

Financial Reform of Public Policy on Ageing in France and the Persistent Invisibilization of Caregivers

HÉLÈNE CROGUENNEC-LE SAOUT

A very simple statistical observation can be made in France, as in other European countries: the public policy on ageing mainly concerns women. The community of professionals working with elderly dependent people mostly comprises women (Brendler/Roger 2021), and women make up 73% of residents of nursing homes for dependent elderly people (EHPAD)¹ (Département des Études et des Résultats (DREES) 2021), while almost 52% of declared caregivers are women (Blavet 2023). Despite this highly evident statistic, the question of financing of the policy on ageing is rarely examined from a gender angle, both in terms of the targets as well as regarding impact studies.

This research therefore tackles the following questions: How does the invisibilization of women operate in the financing of public policy on ageing in France? To what extent are accounting and financing systems blind to the social externalities of public institutions such as EHPADs? An understanding of social policies involves considering the gender-related norms and values that these policies put forward (Daly/Rake 2003). At the same time, it involves analysing how these policies impact gender relations through the distribution of resources and social roles. Numerous studies have characterized welfare state regimes at the macro level, notably based on their proximity to the male breadwinner model or the dual-earner model (Lewis 1992). In this article I adopt a micro-sociological angle by comparing the representations put forward by the EHPAD pricing system, following the 2015 reform, with the experiences of the various stakeholders in the nursing home. In particular, I measure the potential impacts of this system on gender relations within the family concerning the production of care, since the place left to families in the welfare mix is a crucial variable for understanding the gendered implications of the welfare state (Orloff 1993; Daly/Lewis 2000).

I draw on a qualitative study carried out in 2023 on the social network of four nursing homes for dependent elderly people. The aim was to compare the subjective experiences of female nursing assistants, nurses, doctors, residents, volunteers and family carers with the definition of the EHPADs' mission as defined by management tools in the sector. I analyze what the actors say and what they practice, and the sociotechnical measures designed to implement the public policy on ageing. I thus propose to examine the welfare state model with a focus on gender inequalities (Lewis 1992; Orloff 1993) by questioning the norms conveyed by the management tools. The EHPAD financing model constitutes a public action instrument as defined by Halpern/Lascoumes/Le Galès (2014, 17, transl. HC):

A public action instrument is a technical and social measure that organizes specific social relationships between the public authority and its recipients according to the representations and meanings that it conveys.

Chiapello and Gilbert (2013, 63, transl. HC) stipulate that, “management tools are likely to legitimize social hierarchies and in particular the exploitation of one group by another behind their apparent technical nature.” I thus set out to break down these tools in order to identify the representations that they convey about women. To do so, I use the definition of social representation proposed by Jodelet (1989, 36, transl. HC): “a form of knowledge, socially elaborated and shared, that has a practical aim and contributes to the construction of a reality common to a social group.”

In the rest of this article, I take a close look at the invisibilization of women’s contribution to caring for the elderly. Like Krinsky and Simonet (2012, 8, transl. HC), I sustain that “while the paid work done by women is not strictly speaking invisible, it is, in many dimensions (legal, economic, social and even symbolic) invisibilized: sometimes denied, frequently euphemized, and never recognized for its full worth.” These two authors point out that to question the invisibilization involves considering that the line between what is work and what is not work is not conclusive, but actually the result of social relations. This invisibilization of female work results from a public policy that extends the scope of free or under-recognised work beyond the domestic sphere, in this case into medical-social institutions. Early studies on care (Gilligan 1982; Tronto 1987; Glenn 1992) have shown that care professions “are perceived as fitting in with the role and values associated with women in the private sphere (mothering, care, caring for others); their qualification is largely unrecognized, and their professionalization limited” (Bereni et al. 2008, 131). Public policy on ageing thus contributes to shifting the non-recognition of women’s work in the domestic sphere to the professional sphere. Through our study, I intend to demonstrate that the invisibilization of women in France, in particular in the area of care for the elderly, stems from the configuration of the underlying financing instruments and norms.

The Legal Framework of Elderly Care Provision in France

Like numerous European countries, over the last three decades, France has had to simultaneously respond to increasing demand for care due to an ageing population, and the need to keep down the costs of this support in terms of public finances. To deal with this double challenge many countries have pursued a complex strategy. Pavolini/Ranci (2008) argue that the restructuring of the policy on ageing involves a combination of support in kind with financial support for the elderly, the commodification of dependence, the ambition to associate dependent people more closely with the definition of their care plan, and lastly, the intention to support family carers, in particular financially. According to Pavolini/Ranci (2008), in France this restructuring coincided with the launch of the personal autonomy allowance (APA)² and led to greater recognition of the contribution made by family caregivers. This latter assertion is our starting point, given that the analysis made by Pavolini/Ranci (2008) is restricted to the financing of caregivers in the