Remunerated care-work by family members, friends or neighbours is a form of employment that has spread over the last decades in Europe as a consequence of the development of cash-for-care instruments in domiciliary long-term care (LTC) policies (Ungerson, 2004). Several defining characteristics of remunerated family care-work make it an atypical employment form. This is first a work activity that concretely unfolds at the domicile of a vulnerable person, with, in most cases, no supervision, control or whatsoever of either the working conditions or the quality of the care delivery. Second, this form of LTC delivery is located at the intersection between the universe of family or personal relations and the one of an institutionally recognized and publicly financed activity. The regulation of both or either the delivery of LTC and of the jobs as family or non-professional caregiver varies greatly across Europe (Ibid; Pfau- Effinger, Jensen, Och: 2009; Frerick, Jensens, Pfau-Effinger, 2014). The situation of remunerated family care-work triggers uncertainty and sometimes conflict about the categorization of both the care-work activity in itself and the status of caregiver, as an employment form. Clare Ungerson had formulated the idea of a tension between “care” and “paid work” (Ungerson, 2004). Both those notions are analytical categories making sense in the academic context, but not only. They are furthermore categories of understanding to which people relate when interpreting their own situation, action, labour, relations, etc. They as well correspond to institutional categories that get imposed on social actors. As such, they provide them rights and duties and frame their social identity.

This paper focuses on both the work and employment situation of remunerated family caregivers, helping dependent seniors or persons with disability. The analytical perspective of the paper is to first focus on the regulation of both the work activity and the employment conditions of informal caregivers and to identify the policy goal of this regulation. The regulation of remunerated family caregiving in France is often presented as approaching standard employment. In a second phase, the paper will try to capture how the addressees of the regulation receive and make sense of those policy goals. I argue in this paper that policy goals are channelled to their recipients via institutional categories and that those addressees interact with those categories on the basis of their own categories of self-identification. This argument is based on the relational theoretical perspective over categorization as it had been developed in the international literature by Michèle Lamont (1992) or Richard Jenkins (1996; 2000), and in the francophone one, by Claude Dubar (1992) or Didier Demazière (Dubar, Demazière: 1997). The idea in this kind of approach is to combine an inductive analysis of the discourses by the individuals with an informed knowledge of the institutional categories they come to terms with. The focus on the analysis lays then on the way the various social actors relate to institutionalized categories, make sense of them, eventually by transforming them, and, in some cases, combine them with their
logic of self-identification. All in all, this paper is as well an attempt to capture how the addressees of a policy understand it and relate to it.

The empirical basis of the paper consists in a policy analysis of the LTC instruments directed to the remunerated family caregivers as well as in the analysis of 59 extended interviews with non-professional, but mostly employed and paid caregivers of relatives or friends. The interviews were conducted recently in two contrasted regions of France. Grounded theory was the qualitative methodology that guided the empirical research on whose results the present paper is based. The research project has been recently finished and the sociological interpretation of the results is still at an exploratory stage. They show that paid family caregivers predominantly have a critical relationship to the status, categorizations and identities that come out from LTC policies. The categories proceeding from family histories or family traditions, as well as related to specific forms of moral economies (for instance, Thompson, 1971) play a key role in the way family caregivers apprehend their care activity.

In the remainder of the paper, I will first present the most important research questions and results about the remuneration of family caregivers in the context of the recent LTC reforms in Europe as they emerge from the literature in sociology and political science. Second, I will focus on the situation of the French setting. I will situate this country in the comparative typologies and describe the employment conditions of family or friend caregivers of both people with disability and frail elderly people. In the third section of the paper, I will present the theoretical framework of the research focusing on the relational approach of categorization. The fourth section goes to the research project, the methodology inspired by grounded theory and the concrete empirical analysis. The fifth section concerns itself with the research results and tries to capture the way remunerated family caregivers relate to the policy goals that are channelled to them by the categories of LTC policies. Finally, in the conclusive section, I will come back to the analytical focus of the paper.

1. **Cash-for-care instruments, family care regimes and optional familialism**

The literature about the employment of family members or friends as caregivers has been very much focused in Europe on the development of cash-for-care instruments. The impact of these policy tools on various aspects of the LTC frameworks was considered to be important. Originally aimed at empowering the people in need of assistance (Ungerson: 1999), the “commodification” of care-work (Ungerson: 1997, 2005) has spread across Europe and has been associated to various and often contradictory transformations of the welfare state. At least four effects of cash-for-care have been discussed in the literature.

