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Political parties, interest groups and the contestations of home care. The case of France.

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This article makes a contribution to the literature on the new politics of the welfare state. Taking the case of home care for the elderly in France, it shows that contestation around this policy has been rooted more in the opposition between different interest groups as regards marketization than in gender issues. Neither left- nor right-wing governments have sought to halt the process of marketisation, but have instead replicated the opposition between interest groups and defended the development of different forms of care marketization with different, gendered consequences¹².

Key words:

Home care, welfare markets, political parties, interest groups, gender, debate, marketisation, commodification

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Defined as “*the activities and relations involved in meeting the physical and emotional requirements of dependent adults and children, and the normative, economic and social frameworks within which these are assigned and carried out*” (Daly and Lewis, 2000, p.286), social care work has been the subject of many debates, at macro-, meso-, and micro-levels over the last 30 years (Blome and Euchner, 2023). Mainly performed by women, social care involves physical work but also has financial and emotional costs. It is based on practices but is also embedded in discourses: its normative dimensions define who cares, how care is done, and what “good care” looks like. The definition of social care work has been at the root of normative and symbolic arguments, opposing actors with different positions.

In contemporary societies, care practices and the discourses around social care work are highly gendered (Lewis, 1998). Care givers and care workers are mostly women, and at the same time, the work is viewed as having little value. This has caused a lively debate within the feminist movement and among feminist scholars, mostly focused on childcare (Ciccia and Sainsbury, 2018). The development of markets for care work has raised new questions in the last 20 years about how care-giving is transformed into a commodity that can be exchanged for money. These markets have been supported by policy instruments and political discourse (Bode, 2008; Meagher and Szebehely, 2013; Le Bihan et al., 2019). Contestations concerning the existence of care markets and the form they should take have emerged in the public sphere and have influenced the way ordinary citizens understand the role of markets, the legitimacy of the actors involved and the value of social care work (Bode, 2008). This means that different actors have criticised the shape, meaning and place of these markets.

In Europe, some of these debates have questioned the gendered assignment of women to social care work and its devaluation, as well as whether it should be treated as a commodity, and a for-profit activity (Van Hooren, 2021; Cullen, 2019). What role have political parties played in these debates about social care and how can the roles and the positions of the different parties be explained?

This article aims to make a contribution to the literature on the new politics of the welfare state by investigating the relationships between political parties, governments and interest groups in the specific area of home care. It aims to examine the different approaches to home care for the elderly and their integration into French governmental party politics. It also examines the marginal place of gender in these approaches and the policy changes they have led to. It aims to show that state-dominated market policies were developed under left-wing governments and seller-dominated market policies under right-wing governments. Following the works of Ranci and Pavolini (2013) on care marketisation, of Ledoux, Shire and Van Hooren (2021) on the different shapes of marketisation and of Gingrich (2011) on the relations between welfare markets and politics, the article will trace the development of policy instruments providing funding for, and regulating access to, the home care services market in France from the early 1990s to 2017. A documentary analysis of policy instruments and actors’ published policy positions, combined with interviews conducted with representatives of market, political actors and civil servants will then uncover the discourses around the definition of care and how it should be provided.

This article will first reveal a series of U-turns by successive left-wing and right-wing governments. The left-wing governments attempted to limit the “race to the bottom” by regulating providers within a state-dominated market. By contrast, the right-wing governments promoted for-profit provision and generally supported the development of a seller-dominated market. Second, the article will demonstrate how these partisan differences are associated with

the ideas and discourses of the organisations representing for-profit and non-profit service providers and market intermediaries. While these focus on the form of commodification for providers, they did not consider the gendered consequences. Thirdly, the article will show that the circulation of ideas and individuals between the organisations representing care providers and political parties is a significant influence on government policy. Close contacts between businesses and political parties, especially through recruitment policies, have increased the likelihood of their ideas influencing government policy.

In the first section, I will present the theoretical framework, methodology and context of the French case. In the second section, I will analyse the differences between the policies of left-wing and right-wing political parties on the commodification of care for the elderly, which support differing forms of marketisation. In the third section, I will explain how the discourse and policy positions of right-wing and left-wing governments are related to the positions of the organisations representing for-profit and non-profit providers, and how the circulation of ideas between political parties and interest groups is linked to their successive employment of certain individuals.

