

# **“CENTRE FOR HOME-BASED SERVICES (CHS)” CASE STUDY**

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*Preliminary remark:*

*The present case is based upon a real situation. However, for educational purpose, certain situation contexts were voluntarily adapted from reality. Moreover, the names mentioned in this case have been disguised. Any similarities with names of existing people are completely fortuitous.*

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Professor J.C Ettinger and Assistant Alain Millares prepared this case. This case has been developed as a basis for class discussion. It is not intended to serve as endorsements, sources of primary data or illustrations of effective or ineffective management.

Véronique Clarcks was calmly smoking a cigarette by the window of her large office adorned with magnificent wooden carvings, whilst enjoying the last rays of the summer sun. She had just returned from two weeks in Africa, a trip that had strengthened her retirement idea of devoting herself to developing humanitarian projects on that continent.

She had just given a 3-hour interview to two researchers of a famous Brussels University. They wanted to write up a case study to be a reference in a university course in feminine entrepreneurship. They had thought of calling it “CHS - or the success of an audacious woman” - but she had modestly suggested that the two young interviewers slightly change the title; she had insisted that the CHS was primarily a magnificent human adventure brought to fruition by a team.

During the long interview she recalled many moving memories and retraced more than 20 years of her life as a female entrepreneur.

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### **When redeployment leads to business**

In 1983, Véronique Clarcks seemed to be at a turning point in her life. Up until that moment she had divided her time between three things. One was to bring up her three children. The second was her job as the manager of the surgical wing of the Judith Brassart Hospital where she had begun her career as a simple nurse. The third thing was working with her first husband on his not very fruitful business initiatives including a snack bar and jewellery shop. Life for her was soon to change. She was about to separate from that husband, to lose her job as her employer failed, and to be saddled with the care of her three children in the absence of a father who had no intention of making any alimony payments.

Her employer had been the Judith Brassart Hospital, a care establishment that had been working with a well-heeled clientele and then located in a well-to-do suburb in the south of Brussels. The hospital management had just declared a resounding bankruptcy, for reasons to be found more in disastrous management rather than the calling into question of the need for such an institution. This situation was going to plunge more than 600 people into terrible uncertainty: it provoked workers to occupy the hospital premises with the intention of staying there until a reasonable solution be offered to the hundreds who were going to be unemployed.

After several weeks of a rebellion orchestrated by Alain Vanhamme, the union official assigned to defend the Brassart workers, a redeployment unit was organised to find a way out of the crisis and to allow redundant workers to retrain for a year and to get back into the world of work.

The redeployment unit was to buy workers time to find other work. However the hospital failure was nonetheless a catastrophe for a great majority of the workers. Véronique Clarcks was aware of this and decided to find a solution to this social disaster.

She had been head nurse of the operating theatre and thus had a wide perspective on the way of working with the patients from the medical care point of view, as well as in terms of their

well-being and re-entry into day-to-day life. She saw that there were huge gaps in the management of this latter stage. She was already thinking about developing a home care service worthy of the name for all these patients. However she had never been able truly to put the idea into practice, lacking the time to devote to such a project. The Brassart bankruptcy re-energised this idea in her mind, and she decided this time to transform her idea into a real life project.

Even though the reactions of her entourage were mixed, soon after she decided to throw herself into the adventure. She had great determination and enthusiasm for starting her project. Driven by her own energy, she put together a collegial and complementary five-person team entirely devoted to the project. This enabled the CHS to see the light of day. Alain Vanhamme, whom she was to marry and who eventually became a Member of the European Parliament, supported her during the development of the CHS and advised her at the most decisive moments of its history. Invigorated by the energy in her partnership and her team she negotiated at the highest political levels: she had legislation passed in her favour, obtained ongoing funding and made the CHS an established element in the sector.

### A society in full change

At this time, various studies showed that the most important determinants of the recourse to professional residential care were old age, low income, an aggravation of dependence, the isolation and the reduction of social contacts.

The CHS project consequently perfectly integrated into a society which has to face a major social phenomenon which is that of an ageing population.

