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Care and domestic services in France and Germany

Clémence Ledoux

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FROM REGULATING THE WORLDS OF WELFARE TO REGULATING PROFESSIONAL WORLDS:

————— CARE AND DOMESTIC SERVICES IN FRANCE AND GERMANY —————

Clémence Ledoux

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For some thirty years, on different scales and at different times, numerous European welfare states have implemented policies to respond to the demand for care and domestic services like ironing and housekeeping.¹ The instruments employed have taken different forms and include cash benefits, services, a mixture of the two, and socio-fiscal instruments. The latter term denotes tax exemptions, abatements, and reductions, social contributions, and tax credits. In general, these instruments, which are designed to respond to the demand for care and domestic services, have identified target groups and the specific range of activities concerned in different ways. While the use of cash and services in the provision of care is by now well-known,² research has only just begun to focus on the use of socio-fiscal instruments and their exact nature.³

The growth of all these instruments has been accompanied by the development of regulatory policies covering care and domestic services professions, often on the “fringes of

1. The concept of care is polysemic, but here it denotes forms of assistance and care provided to groups that the actors involved define as vulnerable: see Clémence Ledoux, “Care” in Catherine Achin and Laure Bereni (eds), *Dictionnaire genre et science politique: Concepts, objets, problèmes*, Paris, Presses de Sciences Po, 2013, pp. 79-90. This article focuses exclusively on home care.

2. Jane Lewis, *Gender, Social Care, and Welfare State Restructuring in Europe*, Aldershot, Ashgate, 1998; Clare Ungerson and Susan Yeandle (eds), *Cash for Care in Developed Welfare States*, Basingstoke, Palgrave Macmillan, 2007; Viola Burau, Hildegard Theobald, and Robert Blank, *Governing Home Care: A Cross-National Comparison*, Cheltenham, Edward Elgar, 2007; Costanzo Ranci and Emmanuele Pavolini (eds), *Reforms in Long-Term Care Policies in Europe: Investigating Institutional Change and Social Impacts*, New York, Springer, 2012.

3. In general, these socio-fiscal instruments have been studied in the United States by Christopher Howard, Jacob Hacker, and Suzanne Mettler: Christopher Howard, *The Hidden Welfare State: Tax Expenditures and Social Policy in the United States*, Princeton, Princeton University Press, 1997; Jacob Hacker, *The Divided Welfare State: The Battle over Public and Private Social Benefits in the United States*, New York, Cambridge University Press, 2002; Suzanne Mettler, *The Submerged State: How Invisible Government Policies Undermine American Democracy*, Chicago, The University of Chicago Press, 2011. In France, the topic has been studied by Julie Pollard, Katia Weidenfeld, and Alexis Spire: Julie Pollard, “L'action publique par les niches fiscales: L'exemple du logement” in Philippe Bezes and Alexandre Siné (eds), *Gouverner (par) les finances publiques*, Paris, Presses

employment,” carried out in the home, mainly by women, often from minorities.¹ These professions do not enjoy the rights of those in statutory employment and their collective regulations are atypical.² Is there a link between the nature of public care policies and the creation or transformation of regulation for such work? What role do public policies play in the construction and regulation of these jobs?³

The relationship between public action and professional regulations has been the focus of numerous studies. Some have shown that professional groups can try to influence public action to suit their perceived interests and professional norms, either by accelerating the adoption and implementation of reforms, or by opposing them.⁴ Many other studies have shown that public action can offer professional groups legitimacy, by legally protecting their area of intervention and allowing them to develop their autonomy.⁵ Public action can validate skills and thus confer “a status, with rights and duties, a license and a mandate.”⁶

From a dynamic perspective, the effect of the transformation of social policy instruments on labor regulations has also been studied. Social policies frequently lead to the association of a new occupation with each new social problem.⁷ Moreover, the emergence of New Public Management and market forms in public organizations has affected the structure of employment and jobs. These changes often result in a loss of autonomy for professional groups and the emergence of dynamics of opposition, which may be organized or take the form of micro-resistance.⁸

More specifically, social policies fund goods and services,⁹ and this may have either direct or indirect effects on professional regulations. Direct effects apply to situations in which

de Sciences Po, 2011, pp. 263-97; Katia Weidenfeld, *À l'ombre des niches fiscales*, Paris, Economica, 2011; Alexis Spire, *Faibles et puissants face à l'impôt*, Paris, Raisons d'agir, 2012. More specifically, work is beginning to appear on the use of such instruments for domestic services, with studies by Margarita Estévez-Abe and Barbara Hobson, Clément Carbonnier, and Nathalie Morel: Margarita Estévez-Abe and Barbara Hobson, “Outsourcing Domestic (Care) Work: The Politics, Policies, and Political Economy,” *Social Politics: International Studies in Gender, State & Society* 22(2), 2015, 133-46; Clément Carbonnier and Nathalie Morel (eds), *The Political Economy of Household Services in Europe*, Basingstoke, Palgrave Macmillan, 2015.

1. Franca Van Hooren, “Varieties of Migrant Care Work: Comparing Patterns of Migrant Labour in Social Care,” *Journal of European Social Policy* 22(2), 2012, 133-47; Fiona Williams, “Converging Variations in Migrant Care Work in Europe,” *Journal of European Social Policy* 22(4), 2012, 363-76; Christelle Avril, *Les aides à domicile: Un autre monde Populaire*, Paris, La Dispute, 2014; Sabrina Marchetti, *Black Girls: Migrant Domestic Workers and Colonial Legacies*, Leiden, Brill, 2014.

2. Robert Castel, *From Manual Workers to Wage Laborers: Transformation of the Social Question*, New Brunswick, Transaction, 2003; Bridget Anderson, *Doing the Dirty Work? The Global Politics of Domestic Labour*, Basingstoke, Palgrave Macmillan, 2000; Annamaria Simonazzi, “Care Regimes and National Employment Models,” *Cambridge Journal of Economics* 33(2), 2009, 211-32; Birgit Pfau-Effinger and Tine Rostgaard (eds), *Care between Work and Welfare in European Societies*, London, Springer, 2011.

3. The regulation of professions is understood here in the sense of Jean-Daniel Reynaud, *Les règles du jeu*, Paris, Armand Colin, 1989, for whom regulation refers to “the creation, transformation and elimination of rules.”

4. Patrick Hassenteufel, *Les médecins face à l'État*, Paris, Presses de Sciences Po, 1997.

5. Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor*, Chicago, University of Chicago Press, 1988; Thomas Le Bianic and Antoine Vion, *Action publique et légitimités professionnelles*, Paris, LGDJ, 2008.

6. François Aballéa, “La professionnalisation inachevée des assistantes maternelles,” *Recherches et prévisions* 80, 2005, 55-65.

7. Gilles Jeannot, *Les métiers flous: Travail et action publique*, Toulouse, Octarès, 2005.

8. Philippe Bezes *et al.*, “New Public Management et professions dans l'État: au-delà des oppositions, quelles recompositions?,” *Sociologie du travail* 53(3), 2011, 293-348; Tanja Klenk and Emmanuele Pavolini, *Restructuring Welfare Governance*, Cheltenham, Edward Elgar Publishing, 2015.

9. Jane Gingrich, *Making Markets in the Welfare State: The Politics of Varying Market Reforms*, Cambridge, Cambridge University Press, 2011.

goods or services are granted directly to professionals, while indirect effects apply to situations in which professionals, without receiving any funding personally, are indirectly affected by social policies, as they support and structure an audience that does have access to this funding.

The direct effects are by now well-known: by funding goods and services,¹ social policies contribute to the definition of professional groups' collective identity and the establishment of boundaries. For example, when supplementary pensions are paid out by different groups' pension funds, this contributes to the establishment of very clear boundaries between social groups.¹ Social policies can also be "resources of power" for employees, as they give them a means of survival beyond work itself (de-commodification) and consequently the opportunity for collective action.² Social policies also influence jobs by providing a framework for training and determining conditions of entry, departure, and employment. Gøsta Esping-Andersen, Peter Hall, and David Soskice have highlighted the existence of coherent links between the institutions of the labor market and those of the welfare state.³

Social policies may also have indirect effects on professional regulations. Esping-Andersen has shown how the development of welfare states has fed a demand for employment in social services.⁴ But such research does not describe what role welfare state jobs have played within the complex network of existing professions, what objectives and statutes they are associated with, and how the professional market has been organized. By responding to demand, does the welfare state just contribute to increasing the size of existing groups or does it go beyond this and play a role in defining the nature of professions, that is to say, their employment status, their objectives, the work prescribed, and other professional regulations?