1. Theoretical approach and methodology

1.1. Party politics and the debate about the marketisation of social care

Support for elderly care markets is a major example of the many changes social care policies have undergone in European countries since the end of the 1990s (Ranci and Pavolini, 2013). The marketisation of care policies can be explained by a variety of factors, including societal change, the ideas underlying policy frameworks and the role of specific actors in the reform process.

Looking first at social factors, in Europe, greater female participation in paid work combined with the ageing of the population has led to a “care deficit”, as working women have less time to care for their parents and parents-in-law, at a time when the need for care is increasing (Dowling, 2018, Brennan et al., 2012; Farris and Marchetti, 2017). This deficit has led some governments to support families who wish to outsource care.

Ideas have also been driving reforms. The idea of providing care within the family was the foundation of the introduction of allowances to compensate families for providing care. Over time, more and more families decided to use this money to outsource the care work (Auth, Leiber and Leitner, 2023). The ideology underpinning the “New Public Management” approach supports the marketisation of care because it claims that markets are more efficient than governments in allocating products and services, and that they reduce costs and improve quality, while at the same time empowering service users by “enabling them to exercise consumer sovereignty” (Brennan et al., 2012).

In terms of the specific actors involved in welfare-state reform, political parties are considered to be important (Häusermann et al., 2013; Blome, 2016), as they move the redistribution-of-wealth struggle into the electoral arena. Nevertheless, to date, observers have considered them to have only played a minor role in elder care policies because the marketisation of social care has been equally promoted by left-wing and right-wing governments and changes of government have not affected the pace of reform (Ranci and Pavolini, 2013: 286). However, this type of analysis considers marketisation as a global process and does not distinguish between its different forms.

Party differences and varieties of care marketisation

Patterns of marketisation vary in general, and especially in the domain of elderly care. Marketisation has developed through “cash-for-care” schemes that support direct employment

of care workers by households. It has also been bolstered by the development of services contracted to private providers, the sub-contracting of care by providers to self-employed contractors, the introduction of mandatory insurance to cover the cost of care for the elderly and the increase in the number of self-employed “gig economy” workers finding work through online platforms (Brennan et al., 2012).

Four main types of social care marketisation can be distinguished (Gingrich 2011, Ledoux Shire and Van Hooren 2021). In state-dominated social care markets, the state “*plays a strong role in monitoring performance and can steer a market in a preferred direction*” (Gingrich 2011, p.13), and forces the actors in the market to respond to the state’s requirements, either by imposing strict standards or by controlling exchange mechanisms (Ledoux, Shire and Van Hooren 2021)³. In seller-dominated social care markets, providers can shape service delivery as they want and the state has no effective means of controlling it. In consumer-dominated social care markets, service users have effective control, while in labour-dominated markets, workers control how the work should be done and contribute to the definition of their conditions of employment. These different forms of marketisation have different consequences for the mostly female care workforce: while a state-dominated market gives the state the power to potentially stabilise workers’ employment by controlling the providers and the tendering process, their working conditions in a seller-dominated market depend only on the balance of power between the workers and their (capitalist) employers. In a consumer-dominated market, competition between providers leads to the deterioration of employment conditions since one can expect cultural frames to make it difficult to value care.

According to Gingrich, the type of welfare marketisation preferred by both left-wing and right-wing political parties matches the interests of their constituencies: left-wing parties favour state-dominated markets, while right-wing parties support seller-dominated markets (Gingrich, 2011). Nevertheless, their positions also depend on the party systems in which they operate and, on the contributions made by the interest groups involved (Häusermann et al., 2013). This article will focus on these contributions.

Party politics and interest groups

Previous analyses of party politics have shown that the responsiveness of parties to the preferences of the electorate can also depend on the salience of problems. While high media visibility motivates decisions that are in line with voter preferences, interest groups play a greater role in influencing choices made on less visible issues (Culpepper, 2010). Moreover, in a period of reduced political participation by voters, social divisions are reflected in the alliances between parties and interest groups (Allern et al., 2022).

Pavolini and Ranci have identified the different types of interest groups involved in defining long-term care policies: care providers, insurance or voucher providers interested in new markets, care workers (via trade unions and associations), care receivers and their families (Ranci and Pavolini, 2013: 16). Care service providers are important influencers: across Europe they have supported policies that direct more resources towards home care, but divergences exist between the newer for-profit providers and the established public and private non-profit providers. Whereas the for-profit providers support the marketisation of care, the public or non-profit service providers have put up greater resistance to it (Ranci and Pavolini, 2013).

