ORIGAMI

Work Package 3 – Deliverable 3

DENMARK

CASE STUDY 2

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Care.com and private long-term care in Denmark

This case study is one of two contributions from the Danish team to the ORIGAMI project's third deliverable. It examines Care.com, one of the few care platforms in Denmark. Launched in 2015, Care.com was the first platform of its kind in the Danish market and remains the largest, though its overall scale is relatively small. This is largely due to Denmark's publicly subsidized care system, which dominates the sector.

To provide a more comprehensive analysis, the study also includes private care services operating outside the platform economy. This broader perspective helps contextualize platform-based work within the wider landscape of self-employment in private long-term care and domestic cleaning. The focus is on workers – how their work practices, professional competencies, and work environment are shaped, not only by the platform but also by the general conditions of the sector.

The data collection for this case proved particularly challenging due to the limited accessibility of both platform workers and company representatives. The case study is based on interviews with a caregiver working through Care.com Denmark, a caregiver with experience from a private home care provider, two users of private, market-based home care, and a representative from the trade union FOA. Unfortunately, we were unable to secure an interview with anyone from the management of Care.com Europe GmbH. As a result, we also rely extensively on relevant articles and information from Care.com's Danish website (see also section on Research design).

1. Long-term care in Denmark

As described in the first deliverable from the Danish team (Larsen & Ilsøe 2024), Denmark's long-term care (LTC) system stands out as one of the most generous and universal in Europe, reflecting the core principles of the Nordic welfare state tradition. Anchored in what is often referred to as the 'public service model', the Danish LTC system is characterized by publicly organized, financed, and delivered care services, offered to older adults as a social right based on citizenship and need – rather than contributions or family obligations.

At the heart of the Danish model lies the principle of universal access. Care services, such as home help, personal care, and residential care, are made available to all residents who are assessed as needing them, regardless of income, employment history, or family situation. These services are primarily funded through taxation and

are administered by Denmark's 98 municipalities, which hold responsibility for both the assessment of need and the provision of care.

LTC in Denmark is delivered through a formally structured and professionally staffed system, where care work is largely performed by trained personnel under public regulation and oversight. Services are typically offered free of charge or with minimal co-payment. While care services remain heavily publicly subsidized, they are increasingly delivered by a mix of public and private providers, particularly in home care and cleaning services.

Over the past two decades, the public care approach in Denmark has shifted toward more targeted needs assessments and a prioritization of the most frail individuals. This has contributed to a decline both in the number of older people living in institutional care and in the share of older people receiving home help or practical assistance. At the same time, there has been a reduction in the time allocated to specific care tasks, leaving little flexibility for either care workers or users in organizing and adjusting daily care routines (Hjelmar & Rostgaard 2020). This development is driven by a combination of demographic pressures and fiscal constraints at the municipal level.

In parallel, the introduction of a tax deduction scheme for certain household services – including cleaning and minor personal assistance – has created space for private and market-based (supplementary) services. These are often offered by companies or digital platforms that match users with care workers, such as Care.com.

To our knowledge, there are no estimates on the overall proportion of older people using private market-based services. However, an analysis of 2017 data from the Danish Longitudinal Survey on Ageing shows that 46% of users with a for-profit home care provider purchase additional supplemental services. This accounts for 10% of all home care users (Hjelmar & Rostgaard 2020). It is, however, unlikely that a large share of users will seek supplemental services beyond their existing provider, such as through care platforms, as this would require additional effort and involve welcoming more caregivers into their homes – factors that influence the initial choice of a private provider to ensure continuity and stability of personnel (Rostgaard & Thorgaard 2007). Thus, the market for 'purely' market-based LTC services remains relatively limited. This is also reflected in the experience of a representative from FOA – the trade union representing the majority of elder care workers in Denmark. As she puts it: *"As things stand now, we don't see a large 'private-private' market [outside the publicly regulated]. There aren't many people who go out and pay for extra services"*.

2. Care.com – history and characteristics

Care.com was founded in 2006 by Sheila Lirio Marcelo and Co-founders Dave Krupinsky, Donna Levin and Zenobia Moochhala (Care.com 2025). According to venture capitalist David Skok, investors were enthusiastic about Marcelo's vision to create an online marketplace aimed at professionalizing the informal economy, which included teenage babysitters, part-time dog walkers, and freelance tutors (Farrell 2014). Since its launch in the US in 2007 with childcare, senior care, pet care and tutoring, it has expanded to include housekeeping, care for special needs children and adults and care for the unique needs of military families (Care.com 2025).

