



Company profile

Norlandia

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Introduction

This report summarises key facts and figures about the private social care provider Norlandia. The report is based on desk research, an online survey of workers and trade union representatives and interviews with trade union officers in the three Nordic countries where the Norlandia mostly operates (Norway, Finland, Sweden).

The survey of workers and trade union representatives was conducted in Norlandia operations in Norway, Sweden and Finland was carried out in late 2020-early 2021. There was a total of 55 responses – 11 from Finland, 20 from Norway (where the company has the largest presence) and 24 from Sweden. This then is an indicative survey and cannot be considered statistically representative of the whole workforce situation and employee views across Norlandia. In addition, it was not possible to fully engage with trade unionists in Norlandia’s operations in Poland, Netherlands or Germany, although these countries only account for a small proportion of the company’s activities.

The first section of the report provides an overview of Norlandia, analysing its structure, ownership, financial position and strategy. The second section describes the industrial relations patterns in the company and the third section analyses the main problems and challenges in terms of working conditions based on the outcomes from the survey and interviews. The report finishes with some conclusions.

1. Company analysis

1.1. Company structure

Norlandia was established in the 1990s and evolved through several stages into the NHC Group which was formed in 2016.¹ Hence, there is a need to distinguish between Norlandia and the overall NHC Group.²

The NHC Group is a multinational European company with headquarters in Oslo, Norway and with operations also in Sweden, Finland, the Netherlands, Germany and Poland. The Group identity, management and ownership is essentially Norwegian, run and owned by the two brothers, Kristian and Roger Adolfsen.

NHC Group provides residential and non-residential social care, such as nursing homes, health care, care for people with disabilities, preschools, integration services for migrants and asylum seekers and individual and family services.



The Group's individual companies are: Norlandia, Norlandia Preschools, Aberia Healthcare and Hero.

Norlandia Preschools³ has over 60 kindergartens in Norway⁴. They have been ISO certified in 2014 and appear to develop as local centres integrated into local communities.

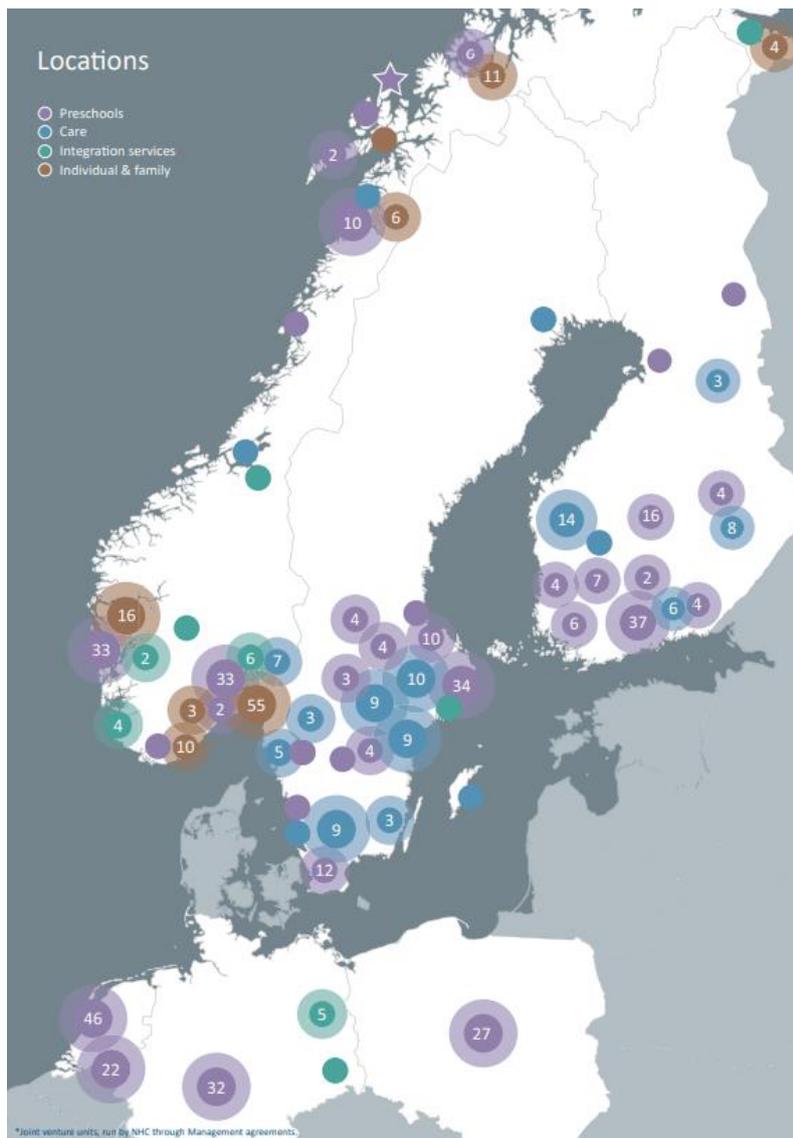
Aberia Healthcare⁵ works in health, care and child welfare in Norway and Sweden. Services to children, young people, adults and families are provided on behalf of the public sector. Aberia started in 2002 in Norway and currently has around 600 employees.

HERO⁶ specializes in services aimed at refugees and immigrants in the Nordic Countries and Germany and offers: reception centres, interpretation services, kindergartens and training and education.

Norlandia provides social care services of several different types, and operates facilities in preschools, patient hotels, nursing homes, home care and medical clinics.

The list of group run facilities is shown below. Most entities are in Norway and Sweden, with fewer in Finland (45) and Poland (23). The company in Norway provides the whole range of services while in Sweden and Finland it mainly covers preschools and care. Integration services are also provided in Germany while preschools are the main activity in Poland and the Netherlands.

Figure 1- Number of company facilities



Source: NHC Group Annual Report, p. 7. Accessed 4 May 2021.