Research has documented the rise of a diverse range of for-profit care providers in Europe, including self-employed carers, small businesses, agencies and multinationals (Meagher and Szebehely, 2013; Farris and Marchetti, 2017; Mercille and O’Neill, 2021). Large

³ Ledoux Shire and Van Hooren refer to ‘actor-dominated’ constellations, rather than ‘actor-driven’, to underline the balance of power.

corporate care providers have emerged in several countries and have reconfigured the care sectors there by introducing business models that aim to maximise profits while minimising costs, which can impoverish and put at risk the (mostly female) work force (Farris and Marchetti, 2017).

Political economy scholars have analysed the institutional sources of business and employer power, distinguishing instrumental, structural and ideational sources (Selling, 2021; Culpepper, 2010). The instrumental power refers to the various channels through which businesses can influence politicians; the structural power identifies the sources of power flowing from the positions of businesses on the market and ideational power refers to the ability of businesses to frame discourses. Research focusing on France has shown how political parties and employers' organisations "socialise" and share spaces for the circulation of individuals and policy ideas (Offerlé, 2010). This article will build on this research to look at how conflicts between interest groups are reflected in national politics.

1.2. Methodology

Policy frameworks transform "*fragmentary or incidental information into a structured and meaningful policy problem, in which a solution is implicitly or explicitly enclosed*" (Verloo and Maloutas, 2005, p.4; Lombardo and Forest, 2012), and lead to policy changes. In order to link policy changes and policy frameworks for a period spanning a quarter of a century, from 1991 to 2017, I used documentary analysis and qualitative interviews. My chosen period begins with the first important reform in favour of the commodification of home care, the tax breaks introduced in 1991, and ends with the collapse of the traditional left/right party system with the election of President Macron in 2017.

I have analysed all the policy instruments adopted during this period that affected the home care sector. The table below summarises the policy changes that will be examined in more detail in the next part of this article.

TABLE 1 HERE

I analysed the policy reports made before these measures were adopted as well as the administrative documents, the parliamentary debates and the government press releases associated with them (see Appendix). I also looked at the websites and press releases published by the main actors in the sector since 2006. I also interviewed some of the individuals involved in home care policy-making or who represented the interest groups involved in home care policy-making, such as trade unions, employers' organisations, NGOs, civil servants, politicians and experts. I conducted 38 interviews between 2004 and 2009, 9 between 2011 and 2014, and 34 between 2018 and 2022. These interviews were supplemented with observational visits to events held by organisations representing both sides of the social partnership. My interview questions focussed on the strategies of the organisations, their recent lobbying and negotiation activities, their aims and their interpretations of the policy changes.

This evidence was examined in a socio-historical perspective aimed at understanding the ideas behind the policy instruments. Drawing on the theories of interest groups (Offerlé, 2010), I tracked the similarities between these ideas, their justification by politicians and interest groups, their circulation and also the circulation of the actors who proposed them, especially those who moved from interest groups to political parties and vice-versa. This method made it possible to reconstitute sequences of events, the positions of the actors involved, the frameworks they supported and their interests.

1.3 Situating the French case.

The French institutional context of elder care policy is characterised by a tradition of contradictory policies adopted by successive governments and the relatively weak influence of feminist groups and organisations representing service users. Successive governments introduced policies that appeared contradictory to women (Commaille et al., 2002). On the one hand, they were given paid time off work to care for elderly relatives in 2010, while on the other, they were encouraged to employ someone to provide this care⁴.

In contrast to childcare, care for the elderly in France was not explicitly a feminist issue until the end of the twentieth century and feminist groups had not been involved in shaping elderly care policy (Lagrave, 2009). This could have been related to the difficulties in viewing the ageing process as anything other than biological. It was also linked to the feminist groups' resistance to confronting the question of death (ibid.). As in other countries, elderly care policy in France is characterised by a lack of input from older people themselves as service users. Organisations representing the elderly are not very influential and have historically been mainly organised by the state (Lenoir, 2003). Care workers who are employed by care providers are more likely to be unionised than care workers directly employed by private householders, despite some trade unions having represented some care and domestic workers since the nineteenth century. Before the 1990s, paid home care workers were either employed by households or by public-sector or non-profit service providers funded by local authorities or pension organisations (Ledoux, de Muñagorri and Guiraudon 2021). In parallel to the contracts between service providers and local authorities, there was a trend to reduce social contributions and to introduce income tax breaks for home care. Non-profit organisations had different levels of influence across the country and the services they provided were seen as being different to those provided by direct employees. The non-profit service providers were represented by federations.