Every job is connected to a professional world and may evolve towards increasing or decreasing professionalization or insecurity. We have chosen to describe a set of jobs with similar status and objectives as "professional worlds." The institutional structures that provide a framework for the same world share a common *raison d'être* and may be led to interact with one another. When they exist, professional worlds constitute an important dimension in public action sectors.⁵ The concept of a "professional world" originates in two different traditions. On the one hand, it has been used in research on public policies and the worlds of the welfare state; on the other, it has been employed in research on the regulation of trades and professions. The former identify the common rationales underlying redistributive policies (the world of the welfare state)⁶; the latter study cooperative activities deployed in the world of work. Howard Becker defines worlds as structures of collective activity.⁷ Speaking in terms of professional worlds makes it possible to identify the way in which they either include or exclude jobs. Identifying the professional world that a job is

1. Luc Boltanski, *The Making of a Class: Cadres in French Society*, Cambridge, Cambridge University Press, 1987.

2. Walter Korpi, *The Democratic Class Struggle*, London, Routledge/Kegan Paul Books, 1983.

3. Gøsta Esping-Andersen, *The Three Worlds of Welfare Capitalism*, Princeton, Princeton University Press, 1990; Peter Hall and David Soskice (eds), *Varieties of Capitalism: The Institutional Foundations of Comparative Advantage*, New York, Oxford University Press, 2001.

4. Esping-Andersen, *The Three Worlds of Welfare Capitalism*.

5. Bruno Jobert and Pierre Muller, *L'État en action: Politiques publiques et corporatismes*, Paris, Presses Universitaires de France, 1987, 55.

6. The worlds of the welfare state are defined according to the types of arrangement between state, market, and family (Esping-Andersen, *The Three Worlds of Welfare Capitalism*).

7. An art world is "composed of all the people whose activities are necessary for the production of specific works that that world (and possibly others) defines as art." See Howard Becker, *Art Worlds*, Berkeley, University of California Press, 2012.

attached to is essential as it helps to give meaning to those who do the job and determines the nature of services provided within the welfare state. Moreover, professionalization involves establishing mechanisms to close the professional market and recognizing a shared status and objectives; by contrast, increasing job insecurity involves processes that worsen working conditions.¹

Within professional groups, there are often struggles between professional segments whose boundaries are blurred, but who have common aims.² The ability to succeed in these struggles depends on the alliances made with one other, with parts of the state, and with different types of customer. We may imagine that social policies, notably those meeting the demand for care and domestic services, might destabilize and reconfigure existing professional ecosystems. Measures to meet demand involve policies that aim to increase the capacity of a group to obtain or buy services or to contract employees directly to carry them out in various ways: socio-fiscal measures, direct funding, mechanisms to simplify administration, etc.

To study the way in which social policies may influence professional regulations, it is important to distinguish between changes to the size of a group exercising a profession and changes to the rules defining the profession. One could hypothesize that social policy instruments have little or no influence over professional policy. In a situation where jobs already existed before the development of such policies one might suppose that job regulations might continue within the same world as they originated in. This would also mean that these instruments have no influence on the process of increasing or decreasing professionalization or insecurity. The opposite hypothesis would be that the use of these instruments redirects existing regulatory policies. In other words, on this view, social policies contribute to breaking down borders and rules applying to jobs and professional worlds. A range of mechanisms introduce these changes. Policy instruments channel resources and impose limitations and constraints that can be cognitive, normative, financial, or related to visibility: all the elements that actors involved in the regulation of policies governing professions might have recourse to. Social policy instruments are not confined to financial and material issues; they also embody cognitive and normative frameworks³ involving how we conceive the problems they are designed to respond to.⁴

The hypothesis that social policies might have an effect on defining the nature of jobs requires us to examine how jobs have changed, and highlight their relationship with social policies. One way to test this hypothesis is to compare the experience of two countries with similar systems but different types of professional regulatory policies. The interest of such a comparison†which has been studied in detail by Adam Przeworski, Henry Teune, Todd Landman, and John Gerring⁵†is to highlight the causes of change without sacrificing historical focus. Will this enable us to connect the deployment of different social policy instruments with mechanisms to change job regulatory policy? Inspired by John Stuart Mill, Landman and

1. Castel, *From Manual Workers to Wage Laborers*.

2. Anselm Strauss, "Professions in Process," *American Journal of Sociology* 66(4), 1961, 325-34; Andrew Abbott, "Écologies liées: à propos du système des professions" in Pierre-Michel Menger (ed.), *Les professions et leurs sociologies: Modèle théoriques, catégorisations, évolutions*, Paris, Éditions de l'EHESS, 2003, pp. 19-50.

3. Pierre Lascoumes and Patrick Le Galès, *Gouverner par les instruments*, Paris, Presses de Sciences Po, 2005.

4. Joseph R. Gusfield, *The Culture of Public Problems: Drinking-Driving and the Symbolic Order*, Chicago, University of Chicago Press, 1997.

5. Adam Przeworski and Henry Teune, *The Logic of Comparative Social Inquiry*, New York, Wiley, 1970; Todd Landman, *Issues and Methods in Comparative Politics: An Introduction*, Abingdon, Routledge, 2008, 70-81; John Gerring, *Social Science Methodology*, Cambridge, Cambridge University Press, 2001, 209-13.

Gerring remind us that the idea of such comparisons is to choose countries that have as similar systems as possible, with the exception of the factor being studied.¹ In this way, elements present in one country and absent in another are less common and may constitute explanatory factors. This method makes it possible to eliminate certain hypotheses: when one factor exists in the two cases, it cannot be pertinent. The authors suggest that the decision to analyze changes using a comparative approach makes it possible to take into account the complexity of mechanisms. Adopting this perspective, we have chosen to compare France and Germany, two countries that have very similar systems, but in which professional job regulations for home care and domestic work have evolved along very different lines.

These two national systems are often viewed as similar, as they both borrow heavily from the Bismarckian model of social protection.² Social protection, mainly financed by social contributions, guarantees the status of those insured and is paid for by both employers and employees. The differences between the two countries sometimes suggested, like Germany's federalism and collective negotiation regime, do not seem to play a key role in influencing the way that jobs in care and domestic services have developed. Germany is a federal state, but one in which there are numerous mechanisms to ensure that different echelons of government are coordinated. Moreover, conventions signed in various branches of government have served as an example to others, ensuring that collective regulations were harmonized throughout the country up until the first decade of the twenty-first century.³ By selecting these two welfare states, whose paths since the 1980s are well-known, well-described, and relatively similar, we can exclude the shared elements inherited from the Bismarckian model of social protection as explanatory factors for differences in professional regulations.

This two-country study analyzed a wide range of sources: interviews, legal sources, government communications, debates, administrative and parliamentary reports, and collective agreement archives. During more than 80 interviews, carried out between 2003 and 2016, we met numerous actors involved at the different stages in the development of policies: national trade union representatives, employers' federations in the homecare and services sector, national representatives of family interest groups, those involved in the administration of different segments of the state (social affairs and finance ministries), and politicians from different parties. All these elements were studied using a process tracing method that enabled us to identify the causal mechanisms used during these historical trajectories.⁴ This method involves very varied materials and makes it possible to reconstitute sequences of events, the interests and values of actors, and the constraints imposed by institutions. The juxtaposition of these two records of events enables us to reconstruct the way in which the institutions developed.

We have chosen to identify two different sequences. This will allow us to see how professional worlds were structured in France and Germany up until the 1980s. We then examine how the different approaches to problematizing and prioritizing the issue of care and domestic

1. Landman, *Issues and Methods in Comparative Politics*; Gerring, *Social Science Methodology*.

2. Bruno Palier (ed.), *A Long Goodbye to Bismarck? The Politics of Welfare Reform in Continental Europe*, Amsterdam, Amsterdam University Press, 2010.

3. Olivier Giraud and Michel Lallement, "Construction et épuisement du modèle néo-corporatiste allemand: la Réunification comme consécration d'un processus de fragmentation sociale", *Revue française de sociologie* 39(1), 1998, 39-69.

4. Bruno Palier and Christine Trampusch, "Between X and Y: How Process Tracing Contributes to Opening the Black Box of Causality," *New Political Economy* 21(5), 2016, 37-54.

services at the beginning of the 1980s led to the adoption of different instruments to meet demand. The focus on the problematization and prioritization periods is crucial for understanding their potential influence on jobs. Lastly, we show how these instruments, once adopted, made it possible to impose new regulatory processes on a number of professions, whose trajectories we trace out.