This phenomenon resulted from a general fall of the rate of fecundity in the OECD countries, the increase in births following the baby boom of the post-war period and the spectacular increase in life expectancy following the progress made in the fields of health, hygiene, nutrition and wellbeing. It had to be added that the existing difference between the life expectancy of men and women (between 5 and 6 years on average, see appendix 1) as well as the modification of the social relationship between the generations where the tendency was to exclude the elder ones resulted in the accentuation of the number of people of female sex (+/-1.35 times more than men in 2000), very old, alone and dependent (see appendix 1). It was noted moreover that 17% of Belgians over 65 years of age had an income lower than the poverty line and than one isolated woman out of 5 was affected by the latter. The phenomenon will intensify with time as one expected that the number of pensioners will increase by 1.1% per annum between 2000 and 2050.

Was added to this phenomenon the information that on average 9% of the people in Belgium suffered from a handicap and that a part of the population could find themselves in temporary incapacity following an accident or disease.

All of these people were, on various levels, in a situation of dependence or of despair and the CHS proposed to come to their assistance without any discrimination by making them an integrated services offer in their residence, with tariffs which would be directly dependent upon their level of wealth.

### **The CHS Project, or how to improve the life of the disabled and the needy**

The CHS's initial goal was to shorten or even substitute a patient's hospital stay and sometimes delay their going into a disabled person care home.

At this time, several entities participated in the home care service sector. These included the Public Centre of Social Assistance (PCSA), the private company "White and Yellow Cross", and the mutual insurance associations that organised state-sponsored health care. However none of these offered totally integrated solutions; disabled patients progressively became involved with a number of different interlocutors.

Furthermore, the organisations responsible for such services very often suffered from a negative image that strongly handicapped their scope of activity. The creation of the CHS enabled patients to enjoy a full range of at-home services from one single provider. The innovation that the CHS brought into this sector generated a real revolution: it forced many in the profession to change and make service quality to patients their priority. The CHS introduced a competitive environment that had the effect of considerably improving the quality of patient care.

The CHS was to meet with sparkling success from the start. Véronique Clarcks put a pragmatic management style in place: it combined constant attention to cost control with listening to the needs of patients.

Even if Mrs. Clarcks lacked management expertise, she succeeded in recruiting people who were crucial to the development of her project. Even if Alain Vanhamme was never to be linked directly to the CHS, he played a significant role in which his political success coupled with his party and ministerial contacts played a part. This privileged, close relationship which existed between the CHS and politics did not fail moreover to provoke jealousies from the other actors of the sector.

Alain Vanhamme was also to advise on the daily management of the CHS, and to encourage the organisation to be more assertive in its management style.

In particular he had presented his strategic vision to Véronique Clarcks during a lunch in Spring 1985.

*"Véronique, the organisation you have created has enormous potential. However this potential is still largely unused. You must take more risks in order to grow. In my opinion in the months to come you should think about recruiting personnel, increase the number of services you offer, and diversify your funding modes. This means you need to adopt a much more audacious management style. I will help you if you wish. This project is a sparkler. Thanks to you, thousands of people are going to improve their lives!"*

and she had replied

*"I know that I don't know management theory. This means I cannot grow the project just as fast as you would like. Do not forget that I was a nurse; I can only slowly learn how to manage an organisation. Perhaps I should go back and study? I promise you that I will do all that I can to help the maximum number of people. But let me do it at my own pace. I do not want to risk the jobs of my workers. In particular I am thinking of those, like me, who have*

*already had to face redundancy. Finally I would remind you that I have three children, and the rent to pay. Don't forget that before it became a life project the CHS was a survival project for most of my co-workers and for me."*

It seemed that Alain Vanhamme's recommendations had found an echo in Véronique Clarcks' heart. In fact, a short time after this encounter, CHS put several measures in place to professionalize its management.

Organising the shifts for the nurses, family helps, nursing auxiliaries, housekeepers, and home meal delivery, involved an extremely complex set of logistics that in 1985 were still being managed using paper rather than computers. CHS expansion consequently meant that this management method very quickly became unsustainable. It became imperative to set up suitable IT systems. CHS then assigned the specialist company Techtips to audit the organisation.