PRESCHOOLS The company operates preschools in Norway (run by the Norlandia Preschools company, part of the NHC Group and in the Netherlands and Poland, Norlandia operates exclusively the kindergartens, with few other services segments present.

PATIENT HOTELS Norlandia runs four patient hotels⁷, two in Norway and one each in Sweden and Finland.⁸ The hotels are built next to major hospitals and the hotels have agreements with the hospitals where they are located. The hotels are open to everyone, and are oriented towards serving the needs of visitors and families of patients and patients themselves who then we do not need to stay in the hospital wards. This is because the patients who can take care of themselves do not need to stay in the hospital ward, thus freeing up the hospital space and yet having access to medical and rehabilitation facilities. In the words of Norlandia itself “Patient hotels are cost effective for the hospital and society, and contribute to a good patient experience of treatment.”

NURSING HOMES There are four nursing homes⁹ for the elderly in Norway and 11 in Sweden. The nursing homes in Norway are based in the metropolitan area of Oslo, while those in Sweden are distributed across the country, including the metropolitan area of Stockholm, central and southern Sweden.

HOME SERVICES¹⁰ cover home nursing, home care (practical assistance) and “BPA” (user controlled assistance for people with disabilities¹¹). In Norway, this is offered in three cities – Oslo, Akershus and Bergen. Here, it is one of the largest private providers of care services. The care system in Norway works in a way that if a person has received a decision from the municipality about the need for care, they are free to choose Norlandia Home Services as a supplier in accordance with the free user choice and this is then funded by the municipality.

Norlandia also offers a range of additional services, such as a visiting friend and private physiotherapy. These services are paid by users out of their own pocket.

1.2. Company ownership

Norlandia and NHC Group are privately owned by two Norwegians brothers, Kristian and Roger Adolfsen, who originally came from the hotel and hospitality industry and established Norlandia in 1997. There have been occasions when outside capital has been brought into the company (see below), but in 2020 ownership reverted to the two brothers. They have an active involvement in running NHC and Norlandia with both on the board of directors of the Group and Kristian Adolfsen chair of the board of directors.

1.3. Company’s financial position

In 2020, NHC Group had 9,711 employees, making it one of the larger providers of care services in northern Europe. Its services were used by over 24,000 people in 492 units in six countries. Norway still contributes nearly half the company’s revenues but the strategy to diversify into other countries means that the other five countries now bring in over 50% with Sweden contributing most of this (40% of the total). Around 80% of total revenue is generated by preschools (50%) and care (29%). Other segments were less important. Property management services accounted for 2% of the revenue.

Figure 2: Key Group financial indicators, 2020

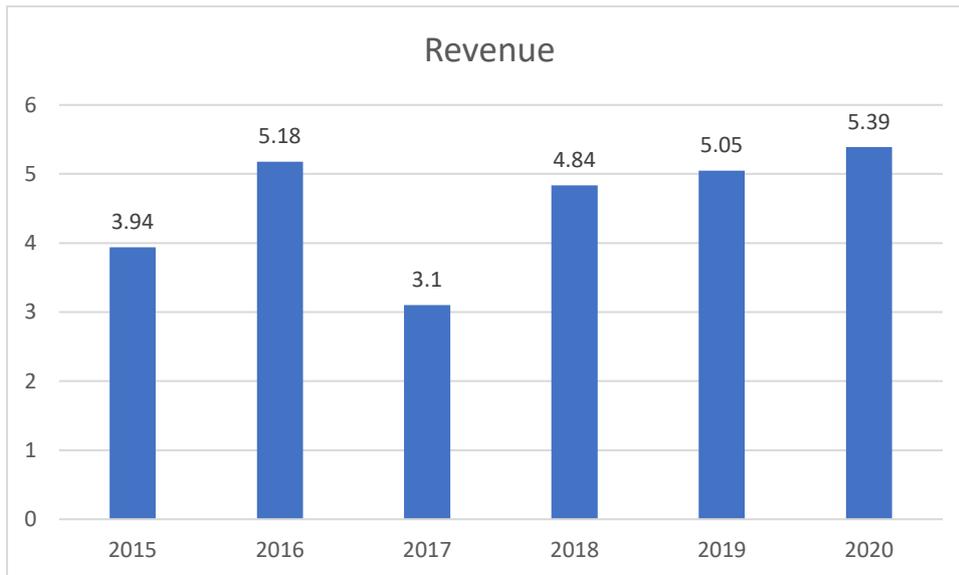


Source: NHC Group Annual Report 2020.

The 2020 annual report concludes that “The Group’s financial position is sound.” Annual revenues increased by around 7%, from NOK 5,046.6 million in 2019 to NOK 5,390 million in 2020 and operating profits rose significantly to NOK 268.8 million from NOK 122.6 million in 2019. The growth came mainly from international expansion in the preschools sector. Consequently, net -loss after tax increased from NOK -63.8 million in 2019 to NOK -15.5 million in 2020. IFRS-16 (International Financial Reporting Standards) was adopted on 1 January 2019. This adoption had a negative effect on profit before tax, with NOK -97.8 million in 2020.

Figure 3: Key Group financials 2015 - 2020

NHC 2015 – 2020



Source: NHC Group Annual Reports 2015-2020

1.4. Company strategy

The company has been operating for over 20 years mainly as a private, family business. Between 2007 and 2011 a private equity firm, FSN Capital, owned 45% of the company, but exited in 2011. Since then, the company shares have been fully owned by the two original founders. The NHC Group is listed on the Oslo Stock Exchange where it files regular quarterly and annual financial reports.¹²

Norway remains the heart of the operations but since 2014, the company has acquired a new local company every year. There is no indication so far that the company is planning to expand outside Europe.