The gradual constitution of “professional worlds” in the French and German health and social sectors in the nineteenth and twentieth centuries

Before studying the effects of the problematization and prioritization of the issue of domestic services and care activities since the 1980s, it is important to identify the nature of the professional worlds in which these activities were carried out. While in general terms the same professional worlds of domestic, health, and social services were found on both sides of the Rhine, they were not necessarily structured identically in the two countries. We describe how these three worlds—the domestic world, the world of health, and the social world—were structured in each country, up until the moment where changes to social policies affected them indirectly.

The world of domestic service

From the end of the nineteenth century until the 1980s, it was uncommon for relations in the world of domestic service to be regulated by law. Instead, they were based on common practices, customs, and norms transmitted between communities of employees and domestics, and the skills of domestic workers were often considered “natural.” These norms were sometimes recorded as “local customs” in the nineteenth century.¹ In both France and Germany, domestic servants were widely employed by the middle classes until the end of the First World War. In the nineteenth century, the sheer number of butlers and coach-drivers testified to the pomp in which their employers lived. The rural exodus led to an increasing number of women entering domestic service. Specialist periodicals emerged about the same time on both sides of the Rhine: in France, the *Journal des gens de maisons* in 1869, the *Serviteur* in 1885, and the *Gazette des gens de maison* in 1886; in Berlin, the *Berliner Dienstboden-Zeitung* in 1898. Aimed at domestic staff, these periodicals, of various different political persuasions, set out the behavior expected from domestic staff.²

From the 1920s onwards, there were fewer applicants for such jobs, with domestic service increasingly seen as a hangover from more feudal times. After the changes at the beginning of the twentieth century and at the end of the Second World War, the category of *bonnes* and *domestiques* in France, and *Dienstbote* in Germany gradually disappeared and were replaced by *gens de maison*, *employé(e)s de maison*, and then *salarié(e)s du particulier employeur*, *Haushaltshilfen*, and *Hilfe*. Employees living and working in their employers’

1. Anne-Marie Fugier, *La place des bonnes: La domesticité à Paris en 1900*, Paris, Grasset et Fasquelle, 1979; Margot Béal, “La domesticité dans la région lyonnaise et stéphanoise: vers la constitution d'un prolétariat de service (1848-1940),” PhD diss., European University Institute, 2016.

2. Julia Karolle-Berg, “Creating a Maidservant Community through Newspapers: The Berliner Dienstboten-Zeitung, 1898-1900,” *Women in German Yearbook: Feminist Studies in German Literature & Culture* 23(1), 2008, 49-75; Béal, “La domesticité dans la région lyonnaise et stéphanoise.”

homes were replaced by employees who visited periodically: the exclusive relationship with just one employer became increasingly uncommon.¹

In the 1970s, persons employed directly by individuals were not covered by any specific rules concerning work contracts and salaries. The lack of a minimum salary and any collective agreements on work for individuals allowed employers to pay very little; negotiation of the work relationship depended entirely on power relations between families and domestic workers, and employment was often not declared. There were two main reasons for this tradition: the trauma left by the experience of the totalitarian state, and a prevailing familialism in Germany. German citizens and their elected representatives refused to allow the state to intervene in the private sphere, as had been the case during National Socialism, and German policies were characterized by substantial familialism² that stressed the importance of the family as an institution,³ and its role as guarantor for the transmission of values. In the case of the FRG, this familialism was the reason for the lack of childcare policies or assistance for elderly relatives: it was felt that the family was in the best position to carry out and organize these tasks.

General labor and employment regulations in France provided more protection for domestic workers than in Germany, but there were numerous exemptions. The 1973 labor code included a separate chapter on exemptions from general rights. In 1980, a wide-ranging national agreement⁴ was designed to apply to all individual employers of domestic workers. It permitted the payment of employees at a rate lower than the minimum wage (*heures de présence responsable*),⁵ a shorter notice period, and a complete absence of trade union rights.⁶ The extent and nature of this world was not the same as in Germany, particularly for childcare: since the end of the nineteenth century, the nursery had already provided a public alternative to family care. These schools had emerged, at least in part, from the conflict between church and state during the Third Republic. Republicans had wanted to eliminate church control over children's minds, and this also led to less influence from familialism.

The world of domestic service did not disappear from France or Germany at the end of the 1970s, but was recomposed on the fringes of the regulated labor market. The state intervened more heavily in France than Germany, through inter-professional regulations, the decision to extend a collective agreement on households that employed workers, and the establishment of specific rights. The hold of familialism and the reduced level of conflict between church and state in Germany helps explain the difference between France and Germany in the construction of this professional world. This world, however, co-existed with others: those of health and social services.

1. Lise Causse, Christine Fournier, and Chantal Labruyère, *Les aides à domicile: Des emplois en plein remue-ménage*, Paris, Syros, 1998, 16.

2. Silke Bothfeld, *Vom Erziehungsurlaub zur Elternzeit*, Frankfurt am Main, Campus, 2005.

3. Jacques Commaille, *Les stratégies des femmes*, Paris, La Découverte, 1993; Jacques Commaille and Claude Martin, *Les enjeux politiques de la famille*, Paris, Bayard, 1998.

4. The extension dates from 1982.

5. Tania Angeloff, "Employées de maison, aides à domicile: un secteur paradoxal" in Florence Weber, Séverine Gojard, and Agnès Gramain (eds), *Charges de famille: Dépendance et parenté dans la France contemporaine*, Paris, La Découverte, 2003, pp. 165-86.

6. Trade union rights were, however, recognized at the beginning of the agreement. See "Convention collective des employés de maison," *Journal officiel de la République française*, n° 3180, 1982.

The professional world of health

The professional world of health began to develop in the nineteenth century, with the recognition of scientific and technical knowledge about the body, its pathologies, and treatment; it included doctors and other healthcare professionals, while non-specialist workers were gradually excluded. There was an official professional hierarchy with a clear division of labor. In Germany, the professionalization of health services sometimes occurred within powerful associations linked to the churches, unlike in France.

Training of non-medical healthcare professionals in Germany started as early as 1806. After the introduction of healthcare insurance, doctors and organizations involved in non-medical care acted to organize such work.¹ Following the emergence of the first professional nursing schools, a professional organization and a journal for nurses was created by Agnès Karll in 1903. Following the Nazi period, the profession of nurse received more permanent status with a new federal law establishing the content of training courses, which had to be of three years duration. At the same time, the category of *Krankenpflegerhelfer(in)* (*nurse helper*) was created. *This included those who had received training but had not obtained a nursing qualification.*² *These activities were either included in a liberal professional framework, notably at the top of the hierarchy, or in an employment framework, often in third-sector organizations working in institutions or in the home.*

At the end of the Second World War, there were six major organizations, all created during the Weimar Republic or earlier: the Diakonie, associated with the protestant churches; Caritas, belonging to the Catholic church; the Jewish Deutsche Zentralwohlfahrtsstelle der deutschen Juden; the secular workers' welfare organization Arbeiterwohlfahrt (AWO); the Deutscher Paritätischer Wohlfahrtsverband; and the Red Cross. These delivered both residential and home services and were overseen by the Bundesarbeitsgemeinschaft der Freien Wohlfahrtspflege, which practically served as the spokesperson for the public authorities. The conflict between church and state in Germany was never quite so intense as it was in France, and the churches played a very important role in the reconstruction of West Germany after the Second World War. There were still traces of the structure of the nineteenth century social and healthcare services in the twentieth-century system.

In France, the ideological and political upheavals of the French Revolution and the Third Republic meant that third sector organizations were much less closely related to the churches than in Germany. The Catholic Church lost control of careers and training, and the Protestant churches were less involved in influencing the content of care professions than in Germany. Doctors gained a monopoly over their profession in 1892, and nuns were replaced in hospitals by lay personnel, whose training was unified by a decree in 1922. The world of healthcare was chiefly concentrated in hospitals, though doctors and nurses sometimes made home visits. In hospitals, nurses occupied a very different role to service personnel and the girls who carried out more menial work in the kitchens, the pantry, the laundry, and on the wards. As in Germany, the profession of nurse was given more permanent status, and legislation in 1946 made it obligatory to have a state diploma to exercise as a nurse and regulated home nursing. At the same time, to create a career route for personnel without a diploma,³

1. Marianne Schmidbaur, *Vom "Lazaruskreuz" zu "Pflege aktuell" Professionalisierungsdiskurse in der deutschen Krankenpflege, 1903-2000*, Königstein, Ulrike Helmer, 2002, vol. 3, 58-62.