Care.com entered the Danish platform market in 2015. As of late 2024, an overview of profiles suggests that Care.com had around 150 elder care providers. The market for market-based elder care remains relatively small, as noted above. However, other platforms, such as the French Yoopies, have also entered the market. Based on a view of its website, Yoopies appears to have only a handful of elder care providers, all located in Copenhagen (Yooppies 2025).

Care.com operates in Denmark as an online marketplace connecting families with caregivers. The platform facilitates job postings for services such as childcare, elderly care (home help and practical assistance), and housekeeping, while also allowing customers to browse caregiver profiles and contact them directly. This setup indicates that Care.com does not directly employ caregivers; instead, it provides a platform that connects caregivers and families, leaving the two parties to negotiate terms. Caregivers operate as freelancers, responsible for their own taxes, insurance, and social security contributions.

Care.com operates on a tiered model, allowing users to conduct basic searches and post job listings for free. However, to initiate contact, users must purchase a subscription (premium membership), costing 290 DKK (approx. 40€) for one month, 590 DKK (approx. 80€) for three months or 1190 DKK (approx. 160€) for a year. Additionally, the platform imposes fees for private communication between both parties (Flanagan 2018).

The first step on the Danish Care.com website is to register in order to access further information. The registration process begins with selecting whether you are signing up as a private individual or a business. Next, you must specify whether you are looking for a helper or a job. If looking for help, you then choose the type of care needed from categories such as childcare, au pair services, house and garden work, pet sitting, tutoring, elder care, or special needs care. If you select elder care, you must further specify the type of assistance required, with options including home care, visiting home care (*udeboende hjemmepleje*), household assistance, meal preparation, social companionship, help with personal hygiene such as showering and dressing, home nursing care (*hjemmesygepleje*), mobility assistance, transportation, or errands and shopping. After selecting the necessary services, you must enter your postal code, followed by your email, password, and full name to complete the registration process.

Once registered, you can browse available helpers, but the information and features accessible depend on whether you have a free account or a Premium membership. With a free account, limited details are displayed for each helper, including their name, age, postal code, years of experience, and rating, which ranges from one to five stars. However, profiles are presented one at a time, and you must decide whether you are interested before moving on. This selection process functions similarly to dating apps like Tinder, where you either reject the profile by selecting a 'cross' or express interest by selecting a 'tick mark'. Regardless of your choice, the helper's profile disappears after selection. While no confirmation is provided, it is likely that the helper receives a notification if you express interest. Additionally, you can specify further details about your needs, including whether you require assistance on a regular basis or just once, the number of hours needed per day, week, every other week, or month (ranging from one to forty hours), the specific days of the week when help is needed, the preferred time of day – morning, afternoon, evening, or night – and the desired start date.

A Premium membership provides access to more detailed information about each helper, including their full name (if provided), age, city, years of experience, hourly wage, qualifications, spoken languages, and rating. Ratings are displayed both as a star score from one to five and as the total number of reviews, for example, "4.5 based on nine reviews", along with any written feedback. Premium users can also view details such as the tasks a helper offers, their last active status, whether they hold a Premium membership themselves, any verifications they have, the number of times they have been hired, and their personal description. In addition to viewing more information, Premium members can contact helpers directly, send unlimited messages, and unlock and read all applications. They also have access to advanced filtering options, allowing them to search for helpers based on location and radius, preferred languages, and additional criteria such as whether they own a vehicle, are non-smokers, accept pets, operate as a company, or have received reviews. Premium members also have the option to post a job listing to attract potential helpers.