Figure 4: Key dates and developments in Norlandia history

Date	Development	Significance
1997	Norlandia Care was established as a spin off from Norlandia Hotels & Resorts	The start of providing care services
2007	The Nordic private equity company FSN Capital acquires 45% of Norlandia Care	Outside private capital firm is brought in to provide capital to expand the business
2008	Establish preschool company ACEA Holding	Starting to provide preschool services
2010	Establish Aberia Healthcare	Starting to provide health services
2011	FSN Capital exits Norlandia Care and Norlandia Care Group (NCG) is created as a merger between Norlandia Care and ACEA Holding	Outside capital exits Norlandia and the two original owners regain the complete ownership of the company. Care and preschool segments merged into one legal entity
2014	The two owners acquire a majority stake of integration services company HERO from ISS (in Germany)	Acquisition of HERO, starting a new segment in integration services
2015	Acquisition of Kosmo, a major Swedish elderly care operator and of preschool company Kidsa	Expansion into Sweden through a local acquisition and further expansion of preschool services
2016/2017	Kristian and Roger Adolfsen acquire all minority stakes in NCG, Hero, Aberia and Kidsa and merge them to form the NHC Group	The current legal form – NHC Group – is established through a merger of all the different brands so far
2018	The owners acquire Swedish health care operator Frösunda. While Frösunda is not part of NHC, there is an increasing cooperation between the two companies	Further expansion into Sweden
2019	NH Europe is established as a joint venture (JV), with NHC owning 49% and Hospitality Invest owns 51% of the company. NH Europe is operated by NHC and has acquired several preschool chains in the Netherlands, Finland, Poland and Sweden.	Further expansion into preschools in the Netherlands, Finland and Sweden
2020 and future	Important refinancing is planned in 2021 – no further details available	

Source: NHC Group Annual Report 2020.

The historical development of the company demonstrates the main business model with the core idea of using strengths from various segments to combine services and expertise from them. In particular:

- Within elderly care and patient hotel operations the company attempted right from the start in 1997 to combine experience from the two business areas. Within elderly care, they have reflected the hotel service; conversely, in the hotel operations they offer customized medical service with the care skills from nursing home operations.

- Preschool operations add to these two business areas pedagogical skills and knowledge of systematic activity planning. The preschools are expected to draw inspiration from the care and service expertise across the group.

Another key approach was to diversify the business across the various segments of care and into different countries. This has involved international growth, with more than 50% of revenues now coming from outside Norway and across sectors so that, for example, challenges in one segment (e.g. decline in the asylum seekers for integration services) can be offset by revenue growth in other segments such as preschools.

The company also promotes itself as a “welfare innovator”, with a view to develop new care solutions and address existing and emerging social needs. Examples include using artificial intelligence in business processes; running a programme – Welfare 2.0 – for social welfare start-ups; setting up an Innovation Board where ideas are submitted and discussed; developing the “Generation Concept” to reflect the experience of working with both children and elderly people; and new methods rolled out fast during the first Covid-19 wave, including digitalized meetings and trainings, live streams from preschools and distance learning materials.

1.5. Workforce

In 2020, the company had around 9,700 employees in the six countries. Most employees (data from 2019) were based in the preschool segment¹³, with 3,627 in Norway and Sweden and 1,267 in preschool international. There were 3,176 care employees and 1,147 in the individual and family section.

The company is recruiting at the moment, with positions open in Norway, Sweden and the Netherlands. This is indicating the business growth but could also be a sign of high staff turnover due to the working conditions. Here, more precise figures from HR would be of interest.

In terms of gender balance figures are only available for senior management positions where women made up three of the eight line chief executive officers; eight out of 12 country head managers; and 14 of the 32 managers in the extended management group.

The company has made a commitment to respecting and promoting the interests of its employees with a statement on its website saying: “We have ambitious goals for workforce job satisfaction, sick leave, and rate of employee turnover. We have a clear personnel policy and comprehensive ethical guidelines which are widely known and accepted by everyone at Norlandia.”

The company also made investments into the quality management procedures. In 2011 they implemented Total Quality Management in its nursing homes and patient hotels and it is now also applied in its preschools. In 2014, all three business segments in Norway received their ISO-certification.

2. Regulatory framework

Preschool sector

In all three Nordic countries, local government has the primary responsibility for the preschool sector, within nationally set frameworks for the education curriculum, contents, tasks and fee structure. The popularity of private preschools differs between the Nordic countries. In Sweden and Finland, the proportion of children attending private preschools is 20%, compared to almost 50% in Norway.

In **Norway**¹⁴, early childhood education and care (ECEC) is not compulsory in Norway, but children are entitled to a place in a publicly subsidised kindergarten from the age of one. Children can attend preschools until age six when they start primary school. Municipalities are responsible for assigning a place to the parents and securing enough kindergarten places to meet the demand. Kindergartens are under the overall responsibility of the Ministry of Education and Research and one its directorates,

the Norwegian Directorate for Education and Training is responsible for the development of kindergartens. The national Framework Plan for Kindergartens sets contents and tasks across the whole preschool system, both public and private. Private kindergartens receive the same funding as the public kindergartens do, by the same municipality.

In **Sweden**¹⁵, children are entitled to publicly subsidised ECEC provision from the age of one and, from age three, they are entitled to provision that is free of charge for at least 15 hours per week. The majority of children (80%), are enrolled in municipal preschools (9,813 municipal preschools in 2016/17) and the remaining 20 percent are enrolled in independently run preschools (2,708 preschools 2016/17). In Sweden, most players are small with nine out of 10 actors owning and running only a single-unit preschool. Less than 1% of all actors run 10 preschools or more (such as Norlandia).