Following the audit, Alain Vanhamme put the following proposals in a letter.

*"The system that you have is completely obsolete. It is going to generate exponentially-multiplying treatment errors in the future. Given that your activity is so specific and complex, I strongly advise you to invest in a customized IT system. Then you can be sure of effective patient follow-up, of patients being efficiently managed right up to invoicing. You are going to gain considerable benefits from productivity and accuracy!"*

Véronique Clarcks then personally and diligently involved herself in the IT infrastructure modernisation project to develop an IT instrument suitable for CHS activities. She participated in all the phases of the project, starting with defining the needs through to checking the practical functioning of the software. The resultant IT system had had a few changes but still remained the working instrument on which the whole organisation of CHS activity depended.

The CHS management then put together an organisational chart to structure its activity. This was significantly to improve activity coordination and to empower managers by formalising their position in the hierarchy. Mrs. Clarcks's role was to change significantly at this moment. She had been managing the activities of the nurses and family helps, which fitted perfectly with her background since she was a perfectionist by her original calling as a nurse. This organisational change was going considerably to affect her role: she was to become responsible for the effective functioning of all departments. Mrs. Clarcks had the help of management teams and the advice of the board of directors on which staff were well represented. She had to put together and implement general strategies, and participate in high level negotiations to obtain ongoing funding from central government. She also had to publish and discuss the results and perspectives concerning the organisation's growth. Further she had to ensure responsible human resource management, and carry out intensive lobbying of influential people so that legislation could be adapted to her activities. She thus became the guarantor of CHS funding, development and stability. Thousands of people lives were to depend on it. She became a female director of the company and at that moment changed her life path.

In an informal conversation with her daughter some years later, she was to stress the difficulties she had experienced as a woman in getting her voice heard, even though she was the company head in all the negotiations.

*"We lived in a truly macho society. I think things have now much improved on that score. At the time, I had to realise that the political world practically was made up only of men. I still remember all those meetings in which ministers and cabinet members turned up having hardly taken the time to prepare, and tried to upset me with feeble arguments. Florence, you should know that the secret for winning is to know your brief perfectly. Then you will be the one in charge."*

Her daughter replied

*"Mother, I understand what you have told me, but how did you acquire such mastery, have such confidence and good sense, when you never had any formal management training? Frankly you amaze me."*

And she replied

*"Work and passion is the only way to acquire such skills, not in a classroom. I admit I could have gained a lot of time at certain points, if I had had the chance to get my degree in hospital management - but the secret is not to be found there. I knew the medical care sector perfectly and I was passionate about my nursing vocation. I would have moved mountains and worked to convince anyone I needed to, to accept my ideas and work with me to get results. When you have such strong determination - believe me- nothing stops you. Passion is the guiding force and does not permit retreat. Hold on to that and you also will accomplish miracles, I am sure of that. Insofar that I can manipulate figures, I should say that your father helped me a lot with all his little businesses!" she said, laughing.*

Knowing what her mother had done, her daughter was captivated by her mother's charisma and thought her irreplaceable.

All Mrs. Clarke's workers deeply respected her value to the organisation. Everybody knew that the status that she had achieved was nothing more than the right reward for her. They had seen her have many sleepless nights of work, they had noticed her spending whole week-ends on her project, they had appreciated her juggling the hours to reconcile this huge entrepreneurial project with her family life.