With regard to the party system, French politics had been characterised by three main political groupings (centre-left, centre-right and extreme-right) until 2016, when Emmanuel Macron founded the centrist *La République en Marche* (LREM) party. Between 1991 and 2016, the government was led either by the centre-left Socialist Party (PS) or the main centre-right party, originally the RPR, then the UMP, then *Les Républicains* (LR) from 2015 onwards. These parties headed coalition governments by building alliances with smaller parties. Since the LREM swept to power with an overall majority in 2017, both of the traditional parties have been marginalised and the new party system remains uncertain. Before 2017, there had been left-wing (PS) governments from 1988 to 1993, from 1997 to 2002 and from 2012 to 2017, alternating with right-wing (RPR-UMP-LR) governments from 1993 to 1997 and from 2002 to 2012 (see Table 1). The following section explains the differences between left-wing and right-wing policies regulating the markets for elderly home care.

2. Political parties and the organisation of the French home care market .

This section examines different home care policy periods. In the first, from 1991 to 1997, there was broad bipartisan support for the development of elderly home care marketisation. The following ones (1997-2002, 2002-2012, 2012-2017) distinguish the significant differences between the social care policies implemented by right-wing and left-wing governments.

2.1. Bipartisan support for marketisation (1991-1997)

⁴ Self-employed workers in this sector are still very rare. Self-employed workers are here defined as independent workers without employment contracts.

In 1991, the left-wing government increased the income-tax breaks for home care, which benefited households that directly employed care workers or that paid a non-profit service provider to provide home care. By also making home cleaning services eligible for these tax breaks, the distinction between home care and domestic services was blurred because of the services included and who could use them. People who employed house cleaners were able to benefit from these tax breaks, not just people requiring home care.

The following right-wing governments introduced “household cheques” in 1993: vouchers designed solely to facilitate the direct employment of workers by households. Three years later, the tax breaks were extended to cover paying for services from for-profit providers and a new long-term care allowance for elderly people, called the *Prestation spécifique dépendance* (PSD) was introduced, which sought to “rationalise the existing financing resources for elderly people”⁵ (see Table 1 and also Frinault, 2009). Anyone aged over 60 and identified as “lacking autonomy” in an evaluation by the local authority could claim the PSD. Each claimant had a personalised care plan defining the home care and other domestic services required, the PSD contributing to finance it. The law included a clause by which the allowance would be recovered from the beneficiaries’ estates after their deaths. Despite the officially gender-blind nature of the scheme, the PSD mostly benefited female claimants and female home care workers (Ledoux and Dussuet 2020).

These successive policy changes encouraged the marketisation of elderly home social care. They followed a general European policy trend that supported marketisation through “cash-for-care” schemes, in which “care users” became “care consumers” (Ungerson and Yeandle, 2007) empowered to choose different care options. They also introduced direct competition from for-profit providers to non-profit providers and workers employed directly by households, which had consequences for care workers. Historically, income security and social protection in non-profit service provider organisations were better than for workers employed by households (Devetter and Puissant, 2020), but the changes enacted between 1991 and 1997 encouraged the non-profit service providers to develop “proxy services”, where they introduced care workers to households who would then employ them in the legal sense, but allow the service provider to manage them on their behalf. Almost all the workers concerned were women. Increased competition in the sector led to falling wages and a further devaluation of feminised work.

2.2. Left-wing governments’ attempts to limit or redirect the marketisation process within a state-dominated framework (1997-2002)

In 2001, a left-wing government abolished the PSD and its controversial inheritance claw-back, replacing it with the *Allocation personnalisée d’autonomie* (APA) (Frinault, 2009). Despite claims that the APA offered the freedom to choose between directly employing a domestic worker or paying a service provider for their services, for the most dependent claimants, the APA encouraged them to pay a service provider. In addition, there were no changes to the means-tested social aid allowance provided by local authorities, the PAM (*prestation aide ménagère*), which had a similar claw-back-after-death system to the PSD.

The same left-wing government also introduced a law which categorised all home care providers as belonging to the “medico-social” sector, meaning they became subject to the same regulatory regime as hospitals and care homes, and had to apply for an authorisation (*autorisation*) from each local authority where they operated. Once authorised, they had to sign contracts with the local authorities and present their annual budgets to them. Their deficits could be refinanced by local authorities, who were theoretically obliged to cover the costs of the structures, including their collective agreements. In most cases, they were also *habilitées*

⁵ Report n° 14 (1996-1997) by Alain Vasselle for the Social Affairs Commission, presented on 9 October 1996.