In **Finland**, all children under school-age have a legal entitlement to full-time ECEC in an ECEC centre or family day care premises. Municipalities have a statutory duty to provide ECEC services according to the local need and the majority of children are enrolled in municipal ECEC centres. Families pay fees that vary between €0 and €288 for full-day provision depending on the size and income. In private preschools, ECEC fees are usually higher and around 18% of children attend such private centres.

Care sector

In **Norway**, care is the responsibility of municipalities¹⁶, with the state setting standards, regulations and guidelines and as well as publishing recommendations and carrying out monitoring. Within this national framework, approaches and priorities can vary between municipalities. Care services in Norway target the entire population above the age of 18, not just elder care. Contracting out to commercial actors such as Norlandia is controversial, and much more common in the childcare and preschool services than in the care sector.

The Norwegian Board of Health Supervision has overarching responsibility for the supervision of health and care services. The Offices of the County Governor supervise services in their area, and handle complaints from users who think the municipal services offered are insufficient. In addition, there is a set of national quality indicators that has been considerably expanded recently and an ombudsman for patients and users. In recent years, the government has issued annual white papers on 'Quality and security for patients'.

In **Finland**, social and health care are to a large degree integrated. Finland's care regime is a mixed one, combining public, private and individual provision.¹⁷ Most social services are provided by municipalities with an estimated 50-60% of the employees in the sector working for public employers, although the private part of the sector is growing. Municipalities can provide in-kind services themselves or buy them from other municipalities or from private service providers. Therefore most of the costs of private service providers are also paid for by the municipalities who can also give vouchers to the elderly to buy services themselves from private service providers.

Finland is currently planning to restructure major parts of national social and health care service systems and provisions, which could increase the role of private companies such as Norlandia. The ongoing SOTE-reform (social and healthcare reform) is the largest restructuring of social and healthcare services Finland has ever carried out. The Government's proposal includes the introduction of new regional governments as a new level of administration and a 'freedom of choice' principle—making it possible for patients to choose between public or private service providers.

In **Sweden**, municipalities are legally or contractually responsible for childcare, care of the elderly and disabled and wider social services. Services are mainly provided by the public sector but the number

of private companies has increased over the past 20 years. Ever since the influx of asylum seekers in 2015, many new private companies dominate in providing such services. Eighty-two percent of the residential care homes for children and young persons are owned by private companies.

3. Industrial relations patterns: diverse collective bargaining institutions and practices

In the Nordic countries there is a quite robust collective bargaining structure¹⁸ with high levels of trade union membership.

In **Norway**, in the care and preschool sectors, as in most parts of the economy, a two-tiered bargaining system exists. Company-level wage negotiations take place after the central sector level negotiations. The collective agreements establish a framework on working time but company agreements are also important when it comes to working time arrangements and scheduling at company level for employees working outside the 'normal' working day (unsocial hours). For the care and preschool sectors, there is sectoral collective bargaining at national level and social dialogue structures and information and consultation arrangements involving trade unions.

In **Sweden**, sectoral collective bargaining at national, sectoral level exists, regulating general employment and working conditions. The largest collective agreement in the care sector is between the trade union Kommunal and the Swedish Association of Local Authorities and Regions. There are also three other large agreements and three smaller agreements. As many private companies now operate within this sector, it has become more difficult for the trade unions to organise the work force although trade union density is still quite high in the private sector.

In **Finland**, social and health care are to a large degree integrated in Finland. There is sectoral collective bargaining at national level and well-developed social dialogue structures. In Finland, the social care private sector has a dedicated social services agreement which also covers non-signatory organisations and thus achieves 80-90% sector coverage and Norlandia is covered by the agreement).

3. Working conditions

To explore the working conditions in the company, a survey was conducted during the project amongst the company workers and trade union representatives. The key patterns in terms of working conditions amongst the company's workforce are consistent across the three Nordic countries.

3.1 Key worker concerns

Key worker concerns relate to the wages which are below average. The main concerns expressed by a majority of workers surveyed for the research were the unsatisfactory level of wages, time pressures to undertake job tasks at the right speed and the lack of enough workers at the facility that the workers are working in. The majority of workers also expressed concerns about the lack of training to undertake their job properly and the lack of good prospects for career advancement. The working conditions in the company are considered to be below the average compared to other similar companies – especially for wages. A significant number of workers in the survey reported that the company has introduced cost saving measures in the last year. This was echoed in the interviews with trade unions – especially concerns about wages. The company has also been putting in place cost saving measures to be competitive.

As shown in Table 1, the main concerns expressed by a majority of workers in the survey¹⁹ relate to the unsatisfactory level of wages, time pressures to undertake job tasks at the right speed and the lack of enough workers at the facility that the workers are working in. The majority of workers also expressed concerns about the lack of training to undertake their job properly and the lack of good prospects for career advancement. In contrast, most of the workers in the survey pointed out the

positive aspects of having fair and safe work environment as well as their involvement in setting their working time. The patterns for such views were similar across the countries.

Table 1: What is your opinion on the following statements?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Your current job pays decent wages which enable a good standard of living for you	2	4	2	12	6
You have enough time to get your job done at the right speed	2	4	4	12	5
There are enough health/care workers to do the work of the facility you work at	2	7	2	13	4
Your working times are set by consulting you at least partially	2	6	9	10	1
You get enough training to do your job properly (for example, you have regular training sessions, your training needs are discussed annually)	3	8	3	10	4
Your current job offers good prospects for career advancement	2	5	7	11	3
Your current job offers fair and safe work environment	4	9	6	7	1

Question to the workers only (number of responses received: 28). All countries combined. Numbers refer to the number of respondents choosing the answer option.

As shown in Table 2, most workers in the survey expressed a need for further training to cope well with their duties. In terms of being over-skilled or under-skilled for their duties, the views are split, between workers who think they have skills corresponding to their duties and those who think they more skills than their jobs demands. Furthermore, only a minority indicated that the training has improved their prospects for future employment or that it has improved the way they work.