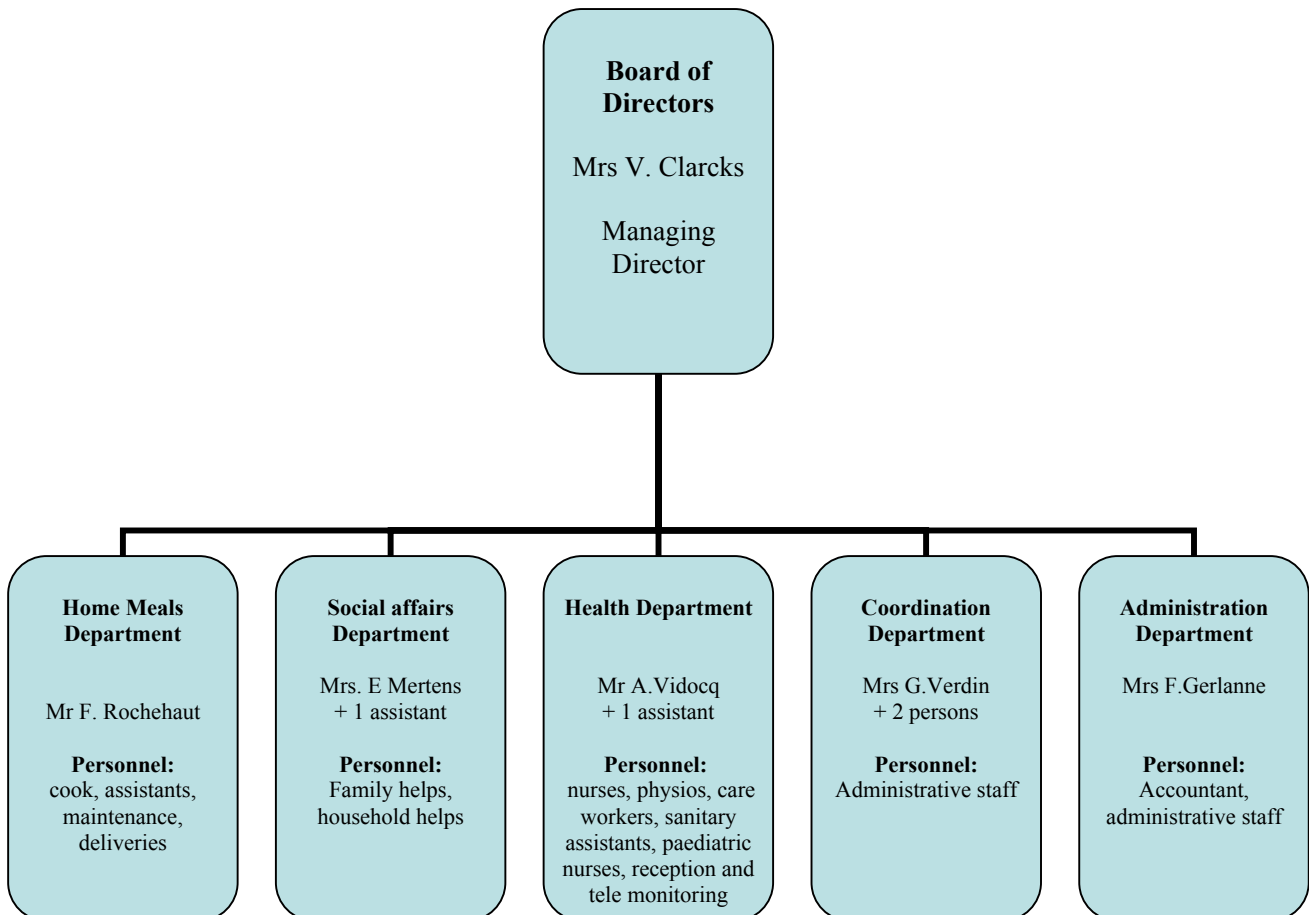
They had heard her shout in anger after a long meeting when she had forgotten to go and pick up her children from school, when no-one was able to take the time to do it for her.

*"There are still only a few chances for women to succeed in the business world. Rather than invest in politically correct pseudo-measures to promote the creation of women-led businesses, the political male establishment and the public authorities would do better to help our everyday life. The policies are odd; the men want us to create companies but they are not capable of helping us do the housework and look after the children outside ridiculous time schedules!"*

The CHS had obliged her to make many sacrifices in her family life, and she is proud that all her children so brilliantly succeeded with so little attention.

### Five departments for services for disabled people

Even as the CHS fleshed out its services over time, the general organisational structure had remained the same and had been able to sustain the company's development and manage the considerable growth in staff numbers.