2. Schmidbaur, *Vom Lazaruskreuz*.

3. Anne-Marie Arborio, *Un personnel invisible: Les aides-soignantes à l'hôpital*, Paris, Anthropos, 2001.

the Assistance publique-Hôpitaux de Paris (AP-HP) created the category of *aide-soignante* to support care staff and help distribute hospital meals.

The professional world of social work

The third professional world, that of social work, emerged alongside the idea of the social, between the early twentieth century and the 1980s. It was characterized by somewhat blurred boundaries between professions, and by a tendency to swing between social control and support for individual empowerment.¹ Linked to social policies, social protection organizations, and third-sector associations, it drew increasingly on new disciplines like psychology and psychoanalysis.

In Germany, this world was initially structured around professional groups responsible for children, and then went on to focus on the needs of other groups. In the nineteenth century, Friedrich Fröbel initiated a new movement advocating for training for adults in charge of children. This model gradually moved away from its initial goal and focused increasingly on work with the poor.² In 1917, groups began to merge throughout the Reich³; the forerunner of the Deutscher Verein für öffentliche und private Fürsorge (German Association for Public and Private Welfare) became the locus of discussions about national public policies to counter poverty and encourage the development of social work. This drive was halted by the arrival of National Socialism, which transformed all social work jobs into civil service positions that had to transmit the ideology of the regime. Following the end of the Nazi regime, training for social workers was provided by professional schools, which became *Fachhochschulen* in 1971. A federal law stipulated that courses should last three years. Social work was often provided through the same associations as for the medical world: Diakonie, Caritas, the Arbeiterwohlfahrt, etc. Given the lack of personnel after the war, these associations created new courses that granted qualifications as *Altenpfleger* (geriatric nurse) and *Altenpflegerhelfer* (geriatric nursing assistant) for those looking after the elderly. The aim was to take the pressure off nurses by creating a professional role for those carrying out simpler, less medicalized tasks within the remit of social work. These courses were not standardized throughout the Länder.⁴ In 1974, however, a new professional association was created, the Deutscher Berufsverband staatlich anerkannter Altenpflegerinnen und Altenpfleger (DBVA).⁵ The official category of *Altenpflegerhelfer(in)* was created for those who had followed training but not reached the level of *Altenpfleger(in)*. These different courses, financed by local employment services, were recognized within collective agreements and integrated within social work professions. However, when the European area for the recognition of qualifications was created, there was no equivalent elsewhere in Europe for the profession of *Altenpfleger(in)*.

The history of social work in France is closely linked to the secularization of the state and support for those in poverty. Before the First World War, the first “social services” emerged

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1. Emmanuel Jovelin and Brigitte Bouquet, *Histoire des métiers du social en France*, Paris, Éditions ASH, 2005.
 2. Sabine Hering and Richard Münchmeier, *Geschichte der sozialen Arbeit: Eine Einführung*, Weinheim, Juventa, 2000; Thomas Bahle, *Wege zum Dienstleistungsstaat: Deutschland, Frankreich und Großbritannien im Vergleich*, Wiesbaden, VS Verlag für Sozialwissenschaften, 2007.
 3. Hering and Münchmeier, *Geschichte der sozialen Arbeit*, 90.
 4. Christine Meyer, *Das Berufsfeld Altenpflege: Professionalisierung, Berufliche Bildung, Berufliches Handeln*, Osnabrück, Der andere Verlag, 2002.
 5. Wolfgang Voges, *Pflege alter Menschen als Beruf: Soziologie eines Tätigkeitsfeldes*, Wiesbaden, Westdeutscher Verlag, 2002, 322.

in different institutions: hospitals, schools, and law courts. In 1932, following the first social services international conference in 1928 and legislation that expanded family allowances for employees in industry and commerce, a qualification for social assistants was created that received legal status after the war. *Travailleuses familiales* (family workers)†who worked in homes and were financed by family allowance funds and medical insurance†supported families, while *aides-ménagères* (housekeeping assistants) were financed by pension funds and provided support for the elderly. In 1949, a *travailleuse familiale* qualification was introduced; in 1957, a collective agreement covering those working as *travailleuses familiales* was established. For their part, *aides-ménagères*, now known as *aides à domicile*, were covered by two rather narrow collective agreements: that of the Association d'aide à domicile en milieu rural (ADMR) (Rural Homecare Association), established in 1970,¹ and that of the organizations for help and maintenance at home, established in 1983.² For those working in childcare, the establishment of mother and child protective services (*protection maternelle et infantile*, PMI) contributed to the structuring and regulation of care for children at home. After the war, those providing such care who had not been approved by the departmental director of health and social services risked being fined; the status of *assistante maternelle*, “on the fringes of employment”³ and the world of social work, was created in 1977.

When home care policies really gained momentum in the 1980s, they did so within existing structures with a long history. This led to the formation of three professional worlds that were arranged differently in France and in Germany: the boundary between medicine and social work was more porous in Germany than in France, as the same organizations operated in both fields. As the conflict between church and state had been less marked in Germany, religious organizations played a more prominent role; domestic care was also better established because of a higher degree of familialism. Several professional roles were dedicated to home care and domestic work: *employé(e)s de maison* in France and *Haushaltshilfe* in Germany within the world of domestic care; *aide-soignantes* in France associated within the world of healthcare; and *aides ménagères*, *aides à domicile*, and *assistantes maternelles* in France and *Altenpfleger(in)* and *Altenpflegerhelfer(in)* in Germany within the world of social work. The differing construction of the worlds in which home care was delivered had two main causes: the conflict between church and state and levels of familialism. These factors also help explain the forms taken by new care and domestic work instruments that emerged in the 1980s and offered different potential courses for work in these professions.

The emergence of new problems for existing professional worlds

Long-term care, childcare, and the need for home services emerged as public issues in France and Germany, demanding the attention of administrative and political elites, between the 1970s and the first decade of the twenty-first century, at different times and in different ways. It is essential to study the way in which these issues were problematized and prioritized: this enables us to define the problems, responses, and, implicitly, the objectives of the professionals who took responsibility for them. Public policies do not only serve to resolve problems; they also play a role in interpreting reality, and so “define normative

1. *Convention collective de l'ADMR*, 1970, CFTC archives.

2. *Convention collective des organismes d'aide et de maintien à domicile*, 1983, CFTC archives.

3. Sarah Lecomte, “Les assistantes maternelles: une forme incertaine de professionnalisation féminine en milieu populaire,” PhD diss., Université de Nantes, 1995.

action models.”¹ Our purpose here is to examine the effect on professional regulatory policies. The definition of problems also determines the choice of public policy instruments, which do not always have the same expected effects.² Despite the similarities between France and Germany, it is therefore important to analyze how the various social problems were framed and how instruments were developed to respond to them, and to understand the potential effects of these factors on professional regulatory policies. We will analyze the problematization of these issues in Germany and in France in turn.

Long-term care insurance, the enforceable right to childcare, and limited socio-fiscal expenditure in Germany

The issues of long-term care and childcare have been treated within very different arenas and frameworks in Germany. The issue of long-term care emerged in the 1970s in connection with treating illness, and led to the introduction of long-term nursing care insurance in 1994. The issue of childcare, on the other hand, appeared much later and led to the development of another instrument, the so-called enforceable right to childcare. We examine these two fields separately.

German gerontologists were the first to identify the issue of long-term care in the 1970s, advocating that it should be treated within their world†that of health. For them, health insurance coverage and social assistance were by no means the same thing: they felt that the needs of dependent persons were unrelated to the age of patients and should be covered by health insurance.³ At that time, cities met the needs of citizens with chronic illnesses who lacked the resources to access domestic service. The problem was then taken up by others and reframed in financial terms, without entirely losing the link with health insurance. The *Städtetag* (Association of Cities) advocated providing homecare, which is less costly than institutional care, and transferring the funding of services to social insurance institutions.⁴

The third sector, present in both the worlds of health and social work, was also in favor of extending health insurance. For them, the priority was a reform that would allow them to obtain and consolidate sufficient funding for their activities. Basing their approach on the example of health insurance, they were in favor of the introduction of both service provision and cash benefits, whereas the familialist tradition might have been more inclined to choose simple cash allowances. They emphasized care and assistance quality, the status of the assistant, and access to care. Well integrated into public policy making in Germany, these important bodies were regularly consulted. For their part, the representatives of the health insurance funds and associations of the funds’ doctors were opposed to the extension of health insurance. Other groups†pensioners, victims of war, and the handicapped†also took part in the debate, calling for the implementation of social insurance that could cover the entire population and reimburse expenses in full. Those working in care and domestic services, however, did not take part directly in the debate. The weakness of the church-state conflict led to a different third sector structure from the one in France, which partly explains why the

1. Pierre Muller, “L’analyse cognitive des politiques publiques: vers une sociologie politique de l’action publique,” *Revue française de science politique* 50(2), 2000, 189-208.