(accredited) by the same authorities to deliver services funded through the social aid allowance (*prestation aide ménagère*), which meant they had to apply the tariffs for services defined by the local authorities and to agree to return any profits made to the local authorities. The local authorities both defined the amount of the APA (according to national thresholds), issued the authorisations and accreditations. The overall effect was to effectively exclude for-profit providers from the home care market.

By 2002, left-wing government policy had resulted in a situation where the market price for home care was not entirely governed by supply and demand but rather was defined by the state, especially in the service-segment. Service users could still choose between employing a care worker or buying care services from a non-profit service provider⁶. The government also accepted a collective bargaining agreement that increased the wages of home care workers employed by non-profit providers and imposed it on the local authorities. Throughout this first phase, the issue of gender was totally absent from the political debate, despite the policies having highly gendered consequences. This can also be explained by the fact that feminist organisations were occupied by other issues at that time, such as the parity reform and the 35-hour working week.

By maintaining the right of service users to choose between employing a care worker or paying for care services from a provider, the government could claim that it supported competition in the care sector, while at the same time imposing a regulatory regime via local authority authorisation and sectorial wage increases, thus creating a state-dominated market with limited opportunities for for-profit providers.

2.3. Right-wing governments' support for a seller-dominated care market (2002-2012)

When a right-wing government came to power in 2002, it announced significant changes to the home care sector while maintaining the APA. In 2005, the Borloo Plan (named after the then Minister of Social Affairs) created the personal and household services sector⁷ including home care. The plan's objective was to create a new market for household services, including home care, in which for-profit providers (implicitly considered to be the most efficient) could operate alongside non-profit providers. Service providers were given a choice between applying for the strict local authority authorisation or a less stringent service quality agreement with central government. These new service quality agreements offered opportunities to for-profit providers to enter the home care market, effectively transforming it into a seller-dominated market. To prevent criticism of the quality of their services, providers created their own quality marks. In addition, the "household cheque" scheme was reformed and extended so that local authorities could use prepaid vouchers to buy care services for APA claimants. Although no changes were made by the government to the sector's conditions of employment, the increased competition between service providers competing on price drove down wages and reduced staffing ratios, thereby worsening employment conditions for the workers, who were mostly female (Devetter and Puissant, 2020).

The gender dimension of the jobs affected by the Borloo Plan was discussed during the parliamentary debates preceding the vote to implement it. The government presented the Plan as an opportunity to create thousands of new jobs and to improve the work-life balance of the service users and their families, thus improving gender equality for service users. In response, the political opposition pointed out the poor quality of the jobs, that would mostly be taken by female workers.

⁶ In some municipalities, they were also public services.

⁷ In French: "services à la personne". We translate it as "personal and household services", which is the label used by the European Commission and the federation of providers of these services.

2.4. A left-wing swing back to a state-dominated care market (2012-2017)

The left-wing government that took office in 2012 repealed the Borloo Plan's changes to the home care market. A significant reform of the APA (the "ASV Law") was enacted in December 2015 which annulled the service quality agreement process (*agrément*) and reintroduced the mandatory authorisation regime (*autorisation*). Local authorities were given the power to decide the conditions under which home care service providers could operate and which new providers could enter the market.

During a transitional period, all the former service providers operating under service quality agreements were automatically considered as having an authorisation, but the government's long-term plan was to set up a bidding process, where the local authorities offered multi-year contracts with defined objectives and resources, for which service providers had to submit bids. Those whose bids were accepted would obtain authorisations. In return for their commitment to provide services for several years, the service providers would benefit from multi-year visibility of the level of allowances and any planned changes to them, as well as greater flexibility and management autonomy. These new regulations did not prevent the development of the home care market but tried to extend the scope of the regulatory regime and gave local authorities more power to plan care in their territories. In terms of gender, this state-dominated market gave local authorities the power to fix objectives for the home care providers, such as minimum quality standards and, theoretically, conditions of employment for the heavily female workforce.

