the most recent collective agreement. The budgets for municipalities for homecare are based on national regulations from the government.

4.2: The issue

The issue at stake at the RP is the professionalisation of procurement of home-based care services. While the RP was set up in 2017, its early years were still characterized by having to manage an 'unmanageable' number of care providers, many of whom were suspected to be 'care cowboys' (Interview 13, 16, 17, 18). In the initial period of the RP, between 2017 and 2019, there were no less than 700 to 900 providers active in the region. With such a large number of providers, it becomes very difficult for the RP or the municipalities to retain oversight and control of the quality of services in the region (Interview 14, 16, 17). The innovations discussed below were introduced in 2019 after a revision of the procurement procedure (Interview 13, 14, 15).

It should be noted that 'care cowboys' is a pejorative term, and neither the RP nor the municipalities wish to refer to specific suppliers in this manner. However, an employee of the largest municipality explained that it was clear that 'something had to be done' about the quality of care services in the region (Interview 16, 17). One key way in which such organisations are detrimental to the quality of both service and working conditions is their deployment of underqualified staff for specialized home-care services to reduce personnel costs. This is detrimental to the quality of the service, since underqualified personnel cannot be expected to provide such a specialized service. Yet, it is also harmful for the working conditions, since such employees may get a lower level of remuneration than they otherwise would have had (Interview 15, 16, 17).

Another way in which organisations may want to reduce personnel costs is by constantly hiring new employees after a few years. After all, according to the collective labour agreement, wages of employees rise significantly in the first five years, after which they remain relatively stable. So it is much cheaper for care providers to lay off workers after two or three years and simply hire new ones. However, this is detrimental to the workers themselves as they constantly have to find new sources of income, but also to the clients who

[2] See chapters 4 and 5 (WP2) in the country report of the Netherlands in the SOWELL project

may have become accustomed to receive these very personal services from someone they know and trust. Especially trade unions are against the too insecure and extremely flexible jobs in the care sectors in the Netherlands. Finally, some organisations even violate the collective labour agreement by not reimbursing travel costs for workers in home-based care (Interview 20). These practises undermine the position of the social partners in the sector. Further, also the Ministry of Social Affairs and Employment launched in 2021 a campaign regarding better implementation of collective agreements and professional standards to enhance 'fair, healthy an safe working in homecare' in the Netherlands.[3]

4.3: The process

The RP in this case study was set up in 2017 by the collaborating municipalities. The objective was to enable the municipalities to bundle their expertise and other resources and professionalize their roles of clients in 'the social domain' – which refers to care services that are privatized in the Netherlands, such as home-based care falling under de social support act (Interview 13, 15, 16, 17). Since its inception, this RP has been using a regular open house procurement method, meaning that new providers can register every day if they meet the requirements set by the municipalities (Interview 16, 17). In practice this means that care providers that wish to register can indicate on an online dashboard in which of the participating municipalities they want to offer their services. The registering process and the supervision of care organisations is managed by the regional organisation (more on which will be detailed later), while registered care organisations thus also enter into a client-patron relationship with the municipalities they have selected (Interview 19, 20, 21).

The regional organisation sees two main advantages in using the open house procedure as compared to procurement using the alternative public tendering process. First, the region and its municipalities do not become dependent upon a select number of suppliers, but the number of suppliers can fluctuate during the contracting period (Interview 13, 14). A large provider describes these fluctuations as a 'wave' pattern: at the beginning of each new contract period, there are many new, small providers that do not make it to the end of the period (Interview 19). Secondly, a tendering process does not allow changes or termination of contracts within the contract period. Any substantial change would require a new procedure. In contrast, procurement through an open house process is beneficial for the continuity of services as contracts with specific suppliers can be changed in the interim period (Interview 14). In addition, individual contracts with care providers that have not had any clients of a particular service in a particular area for more than a whole year, can be and are automatically terminated - specifically for the service and area in question (Interview 16, 17).

In 2019, the RP started a revision of its procurement method, which has led to the birth of a 'semi' open house procedure on the one hand, and more stringent requirements on care providers following the development of an integrated quality control and enforcement framework on the other (Interview 13, 14, 16, 17, 18).

The 'semi' open house procedure was developed following a consultation with client councils, municipalities and providers. The 'semi' refers to the limited registration period the RP uses: in principle, further registrations of new providers are not accepted after a specific deadline. This decision met with resistance from some care providers, especially smaller organisations which did not have the human resources to adhere to the strict deadline (Interview 13). It even occurred that small organisations, in an attempt at defiance, tried to register after the deadline anyway. But this was simply 'impossible' (Interview 16, 17).