Firstly, cash-for-care instruments have been seen as “demand-driven privatisation” of welfare provision (Ascoli and Ranci, 2002). As in most countries, but specifically in Germany, Austria, France or Spain for instance, cash-for-care instruments were introduced to organize the development of LTC provision. In these countries, direct payment to individuals spared the public hand to organize supplementary public direct provision of LTC services but had to supervise the organization of mostly private providers markets. In France, since the beginning of the 2000s, public provision or even para-public provision (associations closely related to and supported by public actors) have constantly lost market share to private for-profit providers (Dares, 2018).

Second, fostering the development of a care market, cash-for-care instruments have encouraged the pluralisation of the way care is concretely provided in terms both of quality and content (Ungerson: 2004). This transformation of the beneficiaries of LTC provision into consumers, effectively capable of choice is often seen as the core of the empowering character of cash-for-care instruments.

However, the commodification of care-work has as well thirdly contributed to a form of a race to the bottom in the prices paid to this activity (Knijn, Verhaben: 2007). The budgets paid to the beneficiaries are in most cases set low which means that the persons in need tend not to be able to pay to the providers the entirety of the work they provide, and, even more so, when those providers are relatives or friends.
Precisely, cash-for-care has fourthly allowed in various national systems the remuneration of relatives and other informal carers (Ungerson: 1997). As such, this last aspect has contributed to transform the relation between paid and unpaid work (Ungerson, 2005), opened the possibility for welfare state administration to intervene in the regulation of the “informal” care relations (Ibid.) but as well to formalize the family relationship under the traits of a more or less standardized employment relationship (Pfau-Effinger, Jensen, Och: 2009; Rummery: 2011; Frericks, Jensen, Pfau-Effinger: 2014). The other side of the coin of this formalization of care-work activities in the context of family or friendly relations is that cash-for-care instruments might as well open the way to renewed forms of familialization (Le Bihan, Da Roit, Sopadzhiyan: 2019).

Both the formalization of care-work in the context of the family or friend relations as well as the possibility of familialization as a consequence are central for the analysis. For both concerns, the comparative perspective prevailing in the international literature has underlined the importance of the institutional design of cash-for-care instruments. Kirsten Rummery (2011) insisted on a positive relationship between the levels of protection of the carers, be they professionals or family carers, and the outcome in terms of empowerment for the persons in need of assistance. K. Rummery relates this positive relation to the capacity of the LTC systems to provide what she labels as "governance", which is, in fact, the capacity of these systems to ensure the implementation of the norms. According to her analysis, the French LTC system provides a rather strong regulation of the employment situation of the caregivers (Ibid.), which confirms the previous analysis by Clare Ungerson (2004, p. 199). In C. Ungerson’s analysis, the French system was characterized by both a high level of employment regulation and a rather high level of professional regulation of the care provision in itself.

Birgit Pfau-Effinger, Per Jensen and Ralf Och develop the notion of “family-care regime” that focuses on the “ways the institutions of the welfare state legally construct the work situation of the person who provides care for an older relative and the care relationship between caregiver and care receiver” (Pfau-Effinger, Jensen, Och: 2011, p. 9). In a further analysis, Patricia Frericks, P. Jensen and B. Pfau-Effinger (2013) single out three different dimensions making up the “family care regimes” defined as “the manner in which care policies of a welfare state frame the care work of caring family members”: The legal framework of LTC and the way it shapes family care, the institutional framework for family care-givers (employment contract, social rights) as well as the social risks, that a family caregiver has to come to terms with both in her or his present situation and the longer run. This latter point requires considering both the income situation and the social rights acquired.

The recent analysis of LTC systems has shown how much the recent transformation of LTC policies has influenced the familialization/defamilization effect of the welfare state (Leitner, 2014; Saraceno: 2016; Le Bihan, Da Roit, Sopadzhiyan, 2019) by coming to terms with the employment dimension of caregiving in the context of the family or friendly relations. According to the analysis by Blanche Le Bihan, Barbara Da Roit and Alis Sopadzhiyan, the introduction of cash-for-care instruments firstly aimed at supporting the unsupported familial LTC in countries like Germany in which the development of professional care services was rather weak. In some other frameworks, such as the French one, the reform of the LTC system and the introduction of cash-for-care instrument was embedded in a reform fostering the development of both public LTC services and the formalization of direct individual employment of caregivers by vulnerable people (Ibid.). However, initially intended to have a defamilializing effect, the reform of the French system of the early 2000s is not clear, as it has triggered the development of both low-skilled private providers as well as of direct employment (Ibid, p. 591). B. Le Bihan and her colleagues tend consequently to consider the French regime as regime of optional familialism, they define as “configurations [in which], familializing and defamilializing policies are both present: Family care is favoured given the option of receiving partial relief” (Ibid., p. 581, they quote Leitner, 2014).
To shed light on the situation of the family and friend remunerated caregivers in the context of the French LTC system, I will use both the analytical grids in terms of family care regime (Frericks, Jensen, Pfau-Effinger, 2013).