To conclude, analysing the legislation that provided funding for, and regulating access to, the home care services market between 1991 and 2017 reveals that both left-wing and right-wing governments supported its development, but that a subsequent series of U-turns by successive left-wing and right-wing governments show the contestation around the form it should take. While left-wing governments have not tried to stop the marketisation of home care, they have attempted to limit the "race to the bottom" by maintaining a high level of regulation of providers within a state-dominated market, which could be seen as hostile to for-profit providers. In contrast, right-wing governments have tried to reduce government and local-authority involvement in the activities of providers and to promote for-profit providers by extending market opportunities and supporting the development of a seller-dominated market. There was only very limited discussion of the gender consequences of these policies, undoubtedly because feminist activists came late to the debate, but the policy choices made had gendered effects on the workers. How can we explain these opposite positions on the structure of the home care market?

3. The relationships between organisations representing service providers and right-wing and left-wing governments

The home care policies adopted by successive governments in France have been inspired by the opinions and lobbying of organisations representing the service providers, many of which enjoy close relationships with specific political parties. These organisations have been identified as key influencers in the creation of home care policy which play a much more prominent role than organisations representing older people, trade unions, feminist groups and migrants' rights groups (Frinault 2009; Ledoux, de Muñagorri and Guiraudon 2021). In 2016, the federations representing non-profit service providers (*Union Nationale des Associations de Soins et Services à domicile* UNA, *Association d'aide à domicile en milieu rural*, ADMR, and others) were represented by an umbrella organisation the *Union syndicale des employeurs de la branche de l'aide à domicile* (USB). Non-profit service providers were also affiliated to the

Union nationale interfédérale des œuvres et organismes privés sanitaires et sociaux (UNIOOSS), a general union representing the non-profit sector in different fields. For-profit service providers or for-profit market intermediaries were represented by several organisations, with the *Syndicat des entreprises de services aux personnes* (SESP), (later member of the *Fédération du Service aux Particuliers* (FESP)) and the *Fédération Française de Services à la Personne et de Proximité* (FEDESAP). Both the FESP and FEDESAP were created in the 2000s. All of these organisations and interest groups put forward ideas about care work, which we will examine in Sections 3.1. and 3.2., before analysing their take-up by political parties in Sections 3.3. and 3.4.

3.1. For-profit service providers' support for a seller-dominated market, as a means of promoting free choice and improving efficiency.

The federations representing for-profit care providers and market intermediaries have developed a discourse on home care that claims that the commodification of care helps to control public spending, and that for-profit providers can deliver care more efficiently and professionally than non-profit providers. During my interviews with them, the representatives of these organisations stressed the risks of mismanagement by non-profit providers. In addition, these organisations have been the loudest advocates of the “freedom of choice principle” (Morel, 2006), arguing that individual service users should be allowed to choose how their care is delivered⁸. They have also denounced what they perceive as differential treatment of home care service providers, arguing that the decision of some local authorities to only authorise non-profit providers is discriminatory and in breach of EU service provision regulations. In 2011, they underlined the importance of respecting the principles of non-discrimination, free exercise of activities and equal treatment. This angle was also taken in various sets of legal proceedings they brought against local authorities, accusing them of breaching EU competition law by giving unfair preference to non-profit service providers (Ledoux, de Muñagorri and Guiraudon 2021).

Beyond this, the for-profit service providers strongly supported the creation of a household services sector that includes both cleaning for able-bodied people and social care for people considered to be vulnerable. Making this boundary more porous is seen as improving access to home care, offering them more business opportunities (ibid).

The organisations representing for-profit providers have also underlined their contribution to the ‘formalisation’ of care work, therefore showing a discursive interest in working conditions. The FESP constitution states that it shares “*a permanent concern for the improvement of the working conditions of the employees of [its] members in the respect of their particularities and their constraints*”. However, in practice, this does not go beyond “light formalisation” (Jaehrling, 2020), since the collective agreement signed by the for-profit providers is less advantageous to workers than that signed by the non-profit providers (Ledoux and Krupka 2021).

The for-profit providers have recognised that their workers are mostly women, and that gender inequalities exist, but they are dismissed as being inevitable or due to the reluctance of men to apply for these jobs. The director of a big for-profit service provider, then a SESP member, explained in an interview in 2013 : “*I have 94% female employees, and my clients are primarily female (...) Because we recruit a lot, and we need men. We need everyone. Secondly, we need to fight against prejudices. If a job is done by only one category, it will be said that it is devalued. So we need to say that it is a real job, a real profession, with real possibilities of development. There is a real need for skills, not only life skills, but also know-how. Trying to*

⁸ FESP press release, 30 November 2011 (author’s translation)

bring in men is a way of saying that we are fighting against all forms of discrimination". Here, the question of gender does not lead to an argument that the workers should be better paid and have better employment conditions but merely to a re-hashing of the anti-discrimination framework.