2. Gusfield, *The Culture of Public Problems*.

3. Clémence Ledoux, “L’Assurance dépendance allemande, une copie de l’Assurance maladie?,” *Revue française des affaires sociales* 4, 2015, 83-106.

4. Karin Haug and Heinz Rothgang, “Das Ringen um die Pflegeversicherung: ein vorläufiger sozialpolitischer Rückblick,” *Beiträge zum Recht der Sozialen Dienste und Einrichtungen* 24, 1994, 1-30.

problem of long-term care and its solutions were consistently associated with medical problems.

By the end of the 1980s, there was still no consensus about the sort of funding that should be used. Nonetheless, the German government intended to act. Three options for funding were under consideration: social insurance contributions, taxation, and private insurance. Funding for long-term care through pension insurance was ruled out, and including it directly in health insurance appeared to create excessive costs. After numerous debates and compromises, a single law, passed in spring 1994 by a broad coalition of the CDU/CSU, FDP, and SDP, selected a solution: long-term care insurance, under the umbrella of health insurance and heavily inspired by its principles, using a logic of dependence on the institutional path.¹ The new instrument brought a change to the German system, but the number of alternatives from which it was chosen was limited, and the final result was very similar to the system that had previously existed.

Ultimately, it was decided to offer a choice between services, cash benefits, or some combination of the two. Moreover, the amount granted by insurance for the same level of long-term care, which was higher for services than for cash payment, led to a split between professional and non-specialist care. The imitation of the health insurance system could be observed in contracts established between services and health insurance funds, and in the coordination of services, which was carried out by a group that was also involved in health insurance, the Medizinischer Dienst der Krankenkassen (MDK) (Health Insurance Medical Service). Contrary to the expectations of the associations, however, competition was introduced.

With regard to childcare, the reunification of Germany led to the application of West German law in the new Länder, except in certain controversial fields, such as gender equality and abortion: before 1989, the latter was only available in East Germany. In order to overcome these difficulties, the government proposed a first draft bill in 1992, which included both abortion law and child care.² Children over the age of three were granted the right to a nursery school place, and this enabled the federal government to intervene indirectly at the subnational policy level to persuade women not to have abortions.

In 2001, however, the issue of childcare re-emerged in public debate within a very different context. PISA results on adolescent skills published by the OECD brought a shock: Germany ranked 21 out of 32, revealing wide differences in skill levels between pupils and a close link between success in school and social origin. Numerous politicians and administrators realized that the conditions for language acquisition in the very young contributed to this result.³ The issue of childcare shifted from being connected to work-life balance to being a question of equality of opportunity for citizens, in which the acquisition of skills in the youngest lay at the heart of the issue. Other factors also increased the rate of problematization: the

1. Ulrike Götting, Karin Haug and Karl Hinrichs, "The Long Road to Long-Term Care Insurance in Germany: A Case Study in Welfare State Expansion," *Journal of Public Policy* 14(3), 1994, 285-309.

2. Declared unconstitutional, the law was finally reworked and adopted in 1995.

3. Without any prior mention of PISA, an administrator questioned in Bremen on 30 January 2008, said, "A main finding of the PISA survey was that language is a key factor for education (*Bildung*). There are many adolescents with a migration background (*Migrationshintergrund*) in Germany and in Bremen. It seems that the problem should be tackled at a very young age, as children from these backgrounds are not always encouraged to learn their own languages, and not encouraged to learn German at all."

exchange of good practice at a European level, involvement on the part of employers, and concerns about the birthrate.¹

This process led to a series of decisions: enforceable childcare rights were taken up in an entirely different context to that which existed in the 1990s, and were extended to children under three. In 2004, the SPD-Green coalition passed legislation to provide the enforceable right for children of this age to receive care, without really resolving the issue of funding the structures needed for the project. In 2005, Angela Merkel took office and was able to gain a degree of acceptance for the reforms from conservatives and employers' organizations that would have been unthinkable under the Social Democrats. In 2007, the grand coalition of CDU/CSU and SPD agreed to the transfer of four billion euros from the Bund to the Länder to fund the new structures. After a number of reversals, the enforceable right to childcare for children from one to three years old finally took effect in 2013.

Taking inspiration from France, Germany also introduced socio-fiscal instruments to provide care services, albeit on a less extensive scale. Put in place in 1990 for those receiving long-term care and for the parents of children below ten years of age, tax deductions were extended to all households in 1997, but only to those whose salaries were liable for social security payments. To simplify the administrative formalities for the employment of workers by individuals, a German variant of the French *chèque emploi-service*, which provides the automatic right to reductions in income tax, was adopted in 1997. In 1999, the mini-jobs instrument was applied to care services, and reductions in social contributions for individuals employing workers were extended in 2003 with the aim of reducing undeclared work and increasing the rate of employment. Increased to 20% of expenditure and with a ceiling of 4,000 euros in 2008, tax reductions remained less generous in Germany than in France.² Even if the SPD was generally hostile to these measures, which it described as privileges (*Dienstmädchenprivileg*), the instruments were nevertheless rolled out by the grand coalition to which it belonged.

In Germany, the long-term care problematization and prioritization process can be explained by endogenous factors associated with the development of social policies: long-term care policies tended to be viewed as connected to health, and an instrument that resembled health insurance was adopted. Existing structures allowed the powerful third sector associations to provide cash benefits†delivered by the local community and the families†and services provided by the associations themselves. The adoption of long-term care insurance created a distinction between non-specialist assistance and home care. Reforms to childcare can be explained more by external stimuli (reunification and the PISA survey), with the issues seen essentially as having to do with education, and therefore making it possible to define objectives for professionals in terms of education.

Two paths for homecare and personal care policies in France

In France, the provision of care and domestic services to families has followed two public policy paths: that of the visible provision of care services and the less visible path of socio-fiscal instruments. Our use of the term “path” places our work within the perspective of

1. Jeanne Fagnani, “Les réformes de la politique familiale en Allemagne: l'enjeu démographique,” *Note du Cerfa* 67, 2009, 2-19.

2. Karen Shire, “Family Supports and Insecure Work: The Politics of Household Service Employment in Conservative Welfare Regimes,” *Social Politics: International Studies in Gender, State & Society* 22(2), 2015, 193-219.

historical neo-institutionalism.¹ Our aim is to show that the two types of instrument have different rationales, in terms of the representation of the audience, the service provided, and their relationship with the state. They developed along trajectories with limited options for change. The overlap of the two types of instrument involves a layering mechanism that is well known in political science²: while an instrument remains unchanged in formal terms, the imposition of another may change the real meaning of the initial instrument. We will attempt to see how these two instruments were adopted, problematized, and deployed, and what potential effects they generated in the regulatory policies of professions.