[3] Eerlijk, gezond en veilig werk in de thuiszorg een handreiking aan gemeenten als opdrachtgever in het sociaal domein (vng.nl)

The integrated quality control and enforcement framework was the outcome of 'Project Quality', which was carried out from late 2018 to early 2019 by two working groups, each consisting of employees from municipalities and healthcare providers from the region. One of these working groups was concerned with the formulation and specification of quality requirements, while the other working group was concerned with developing an integrated control and enforcement framework (Interview 13, 14).
In sum, the end of the first decade of the 21st century can be characterized as a period in which the blind trust in the providers of home-based care services was gone. As an employee of a large municipality explains: "In the decentralization process, high trust, high penalty has also been chosen here in the region. [..] In principle it was: we assume that everything is going well. But due to the many publications about care cowboys, that naivety is a bit gone." (Interview 16).

4.4: The solution

The introduction of the 'semi' open house procedure is innovative in itself, since it is a novel way to organize open house procurement (Interview 13). However, it is also innovative due to its significant effects on the number of care providers in the region. Together with more stringent requirements on providers, the introduction of the 'semi' open house procedure led to a sharp reduction in the number of providers: from 700-900 in 2017-2019, to around 300 or 400 providers (Interview 16, 17).
The regional procurement organisation itself, as well as the larger municipality, welcome this reduction because the previous numbers of suppliers were considered too high to be properly manageable (Interview 13, 16, 17). However, it should be noted that small municipalities occasionally worry that they retain too few care providers in their area – making them highly dependent on whoever happens to be left (Interview 18). To illustrate, the number of care organisations providing 'general home care' – which is one of the three 'care products' defined in the region – varies from 19 in the largest municipality to a mere 10 in the smallest municipality (RP website).
In order to ensure that the reduction in the number of suppliers of care services does not have the effect that local demand cannot be met, the 'semi' open house procedure can also be opened for a specific service in a specific area (Interview 13, 14). For example, if there is a shortage of a particular type of home-based care in a particular area within a particular municipality, the first step is to contact all the suppliers active in that municipality. If these organisation are not in a position to provide these services, then 'the market will be opened for as short a period as possible'. In that case, the procurement process is opened temporarily, which may be a week, a day or even as short as a few hours (Interview 16, 17).
The second innovation in this case is comprised of two parts, aligning with the two working groups of 'Project Quality'. First, more extensive quality requirements on providers. Second, the integrated control and enforcement framework. The whole framework counts too many requirements to discuss here in great detail. However, the most relevant requirements regarding the quality of services and working conditions are the following (Interview 15):

- The care providers are required to submit a 'care or treatment plan', which has been discussed with the client (or his representative), before they are allowed to provide any services to a particular client.
- The care providers are required to evaluate the 'care or treatment plan' together with the client at least six weeks before the care service ends
- The care providers are required to be adequately skilled and qualified themselves, or employ staff who are demonstrably adequately skilled and qualified to offer the procured services

- The care provider is required to minimize the number of care workers involved in providing the care services to a particular client. The ideal is to have one fixed care worker for each client, who is able to provide all relevant services