2. Locating the French family care regime

In the context of the research (see point 4) on which this paper is based, we had to consider both the non-professional, family or friend remunerated caregivers of frail elderly people and as well of people with disability. Even though cash-for-care instruments are important for the regulation and financing of LTC for both populations, the family care regime varies a lot if one considers the one or the other group. According to the approach in terms of care family regime (Ibid.), I shall for both the frail elderly and people with disability first provide information about the general legal framework of LTC and the way it shapes family care, as well as information about the concrete organization of the implementation of the scheme and the structure of care provision. Second, I will focus on the institutional framework for family care-givers (employment contract, social rights) as well as the social risks, that a family caregiver has to come to terms with both in her or his present situation and the longer run.

2.1. The French legal LTC framework

The French LTC system has been characterized as fragmented (Le Bihan, Martin: 2010, p. 393). In France, two very differentiated LTC policies exist: one, for frail elderly over 60 years of age, the other, for people with disability. Other forms of fragmentations are strong in the French LTC framework, but are not specific to it: between health and social services, private insurances and public support, various forms of informal and of formalized assistance.

2.1.1. LTC framework for the aged.

LTC for the aged is mostly supported by the allowance, Allocation personnalisée d’autonomie (APA). In 2017, 1.3 million people over 60 benefited from this scheme (7.6% of the 60+ population in France), amongst which 59% live at home (CNSA: 2019, p. 4). The overall public expanse for both the medical and social support to frail elderly is 23.6 billion€ for 2017. The APA is financed by the central state and is implemented by the départements (equivalents to counties in the UK, Kreise in Germany or province in Italy). Social workers, sometimes assisted by occupational therapists, visit the person in need at their domicile, assesses – under the control of a medical referent -, the functional loss and the care needs.

A single assessment scale (AGGIR1) identifies 6 levels of autonomy loss. People are entitled to the APA from level 4 on. A specific care package is decided for each person by a multidisciplinary team at département level. The maximal monthly budget for level 4, the lowest, is 672€ and is 1732€ for the highest level one2. Besides the monthly payment of care services (meals on wheels, transportation, individual caregiver working-time, etc.), the care package frequently includes the payment of technical adaptation of the apartment. The level of co-payment by the recipient is set according to his/her monthly income. Below a monthly income of 810€, the public budget finances the entirety of the care package. Above 2986€ of monthly income, the public budget finances 10% of the care package. Between those minimum and maximum income levels, there is a gradation in the public financing of the care package3.

The French system of LTC for the frail elderly had been analysed as a system favouring regulation and credentialism (Ungerson, 2004). Replacing a much weaker financed

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1 AGGIR meaning Autonomie Gérontologique et Groupes Iso-Ressources.
scheme, the APA was accompanied by measures aiming at the development and professionalization of diversified LTC care provision. A priori, the underlying discourse of the French LTC framework makes the argument of the freedom for every recipient to choose the type of care delivery - domiciliary care or in an institution -, as well as the type of caregiver - public or private organized services, or individual caregiver.

The budget concretely dedicated to the recipients is however concretely in most cases handled by the social workers in charge of the socio-medical assessment of the recipients. These professionals guide the concrete implementation of the care package.

Various elements in the law as well as in implementing decrees express the preference of the French LTC framework for organized care services. The last important legal renewal of the LTC framework for the aged from December 2015⁴ imposes to every care package at least one hour of organized LTC service a week. The function of this hour is the surveillance of the care work provided by individual informal carers. In 2017, only 13,4%⁵ of the overall domiciliary, LTC expenses covered by the APA were used to pay directly an individual caregiver, which implies that there is no supervision of the employing company. This great dominance of LTC provision by organized services is most probably a consequence of the policy strategy favouring credentialism. In spite of this policy option, the importance of the help provided by non-remunerated family and friends should be reminded. 48% of the persons over 60 in need of assistance (GIR 1 to 6) benefit exclusively from help by their friends and/or family. For the highest levels of functional loss (GIR 1 and 2) this level is still as high as 19%. 77% of people in this group declare to benefit from a combined form of care provided both by professional services and by informal caregivers (Drees: 2019, p. 4).