Care.com is explicit about its ambition to become the "largest online care destination in the world," focusing on business expansion and "building a global marketplace for care." (Care.com's website). To support this growth, Care.com has sought strategic alignment with major private companies, most notably Google Capital, which became its main shareholder in 2016 (Mos 2021: 220–21). According to a study by Flanagan (2018), Care.com operates within a data ecosystem that is closely integrated with third-party services, including search engines, email providers, geo-location vendors, and classified advertising businesses such as Google. The platform shares personal information about job posters, along with anonymized user data collected through browsing histories, cookies, and web beacons. This enables Google to sell highly targeted advertising space both within and beyond the Care.com platform (Flanagan 2018: 63). Care.com's operations in Denmark suggest that this line of business may be

its primary focus. There appear to be no mechanisms in place to ensure that workers and users remain on the platform, as they can exchange personal contact information and continue communication outside of it (based on personal experience, see also the section on research design).

3. Platform governance

Care.com's Danish activities operate under the oversight of Care.com Europe GmbH, headquartered in Berlin, Germany, with no dedicated local office or middle management structure in Denmark. Since April 2021, Dirk Kasten has served as the Managing Director of Care.com Europe GmbH. Due to the inability to arrange an interview with Dirk Kasten or other managers from Care.com Europe GmbH, we are unable to provide further details about the governance of Care.com Europe GmbH. It is, however, clear that the platform relies heavily on algorithmic management for caregiver matching and profile management.

4. Platform workers

4.1. Types of workers and their reason for being active on Care.com

The majority of workers on Care.com are women, making up 94% of the workforce in 2019 (Fetterolf 2021: 66). A similar trend is evident on Care.com's Danish site, where most caregivers appear to be female. In addition, when zooming in on 'Elderly care', the majority seem to have some level of experience with LTC or health care. Beyond gender and experience, the platform features a diverse mix of ages, professional- and educational backgrounds, and ethnicities. Thus the hourly prices in 'Elderly care' vary across workers from 100 to 350 DKK (app. €13 – €47) per hour. Based on the publicly available profile descriptions on Care.com Denmark (accessible with a free account), we identified three distinct types of workers in 'Elderly care', each potentially driven by different motivations for offering their services through the platform:

4.2. Migrant labor: Access to work

One group consists of migrant workers who may turn to Care.com due to limited access to employment opportunities in the formal long-term care (LTC) sector. The entry barriers to platform-based LTC work are relatively low compared to the public municipal care system, where most employees hold formal qualifications: 12% are trained nurses, 28% are social and health care assistants, and 37% are social and health care helpers. Only 14% of care workers in the municipal sector are unskilled. The

municipal system alone accounts for over 90% of all employees (measured in full-time equivalents) in LTC in Denmark (Mailand 2025: 14). Care.com does not check the experience or education of workers on their platform (interview with care giver with a profile on Care.com).

Within this group of caregivers, two sub-groups can be identified. The first consists of highly skilled migrants with several years of experience in the care sector – most likely gained in their country of origin – often from work in hospitals (e.g., as a nurse) or in long-term care. While this is somewhat speculative, it is likely that some face challenges in getting their qualifications recognized or obtaining Danish authorization to work in the formal health and care sector. The second group consists of younger migrants who typically have less experience in the care sector and lack formal education or training in the field

Students: Gaining experience and income alongside studies

Another group of workers consists of students – either training for a profession in the health or LTC sector, studying in a different field (less commonly), or still attending high school. They appear to be motivated by a desire to gain relevant experience to strengthen their competencies and/or future job prospects, and/or to earn supplementary income while studying. Many already have some experience working as unskilled care workers in elder care, helping relatives, or working in cleaning or cooking.

4.3. Experienced LTC workers: Flexibility & the ability to provide decent care

The last group of workers we identified are care givers with formal education and many years of experience working in LTC or in the health care sector. The group exist primarily of social and health care helpers and social and help care assistants, but also nurses, pharmacists, physiotherapists, and occupational therapists. Some seem to work on Care.com in addition to their regular job e.g. at a hospital or nursing home, while others deliberately have switched from providing within the public system to the private market-based system.

One of them is Karen, a 60-year-old social and health care assistant (*social- og sundhedsassistent*) (and formerly a nursing assistant (*sygehjælper)*), with experience from working in hospitals and in home care, who left her job in public home care 14 years ago to become self-employed. She made this decision because she felt she did not have enough time to provide proper care within the public system and could not fully apply her professional skills. As she explains when asked what she gains from being self-employed:

> *"Well, in the public sector, it's the time pressure where they say you have seven minutes to go up and put drops in Mrs. Hansen's eyes, and then you have to take off your jacket on the 4th floor and say hello, and then you have to hear how*

she's doing, and then you have to be down in the car and on your way to the next one. Completely hopeless, really. And here, they pay me for coming in the time frame they want. (…) [Now, I have] a completely different amount of time, yes. And things like talking about food, which is very important with elderly people, helping with shopping to show them what has the most calories… they had never thought about that. Rehabilitation, going out for walks, up and down stairs, and things like that you don't get in the public sector anymore."