Table 2: Which of the following statements would best describe your training and skills in your own work?

Statement	Total	Norway	Sweden	Finland
I need further training to cope well with my duties	15	1	3	11
My present skills correspond well with my duties	16	9	5	2
I have the skills to cope with more demanding duties	10	6	3	1
I feel my prospects for future employment are better after the training received in this workplace	8	0	2	6
The training I received in this workplace has helped me improve the way I work	3	1	2	0
I feel that my job is more secure because of my training received in this workplace	0	0	0	0
I have not received any training in this workplace	3	1	2	0
Total answers	55	18	17	20

Question to both trade unionists and workers. Multiple choices were possible.

Working conditions in the company are considered to be below the average compared to similar companies in the private sector in the countries where the company is operating (see Table 3). This is especially prominent in relation to wages, where the majority of respondents noted wages being below the industry average. Also other aspects of working conditions were considered to be below average – such as physical adjustments at work, ICT usage, access and provision of training, staffing levels or implementation of quality and health and safety standards. Job security was the only area where a more positive situation than the average was reported.

Table 3: Compared to similar companies in the country, are the working conditions above or below the average in your country:

Topics	Above average	Below average	Don't know	Total
Wages	4	19	12	35
ICT usage and privacy rights (tablets, ICT mobile devices, etc.)	5	17	11	33
Adjustments to the physical environment at work	9	16	8	33
Access and provision of training	8	15	11	34
Measures to ensure equal treatment and non-discrimination	7	15	12	34
Staff ratio	10	15	7	32
Implementation of quality standards	9	14	10	33
Health and safety standards	7	14	10	31
Professional categories	9	13	12	34
Working time	8	13	11	32
Work-life balance and working time flexibility	4	11	12	27
Promotion	5	11	16	32
Job security	15	11	7	33
Work intensity	8	7	15	30

Question to both trade unionists and workers.

As shown in Table 4, there is also a significant number of workers in the survey who reported that the company had introduced cost saving measures in the previous year. This was especially reported by workers in Norway and Finland, and less so in Sweden.

Table 4: Have any cost saving measures been introduced within the last year?

	Total	Norway	Sweden	Finland
Yes	16	7	0	9
No	4	1	1	2
Don't know	7	3	0	4

Question to workers

3.2 Occupational health and safety

Survey results indicate a significant extent of health and safety problems in the company with about half of respondents indicating that they or their colleagues had experienced issues in the previous year. The most important concerns related to physical hazards, such as lifting or moving people or heavy loads and increased risks of slips, trips and falls. Many safety issues are not considered to be handled well by the company but the majority of workers responding to the survey reported being well or very well informed when it comes to occupational health and safety risks.

Survey results indicate a significant extent of safety problems in the company (see Table 5). About half of the workers responding to the survey indicated that they or their colleagues experienced safety problems in the last year, a pattern consistent across the countries (with fewer issues reported in Finland). Similarly, trade unionists reported a number of accidents and safety-related illnesses over the last 5 years in the company, with similar trend across the three countries.

Respondents from Norway indicated there had been on average up to 10 workplace accidents or illnesses over the previous five year. The comparable figures in Sweden were between one and 20 and in Finland between one and 15.

Table 5: Have you or your colleagues experienced any occupational safety and health problems in the last year?

	Total	Norway	Sweden	Finland
Yes	15	8	4	3
No	10	1	1	8
Don't know	6	2	0	4

Survey respondents also indicated the most important health and safety problems in the workplace (see Table 6). Noteworthy is the fact that many issues highlighted in the survey were highlighted as important issues facing the company, with the only exception being fear of job loss, which is not considered to be important. Otherwise, the most important safety concerns related to physical hazards, such as lifting or moving people or heavy loads and increased risks of slips, trips and falls. Among psychological problems, the most important were time pressures and poor communications and cooperation.

In terms of physical risks, most respondents highlighted the lack of ergonomically assessed workplaces, repetitive hand and arm movements and tiring and painful positions. In relation to non-physical aspects, a significant number of survey respondents pointed out the problem of long and irregular hours, being subject to unacceptable behaviour such as bullying or harassment and having to deal with difficult customers. The patterns of reported problems were similar across the countries.

**Table 6: What do you think are the most important health and safety problems in your workplace?
Nordic countries**

	Very important	Important	Neutral	Not important	Not important at all
Lifting or moving people or heavy loads	8	23	11	1	0
Increased risk of slips, trips and falls	7	18	13	4	1
Time pressure	5	20	12	1	0
Poor communication or cooperation at your workplace	6	16	12	2	4
Lack of ergonomic set up of workplaces	3	18	15	3	2
Long or irregular working hours	6	14	12	6	4
Repetitive hand or arm movements	4	14	9	6	4
Tiring or painful positions	5	14	11	4	1
Being subject to unacceptable behaviours such as bullying or harassment	12	7	17	6	1
Having to deal with difficult customers, patients, etc	5	13	16	4	3
Fear of job loss	1	6	15	7	7
Others	2	2	1	2	2

Question to both trade unionists and workers.

The survey respondents were also asked about how well the company handles the most important health and safety problems at the workplaces (see Table 7). Around a third of respondents were neutral about company's responses to such problems. Otherwise, the prevailing view is that across the most important health and safety issues, only two are handled well or very well. This relates to the problem of poor communication and cooperation at the workplaces and lifting or moving people or heavy loads. The other two problems of key importance (see Table 6), increased risk of slips, trips and falls and time pressure are not considered to be handled well by the company. To sum up, company's response to the main safety problems leaves a significant room for improvement. The patterns reported were similar across the countries.

Table 7: How well do you think the most important health and safety problems are handled in your workplace?