Considering that the 'care cowboys' issue was in large part about the employment of underqualified and underpaid staff in general, the new requirements include more specific requirements on the educational background of the care workers. Before 2019, it was only specified that workers should have completed a secondary vocational education or a track at a university of applied sciences. The new requirements specify that the care provider themselves and/or their employees should have completed a relevant education in the health sector. In addition, only a certain percentage of workers may be unpaid volunteers or interns – and these must always work under the responsibility of paid staff (Interview 15).
The requirement of having one fixed caretaker for each client is primarily set from the perspective of the clients themselves. Having care workers in your home and sometimes even during intimate moments such as washing or feeding yourself can be stressful, and it is better if it is someone you know and trust. However, the regional organisation and municipalities also recognize the requirement's benefits for the workers themselves, since it also implies that workers have – as much as possible – a fixed portfolio of clients. This makes their work more stable, and enables them to build positive and trusting relationships with clients (Interview 16, 17, 20).
At the same time, the ideal of having one fixed care worker for each client is not always realistic. Due to the current staff shortages, it is especially challenging to uphold this ideal during the summer holiday period (lasting from June to August). Therefore, at the initiative of the regional organisation, the municipalities together with the care providers in the region sent letters to their residents/clients in the summer of 2022 that they could not guarantee that all clients would receive the regular number of hours from their regular care worker during the summer months (Interview 16, 17, 20, 21).
Moving on to the second outcome of 'Project Quality', the main innovative feature of the quality control and enforcement framework is the integration of preventive and repressive measures (Interview 15).
One key preventive measure of the framework is the 'validation conversation'. Employees of the regional organisation have in-person talks with prospective suppliers of care services in the region. During this conversation, the quality criteria are discussed and the prospective supplier must show to the regional organisation that it demonstrably meets all criteria. Care providers who do not convince the regional organisation that they meet all criteria are not 'validated' and not allowed to offer their services in the municipalities in the region (Interview 15).
A second key preventive measure employed by the RP in question is the use of quick scans. For example, the larger care organisation we spoke to was subjected to two quick scans since 2019 (Interview 18). If this quick scan leads to the suspicion that some quality criteria are not met, the regional organisation escalates to more repressive measures (Interview 15).
The repressive measure mainly consist of maintaining oversight, in large part through 'signal conversations' with suppliers. Such signals may come from the aforementioned quick scan, but workers or clients can also send signals directly to the regional organisation via a 'signal button' on its website (Interview 14, 15). In such a 'signal conversation', the relevant signals are discussed between employees of the regional organisation, employees of the municipality where the signal originated and a representative of the care organisation in question (Interview 15).
If the care provider is unable to remove all doubts after a 'signal conversation', the signal will be raised at the regional signal meeting, which is held once per month and is attended by

employees of all collaborating municipalities. This way, signals concerning a particular care provider can be accumulated and it can be examined whether the signals are mere incidents or reflect a structural issue (Interview 15). In addition, the regional organisation itself carries out ‘signal analyses’ twice per year, where it makes in inventory of all signals pertaining to all care providers (Interview 16, 17).
The most common signal received by the regional organisation is that care providers have failed to provide an adequate ‘care or treatment plan’ before starting their service delivery to the client. Especially small organisations may have trouble producing the required paperwork and also getting the plan discussed with and signed by a (representative of) the clients themselves. A second common signal is that organisations use underqualified staff to provide particular services. Sometimes these signals are ‘clear as day’, for example when an employee gets hired based on ‘life experience’. In such cases, signals may even lead the regional organisation to demand refunds from the care provider. In other cases, the qualified or unqualified nature of the worker may be (much) less clear. For example when a doctor’s assistant is employed to provide home-based care. In these cases, the employee does have the necessary skills to provide the service, and the provider may only be reprimanded and required to make sure that the employee also acquires the relevant qualifications in the near future (Interview 15).
Considering the extensive quality criteria and the intensive oversight organised by the regional organisation, it is likely that these innovations have improved the quality of services in the region and – indirectly – also improved the quality of working conditions by ensuring qualified and paid employees work as much as possible with fixed clients (Interview 13, 14, 15, 16, 17, 18, 19, 20, 21). However, there is one caveat: not every municipality is equally active in picking up signals about providers active in their area. As an employee of the regional organisation explained: “Arnhem is sky high at the top. And the rest gives one or two signals per year. That is a really big difference. There is work to be done. [..] Some municipalities never submit a signal. That cannot be true.” (Interview 15).
One important reason for the variation in the reporting of signals between municipalities is the diversity in the knowledge and skills of the access workers employed by the municipalities (Interview 14). This while precisely the access workers are the ‘eyes and ears’ of the municipality when it comes to signals regarding the quality of services or working conditions (Interview 18). For example, access workers are not always aware that they must receive a fully detailed care and treatment plan before the care organisation can even start providing care, or they may refer a client to an organisation with insufficiently qualified staff because they do not know how to check the personnel administration (Interview 15).