And afterwards she continues:

> *"I couldn't stand it [in the public sector], that a nurse had to decide. I have my education, I can think for myself. That a nurse had to be there every single time and decide everything I had to do. I couldn't stand it"* (interview with Karen, active on Care.com).

Being able to use her skills and provide decent care is a motivation echoed by Kirsten, a social and health care assistant who also holds a qualification as a pedagogical assistant (*pædagogisk assistent*) and has many years of experience in psychiatry. She decided to quit her job in the public sector, and work as freelancer in a private (for-profit) company providing care within the publicly funded system. When asked about her decision to move from public to private care provision, she explained that the strain on the public sector prevented her from delivering the level of care she found professionally acceptable. Eventually, she decided she no longer wanted to be part of a system that limited her ability to provide high quality care. In addition, she highlighted the appeal of having more flexibility – both in choosing her working hours and in how to deliver care – something she had been promised when taking on freelance work.

Similar arguments were shared by two users of private market-based care we interviewed – Vivian and Henry. They receive 1.5 hours of publicly funded practical assistance every other week but have chosen to supplement this with an additional 2.5 hours of combined practical and health care services twice a week. For them, it is essential to receive the support they feel they need from someone they trust. While not stated explicitly, having time for conversation also seems important. As Henry noted, he values that their caregiver is someone with whom he can have *"meaningful conversations"* (interview with Vivian and Henry).

Both Karen and Kirsten have been offered employment opportunities as employees but have declined in favor of maintaining their independence. Karen has been approached by companies through Care.com offering her a job as a salaried employee, but she has no interest in giving up her autonomy. Similarly, Kirsten prefers to remain fully self-employed rather than returning to an employee position within the publicly funded care system.

4.4. Flexibility in theory and practice – potential risks

One of the reasons for turning to private market-based care are to avoid what has been termed the 'minute tyranny' (*minuttyranni*) of the public LTC system, where each care worker's visit is scheduled in strict time slots for predefined tasks (Lehmann et al., 2020; Andersen & Kruse, 2021). As Karen, a provider of private market-based care explained above, this system leaves care providers with very limited time for 'social care' – such as having a conversation over a cup of coffee – and offers little flexibility in how care is delivered. On Care.com, users who are interested in services beyond what the municipality has assessed them to need, can easily find care givers, who meet their criteria. In theory, this allows both the provider and recipient to enjoy the flexibility they prefer. In this context, it is important to note that care relationships are highly personal – more so than, for example, the relationship one might have with a domestic cleaner. Receiving home help or practical assistance involves more than simply allowing someone into your home; it often means allowing them into your private life. As highlighted in the interviews with care recipients Vivian and Henry, having unfamiliar people in one's home can feel intrusive, and establishing a trusting relationship is essential. This deeply personal dynamic also poses a potential risk of discrimination – for instance, against ethnic minorities or other groups whom some older people may hold biases or stereotypes about.

While self-employment in the care sector promises flexibility, the reality can differ significantly. Although these are individual experiences, in both Karen's and Kirsten's case the flexible work life they envision(ed) turned out differently, for two distinct reasons: 1) the low demand for private market-based care, which makes platform work unsustainable as a primary source of income, and 2) a strong sense of responsibility toward the company and the elderly care recipients.