*Organisation chart of the CHS*

Since its creation, the CHS had undertaken to help disabled people at their homes, doing this in complete independence and without distinction of social class, political affiliation or any other criteria other than that of being disabled. Patients taken under the CHS wing could thus be old, sick and/or handicapped people.

The principal strategy was to provide a package of high quality home services sourced from several well coordinated departments.

- “Home meal service” department

This department's activity was a truly challenging daily logistical exercise. It needed no fewer than 23 round journeys using as many vehicles in Brussels to deliver a midday meal to 700 patients seven days a week. Each patient had a choice of three menus every day. It was

sometimes necessary to modify the meal for any one patient depending on their state of health in terms of diabetes, needing a salt-free diet, etc.

The CHS prepared, packaged and delivered all the meals. This total independence of organisation for this activity had been relatively recent; previously, the organisation had envisaged collaborations but it abandoned these when they did not produce sufficiently high quality.

Home meal service rounds were limited in number at the start. The CHS used two vehicles to deliver frozen meals in polystyrene foam containers.

With home meal service demand increasing, for the first time the CHS outsourced meal preparation to the company New Meal and then to the company Eat Well. This latter company offered an intermediate formula where the caterer moved with the product to CHS premises to facilitate deliveries.

However this significant increase in the number of meals the organisation was delivering, led to quality decrease. A flood of complaints meant that the company lost many clients. Madame Clarks then decided that the home meals service would be organised internally only. Even though this involved significant investment the result was very satisfactory. The logistics problems were brought under control, each patient had a microwave oven at home, the dishes were varied, and were presented in porcelain crockery; requests for meals flowed in to the point where any form of promotion in this area was banned.

With sufficient order handling capacity the CHS management even foresaw the possibility of delivering to companies, to the PCSA, to homes, to hospitals and of achieving 1000 meals delivered to patients each day.

- The social affairs department

Elisabeth Mertens had joined the CHS practically at the time it was founded: she began her work there as a social assistant in 1984, and eventually became responsible for the organisation's social activities. Her department began with five equivalent full-time positions and now then had nearly 190 household and family helpers.

These "household" and "family" roles were different and often complementary. The first was rather less established, but involved carrying out household tasks such as cleaning, laundry, ironing and sometimes coming to the aid of family helpers when they were working with heavy patients. The second "family" role involved helping patients at several levels in their daily life, including body hygiene, running errands and carrying out various administrative formalities.

Even though these two roles in theory could work with each other, rivalry was rapidly to build up between them. As the number of tasks carried out by household helpers gradually increased, a family helper sent an internal email to Madame Mertens, illustrating the problem:

*“Dear Madame Mertens,*

*“For some time I have noticed that one of my colleagues, who is initially responsible for housework, has been continually interfering in my work. For example, I have surprised this colleague carrying out the washing of a severely handicapped patient. I would like you to know that I do not think that she was really competent to carry out this type of function.*

*“Whilst I have noted a tendency to make our tasks uniform, I want to indicate to you that for me it is not conceivable that the least risk is taken with our patients. Furthermore, I would draw your attention to the fact that I do not accept that my work be limited to doing housework in the future. I think that each should remain in their place...”*

Along with such disputes, the major problem of absenteeism made personnel management for this department very delicate. This was because the staff were very fragile in the face of the difficult family situations they encountered, combined with low income and psychologically exhausting work. Situations could reach the point where social assistants found themselves needing to be socially assisted as patients.

Regular meetings with these workers allowed the management to make any needed changes, and to reduce absenteeism. However it was sometimes necessary to take redundancy measures against the will of those concerned to ensure a satisfactory level of professionalism in patient service. This had rendered human resource management often extremely laborious and harrowing.

Like most of her colleagues Madame Mertens had to learn the art of managing a team in the field. At a meeting of the CHS board of directors chaired by Madame Clarcks, Madame Mertens underlined the difficulties that she encountered with some workers every day.