	Very well	Well	Neutral	Not well	Not well at all	Total
Fear of job loss	2	20	16	10	5	53
Poor communication or cooperation at your workplace	1	19	17	8	3	48
Lifting or moving people or heavy loads	2	15	16	8	3	44
Being subject to unacceptable behaviours such as bullying or harassment	5	8	19	6	4	42
Repetitive hand or arm movements	0	11	18	8	5	42
Increased risk of slips, trips and falls	2	9	21	7	3	42
Time pressure	0	9	22	7	3	41
Having to deal with difficult customers, patients, etc	4	7	19	4	3	37
Lack of ergonomic set up of workplaces	2	6	15	11	5	39
Long or irregular working hours	2	6	14	12	3	37
Tiring or painful positions	1	6	20	8	5	40
Other problems	2	2	1	2	2	9

Question to both trade unionists and workers.

Workers responding to the survey reported being well or very well informed when it comes to occupational health and safety risks (see Table 8). This was the case for the majority of workers, and similar across the three countries covered.

Table 8: When it comes to occupational health and safety risks in the workplace, how well do you consider yourself to be informed? Nordic countries

	Very well	Well	Neutral	Not well	Not very well	Total
Norway	2	1	1	1	1	6
Sweden	5	4	0	0	2	11
Finland	0	9	4	3	0	16
Total	7	14	5	4	3	33

Question to workers.

3.3 The impact of the COVID-19 pandemic on the workforce

The impact of the COVID-19 pandemic has been similar for workers in Norlandia across the Nordic countries. The most frequently reported issue, confirmed by the interviewees, related to the increased provision of personal protective equipment and new safety and hygiene protocols. In contrast, respondents didn't highlight major effects on work intensity, additional working hours or staff ratios. Views on the quality of company's response to the COVID-19 crisis were mixed with over 40% of respondents seeing the company's response as being adequate or more than adequate, with a large proportion of respondents having a neutral opinion on this matter. Overall, trade unions were consulted on the company's response.

The COVID-19 pandemic had an impact on the company's workplaces (see Table 9). The most frequently reported impact related to the increased provision of personal protection equipment and new safety and hygiene protocols. In contrast, the impact on the working intensity, more working hours or staff ration were not identified by the survey respondents. This was very similar across the three countries covered.

Table 9: What has been the impact of COVID-19 crisis been on your working conditions?

	Total	Norway	Sweden	Finland
More provision of personal protection equipment	30	2	8	20
New safety and hygiene protocols	29	5	6	18
Increased activity	5	2	1	2
Introduction of short term working	5	2	0	3
Additional working hours and overtime	8	2	6	0
Increased staff ratio	3	0	2	1
Other	1	1		

Question to both trade unionists and workers.

Views on the quality of company's response to the COVID-19 crisis are mixed (see Table 10). On the one hand, only a minority of survey respondents considered that company's response was inadequate. Over 40% of respondents saw the company's response being adequate or more than adequate. In contrast, there is also a large proportion of respondents who had a neutral opinion on this matter.

Table 10: How adequately do you think has the company responded to COVID-19 crisis to provide support to workers like you?

	Total	Norway	Sweden	Finland
More than adequately	10	2	6	2
Adequately	10	3	2	5
Neutral	15	8	2	5
Inadequately	5	1	0	4
Very inadequately	7	0	6	1

Question to both trade unionists and workers.

Survey respondents were also asked to indicate whether the trade union was involved with the employer in developing the company's response to the COVID-19 crisis (see Table 11). This was reported to be the case by a third of survey respondents, with half indicating the lack of union's involvement, and the remaining not knowing the situation in this respect.

Table 11: Did your trade union/working committee bargain with the employer the company response to the COVID-19 crisis?

	Total	Norway	Sweden	Finland
Yes	14	5	1	8
No	20	8	5	7
Don't know	11	5	5	1

Question to both trade unionists and workers (n=45).

4. Industrial relations

4.1. Unionisation

Survey respondents indicated a high level of union presence and unionisation at company's workplaces. The level of unionisation was slightly lower in Finland (around 20%-50%) compared to 50%-100% in Norway and two-thirds to 100% in Sweden. Furthermore, the numbers of trade union members differed across the workplaces, reflecting also their size. Such numbers ranged from 1 to 230 trade union members at a single workplace. **Error! Bookmark not defined.**

Nearly 60% of survey respondents indicated that the company has regular meetings or other methods for employees to express their opinions about what is happening in the company (see Table 12). This was a similar pattern of reported responses across the countries surveyed, with the proportion of workplaces with regular meetings reported to be especially high in Sweden.

Table 12: Does the company have regular meetings or other methods for employees to express their opinions about what is happening in the company?

	Total	Norway	Sweden	Finland
Yes	31	12	8	11
No	15	5	1	9
Don't know	7	2	2	3
Total	54	19	11	24

Question to both trade unionists and workers.

Similarly, nearly 60% of survey respondents indicated that there is an active trade union, works council, or similar body representing the employees in the company (see Table 13). This was a similar pattern of reported responses across the countries surveyed, with the proportion of workplaces with trade union presence reported to be especially high in Sweden.

Table 13: Is there an active trade union, works council or similar body representing the employee of the company?

	Total	Norway	Sweden	Finland
Yes	30	14	5	11
No	9	1	1	7
Don't know	15	4	5	6
Total answers	54	19	11	24

Question to both trade unionists and workers.

Around half of survey respondents reported that there are several active unions at the workplaces of the company (see Table 14). In contrast, around half reported this was not the case, which was especially noted by respondents from Norway.

Table 14: Are there other active unions in your workplace?

	Total	Norway	Sweden	Finland
Yes	13	7	3	3
No	11	0	7	4
Total answers	24	7	10	7

Question to trade unionists.