From the 1970s through to the beginning of the 1990s, the issue of long-term care for the elderly seemed to be an example of a “classic non-decision”³: raised by political actors themselves, the issue provoked numerous debates, with no decisions ever apparently being reached. In the face of a reduction in the hours of housework funded by pension funds and local groups, home assistance associations advocated the recognition of this new social risk in order to gain funding for their services.⁴ They also openly criticized an existing instrument, the *allocation compensatrice tierce personne* (ACTP) (third party assistance compensation).⁵ Established in 1975, this cash allowance, originally for the handicapped, had been increasingly used by elderly persons needing long-term care to employ carers and to avoid resorting to homecare associations. In France, these organizations did not have a shared decision-making role or platform equivalent to those that existed in Germany. Unlike their German counterparts, they had no residential institutions and were little known in the health world. But associations representing the handicapped and their families, including the Union nationale des associations de parents d'enfants inadaptés (UNAPEI) (National Union of Associations of Parents with Handicapped Children) rejected the stigma of old age and any association between care of the handicapped and care for the elderly.⁶ Once this link was broken, a barrier arose between elderly populations requiring long-term care and handicapped populations: long-term care was now defined in terms of age.⁷

The position of subnational authorities was also different: with more limited jurisdiction than their equivalents in Germany, the French departments had been delegated the responsibility and funding for social assistance, and refused to give it up.⁸ Several times throughout the 1990s, they enlisted the Association des présidents des conseils généraux (APCG) (Association of Presidents of General Councils), and successfully blocked insurance-based solutions. They aspired to a reform that would allow them to control their expenses and put an end to what they considered a misuse of the ACTP. Moreover, at the time, the private insurance solution was so little developed that it was not truly taken into consideration, and

1. Peter Hall and Rosemary Taylor, “Political Science and the Three New Institutionalisms,” *Political Studies* 44(5), 1996, 936-57; Edward Anthony Koning, “The Three Institutionalisms and Institutional Dynamics: Understanding Endogenous and Exogenous Change,” *Journal of Public Policy* 36(4), 2016, 1-26.

2. Wolfgang Streeck and Kathleen Thelen (eds), *Beyond Continuity. Institutional Change in Advanced Political Economies*, New York, Oxford University Press, 2005.

3. Bruno Jobert, “Représentations sociales, controverses et débats dans la conduite des politiques publiques,” *Revue française de science politique* 42(2), April 1992, 219-34.

4. Thomas Frinault, *La dépendance: Un nouveau défi pour l'action publique*, Rennes, Presses Universitaires de Rennes, 2009.

5. Frinault, *La dépendance*.

6. *Juris handicaps* 35-6, February-April 1993, 47-9.

7. Florence Gallois, “La prise en charge de la dépendance est-elle un problème de santé ou d'emploi? Une analyse en termes d'espaces de régulation,” *Économie et institutions* 18-19, 2012, 35-64; Florence Weber, *Handicap et dépendance: drames humains, enjeux politiques*, Paris, Éditions Rue d'Ulm, 2011.

8. Frinault, *La dépendance*.

its ability to take such a risk was uncertain. Just as in Germany, care workers themselves were not directly involved in the debate.

The interplay of actors in France led to an ad hoc solution¹ in which the departments kept their jurisdiction: an experimental approach was initially adopted, and was replaced in 1997 by the *prestation spécifique dépendance* (PSD) (specific long-term care allowance). Heavily criticized for a clause allowing funding to be recovered from the estate of persons after their death, the PSD was replaced by the APA, the personalized autonomy allowance, which was approved in 2001. The following year, homecare was included in the medico-social sector. When compared with the German system, it can be seen that the health world was much less present in France than it could have been²: in France, the main issue was whether long-term care should be integrated with care for the handicapped, and this was ultimately rejected.

Childcare provision developed in an entirely different context. The women's liberation movement struggled for better distribution of labor, domestic work, and childcare. The political outcome was the inclusion of measures inspired by feminism in the Socialist Party's 1981 election manifesto. Some of these, such as the provision of crèches, were partially implemented. When the right came back into power, it advocated a free choice between collective childcare and childcare at home, and established the *allocation de garde d'enfants à domicile* (AGED) (childminding allowance). Later, in 1990, the left approved a similar allowance for childminders, the *aide à la famille pour l'emploi d'une assistante maternelle* (AFEAMA) (family aid for employing a childminder). Recognition of the need to support working women was part of the reason for the route taken in France.

From the 1980s onwards, another public policy path was being developed in parallel. In the view of the central actors in the Commissariat général du Plan, home services jobs were low-level and could not be outsourced overseas; as such, they might offer a way to respond to the unemployment crisis, introduce more choice between types of assistance and home services, and enable better work-life balance. Various decisions were taken throughout the 1980s and 1990s, and the potential effects of these were not universally clear. These included the elimination of means testing for fiscal and social spending on the elderly in need of home services (1987), the conversion of tax deductions into tax reductions (1988), an increase in numbers of eligible individuals and service providers (1991 and 1996, respectively), an increase in the percentage of tax-deductible expenses (1991), and increases to the cap. But these policies were not very visible until the Borloo plan of 2005 publicized and extended them. The changes gave monetary power to citizens who wished to purchase care and domestic work services, while leaving the powers to decide who could propose tax-deductible services via state accreditation or departmental authorization policies in the hands of the public authorities. When the right was in power, in 1996, service companies received state accreditation, but in 2002, the left challenged the measure, and made it obligatory for companies who wished to provide services to vulnerable service users to be authorized by departments. When the right returned to power, it reinforced the socio-fiscal expenses path and eliminated the requirement to receive authorization from the department, making it possible to choose between departmental authorization and state accreditation, and so facilitating the

1. Thomas Frinault, "La réforme française de l'allocation dépendance ou comment bricoler une politique publique," *Revue française de science politique* 55(4), August 2005, 607-32.

2. With the exception of long-term care itself. The grid utilized for this purpose is closely inspired by medicine. Nicolas Belorgey, "Inequalities and Social Insecurity for the European Middle Class: From General Considerations to the Case of Long-Term Care in France," Espanet conference speech, 2016.

entry of companies into the market. Subsequently, socio-fiscal instruments were reinforced, which especially benefited companies. In 2016, tax reductions were more generous than in Germany, reaching 50% of expenditure with a cap of 6,000 euros (with some exceptions).

As Jane Gingrich has shown,¹ market structures within the welfare state can take very different forms: when the left and the right face the same problems, they prefer to act in different ways. As can be seen here, the right tended to favor market forms to the benefit of the private sector, fragmenting welfare distribution. The left, on the other hand, attempted to carry out reforms that entrenched the long-term legitimacy of the welfare state by reinforcing state powers and citizen choice.

There have thus been two clearly identifiable public policy paths in France: a reform of direct benefit payments, and less visible reforms of socio-fiscal instruments. In the more visible direct benefit payment path, the issues were debated very differently depending on whether care and domestic work was provided for families with children or for the elderly: long-term care for the elderly was part of a lengthy ongoing debate, initially linked to poverty, while childcare services were linked to feminist demands and a rhetoric of free choice in types of care. For its part, the less visible socio-fiscal path has grown almost without interruption, although it has been applied differently by the different parties in power.

As seen in other studies,² the structure of the third sector†connected to differing levels of conflict between church and state†and the importance of familialism vary between France and Germany. These factors have contributed to a different conception of public problems and the selection of different instruments to respond to the challenges of childcare and long-term care, with the definition of long-term care depending on age in France and on a distinction between non-specialist and professional assistance in long-term care insurance in Germany. Furthermore, while childcare policies developed early in France, chiefly as a response to women's need to work, leaving it to families to decide how to care for children, the problem appeared much later in Germany, and was connected to educational issues. Finally, the decision to create socio-fiscal instruments for domestic services and homecare was taken earlier in France than in Germany and delivered far greater benefits. All of these factors are important in relation to jobs.

Resources for and constraints upon the regulation of professions

While the development of professional segments is often analyzed exclusively from the point of view of their struggles, here we investigate whether public action influences them and, if so, how. The question, then, is how the actors responsible for regulating professions are limited by the constraints imposed by social policies, and whether they can use their own resources†particularly the ability to alter the professional world occupations are part of†in order to professionalize them and make them more secure. Four types of public policy resources and constraints can be identified: cognitive, normative, and financial ones, and those related to visibility. Here we focus particularly on the paths of four occupations: *Altenpfleger(in)* (geriatric nurse) and *Tagesmutter* (childminder) in Germany, and *aide à domicile* (homecare assistant) and *assistante maternelle* (childminder) in France.

1. Gingrich, *Making Markets in the Welfare State*.

2. Kees Van Kersbergen and Philip Manow, *Religion, Class Coalitions, and Welfare States*, Cambridge, Cambridge University Press, 2009.

Different forms of professionalization in Germany for *Tagesmütter* and *Altenpflegerinnen*

In Germany, homecare and domestic services policies produced different resources for occupations. The fact that the public issue of long-term care was viewed as related to health constituted a resource for actors who wished to see these occupations integrated into the professional health world. They followed the example of professions covered by health insurance during the long-term care problematization phase, and subsequently during the implementation of long-term care insurance.