4.5. Platform care work as economically unsustainable – accepting lower price setting

As part of the recruitment and research process, we created a free profile on Care.com Denmark (see also research design). We were quickly contacted by several care providers who expressed interest in working for us, even though we had not described any specific care tasks. This suggests that the demand for elder care services on Care.com Denmark is limited. Additionally, the platform's apparent lack of strict regulation regarding whether care recipients and providers continue using the platform after being matched further supports this observation. Karen also struggles to find enough work through Care.com and therefore seeks clients through multiple channels. Despite being active on the platform, she only manages to secure around 2–3 hours of work per week via Care.com. This limited workload can be attributed partly to the structural characteristics of the Danish care system, and partly to the nature of

the work itself, where care arrangements often come to a natural end. Karen, for example, shares that five of her former care recipients passed away from pneumonia in December, leaving her with only three current clients (interview with Care.com worker, Karen). A similar pattern of fluctuation in clients is mentioned in relation to private care provided within the public system by smaller companies. Kirsten describes the difficulty of planning and maintaining a stable business when the user base is unpredictable (interview with Kirsten, self-employed in private care).

As a consequence of limited demand, care providers on Care.com may feel compelled to accept lower hourly rates. Karen, for instance, lists her rate on Care.com at 350 DKK (approx. €47) per hour. When securing work through other channels, she typically charges 600 DKK (approx. €80) per hour. However, some potential clients were only willing to pay 170 DKK (approx. €23) per hour. At the time, she had no other clients and accepted the offer: *"And there I was without a job, so I thought, well, it's better than nothing"*. She only kept the job for half a year, but the experience illustrates the risk of prices falling in a low-demand market.

Another factor contributing to the relatively low prices on Care.com Denmark – which, according to Karen, are less than half of what private care providers typically charge – *may* be a lack of transparency and recognition of caregivers' qualifications. Karen feels that the platform does not allow her to distinguish herself from less experienced care workers. As she explains, for someone without professional knowledge, it can be hard to tell the difference between a caregiver with experience in residential care, one with experience in home care, or someone with a hospital background (interview with Care.com worker Karen).

4.6. Sense of responsibility – staying despite poor working conditions

Beyond Care.com and into the broader sector of private care provision, another reason care workers may risk their flexibility is a strong sense of responsibility toward the (private) company and the people they care for. Kirsten, who became self-employed by joining a private care provider as a freelancer, ultimately found herself working under conditions similar to those of regular employees – but without the benefits that come with status as an employee – despite what was promised her. This reflects the conclusion of her case against her former employer, which pointed to a situation of false self-employment. Her decision to stay on these terms was driven by a sense of duty to both her colleagues and the care recipients. As she recalls: *"I wanted to contribute and take on my share of the work"* (Interview with Kirsten). The result was that she took on too many shifts – including night shifts – which led to burnout and eventually sick leave, before she decided to quit. According to a representative from FOA, this kind of commitment is typical among their members in the LTC sector, where many accept poor working conditions out of concern for the care recipients. As

the representative puts it: *"They work very much with their hearts and allow themselves to be pressured, because – if they don't do it, then who will, right? If anyone even shows up at all – that is their fear"*(Interview with FOA representative).
In addition to losing the flexibility that, for some care workers, is a key reason for choosing private care work, it is important to highlight another significant cost: the lack of access to social protection. For care workers using platforms like Care.com or working as self-employed, this remains a major trade-off. Despite this, Karen, a Care.com user, does not express a need for union involvement or collective bargaining. Although she has been a member of FOA since the age of 15, she does not seem to envision a future in which the flexibility she values can be combined with social protection. For Karen, the platform primarily serves as a tool for client matching, and she perceives no meaningful difference between the clients she finds through Care.com and those she finds through other channels. Similarly, Kirsten sees no clear distinction between users of private and public care providers within the publicly funded system.

5. Conclusion: Care.com – an additional 'source' of client matching in a small market

Recent developments in Denmark's public care system have opened space for private, market-based (supplementary) services. However, the market for purely market-based elder care services remains relatively small. Care.com is the largest platform offering such services in Denmark, but its role in matching care providers with users appears to be limited, with unclear activity levels on the platform. The analysis shows that demand is insufficient for providers to secure full-time work – likely not even part-time work – but rather only a few hours per week. As a result, users may feel compelled to accept lower prices, adding to the lack of social protection that is inherent in the platform's current business model.
The care worker we interviewed expressed satisfaction with Care.com, but had limited knowledge of how the platform operates and used it as a supplementary source for finding clients, alongside more traditional methods. While Care.com may serve as an entry point for migrant workers or students, it does not seem to offer a sustainable income on its own – only as an additional supplement. However, for some, it may present a preferred alternative to self-employment in private care provision, which can carry the risk of de facto employee status without the associated benefits or the flexibility that experienced LTC workers may seek when transitioning from public to private care services. As Karen, a Care.com worker, explained regarding her future on the platform: *"I actually don't know, because I can't live on 350 DKK per hour.*

Fortunately, I have the others [customers]. But I still think I will read through the descriptions when they [Care.com] send me a message that there is a job that might suit me. Yeah, I think so."