*“I am really passionate about my work. When I arrive at the office each day, I have the feeling that the time I am going to give along with my team will improve our patients’ often burdensome daily life. In spite of the permanent stress associated with my function, I have never thought of changing my job for one single second. I find it deeply human, image enhancing and socially useful. However, whilst I really appreciate the trust that you have put in me since my arrival at the CHS, and the unity that we demonstrate each day, I think that we are not always the best equipped to carry out our job in the situations what we encounter. You know, being social assistant by training, I sometimes have great difficulty in putting myself in the place of a proper manager. For example, to dismiss personnel is absolutely upsetting for me, given the links that I often have with the members of our staff. From time to time perhaps it would be useful that we be coached in resolving particular problems. We could follow seminars to learn how practically we can manage this type of very delicate situation.”*

This department had created, in parallel to its principal activity, the principal «the central of global social action of the centre of services and assistance in residence » (CGSA) in 1985 to provide help to people who were meeting financial, psychological, relationship, administrative, legal or other practical difficulties.

The CGSA provided a first welcome to beneficiaries, helped them analyse their problems, gave them some orientation, and offered them support and follow-up.

As urban poverty had accelerated, the importance of this centre had grown, to the point where it had become indispensable. The patients cared for by this unit had often presented with mental health problems to the extent that the CGSA found itself regularly working with the specialist agencies to get their help.

The CGSA worked as part of a network. It had agreements with organisations that could help with many tasks. These included moving and getting building work done, giving advice on avoiding or to getting out of debt situations, helping people to be admitted to a home when their situation required it, providing specialist legal aid so individuals could get their rights in some situations, and providing access to other services.

CGSA activity was essentially an extension of CHS activities, and was glad to participate in the CHS mission of helping disadvantaged people.

- The health department

It was directed by the husband of Florence Gerlanne, the daughter of Mrs Clarcks, who was in charge of the department "administration and finance". This department constituted the medical branch of the CHS. It was made up of 5 nurses, 3 physiotherapists, 27 nurse's aides, 3 medical kindergarten nurses and 4 hygiene assistants under the direction of 2 heads of department who reported to the director and to his assistant.

The structure was very quickly going to attract the most difficult patients. This was explained by 2 factors.

The first was that the integration of the services of the CHS made it possible for the patients to solve all of their problems by addressing one single organization only, which limited their administrative procedures and simplified the organization of their assumption of responsibility.

The second factor was purely of a financial nature. Indeed, in Belgium, an organization of social security financed by the Belgian state intervened in the cost of the health care. This intervention varied according to certain criteria which depended on the type of care provided and the situation of the patient. Therefore, for example, the widowed, invalid, pensioned or orphan people ("WIPO") had the right to an important intervention which could further increase according to the incomes of the interested party. Moreover, without this being an obligation and in the measure of certain limits, it was left to the various medical practitioners the possibility of charging the patients more than the amount refunded by the state organization. This difference between the total price of the medical service and the amount refunded for this same care by the state was named «moderating ticket».

If certain service providers chose not to take the moderating ticket, the CHS considered that, to ensure a quality of service and sufficient financing (it accounted for 15% of their receipts) of the activity, its charging was essential.

This had the consequence that the organizations not charging a moderating ticket preferred not to deal with the most difficult patients because these were too expensive compared to that which they brought in, and required an organization that was too complex. It was definitely more profitable for these service providers to multiply the services for easier patients without invoicing

moderating ticket while escaping in this way from any control by the patient... The CHS was therefore charged mainly with the most difficult patients and the WIPO.

Beyond the services of traditional residential care provided by physiotherapists, nurses, nurse's aides, the CHS was able to provide a service of tele monitoring 7 days a week, 24h a day. The patient had at his disposal a transmitter allowing him at any moment and at any place in his dwelling (the transmitter is around his neck) to warn the CHS of any problem which he encountered. They were then given the responsibility to mobilize adequate help within a very short time. This service made it possible to save several lives and was constantly improved. The management of the service of tele monitoring also included that of the telephone reception. For an organization which did not legally have the right to make publicity, the reception constituted a window which it was essential to look after. This element had been neglected in the past and the CHS had carried out many efforts to improve the treatment of the calls. Thus a pointed analysis of the incoming and outgoing calls was carried out and a head of department was named especially to direct the team of reception and tele monitoring. These measurements made it possible to improve management of the telephone traffic, to decrease the number of complaints and to effectively treat the remainings which improved considerably the image of the CHS as a whole.