4.2 Collective bargaining, social dialogue, information and consultation and industrial action

Collective bargaining in Norlandia across the Nordic region is at sector level unions negotiate on very similar issues. The majority of survey respondents and interviewees reported that there was a formal collective bargaining mechanism at their workplaces. Collective bargaining takes place on annual but also multi-annual basis with the key topics being wages and working conditions.

The majority of the survey respondents and all interview partners reported that unions have significant strength in securing their main collective bargaining demands. The majority also identified that the importance of consulting the trade unions has remained stable in the last five years. Only a small proportion of survey respondents indicated that management supports the union's work and consultation with employees – interviews show nuances: this differs by country, stronger in Norway, less so in Finland.

Overall, the majority of the survey respondents reported a significant influence of the union or consultation body in terms of salaries and working conditions in the company (see Table 16). This was reported by 21 out of 29 respondents answering this question, and was particularly frequently reported in Norway and Finland.

Table 16: How significant do you consider the influence of the union or consultation body in terms of salaries and working conditions in the company?

	Total	Norway	Sweden	Finland
Significant	21	11	0	10
Neutral	5	1	1	3
Not significant	3	0	0	3
Total	29	12	1	16

Question to trade unionists

Table 17: Do you believe that management supports the union's work and consultation with employees?

	Total	Norway	Sweden	Finland
Yes	6	4	1	1
No	12	3	0	9
Don't know	11	5	0	6
Total answers	29	12	1	16

Question to trade unionists.

However, only a small proportion of survey respondents indicated that management supports the union's work and consultation with employees (see Table 17). Around half of the respondents believed this was not the case, and a third of respondents did not know the answer to this question. The pattern was similar across the three countries covered.

This strong influence of trade unions in determining the working conditions in the company is also reported with respect of various aspects of working conditions being determined with trade union participation (see Table 18). Also, the various aspects of working conditions are determined by both national wage mechanisms and company specific arrangements.

Table 18: How are working conditions determined?

Topics	National wage mechanisms	Company specific arrangements	with union participation	without union participation
Wages	8	5	9	3
Working time	4	7	8	0
Work intensity	2	7	2	1
Adjustments to the physical environment at work	2	5	9	1
Work-life balance and working time flexibility	2	5	6	1
Professional categories	7	5	3	2
ICT usage and privacy rights (tablets, ICT mobile devices, etc.)	4	5	3	3
Access and provision of training	3	8	7	3
Measures to ensure equal treatment and non-discrimination	2	5	3	1
Promotion	2	6	1	1
Job security	5	3	6	3
Implementation of quality standards	3	7	1	1
Health and safety standards	3	4	5	3
Staff ratio	6	5	5	1

Question to trade unionists. Multiple choices to the question were possible.

The majority of survey respondents reported that there is a formal collective bargaining mechanism involving the trade unions at their workplaces (see Tables 19 and 20). In all countries, there is some form of collective bargaining that takes place on an annual basis but two-year and longer agreements also exist at sector level. The collective agreements negotiated and their results are cover all company workers.

Table 19: Is there a formal collective bargaining mechanism in your workplace?

	Total	Norway	Sweden	Finland
Yes	23	5	7	11
No	0	0	0	0
Don't know	9	1	3	5
Total	32	6	10	16

Question to trade unionists.

Table 20: if yes, are your trade union directly involved in it?

	Total	Norway	Sweden	Finland
Yes	20	4	6	10
No	3	1	1	1

Question to trade unionists.

In addition to formal negotiations, trade unions are informed or consulted in other ways by the management on working conditions or employment-related issues (see Table 21). The majority of survey respondents also identified that the importance of consulting the trade unions has remained stable in the last five years (see Table 22). The patterns were similar across the three countries.

Table 21: Apart from formal negotiations, is your trade union informed or consulted in other ways by the management on working conditions or employment related issues – for example through a works council?

	Total	Norway	Sweden	Finland
Yes	23	5	7	11
No	0	0	0	0
Don't know	0	0	0	0

Table 22: Has the importance attached to consulting trade unions in this company increased / decreased / remained stable in the last 5 years?

	Total	Norway	Sweden	Finland
Increased	4	1	0	3
Decreased	8	2	2	4
Stable	21	2	8	11

The main issues covered by collective bargaining relate to wages and working conditions (see Table 23). Other topics frequently included are health and safety standards and staffing ratios. In contrast, the topics least covered are the implementation of quality standards, professional categories and the ICT usage and privacy rights. The patterns are similar across the three countries.

Table 23: What employment and working conditions are typically covered in the collective bargaining?

Topics	Total	Norway	Sweden	Finland
Working time	20	6	5	9
Wages	16	3	5	8
Health and safety standards	14	3	4	7
Staff ratio	11	2	3	6
Access and provision of training	10	4	2	4
Job security	10	1	4	5
Adjustments to the physical environment at work	9	3	2	4
Measures to ensure equal treatment and non-discrimination	8	3	1	4
Work intensity	6	2	1	3
Promotion	6	2	1	3
Work-life balance and working time flexibility	5	1	2	2
Implementation of quality standards	6	0	2	4
Professional categories	5	1	2	2
Others	3	0	1	2
ICT usage and privacy rights (tablets, ICT mobile devices, etc.)	2	0	2	0

Question to workers and trade unionists.

A very small proportion of survey respondents reported protests occurring in the company (including industrial action, strikes, protests or other forms) (see Table 24). No such forms of protests were reported by the majority of survey respondents, and the pattern was similar across all three countries.

Table 24: Have there been industrial actions, strikes, protests or other forms of protest in this company in the last 5 years?

	Total	Norway	Sweden	France
Yes	5	2	1	2
No	22	2	7	13
Don't know	6	3	3	0
Total	33	7	11	15

Question to workers.