6. Research design

The analysis is based on a qualitative approach that combines an interview with a caregiver working through Care.com Denmark, interviews with individuals offering different perspectives on the case, and desk research drawing on Care.com's Danish website and relevant articles. These perspectives include two users of private, market-based home care; a caregiver formerly employed as a freelancer by a company providing private home care within the Free Choice scheme[5] (*Frit valg*); and a representative from the trade union FOA, which represented the freelancer in her dispute with her former employer.

Care.com is chosen for investigation because it is the largest and most widely used care platform – not only globally (Fetterolf 2022: 54), but also in Denmark. Although the number of workers and users remain relatively small (even in a Danish context), the platform provides valuable insight into the current role and potential of care platforms in the country. At the same time, it has the potential to serve as a prism for understanding both the opportunities and challenges associated with platform-based care work.

We were unable to secure an interview with Care.com Europe's Managing Director, Dirk Kasten, despite repeated efforts. No publicly available contact information exists for him beyond his LinkedIn profile. The project team attempted to reach out through personal German contacts on LinkedIn, but received no response. This experience mirrors that of other country teams in the Origami project, who tried to get in touch with Care.com's European management.

As a first step in trying to reach workers on Care.com, we posted in relevant Facebook groups, including those targeted at care workers – such as 'Social and Health Care Assistant/Helper: Job & Student Job [SOSU-assistent/-hjælper: Job & Studiejob]' – as well as in a group for international students: 'International Students in Copenhagen'.

Given our previous challenges with recruitment for another case study included in this deliverable from the Danish team (focused on the cleaning platform Hilfr), we decided

[5] The free choice care model, introduced in 2003, gives care recipients the legal right to choose between at least two different providers – either public or private – for publicly funded home care services. Those who qualify for home help or practical assistance can select a provider using either a pre-paid care voucher or a cash-for-care allowance. The scheme ensures that users can access private providers while still receiving public funding, as long as they meet the eligibility criteria (Larsen & Ilsøe 2024).

to offer a small incentive – two cinema tickets – to encourage participation. To ensure workers' consent was fully voluntary, we provided clear and detailed information about the research project, the tasks involved, and the incentive. This transparency is crucial to ensure that participants understand their involvement is entirely optional and that they can withdraw at any time without any consequences. We were careful to set the incentive at a level that appropriately compensates for participants' time and effort without being so high as to unduly influence their decision to participate. Unfortunately, this strategy did not yield any responses.

Simultaneously, we created a free profile on Care.com. It only takes a name and email address to set up a profile. We used four filters: senior care, private person, all types of specified types of care, zip code of the university. First, our aim was to familiarize ourselves with the platform, but just after we finished setting up the profile, workers started contacting us directly and two left us their contact information. This resulted in one interview (she was also offered two cinema tickets).

This interviewee connected us with one (or rather: two) of her clients – an elderly couple who had hired her through their general practitioner. We included their perspective to shed light on the motivations behind paying out of pocket for (additional) private care, as well as to explore their views on collaboration and working conditions in privately organized, market-based care work.

After creating a profile on Care.com, we contacted Care.com through their customer service to inquire about the possibility of recruiting participants for research directly via their platform. In our message, we provided a detailed explanation of the research project's aims and the type of questions we intended to ask potential interviewees. We received a polite but generic reply that did not address our request directly but said that our email would be forwarded to the appropriate department. We never received a follow-up from the relevant department, and as a result, we were unable to recruit any additional participants through the platform.

Using our free account, we browsed caregiver profiles on Care.com Denmark to get a sense of the population of care providers active on the platform.