During the problematization phase, third-sector professional associations and trade unions took advantage of the cognitive resources contained within the new vision of long-term care to call for a change in the regulation of the occupation of *Altenpfleger(in)*. Experts associated long-term care and services with medical care, and in 1984 they obtained government recognition of the need to include more courses on care, therapies, and geriatric psychiatry in *Altenpfleger(in)* training.¹ The Länder, however, refused to integrate this occupation within the world of health, and in 1988 blocked a reform to this end. The issue was crucial for them: while the regulation of health professions was a federal responsibility, social professions came within the purview of the Länder.

The production of statistics and the development of research and training centers provided cognitive resources and visibility to the debate about long-term care, which led to a reconfiguration of the place of professional categories in collective agreements, even before care insurance was implemented. The debate on long-term care legitimized the development of new knowledge, which over time contributed to the professionalization of occupations and enabled *Altenpflegerinnen* to be endowed with a status closer to that of nurses. The Agnes Karll Institut für Pflegeforschung (Agnes Karll Institute for Care Research) was founded in 1988. In 1990, universities began offering *Pflegewissenschaft* (care science) courses and the Deutscher Verein zur Förderung von Pflegewissenschaften und -forschung (German Association for the Promotion of Care Sciences and Research) was created. In 1991, the former professional nurses' association was modified to represent both nurses and *Altenpflegerinnen*.² From the end of the 1980s, the occupations of both *Altenpflegerinnen* and *Altenpflegerinnen* were reclassified, and grouped together with nurses rather than social work in professional classifications.³

Following the implementation of long-term care insurance, this movement became stronger and *Altenpflegerinnen* ended up being integrated in the professional health world. Residential and home care services governed by this insurance were strictly regulated, along the lines of health insurance, while cash payments recalled the work of domestic services. Guidelines provided by the MDK regulated the implementation of agreements between care services and the insurance funds. A tariff was established for each "aid package." From 1996, professional associations mobilized to call for national recognition of the qualification of *Altenpfleger(in)*. While this had failed ten years earlier, the legitimacy of long-term insurance changed everything, and a law unifying training passed in 2000. Bavaria appealed to the Karlsruhe Constitutional Court to block the change, but the appeal was struck down: in October 2002, the court found in favor of the minister for families and experts in care

1. Bundesregierung, *Bericht der Bundesregierung zu Fragen der Pflegebedürftigkeit*, Bundesdrucksache, Bonn, Drucksache 10/1943, 1984.

2. It adopted the name Berufsverband für Pflegerberufe (Federal Association of Care Professions).

3. Archives of AWO overall labor agreements, consulted on Verdi.

science. It indicated that the health dimension took precedence over the social dimension in the occupation of *Altenpfleger(in)*. The law came into effect in August 2003. As in nursing schools, training courses in *Altenpflegerschulen* would last three years and, among other things, would offer training from doctors on medical treatments. According to Adalbert Evers,¹ care insurance gradually converted the work of *Altenpflegerinnen* from social work and communication with those in need of long-term care into a profession that focused much more on medical care.²

Moreover, with the institution of regular implementation reports and the publication of easily accessible and specific statistics, the long-term care insurance system made it possible to gain a better understanding of service provision. Homecare associations and social insurance fund doctors took advantage of this information to call for improvements in the quality of services, and in 2001 a specific law³ was passed that stipulated that the Health Insurance Medical Service should produce reports on the quality of service delivery that were firmly grounded in care science. These different processes led to *Altenpflegerinnen* being included in the professional health world and gradually taking on more tasks that had been carried out by nurses previously. The *Altenpflegerinnen* were able to pass on purely house-keeping tasks to other categories of staff, such as *Altenpflegerhelferinnen*. This process of professionalization, however, did not lead to the occupation becoming less insecure. On the contrary, competition within the long-term care social insurance system, accompanied by stagnating long-term care contributions, led to a reduction of salaries in real terms. Moreover, this professionalization led to the simultaneous development of undeclared domestic work, subsidized by long-term care insurance cash benefits.

The laws enforcing the right to childcare also created resources for the transformation of occupations. Following the PISA survey in 2001, the involvement of professionals in childcare emerged as a way of improving the skill levels of young people: jobs were now seen as more than just a way of offering a better work-life balance. As a result, the 2004 childcare law⁴ set out very clear objectives for those providing care for children: education, training, childcare objectives relating to the social, emotional, physical, and mental development of infants. The minister for families stipulated that nursery assistants⁵ should stimulate language development in children, with active phases and rest periods. The formulation of the problem led to an analysis of the quality of services and to a kind of closed professional market. It became an obligation to possess accreditation in order to provide care to children in the parents' home and to follow 60 hours of training to look after children outside the home. Though the 2008 federal reform prevented central power from imposing new obligations on communities, it did nevertheless promote high quality delivery of care. These developments resulted in the production of knowledge on occupations by progressively transforming the statistical apparatus⁶:

1. Martin Baethge, Klaus-Peter Buss, and Carmen Lanfer, *Konzeptionelle Grundlagen für einen nationalen Bildungsbericht: Berufliche Bildung und Weiterbildung/Lebenslanges Lernen*, Berlin, Bundesministerium für Bildung und Forschung, 2003.

2. Adalbert Evers, "Auf dem Weg zu einem neuen Wohlfahrtsmix? Pflege im Alter und der mögliche Beitrag der Bürgergesellschaft" in Susanne Huth (ed.), *Grundsatzthemen der Freiwilligenarbeit, Theorie und Praxis des sozialen Engagements und seine Bedeutung für ältere Menschen*, Stuttgart, Peter Wiehl, 2002, pp. 85-100.

3. *Gesetz zur Qualitätssicherung und zur Stärkung des Verbraucherschutzes in der Pflege*.

4. *Tagesbetreuungsausbaugesetz*.

5. Bundesministerium für Familie, Senioren, Frauen und Jugend, *Kindertagespflege-eine neue berufliche Perspektive*, Bundesministerium für Familie, Senioren, Frauen und Jugend, 2011.

6. Franz-Josef Kolvenbach and Doreen Taubmann, "Neue Statistiken zur Kindertagesbetreuung," *Wirtschaft und Statistik* 2, 2006, 166-71.

childcare places with childminders, hitherto almost invisible, began to appear in federal statistics. Moreover, reforms strengthened the Bundesverband für Kindertagespflege (Federal Association for Children's Daycare), which was financed in part by the public authorities.¹

In Germany, social policy instruments therefore provided resources for a move to professionalize several occupations and their integration within the world of health (for *Altenpflegerinnen*) and the world of social work (for *assistantes maternelles*). While this was occurring, however, a large proportion of jobs in care activities and domestic services were still insecure or connected to the world of domestic services and had no professional regulations to protect them.

A move away from social work for *aides à domicile* and *assistantes maternelles* in France

We will study the resources available for and constraints upon professional regulatory policies for *aides à domicile* and *assistantes maternelles* from the perspective of our two paths: the visible path of cash benefits and services for home care services for the elderly and children, and the invisible path of socio-fiscal instruments.

With regard to the elderly, a number of reports produced at the beginning of the 1980s legitimized the development of services for vulnerable groups, and played a role in moving house-keeping assistance from the world of domestic service into that of social work. In 1988, a certificate of suitability for home assistance (CAFAD) was introduced. According to Christelle Avril, this helped to provide *aides à domicile* with an audience and developed a standard of care that stipulated that carers should “feel a degree of empathy for the long-term care needs of service users.”² Moreover, the direct funding of structures to provide *aide à domicile* enabled public authorities to provide better oversight and guidance.

Nevertheless, the growth of socio-fiscal instruments had a profound impact on professional regulatory policies,³ as the instruments gave citizens the ability to control and choose the home help structures they wanted without any obligatory formal mediation. Public authorities now only regulated entrance to the market, and so competition between direct employment and home services associations increased. Moreover, beginning in 1991, these professions were no longer associated with a specific population: any person liable for tax could now benefit from tax reductions for home services.

These changes also had an effect on collective actors, as they favored the arrival of new actors and changed the strategies of existing ones.⁴ The extension of socio-fiscal instruments to direct employment aroused the interest of employers' associations, which, in 1995, created a Syndicat des entreprises de services à la personne (SESP) (Association for Personal Services). This association advocated tax reductions for households when they purchased home services from companies, which hadn't been the case previously. This change was finally achieved in 1996, giving companies the chance to receive accreditation.

1. In an interview carried out on 18 Feb 2008, a member of this organization said: “We receive funding from the Ministry for Family Affairs, Senior Citizens, Women and Youth and we have a very professional [*fachlich*] approach; we are recognized as an interest group whose aim is to promote the welfare of children.”