4.5: The implementation

A first very important success factor for the switch to 'semi'-open house, raising and expanding the quality requirements and setting up the control and enforcement system was the widely felt need to tackle the issue of 'care cowboys'. At the end of the first decade of the 21st century, there was a perception, both in local politics and in government, that there were too many providers 'who are cutting corners and want to earn money quickly'. These healthcare cowboys were seen as 'bad apples' that affected healthcare across the region. It was widely felt that the quality requirements had to be raised and that it was acceptable if this would lead to fewer providers (Interview 13, 15, 16, 17).
A second important success factor is the pioneering role of the largest municipality in the regional collaboration. For example, this municipality has been very important in developing the ‘semi’-open house procurement method (Interview 13). In addition, this municipality is actively pursuing various pilots to increase the quality of services and to professionalise the partnership itself. For example, the municipality is currently working on establishing a regional pool of supervisors to improve the enforcement framework discussed above. At the

time of writing, the staff responsible for the preventive and repressive measures detailed in the enforcement framework is largely provided by the municipalities themselves. However, while some municipalities can easily provide multiple full-time supervisors, others have to make do with one part-time position – simply due to the varying size of their organisations. Having one regional pool of supervisors should eliminate this disparity in the future (Interview 16, 17).
An important obstacle in this case are the limited possibilities and resources of (some) municipalities. The decentralisation of care services in the Netherlands was accompanied by budget cuts, making the resources of all municipalities quite limited (Interview 13, 14, 15). However, the resources of some municipalities are more restricted than others, resulting in – for example – the variation in the quantity and quality of 'access workers' mentioned above (Interview 15, 16, 17, 18). In addition to having limited finances, municipalities also face with more or less challenging local 'markets'. Especially more rural and smaller municipalities face a relatively high demand for care services due to an ageing population, together with a relatively low supply in the size and number of providers they have at their disposal (Interview 16, 17, 18). This means that the bigger cities can more easily enforce restrictions and terminate contracts with suppliers than municipalities covering smaller villages (Interview 16, 17). The regional organisation cannot erase this individual variation nor should it necessarily do so. Some municipalities are of the opinion that the (additional) integration this requires is not always worth the effort, or they opine that certain forms of care giving should in principle be fully managed by municipalities themselves or the market itself (Interview 15, 16, 17). Municipalities may also fear losing their autonomy or specific 'political colour' (Interview 19). In short, this means that the obstacle posed by the contingencies of local 'markets' of care services is not completely overcome.
A final obstacle is the historical and ongoing resistance of care providers against the increased quality requirements or intensified enforcement and control mechanisms. Ultimately, the region managed to convince the (remaining) providers that these requirements are simply necessary, because they can only terminate the contract with a 'provider who misbehaves' on demonstrable grounds. However, resistance from providers to control measures is persistent. Often, a 'tug-of-war' arises over information which is requested by the RP because providers have the idea that the organisation wants 'confidential information'. This while the region only needs to know 'in abstract terms' how the service is doing, without personal details of clients (Interview 14, 15).

5. Case 4: self-organising teams in a nursing home

5.1 The case study context

The organisation currently works from three buildings (organisation website), in which around 400 professionals care for the mostly elderly clients (Interview 24). Residential care is the 'core business' of this relatively small organisation, although it also employs three teams of homecare workers (Interview 25).
The oldest residential care location was built in 1936 by reformed deacons. In the eighties, every two rooms got their own shower and toilet – reducing the number of spots available from 135 to 85. In order to make up for this reduction, around 100 sheltered houses built during the eighties and nineties (Organisation website).
Another location was constructed by 10 Mennonite church communities, initially having room for around 77 residential clients and 16 sheltered housing units. In the nineties and the early 21st century, 100 sheltered housing units were added. Both the oldest location as well as

this location were renovated in 2008, in the course of which some apartments were transformed into group homes (Organisation website).
The most recent building was constructed in 2015. It was constructed based on collaboration with the local neighbourhood. This building is somewhat smaller, and contains four group houses (organisation website). Unfortunately, the construction process of this building was delayed – making it more costly than anticipated. This was a blow for the finances of the organisation (Interview 23), which are already quite limited. The organisation is financed through fixed tariffs based on the quantity and intensity of care. These funds are acquired from various sources, such as so-called 'care offices', subsidies and insurance companies (Tros & Kuijpers, draft WP1+2: section 2.1.2). They amount to around 250-300 euro's per client, per day (Interview 24).
The nineties were in the Netherlands the heydays of neoliberalism and 'third way' socialism (De Jong, 2013). The Dutch care sector is marked by many closures and mergers of smaller organisations, with the aim to survive on the 'free market'. The two locations were separate organisations back then, but they merged with each other to prevent having to merge with surrounding, larger and more commercial organisations (Organisation website, Interview 24). The current organisation is thus already quite small (Interview 23, 24, 25), but has emerged from a merger of two even smaller organisations.
The social partners in the LTC sector in the Netherlands are interested in more information about experiences in the field and the further spread of best practices with self-organising teams and new leadership and management structures in the sector.[4] Problems of low professional autonomy in the sector are recognised (Tros & Kuijpers, NL -report SOWELL WP1+2t).