5. Conclusions

The main concerns expressed by a majority of workers surveyed for the research were the unsatisfactory level of wages, time pressures to undertake job tasks at the right speed and understaffing. The majority of workers also expressed concerns about the lack of training to undertake their job properly and of good prospects for career advancement. Working conditions in the company are considered to be below the average compared to similar companies – especially for wages. A significant number of workers in the survey reported that the company had introduced cost saving

measures in the last year to increase competitiveness. This was echoed in the interviews with trade union officers – especially the concerns about wages.

Survey results indicate a significant health and safety problems in the company with about half of the workers indicating that they or their colleagues experienced issues in the previous year. The most important concerns related to physical hazards, such as lifting or moving people or heavy loads and increased risks of slips, trips and falls. Many safety issues are not considered to be handled well by the company although the majority of workers said they were well or very well informed about occupational health and safety risks.

The impact of the COVID-19 pandemic has been similar for the workforce in Norlandia across the Nordic countries. The most frequently reported impact related to the increased provision of personal protection equipment and new safety and hygiene protocols. In contrast, the impact on work intensity, more working hours or staffing levels were not identified by the survey respondents. Views on the quality of the company's response to the COVID-19 crisis are mixed: over 40% of respondents saw response as being adequate or more than adequate, with a large proportion of respondents with a neutral opinion.

There is a strong union presence across the company in the Nordic countries with the unions playing an active role in the company and negotiating on similar issues. Nearly 60% of survey respondents indicated that the company had regular meetings or other methods for employees to express their opinions about what is happening in the company. Most respondents indicated that most workers are members of a trade union with the interviews confirming a high level of unionisation – between two thirds and 80%.

In terms of collective bargaining, the trade unions negotiate on very similar issues. Sectoral collective bargaining mechanisms are in place, which results apply to Norlandia. The majority of survey respondents and the interviews with trade union officers reported that there is a formal collective bargaining mechanism at their workplaces, taking place on annual basis, with the key topics being wages and working conditions. The majority of the survey respondents and all interviewees reported a significant influence of the union or consultation body in terms of salaries and working conditions in the company. The majority of survey respondents also said that the importance of consulting the trade unions had remained stable in the last five years. Only a small proportion of survey respondents indicated that management supports the union's work and consultation with employees – interviews show nuances: this differs by country, stronger in Norway, less so in Finland.

The fact that the company sees itself as a welfare innovator (see 1.4, Company strategy) and this could be useful in the context of arguments around establishing a European works council, demonstrating the company's commitment to innovate also in relation to the welfare of its own employees.

Further sources of information

The Group website: <https://nhcgroup.org/>

The websites of four companies:

<https://norlandia.no/en/om-oss>

<http://norlandiabarnehagene.no/>

<https://www.aberia.no/>

<https://herogroup.no/>

Group financial information: <https://newsweb.oslobors.no/search?issuer=NHC:12562>

2019 annual report: <https://newsweb.oslobors.no/search?issuer=NHC:12562>

2016 annual report: https://norlandia.se/sv/resources/nhc_ar2016.pdf

2014 annual report: <https://norlandia.se/sv/om-oss/aktuelt/norlandia-care-group-as-increased-turnover-by-31>

2015 annual report: <https://news.cision.com/norlandia-sverige/r/norlandia-care-group-has-increased-turnover-by-61-,c2360511>

Trade unions contacted for interviews: JHL, ERTO, TEHY, SUPER (Finland), NUMGE (Norway), Kommunal and SAHP/Vårdförbundet (Sweden).

¹ From December 20, 2016, the Group is officially known as Norlandia Health & Care Group AS.

² <https://nhcgroup.org/>

³ <http://norlandiabarnehagene.no/>

⁴ <http://norlandiabarnehagene.no/Informasjon/BarnehageListe>

⁵ <https://www.aberia.no/om-aberia/>

⁶ <https://herogroup.no/>

⁷ <https://norlandia.no/en/hotel#>

⁸ <https://norlandia.no/en/hotel#>

⁹ <https://norlandia.no/en/eldreomsorg#!&country=Norge&area=>

¹⁰ <https://norlandia.no/hjemmetjenester>

¹¹ BPA should be tailored for the user: the BPA user can choose who to have as an assistant, what kind of tasks they have help with, and when to perform these tasks.

¹² <https://newsweb.oslobors.no/search?issuer=NHC:12562>

¹³ Annual Report 2019.

¹⁴ [Early Childhood Education and Care | Eurydice \(europa.eu\)](#) ; [OECD – Thematic Review of Early Education and Care Policy in Norway 2015 - regjeringen.no](#)

¹⁵ [Early Childhood Education and Care | Eurydice \(europa.eu\)](#)

¹⁶ ESPN (2018) Thematic report on long-term care, Norway. [Publications and documents - Employment, Social Affairs & Inclusion - European Commission \(europa.eu\)](#)

¹⁷ ESPN (2018) Thematic report on long-term care, Finland. [Publications and documents - Employment, Social Affairs & Inclusion - European Commission \(europa.eu\)](#)

¹⁸ Eurofound (2020), Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg

¹⁹ As part of this research project, a survey of workers and trade union representatives was conducted in Norlandia units in Norway, Sweden and Finland in late 2020-early 2021. A total of 55 responses to the survey were received.



EPSU is the European Federation of Public Service Unions. It is the largest federation of the ETUC and comprises 8 million public service workers from over 250 trade unions across Europe. EPSU organises workers in the energy, water and waste sectors, health and social services and local, regional and central government, in all European countries including the EU's Eastern Neighbourhood. It is the recognised regional organisation of Public Services International (PSI).

www.epsu.org

EPSU works with its affiliates in a number of multinationals in the utilities and health and social care sectors. For further information contact Jakob Embacher, policy staff – utilities (energy, waste, water), European works councils and company policy: jembacher@epsu.org +32 2 250 10 47