2.1.2. LTC framework for people with disability.

The LTC system for the people with disability has been renewed by law in 2005. Although the overall public budget dedicated to people with disability is with 43,5 billion € in 2017 (CNSA: 2019) much more important than the one dedicated to the aged, there is much less literature on the LTC for the disabled people, at least in the French case. Compared with the 1,3 million aged people receiving support for LTC, the number of people with disability receiving comparable support is much smaller with 359 974 persons in 2017 (Ibid), both adults and children.

Among over points, the 2005 law on disability⁶ set a scheme for the financing of domiciliary LTC expenses, the Prestation de compensation du handicap (PCH). Similarly to the scheme financing LTC for the aged, the PCH is financed by the national level and implemented by the départements. People are assessed according to a list of 19 essential activities such as physical mobility, personal care (getting dressed, washing, etc), communication (speaking, seeing, earing, making use of electronic devices), orientating oneself in time and space, etc. Expenses for technical adaptation of houses or cars or over technical devices can be covered. About 50% of the total PCH budget is dedicated to human care. The PCH is calculated according to the effective needs of the persons, however within specific maximum amounts. The maximum amount of human care has been set at 6h and 5 minutes a day (70 minutes for washing or 1h45 minutes for nutrition for instance) (CNSA: 2017a, p.35). The calculation is based on the way the various forms of LTC provision are concretely financed by the scheme. I will get back to this point in the section dedicated to the employment conditions of family and friend caregivers. In the case of LTC scheme for disabled, the assessment and decision-making are handled by a much more structured and numerous interdisciplinary commission than in the case of the aged LTC allowance (APA). This commission elaborates a care package. The logic of co-payment is different as well. If the annual income of the beneficiary is less than 26 926€ per year, the PCH covers 100% of the LTC expenses. Above this threshold, the PCH covers 80% of the expenses.

⁴ Loi sur l'Adaptation de la société au vieillissement.
⁶ Loi pour l'égalité des chances, la participation et la citoyenneté des personnes handicapées.
The autonomy of the beneficiaries and their families in the concrete implementation of the care package seems to be higher in the case of people with disability than in the case of frail elderly. Similar principles state the freedom of choice for the people with disability concerning the form of care provision they want for themselves. From a statistic based on 72 over 102 départements and overseas territories, we know in 2017 that 60% of the PCH expenses are dedicated to the remuneration of family helpers, 30% go to organized services and about 10% to direct employment of individual providers. In terms of numbers of beneficiaries, 52% of the PCH recipients employ a family caregiver (Dress, 2018b).

2.2. Family and friend caregivers: employment, social rights and trajectories

The structure of the type of LTC provision for persons with disability differs greatly from the one revealed for aged people. The French LTC framework for the aged dissuades the employment of individual carers, non-organized in the context of professional LTC services, that would be at risk to be non-professional or in any case, less skilled than the regular staff member of a social service. In the case of the persons with disability, the situation is radically different. The social and political importance of the situation of children’s disability and the care that the parents of those children want to provide to them might explain why family care is so important in this case. The employment conditions, as well as the social rights of both types of family caregivers, differ however very much.

2.2.1. Employment, social rights and trajectories of family caregivers of aged persons

The APA scheme discourages, in general, the recruitment of individual caregivers without forbidding it. The employment of family members is allowed. Marriage is the only family tie that makes the recruitment impossible in the context of the APA. The employment conditions for caregivers in the context of the APA are supposed to be as similar as possible to regular employment. The recipient of the APA should officially hire his or her relative or friend via a regular employment contract. He or she should remunerate this caregiver at the level of the hourly wage set by collective agreement of the branch, 13,87€ gross. The employers have to pay a gross salary but are legally exempted of the employer’s share. To provide an example, the entire cost for the recruitment of 112 hours monthly à 10€ net per hour (5 hours of care a day) should be 1629€ a month. The fiscal exonerations for the employer cut this costs to 814€, which is below the cost of the net wage and is an incentive to make use of the voucher system Cesu (Chèque Emploi Service Universel). The official regulation of the APA recommends the use of the voucher, which simplifies the administration of the social contribution for the employer. In only one out of our two case studies at département level, was however the use of the voucher Cesu concretely implanted.

This form of remuneration includes the social rights attached to standard employment in France: paid leave, maternity and health insurances, unemployment and pension insurances, or vocational training funds. Those various measures, the increase in the financing of the LTC for the aged, the introduction of the voucher system as well as various forms of fiscal and social contribution exonerations aimed at supporting the formalization of care-work provided by friends and relatives. In the context of domiciliary social services, undeclared work is supposed to have dropped from 50% in 1996 (Flipo: 1998) to 20% in 2015 (Credoc: 2017).