5.2 The issue

The organisation has started to implement self-organising teams with the arrival of a new director in 2016 (Interview 23, 24). One of the main reasons for implementing self-organisation was the desire to improve the autonomy of care professionals in the organisation. The new director explains that on arrival, he found the organisation to be quite hierarchical. In his words: 'At the time, there were two locations. Both locations had their own location manager. In addition, there was a manager for every policy area you can think of: a financial manager, a facility manager, a human resource manager.' (Interview 24). With the step from a hierarchical to a self-organising organisation, the organisation became 'flat'. Currently, there is only one central management with the self-organising teams right directly under it (Interview 24). In total seven mid-level managers lost their jobs (Interview 23, 24) And even though the introduction of self-organising teams was accompanied by lay-offs, management stressed that was explicitly not intended as a cost-cutting measure. The fact that the organisation has not 'given up' on implementing self-organising teams, and instead pursues social and technical innovation, is precisely because management cares about increasing the welfare and autonomy of their care professionals (Interview 24).
In addition, the 'path towards self-organisation' was taken in order to guarantee a good quality of service. As a manager explains: 'Who can better decide what type of care a client needs than the caretaker herself?' The care professionals are in direct contact with the client and their families. They know the context in which the current issues have arisen and in which care has to take place. This makes them especially suited to identify and address the needs of the clients (Interview 24). One of the coaches mentions that – despite all the social innovation going on when it comes to self-organisation – the client ratings of the organisation are quite stable around 8.5/10 points (Interview 25).

[4] Wie is de baas? Dubbelportret in de VVT (aovvt.nl)

A final issue to which self-organisation responds is the staff shortage in the sector. These staff shortages are exacerbated by the ageing of the population – which increases the quantity and intensity of the required care (Interview 24). Moreover, in the Netherlands, there is a trend towards homecare. As the coach – who has a long career as a care professional – explains: 'Everyone wants or has to stay at home as long as possible. This has the effect that the situation has already become more challenging by the time a client arrives at our doorstep.' (Interview 25). Management notes that there is a limit to the number of care workers you can recruit to solve these issues. Dealing with the staff shortages – which are becoming more permanent – also means investing in social and technological innovation to increase the quality and skills of staff (Interview 24).
Another factor contributing to staff shortages in this particular organisation is that potential staff members leave to work for neighbouring larger competitors, which can offer professional development tracks and career opportunities to new staff members that the small and relatively 'flat' foundation cannot offer (Interview 23, 24). However, its 'flat' character is precisely a feature of the organisation that management would like to retain, since it is in such a context that self-organisation of professional care teams can flourish and the autonomy of care professional can be guaranteed (Interview 24, 25).

5.3 The process

As stated, self-organisation was introduced by the new director when he took office in 2016. In order to get to know the organisation and its staff, he first took an 'internship' position with the old director for half a year. This old director has led the organisation for close to 40 years, and had been a care professional before that. In contrast, the new director was relatively inexperienced in the sector (Interview 23).
The drive to implement self-organisation came from the idea that the current organisation was too hierarchical, and care professionals had too little autonomy (Interview 24). In the staff meeting where the move towards self-organisation was announced, many care workers responded enthusiastically. They looked forward to getting a bigger say in their planning or in the recruitment of new colleagues. Nevertheless, some of the, mostly experienced, colleagues immediately saw a problem: 'Does this mean we will also have to organise our own procurement and finances? Yes, it does!' (Interview 23). The resistance from care workers who are 'more accustomed' to the more 'directive' style of management is something we will return to later (Interview 24, 25).
From the outset, the organisation has worked with self-organising rather than self-managing teams. In the words of the manager of business operations: ''The arrow which points north, that is management. We are at the rudder. But how we get in the boat, that is up to the employees themselves.' (Interview 24). In short: the '*where to?'* and '*why?'* has always been up to management, while the employees answer the '*who?'*, *where?*, '*what?'* and '*how?*'.
Initially, there was some resistance in the works council to the implementation of self-organisation. Some worker representatives felt that it could add to the work load of the already heavily burdened care professionals if too many tasks would be delegated when too little support structures were in place. There critical remarks were mainly made by the employee representatives who are a member of the largest general union of the Netherlands – the FNV. The FNV union has also organised a meeting at the organisation to discuss the grievances of staff members with regard to the implementation of self-organising teams (more on these grievances later). In contrast, the works council representatives who are members of the smaller union Nu'91 were more welcoming and less critical of the implementation of self-organisation (Interview 23).
In 2016, self-organisation was first applied in homecare (Interview 23, 25). This was the most logical starting place, since care workers in home care are already quite independent