Parallel to these activities, the CHS had developed a service of sick children care. This was ensured by 3 kindergarten nurses and also benefited the children of the workers of the CHS. The objective was clearly, in the future, to make it possible for the structure to accomodate more children and to have the means to take care of the most seriously ill.

- The coordination department

This constituted the very spirit of the CHS. Indeed, the originality brought by them to the sector of the residential services lay in the possibility for a patient to take advantage of all the services which he needed by having only one interlocutor. This total integration was possible by the development of a team entirely dedicated to this task.

This was made up of 3 people who centralized the requests of the patients eager to benefit from several services offered by the CHS. Their role was then to contact the various departments so that these coordinate with each other to be effectively used by the patient without wasting of resources and time. Practically, this integrated structure allowed the assumption of responsibility of the difficult and dependent patients, which no other institution could do before.

- The « administration » department

This department fulfilled a support role to the general activity of the CHS. Its principal mission consisted in ensuring the recurrence and the sufficiency of the financing of the structure.

The CHS benefited largely from public financial support. Mrs Clarcks became aware very quickly of the crucial character of the control of the channels of subsidizing and entrusted to her own daughter the responsibility for the management of this matter.

The subsidizing of the CHS was assured mainly by 7 sources:

- The Commission of the French Community (CFC) was a public organization which annually subsidized 300.000 hours of family help and domestic services. The CHS exhausted this quota

quickly which testified to the need felt by the population for this type of service. At each hour worked a fixed price for travelling expenses (15 min. per service) was added, for the hiring of the administrative staff (1h worked was the equivalent of a subsidy of 1/40 of the hourly wage of administrative personnel), for operating expenses and assistance of the personnel (1 welfare officer for 20 people). The received hourly amount took into account a potential absentee rate of the workers, the seniority of the worker and the part paid by the patient which depended upon his level of income. Thanks to an optimization of the planning of the visits, the CHS managed to finance its vehicles by limiting the time of displacement between each of them.

- About fifteen people were subsidized to the limit of 95% of the wage scale within the framework of a professional program of reintegration of non qualified long-term unemployed making it possible for associations in the non profit sector to take advantage of labour at a reduced cost. These people were in particular charged with the maintenance of the building and the significant dishwashing generated by the meals service.
- Another subsidy called Maribel made it possible to recover the employer's social charges for certain workers under the condition of reinvesting the amounts refunded in the creation of new jobs. The CHS as a result financed 14 full time jobs.
- Measure "To reduce and compensate for" CFC allowed the decreasing of the working time of the personnel and the hiring of additional personnel to fill the lost hours.
- The Activa cards allowing the reduction of employers' charges for the hiring of older personnel in a situation of unemployment. The measure was boring for the worker since it reduced his wages by an amount that he had to go and recuperate himself from the state organization, organisers of the measure.
- The 3 kindergarten nurses ensuring the « Small Wolf » service were dealt with by the Funds of the Equipment and Collective Services (FECS) which is a federal fund designed to finance this kind of initiative.
- Also intervened to finance the coordination of the activity, the subsidizing of 4 coordinators during the day and 4 for the night, 1 person in charge of the administration, a general director and a part of operating expenses.

These various aids were essential for the operation of the CHS and involved a rigour without fault in the manner of optimizing the granting of the amounts for the members of the personnel and in the manner of organizing the services of these.

Moreover, if, for the workers, this government aid was entirely transparent, the department of Florence Gerlanne was to ensure a very important administrative follow-up to justify the use of the funds received to the subsidizing organizations which periodically claimed a management report of the various financed services.