The rhetoric of the for-profit service providers is aligned with their interests: arguing that they can provide the same quality of services as their non-profit competitors and should not be discriminated against legitimises their desire to expand their business and profits (my interviews with former and existing presidents and directors of the SESP/FESP on 18.05.2006, 04.12.2013, 27.02.2018, 16.10.2018, 15.01.2020 and 13.01.2022). But a closer examination reveals that these actions only support a specific structuring of the welfare market, dominated by the service providers. While underlining the need for the market to be supported by public funds, they also demand the freedom to decide themselves the quality of the services to be provided (through quality marks) and the conditions of employment of the workers.

3.2. Non-profit service providers' shift from the rejection of the market to the support of a state-regulated market distinct from the domestic services sector

During the 1990s and early 2000s, the federations representing non-profit service providers strongly opposed the commodification of social care. They developed a discourse defining home care as a sector that should not be subject to a free market, arguing there was an incompatibility between care and competition. In a report published in 2006, UNIOPSS defined the role of non-profit service providers as being to *"reaffirm the identity of the sector, anchor it in a logic of social action, fight against the drift of marketisation and European deregulation, create a protective framework for fragile individuals that would ensure that guarantees would be applied"*⁹. They also received the support of some trade unions (especially the *Confédération Générale du Travail* or CGT and *Force Ouvrière* or FO), for whom *"profits should not be made on care"* and public money should not be used to finance for-profit service providers (interviews with CGT representatives on 27.11.2003, 23.03.2006, 27.08.2019 and 08.11.2021).

Non-profit providers tried to differentiate the home care they provided from that provided by care workers directly employed by households or for-profit service providers. They also argued that domestic work carried out for adults who were physically able to do the work themselves should be treated separately from home care work for the elderly. These distinctions were repeated in my interviews with the representatives of the federations representing non-profit service providers.

Following the rise of the for-profit service providers in the mid-2000s, the discourse of the federations representing non-profit service providers changed. The presence of for-profit providers in the home care market was progressively seen by some of them as unavoidable, leading them to adapt their business model. But they also claimed it was necessary for the state to intervene more in the sector to regulate it properly, as a former UNA director said in an interview with me in 2019: *"In any case, the profit-making sector was there, today we are not going to prohibit profit-making, it's as if we were to say, well, the profit-making sector doesn't exist anymore, even though they represent 30% of the market, so they were doing a lot less in the home care sector [in comparison to non-care activities at home], but I mean they were there. So we had to build something that would hold up by piloting things"*. Therefore, in 2015, the UNA defended the suppression of the service quality agreements and the return to a unified

⁹ UNIOPSS annual report 2005-2006, p.89.

authorisation regime, in order to construct a home care market that was tightly regulated by local authorities through bidding processes¹⁰.

While contesting the ways in which home care was being commodified, the federations representing non-profit service providers developed a discourse about the values that should be associated with social care. Their members presented their own collective agreement as supporting their “social dimension”. They recognised that most of their employees were women, doing a professional job in precarious financial circumstances, but claimed that they could not change this, since their collective agreements had to be agreed by the state, in contrast to their for-profit competitors (interview 30.08.2019). The non-profit providers also recognised the gender reality of home care work, but, like the for-profit providers, they considered the devaluation of care work to be inevitable and a process over which they had little control.

3.3. Discourse circulation between by right-wing governments and for-profit service providers

Many elements of the for-profit providers’ discourses were taken up by right-wing governments, who adopted similar positions as government policy and who developed close relationships with them. These similarities were particularly evident during the parliamentary debates about the Borloo Plan in 2004, when the Minister of Social Affairs remained silent about employment conditions. Later, during the debates about the ASV Law in September 2015, the same claims of discrimination against for-profit service providers were raised by a right-wing *député* who requested that for-profit service providers “[be] guaranteed that they will be treated in the same way as authorised structures [i.e. non-profit providers]”¹¹.

The influence of for-profit organisations on right-wing governments was enhanced by frequent close contact. For example, in 1993, representatives of MEDEF (the main national employers’ organisation) had a meeting with the Ministers of Social Affairs and Family Affairs and their cabinets to lobby for a change in the scope of the tax breaks introduced in 1991, which they obtained in 1996. In 2005, the new Borloo Plan was prepared in close co-operation with the SESP (Ledoux, de Muñagorri and Guiraudon 2021).