(Interview 24). Nurses and other professionals in homecare work on their own most of the time, seeing their colleagues during coffee breaks or other get-togethers. Only some very demanding tasks require direct collaboration between two homecare professionals (Interview 25). In addition, homecare workers are already used to working with certain management tools, such as 'billable hours' and 'workflow' (Interview 24).

The implementation of self-organisation in homecare was a success, and all three homecare teams of the organisation were symbolically 'given the key' by management. This is like a diploma in self-organisation (Interview 25). Following this success, self-organising teams were implemented in residential care starting in 2018. Some modifications were made to make this concept applicable to residential care. Within each of the self-organising teams, also in homecare, there are two designated 'team roles': First, a 'team member planning and personnel', this care worker carries the primary responsibility for the planning and rostering of shifts, as well as the recruitment of new staff within the team. Second, a 'team member finances and facilities', who arranges the budget and procurement of materials the team needs. However, unlike in homecare, the self-organising teams in residential care also have a designated 'quality nurse'. This position was added because the residential care sector in the Netherlands is very strictly controlled and audited, by the insurance companies but also by the municipal health services. The quality nurse is there to make sure everything happens according to designated protocols and meets these external criteria (Interview 24).

Still, in hindsight, the implementation of self-organising teams in residential care was initially too much based on the model in homecare. Care professionals experienced a lack of support and motivation to self-organise (Interview 23). There was not a clear 'ownership' of the process amongst care professionals. In addition, the rules and regulations were too unclear back then. This led to a situation that the processes and conditions of self-organisation varied from team to team. Different teams of care professionals had different ideas about what self-organising meant in practice, as well as about what it should mean (Interview 25). In 2019, management organized a 'revival' of self-organising teams: the concept should clarified and more support structures were needed to allow residential care workers to self-organise (Interview 24).

The approach to self-organisation was further developed with support from the 'Dignity and Pride' program, initiated by the Ministry of Social Affairs and Employment (Interview 24). This program was launched in 2019, and sought to combine insights gained from research and practice to improve the quality of work and quality of service in the sector. Over 500 homecare organisations participate in this program, which covers no less than 23 themes, such as 'methodical working', 'the future of homecare', 'fun at work' and 'vitality at work' (Waardigheidentrots.nl, 2022). One of the main lessons this organisation has learned from this program is the importance of a 'flat organisation' – which helped the 'revival' of self-organisation in 2019-2020 (Interview 24).

Two key innovations shaped the new approach to self-organisation: improving the support structure and improving the role of central management. To start with the first, the organisation has attracted 'coaches' to support the teams in carrying out the more difficult tasks of self-organisation (Interview 24, 25). For example, there is a coach 'facilities and finances' and a coach 'personnel and organisation'. These coaches help – for example – with drafting the yearly budgets, which is an especially challenging task for care professionals (Interview 23, 25). In total, there are three coaches for the 21 teams in residential care (Interview 25). These coaches replaced the previous 'team leaders' – which were the linking pin between the teams and management (Interview 24, 25).

Unlike the team leaders before them, the coaches also support group cohesion and other group processes in addition to offering guidance in carrying out more difficult tasks. The composition of teams turned out to matter a great deal when it came to the success of self-