### **An effectiveness which amounts (appendix 2 and 3)**

The CHS formed a group of two non-profit-making associations and a commercial company. The two associations were named CHS Brussels and CHS One. They were created for reasons relating to the complexity of the Belgian institutions and mainly with an aim of being able to claim a widened variety of different public financings. The company Global Meal was created in

1998 and exclusively related to the sale of meals to the two associations but also to other private customers. Contrary to the two non-profit associations which were to reinvest their surplus (if any), its statute of commercial company enabled it to distribute its profits to its shareholders.

Even if the CHS experienced difficult moments at certain times of its existence, it could be praised for having accumulated a profit of more than one million euro in little more than 20 years of existence. Moreover, this figure could be largely re-examined upwards by the existence of an important latent capital gain. Indeed, the building bought at the time for around 500.000 euro had multiplied its value in the course of time following the real estate boom which Brussels experienced.

Broadly speaking the « CHS group » was very dependant on the sources of public financing. By way of illustration, it booked between 2002 and 2004 an average rate of subsidizing (= share of subsidies in the total revenues) bordering the 73%.

The various services of the CHS group had various profitability. Even if some of them proved to be operating at deficit, the CHS preserved them as long as the social importance of these was important.

Two groups could be formed among the services offered by the CHS. On the one hand, the medical departments (auxiliary care, nursing services, physio services) were responsible for losses of about 1.244.935 euro in 2003 and more than 1.325.000 euro in 2004 (see appendix 3). This was explained mainly by the fact that this type of services was provided in residence and not in a fixed medical centre. Thus, the important size of the zone to be covered generated important wastes of time due to travel between the patients. This generated over-cost was not reflected on the price of the care in accordance with the social character of the activity and thus made their financial results plunge.

In addition, services such as family help, domestic assistance, the supply of meals, social assistance, the tele monitoring and the care of sick children made enormous profit which made it possible for the loss making services to survive.

Global Meal which had been created in 1998 booked a profit since 2001. The first 3 years had lost money following important investments made in order to be able to ensure the entirety of this in-house activity.

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Véronique Clarcks returned to her office and waited for her husband who was to come and pick her up to go to a restaurant near the Grand Place.

Exhausted from telling her story of 20 years in her life, she pensively looked at the old photo on her desk that showed her surrounded by her children.

All three of her children had found their way in life.

Her youngest son had studied law and was now Chief of Cabinet for the federal Ministry of Health.

Her eldest son held a business administration degree. He had devoted his career to SMEs and to company founders and had done a doctorate thesis with a view to becoming a university professor. He had remained at arms length from the CHS. Having always seen his parents involved in entrepreneurial projects, he was not surprised that following her separation from his father and her dismissal from Brassart, his mother decided to found her own company.

Finally, her daughter who was very young at the time CHS was created, had never left her mother's side. After her studies in commercial sciences, she directly joined the CHS where she pursued her career and even met her husband there. She developed expertise in raising public funds, and took over the administration of the main office. Her mother had always been her final reference, the person to whom she wanted to resemble at any cost. She had dreamed of taking over the CHS reins on the retirement of her mother but had been aware of the difficulties that would be involved in any such succession.

The succession had been Madame Clarcks's one preoccupation. The CHS had been her life project and its continuance was important to her. Over time she had become an essential element in help to handicapped people. Beyond the simple need of any founder to see the activity of her creation extend beyond her own particular time, she was aware of the responsibility that she had towards all those people whose quality of life depended on the CHS.

Could her daughter take over the CHS? Who else could take it over? Would the CHS survive her departure? How could she gently and effectively manage this transition?

The questions jostled in her mind. She knew that she would not find the answers that evening but she was determined personally to take the problem in hand as quickly as possible.

Three toots on the horn brought her out of her thoughts. It was the signal that warned her that her husband was waiting in his car in front of the building. Somewhat worried, she then turned her head away from the photo that she had been staring at for some quarter of an hour, and go down to go to dinner, her mind in turmoil.

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Questions:

What are the crucial elements that have made the CHS project successful?

What elements would have allowed Madame Clarcks to develop her project more quickly?

What were Madame Clarcks' strong points?

In what way was her being a woman an impediment? What elements would have made the task easier for her?

Should she give the CHS succession to her daughter? How could she prepare for her succession?