2. Christelle Avril, “Les aides à domicile pour personnes âgées face à la norme de sollicitude,” *Retraite et société* 1, 2008, 52.

3. Causse, Fournier, and Labruyère, *Les aides à domicile*.

4. Virginie Guiraudon and Clémence Ledoux, “The Politics of Tax Exemptions for Household Services in France” in Clément Carbonnier and Nathalie Morel (eds), *The Political Economy of Household Services in Europe*, Basingstoke, Palgrave Macmillan, 2015, pp. 39-59.

Faced with being sidelined by new entrants to the market and losing their funding, home service associations overcame their differences and worked together to be recognized as key players in the delivery of health and social services. While several large home services federations had previously competed against each other, with different collective agreements, they now came together to face common adversaries. A common home services branch was gradually constructed via the conclusion of a series of agreements: on part-time work (1993), the organization of work (1997), the reduction and reorganization of working time (2000), job classification (2000), and regulated times (2006). This joint approach led to the signing of a collective branch agreement in 2010, extended in December 2011. Throughout this process, negotiating practices changed, as revealed by one of those involved in collective negotiations.

In the joint committee, when the employers, the employers' associations, speak, it's really the USB [Union syndicale des employeurs de la branche et de l'aide à domicile] speaking, not the UNA or the ADMR or the FNAAFP [home services federations] or home services+no, it's really the USB... it's really all coordinated by a USB office.¹

In 2016, they submitted a joint application to be recognized as the only employer in the professional home services sector.

At the end of the 1990s, the associations had employed the resources of visibility and legitimacy provided by the PSD reform to have their work included in the vast health and social work sector. Working closely with the secretary of state for the elderly, Paulette Guinchard-Kunstler,² they managed to make their demands heard, going well beyond the PSD reforms. Immediately after the approval of the APA, they ensured that the law passed on 2 January 2002, on social and health services and centers, would include homecare services. This implied that authorization became essential for homecare services for vulnerable groups. This inclusion was accompanied by major financial repercussions: for the authorized establishments, the approved collective agreements had to be followed by the general councils³ at the tariffs they had set, a situation considered advantageous at the time. The nature of assistance agreed upon by the APA opened the way to a reform of the diploma for *aides à domicile*, the creation of a training fund, and support for collective negotiation. The CAFAD was replaced in 2002 by a *diplôme d'État d'auxiliaire de vie sociale* (DEAVS) (state diploma for social assistants), with training going from two hundred and fifty to five hundred hours; the *Fonds de modernisations de l'aide à domicile* (FMAD) (Home Assistance Modernization Fund), later taken over by the CNSA, funded continuous training for employees working for home assistance organizations. The APA law led the government to encourage and support collective negotiations on salaries for *aides à domicile*: a classification agreement to increase salaries by more than 23% was signed in 2002. The implementation of the APA under a left-wing government gave associations the legitimacy to demand their inclusion in the health and social services field, which was seen as a means of limiting the entry of companies in the long-term care market. The APA and the debates surrounding it therefore created the financial resources for the payment and training of *aides à domicile* as well as excluding certain service providers from the field.

1. Interview with a civil servant, 27 November 2013.

2. Interview, 18 February 2009

3. The CNAVTS managed to avoid being recognized as a tariff authority, which meant that it was not obliged to follow the sectoral agreements in financing its structures.

Under the left, the division between the two pathways became even greater, but this movement was finally brought to an end by the right in 2005. The Borloo plan introduced the right to choose between state accreditation and departmental authorization, encouraged the emergence of large companies, extended tax reductions and social contribution exemptions, opened up the home assistance fund to employees of individuals,¹ and gave certain departmental general councils the right to distribute the APA in the form of a *chèque emploi service universel* (CESU) (universal employment services check). The shift further reduced the association between *aides à domiciles* and specific service users, paving the way for a new world of domestic and care services, a professional world of an industrial nature, in which employees are seen as interchangeable and consumers have the freedom to choose the product of their choice,² and in which downward pressure on salaries is strong. Following the 2008 recession, the APA subsidies became insufficient and about a hundred *aides à domiciles* associations declared themselves insolvent.³ During the 2011 debate on long-term care, the prospect of a so-called “fifth risk” was raised, but no decisions were reached. It was only in 2015, with the ASV law on the adaptation of society to an ageing population, that conditions for home assistance were modified slightly to eliminate the choice between authorization and accreditation.

With regard to childcare, the professional policies regulating the occupation of *assistante maternelle* changed in order to make it more attractive. So, while socio-fiscal instruments increased, a collective agreement negotiated by social partners was adopted in 2004: the statute of *assistante maternelle* was improved in 2005 and the number of training hours increased.⁴ *Assistante maternelle* centers gradually opened up to both *assistantes maternelles* and *gardes d'enfants à domicile*, and the barriers between the two were eliminated. In France, from the point of view of central actors, these two professions are still considered to be largely aimed at enabling mothers to achieve a better work-life balance, with payment by pre-financed CESU employment vouchers. Unlike in Germany, public discourse contained much less emphasis on the transmission of skills to children.

In France, the two paths of socio-fiscal instruments and direct cash benefits have tended to move the occupations in question away from the three professional worlds identified at the beginning of the 1980s. Instead, they have connected them to a new, industrial world, previously uninvolved in domestic work and care, without providing them with stronger foundations that could make these jobs more secure.

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This comparative study of regulatory practices in care and domestic services professions demonstrates that in Germany and France, two relatively similar countries, the professional

1. Section IV of the CNSA is dedicated to expenses to modernize home assistance services and to the professionalization of occupations (Circular DGAS/2C/2006/66, 17 February 2006).

2. François-Xavier Devetter, Florence Jany-Catrice, and Thierry Ribault, *Les services à la personne*, Paris, La Découverte, 2009; Florence Weber, Loïc Trabut, and Solène Billaud, *Le salaire de la confiance*, Paris, Éditions Rue d'Ulm, 2014.

3. Inspection générale des Affaires sociales, Inspection générale des Finances, *Mission relative aux questions de tarification et de solvabilisation des services d'aide à domicile en direction des publics fragiles*, Paris, La Documentation française, October 2010, 9.

4. Marie Cartier, “Les assistantes maternelles ou la subordination chez soi? Socio-histoire d'une relation d'emploi depuis 1977 en Loire-Atlantique,” habilitation diss., Université de Nantes, 2015.

worlds relating to home care and domestic services have undergone very different historical developments since the 1970s as a result of differing relationships between church and state and a different degree of familialism. These factors meant that issues of care and domestic services were debated differently in the two countries. For this reason, the debates have not had the same influence on the regulation of professions. They led to the adoption of different public policy instruments and contributed to reconfiguring both the frontiers between occupations and the integration of occupations within professional worlds. Actors involved in the regulation of the role of *Altenpfleger(in)* in Germany took advantage of the reform to long-term care policies to obtain increasing professionalization and a move from the world of social work to that of health. The debates around the PISA surveys and the implementation of an enforceable right for childcare reinforced professional associations and converted the role of *Tagesmütter* from facilitators of a work-life balance to that of educators. In France, the path of fiscal expenditure helped to block the attempts of associations to integrate the occupation of *aides à domicile* in the professional world of social work and paved the way for the emergence of a new, industrial, professional world. Likewise, this pathway enabled the merging of the two occupations of *assistante maternelle* and *garde d'enfants à domicile*.

The cases analyzed here show that welfare states do influence the forms adopted by occupations involved in providing services. Policy instruments may have both direct and indirect effects on professional regulations, as they create resources for and constraints upon those responsible for these regulations. These actors may employ them to launch processes to integrate occupations in different professional worlds and processes leading towards increasing or decreasing professionalization or job insecurity. These mechanisms are particularly evident in welfare states that have similar structures but different social policy instruments. Moreover, this comparison shows that welfare states do not stop at the point where the regulatory policies of professions begin, but play a role in shaping them.

Clémence Ledoux

Clémence Ledoux is a lecturer in political science **in the** Law and Social Change Laboratory (Laboratoire de Droit et changement social, DCS) at the University of Nantes. She has carried out research at the Delmenhorst Institute for Advanced Studies (Hanse-Wissenschaftskolleg) in Germany and has worked for about ten years on care occupations and work-life balance policies from a comparative perspective (Faculté de droit et des sciences politiques, Université de Nantes, Chemin de la Censive-du-Tertre, BP 81 307, 44313 Nantes Cedex 3).
 clemence.ledoux@univ-nantes.fr