organisation (Interview 24). For example, the different levels of education may matter a lot. Within the organisation, and within the teams, people from various levels of educational attainment work together. Dutch secondary vocational training is divided into four levels. There is a 'level one residential support worker, a level two and three helper position, as well as 'individual caretaker' – which is a level four position just like the 'quality nurse'. In the experience of one of the coaches, higher educated staff members are more proactive in taking up organising tasks and have less difficulties carrying them out. The coach is there to make sure no one feels left behind and everyone carries their responsibilities (Interview 25).
In addition to this social innovation, the improved support structure also makes use of technological innovation (Interview 23, 24). The organisation has acquired several apps to allow care professionals to do organizing tasks on their phone, which is automatically connected to their personal computer. For example, there is an app where care workers can submit their preferred worktimes in a roster, or an app with which they can scan the groceries they do for their clients (Interview 23).
Moving on, the role of central management has changed in the sense that some tasks which were previously fully the responsibility of the teams are now coordinated by management. This is primarily the case when it comes to the planning of shifts, and the recruitment of new staff. With regard to planning, management found that when this was left entirely to the teams, unfair situations can arise. For example, the team member responsible for planning may grant some people their wishes and deny the wishes of others, based on 'wheeling and dealing'. This is an unfortunate consequence of the fact that there is always a 'directive' element to planning: 'Sometimes it is necessary to say to people: "I am sorry, but you are going to have to work that day." And then it is better if the message comes from management instead of from one of your colleagues" (Interview 24). In addition, the central coordination of planning is also important to make sure that all the rosters of the individual teams fit together and there are always sufficient staff members present (Interview 24).
Recruitment is also centrally coordinated. The teams of care professionals attract and recruit new staff members – for example through word of mouth or by posting vacancies in nearby supermarkets – but the 'new recruits' they propose are ultimately interviewed and hired by management (Interview 23). This is so because management wants to employ strategic personnel planning: what kind of workforce do we need in several years? For example, people who are able to work with all the coming technological innovations such as the increasing introduction of A.I. in residential care (Interview 25).
Getting the entire workforce to embrace the idea of self-organisation and become familiar with its practices is a long process. Currently, around 30% to 40% of the employees has 'fully internalised' self-organisation. They actively seek out and talk with management, and they can 'talk on the same level' about – for example – strategic, tactical as well as operational affairs. Of the 400 employees in total, around 100 to 150 are such 'active and involved' care professionals (Interview 24).
As stated, one obstacle to self-organisation in residential care compared to home care is the generally lower level of education of the staff. Homecare workers tend to be level three or four, while care professionals in residential care are generally educated at level two or three. Moreover, the composition of the teams in terms of educational attainment may vary, and teams with a lower level of education tend to be less proactive and involved. This may due to the more 'directive' style of teaching at lower vocational training schools. As the coach explains: 'Some workers literally say to me: "Tell me what to do, and I will do it." (Interview 25).
In light of this still somewhat limited internalisation of self-organisation, another 'restart' is currently ongoing within the organisation. This restart is based on a new model of change, introduced by the coaches. It seeks to achieve a cultural change in the organisation, with self-

organisation more enshrined in the attitudes and behaviours of all care professionals. A ‘core group’ composed of the three coaches as well as the board is drafting the vision for this restart. An important change compared to the last ‘revival’ is that the board is keen to involve the teams directly in this change. The ‘quality nurses’ are involved and are seen as ‘the bearers of the new culture’. They participate in brainstorms about the new vision and core values of the organisation, and were present at the recent kick-off event. The initial reactions from this group to their involvement is very positive (Interview 25).

5.4 The solution

To start with, the effects of the introduction of self-organising teams on the quality of work of nurses and other care professionals vary for the various teams. Some teams experience less difficulties in carrying out these tasks, or have more strongly internalised the concept of self-organisation. These teams are also the ones that feel more heard and seen as a result of this approach. The coach notes that these highly performing teams tend to be teams where people of various levels of educational attainment work together. While teams which experience more difficulties tend to be teams with only lower educated care professionals. Higher educated colleagues tend to have an easier time and are more willing to take up self-organising tasks – and these are also the people who experience the greatest gains in autonomy (Interview 25). Both management and the coach stress that it is not exclusively about educational attainment, even though that is the general trend. Rather, educational attainments tend to be indicative of the things that really matter: personal ‘entrepreneurship’ or the willingness and openness to change (Interview 24, 25).

Thus, it is crucial that there are sufficient people in each team who are able and willing to take up organisational tasks in order to actually improve the autonomy of care professionals (Interview 23, 24, 25). These tasks can become a burden for some employees and it can be sometimes difficult to combine these organisational functions with the core tasks. For example, if a washing machine breaks down a care worker can no longer delegate it to the manager of facilities and finances. Rather, this worker has to mail management and call the supplier himself, and must file this expenditure in the right program under the right heading – new acquisitions in one program, and repair or maintenance costs through another program. A care worker has to do this while taking care of residents, as well (Interview 23).