While our attempts to recruit participants through the above-mentioned channels were unsuccessful, an article was published about two FOA members who had worked as falsely self-employed in a private home care company and were later recognized as employees by the Employees' Guarantee Fund (*Lønmodtagernes Garnatifond*). We reached out to one of the individuals featured in the article, and she agreed to participate in the study. She did not wish to remain anonymous, so we have chosen to include her story openly. In addition, we interviewed a representative from FOA, the trade union that represented the two members in their case. We included their perspectives to get a better sense of both the decision-making process behind working in private care and how working conditions are shaped within the market-based model.

The interviews were conducted by a member of the project team between October and November 2024. All interviews with caregivers and care recipients were conducted face-to-face, while the interview with the FOA trade union representative was held online, in accordance with the interviewee's preference. The face-to-face interviews took place either in the interviewees' private homes or in public cafés chosen by the interviewees.

The interviews were conducted using semi-structured guides that were adapted to the specific type of respondent. The interview with the Care.com platform worker focused on several key themes, including professional background; motivations for engaging in platform work and for choosing Care.com; experiences using the platform; visibility and control mechanisms; professional identity; client matching and relationships; working conditions; skill development; interactions with trade unions and other forms of worker representation; and perceived risks and needs for social protection. The interview with the 'false self-employed' home care worker focused on her experiences with private care provision, motivations for choosing this form of work, the specific case in question – including the associated risks and benefits – support received from the trade union, and knowledge of care platforms. The interview with the trade union representative addressed the same themes, but from the union's perspective, with a broader focus that extended beyond the individual case.

The interview guide for users of private care focused on the following themes: experiences with private care providers; motivations and criteria for choosing a private market-based provider; usage patterns; types of services received; feedback mechanisms; satisfaction with services and specific tasks; and perceptions of working conditions.

All interviews were audio-recorded and transcribed verbatim. All material was analysed inductively using NVivo.

7. References

Andersen, L. B., og Kruse, M. (2021). Minuttyranni i hjemmeplejen – dokumentation, tillid og arbejdsglæde. København: VIVE.

Care.com (2025), https://www.care.com/ last visited March 10, 2025

Farrell, M. B. (2014, August 14). Care.com, the big business of babysitting. Globe Magazine. https://www.bostonglobe.com/magazine/2014/08/14/care-com-bigbusiness-babysitting/4Fjpf5q3YUSw3rMn9GraOM/story.html

Fetterolf, E. (2021). It's Crowded at the Bottom: Trust, Visibility, and Search Algorithms on Care.Com. In *Journal of Digital Social Research*, 4 (1): 49–72, https://doi.org/10.33621/jdsr.v4i1.98.

Flanagan, F. (2018). Theorising the gig economy and home-based service work. Journal of Industrial Relations, 61(1): 57–78. https://doi.org/10.1177/0022185618800518 (Original work published 2019)

Hjelmar, U., and Rostgaard, T. (2020). Supplemental home care and topping-up: A shift from service universalism towards a new and privatised public service model? International Journal of Social Welfare, 29(2): 118–128.

Larsen, T.P. and Ilsøe, A. (2024), Socio-economic literature review report on care regime at country level: Denmark, Work Package 2 – Deliverable 1., Home Care Digital Platforms and Industrial relations (ORIGAMI).

Lehmann, L., Rostgaard, T., og Østergaard Andersen, L. (2020). Tiden der forsvandt: Om oplevet tidspres og kvalitet i ældreplejen. København: FOA og VIVE.

Mailand, M. (2025), *Developing Collective Bargaining in the Care sector*. DEVCOBA Work package 2 report Denmark. FAOS *FAOS Forskningsnotat nr. 204*. Sociologisk Institut, Københavns Universitet.

Mos, E. (2021). Digital Care Spaces – The Particularities of a Digital Home Care Platform. In: Gabauer, A., Knierbein, S., Cohen, N., Lebuhn, H., Trogal, K., Viderman, T., and Haas, T.2021 *Care and the City: Encounters with Urban Studies*. Taylor & Francis.

Rodríguez-Modroño, P. (2025). The platformization and marketization of care: Business models and competitive strategies of care platforms. Competition & Change, 0(0). https://doi.org/10.1177/10245294251325901

Rostgaard, T. og Thorgaard, C. (2007), God kvalitet i ældreplejen. København: SFI – det nationale forskningscenter for velfærd.

Yooupies (2025), https://yoopies.dk/, last visited March 10, 2025