These close relationships can also be observed in SESP’s recruitment strategies. In 2011, SESP appointed O. Peraldi, a former member of the cabinet of the Minister of Social Affairs as its director, ensuring a close relationship with the right-wing government. In 2019, he was replaced by A. Grézaud, a former cabinet member of a right-wing Minister of Family Affairs, who went on to become leader of the *Les Républicains* party in the National Assembly and then party chair.

3.4 Discourse circulation between by left-wing governments and non-profit organisations

The discourse of left-wing governments are also influenced by interest groups as non-profit providers and their representatives have a close relationship with left-wing political parties, involving several exchanges of key members of staff.

Close contacts with the government enabled non-profit organisations to incorporate their proposals into law at two moments in particular: in 2001-2002, just before the end of the Jospin (PS) government, when home care services were included in the medico-social employment sector, and in 2014-2015, when the option of choosing service quality agreements instead of authorisations was withdrawn.

¹⁰ Consultation on the proposed framework and programming law to adapt to an ageing society’, UNA, 2014, consulted at <http://www.una.fr> on 26.05.2022.

¹¹ Speech by Gilles Lurton in the National Assembly debate on 09.09.2014.

In 2001-2002, during the negotiations that led to the introduction of the APA, the federations of non-profit service providers worked closely with the Secretary of State for the Elderly, P. Guinchard-Kunstler. They asked her to persuade the government to include home care services to vulnerable individuals in the new law reforming the medico-social sector that was finally adopted in January 2002 and to approve the collective agreement covering non-profit service providers. Many of them later said that “*the Secretary of State helped so much*” (my interviews with the former directors and deputy director of UNA and ADMR on 06.01.2004; 24.03.2004; and 23.10.2019). Their discourse not only reached the Secretary of State but also the majority of left-wing *députés* in the National Assembly. Indeed, during the parliamentary debate, it was claimed that non-profit service providers were the only ones able to ensure the provision of assistance to elderly people in their own homes.

In 2014, non-profit service providers took action again to change the regulations: “*We did a lot of work with the cabinet of the Minister for Elderly People and Autonomy, M. Delaunay, under the Hollande Presidency, to prepare reforms*” (my interview on 23.10.2019 with the former director of UNA during this period). During the parliamentary debates about the ASV Law, the *députés* belonging to the left-wing majority reused arguments developed by the non-profit service providers to contrast non-profit and for-profit service providers¹².

At this time, some of the federations representing non-profit service providers also had senior managers who were close to the left-wing movement. For example, Y. Vérollet, Director of UNA between 2012 and 2016, was a member of the *Confédération française démocratique du travail* or CFDT trade union and had worked closely with the Socialist Party, while the UNA President, G. Quercy, elected in 2016, was a former member of the cabinet of the socialist mayor of Paris.

Conclusion

This article shows that the gendered effects of elderly care policies have only been challenged to a limited extent in French home care policy, due in part to the delayed and limited interest of French feminist groups in home care. By contrast, contestation has been concentrated on the social care commodification. Confirming the results of Ranci and Pavolini (2013), this article has shown that neither left-wing nor right-wing governments stopped the process of commodification, but they disagreed about the how to do it. By looking at the differences between seller-dominated and state-dominated home care markets (Ledoux, Shire and Van Hooren 2021), this article has shown that right-wing governments introduced policies supporting a seller-dominated market, while left-wing governments promoted a state-dominated market. The U-turns made by successive governments can also be explained by the powerful influence exerted over them by organisations representing for-profit and non-profit service providers who successfully lobbied to gain government support for their ideas and proposals.

These changes had a significant effect on the feminised home care workforce: in a seller-dominated market, they depended on their bargaining power to negotiate with employers, while in a state-dominated market, they could negotiate, albeit within a regulatory framework defined by government. These two visions of the home care market have huge gender consequences, in a seller-dominated market the valuation of care work is left to market forces, and in a state-dominated market the state regulates the value of home care work. In a context of a steep rise in demand for home care services across Europe, this article has shown the mechanisms through

¹² Martine Pinville, *Report presented on behalf of the Social Affairs Committee on the proposed Law relating to adapting to an ageing society*, National Assembly, 17 July 2014.

which care providers can contribute to care policy, care work and the definition of its value (Dowling 2018).

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