The management and the coach understand that these changes are challenging, especially for older care professionals. They are more accustomed to the historically hierarchical relations in residential care and less familiar with personal entrepreneurship. To make matters worse, they are also generally less accustomed to working in digital spaces as compared to their younger colleagues (Interview 24, 25). The 100-150 care workers who actively embrace self-organisation and are happy with it, tend to be young. But, management emphasizes, they are not exclusively young: ‘More important is that they are young of mind. That they are open to change.’ (Interview 24).

With the new ‘restart’, the organisation may have to accept that the degree of actual self-organisation varies between teams. It is not only about the various ages or levels of educational attainment presented in a particular team, but sometimes also about the practicalities of the team members’ working environment. The organisation works with one care professional for around eight clients. This means that workers at some smaller units may work an entire shift by themselves. In these cases, colleagues are further apart, which makes intense collaboration around self-organisation more difficult (Interview 25).

In closing, the process of continuous innovation around self-organisation has not lowered the quality of service the organisation provides. This is currently very high and has always been very high in the past (Interview 23, 24, 25). In fact, while the older generation of workers tend to have more difficulties in adapting to new situations, they are invaluable for the

organisation. They are most experienced and knowledgeable, which is why it is imperative that the organisation finds ways to increase their commitment to self-organisation (Interview 25).

5.5 The implementation

One success factor behind the innovations made with self-organisation is that the organisation in this case is small and hence offers an informal, personal working environment. Management and staff know each other personally, and both know the residents and other clients they are working for (Interview 23, 24, 25). This is also useful in picking up unintended consequences of the organisational changes, or picking up grievances amongst staff members. As the coach notes, who has worked at a large organisation in the past: 'There is always someone who listens, and you can raise an issue with management. This helps reduce the unrest which usually accompanies organisational change.' (Interview 25).

Both a blessing and a burden is the fact that workers at this organisation tend to be relatively old and experienced, having worked in this organisation for a long time (Interview 23, 24, 25). The care professional notes that she herself and many of her colleagues have been working at the organisation for two decades or longer. They continue working there because of the informal and collegial atmosphere and the rewarding contact with residents they know well. In addition, as the care professional herself notes, especially the more experienced workers are very dedicated to their jobs. They continue to work in the sector because they care about their clients. For example, when an elderly woman which she cares for trips and falls, she will immediately get on her bike and go to work – even in weekends or on other free days. As she explains: 'I have to be there for her. If this elderly woman, who may have dementia for example, sees a new face, she may get scared.' (Interview 23).

The coach notes that the relatively large experience of staff and their dedication to the clients is what probably has kept the quality of service so high, despite all the organisational changes that have taken place. Unfortunately, experience often goes hand in hand with age – and the median age of care workers at the organisation is 53 (Interview 25). This is older than the average in the sector, the age group from 35 to 55 being the largest age group in the Dutch LTC sector (as reported in chapter one of this report). This relatively high age may pose an obstacle to self-organisation, because people are less accustomed to social and technological innovations as well as because people may be less open or willing to change (Interview 24, 25). Older workers tend to feel left behind when 'another' round of changes occur, so it is very important for the organisation to actively involve more staff members in the new 'restart' of self-organisation (Interview 24).

The last but definitely not the least obstacle to the implementation of self-organising teams in this organisation are its limited means in terms of finances and, especially, personnel. To start with the financial aspect, as earlier mentioned, the organisation has funds of around 250 to 300 euro's per client. These funds must also be used to finance the move towards self-organisation, including the salary of the coaches. This is a 'major investment' for such a small organisation, but it is very much a necessity if the organisation wants to enhance the autonomy of care professionals (Interview 24).

Yet, the limited available personnel is probably the greatest challenge to self-organising teams this organisation is confronted with (Interview 23, 24, 25). Of course, the whole sector is currently plagued by staff shortages. In addition, this organisation loses quite a few potential new colleagues to the larger competitors in the area – which can offer more comprehensive professional career tracks (Interview 24). Still, an improved implementation of self-organising teams could support current and new care professionals in acquiring and maintaining organisational and entrepreneurial skills (Interview 24, 25).

The main obstacle the staff shortages pose for self-organisation is that the 'extra' managerial tasks given to care professionals are not always compensated with extra time and sometimes

have to be performed on days off (interview 23). These are formally compensated with ‘plus hours’, but these plus hours cannot be given as paid time off since there is simply not enough staff to honour all requests. The organisation management does offer this professional and her colleagues the option to have these hours paid out in money, but that is not always an attractive option because of tax regulations, so: ‘everything hinges on having enough staff.’ (Interview 23).