Despite those conditions often considered as fair in a comparative perspective (Ungerson, 2005), the employment by APA recipients of family or friend caregivers is not

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8 Calculation by the author on the website of the voucher Cesu: https://www.cesu.urssaf.fr/decla/index.html?page=page_estimer&LANG=FR
developed. From the available data, we know 13.4%\(^9\) of the overall domiciliary, LTC expenses are dedicated to the employment of independent caregivers. Over this general proportion, the part of family and friend caregivers is not documented by the official statistics. In the context of the empirical research on which this paper is based, I had access to the internal statistics of one French département\(^10\) (over 102 entities). In this only case, half of the general budget dedicated to the direct recruitment of independent caregivers was directed to “family caregivers” [this was the categories used by this local administration]. This corresponds to about 5% of the APA beneficiaries of the département Isère, in the Alps. From that partial information, we can estimate that over the 759 330 APA beneficiaries who receive domiciliary care in 2016 at a national level, we can estimate that 37 966 (estimation of 5%) to 53 153 persons (estimation of 7%) recruit remunerated family caregivers (Drees, 2018a).

This situation is understandable in the context of mistrust towards non-professional caregivers in the LTC policy framework for the aged in France. However, a specific policy aiming at supporting informal caregivers has been recently and progressively developed. This policy is not reserved to remunerated family caregivers but is open to all persons assisting a frail elderly of their family or circle of friends. Firstly, the 2015 law has introduced a right to respite for family caregivers. It finances only 500€ a year of supplementary care services to this purpose. Secondly, this law opens the possibility to increase the care package of an APA recipient of 992€ to replace the family or friend caregiver in case of hospitalization of the latter. Thirdly, in 2017 another legal provision of 2017 introduced the opportunity for any wage-earner taking care of a person to take a leave of 3 months that may be extended up to one year\(^11\). And lastly, in the aftermath of the national plan of 2008 dedicated to the Alzheimer’s disease, training programs dedicated to informal caregivers were as well very much developed in France. In spite of the reluctance to remunerate family caregivers in the context of the APA, the many measures listed here are a clear indication of how the French LTC system for the aged aims at enrolling informal, and unpaid caregivers into the task of LTC for the aged. Nevertheless, instead of making remunerated care-worker out of those family caregivers, the aim of the APA scheme seems to incentivise those people to conciliate gainful employment on the labour market with their involvement in LTC tasks.

It is consequently difficult to formulate a univocal statement about the possible trajectory of remunerated family caregivers of aged persons in the French system. The conditions of regulated employment are relatively good but they are concretely applied to very few people. The middle or long-term life course of those people should not be affected too harshly by their commitment in the caregiving of their relative. It should, however, be mentioned that the care packages are rarely sufficient to pay for a number of working hours that would both ensure to this people an adequate income as well as satisfactory social rights on the long term. On the other hand, unpaid family and friend caregivers have to carry the burden of conciliation, almost on their own, as the recent measures aimed at supporting both paid and unpaid family caregivers are scarce.

2.2.2. Employment, social rights and trajectories of family caregivers of persons with disability

The conditions for the regular employment of a relative as a caregiver are more restricted in the case of people with disability. It is impossible for a person with disability to use the PCH allowance to recruit his or her parents, children, life partner (married or not), a retired person or a person working full time. In this case, minimum but regular wage, employment contract, social contributions, social rights and entitlements, promotion of the vouchers, etc. are forms of recruitment that are not available to the closest relatives but may be open to other relatives or friends.


\(^10\) This is a rather ordinary French département, in the region Rhônes-Alpes-Auvergne, with a population of 1.2 million inhabitants, and an important rural area surrounding a rather important urban centre of 0.5 inhabitants.

\(^11\) Clearly differentiated from remuneration, this instrument is open to couples, friends, all family relations, etc.
However, the important categories of relatives that cannot be employed under those standard conditions can be compensated for the time they spend taking care of their relative with disability. In this case of mere compensation, the non-standard character of the employment is striking. Instead of a remuneration above or at the level of the minimum wage, the compensation rate’s level is 50% of the net minimal wage, i.e., 3,90€ an hour. This compensation is raised at 75% of the minimum wage in case the concerned caregiver has reduced his or her working time on the regular labour market of an equivalent amount of hours. The monthly amount of compensation for family caregivers is capped at 960€ for 35-hour of caregiving activity. In the case that the family caregiver (even parents, children etc.) is not regularly employed and that the person with disability requires constant or almost constant care, the monthly wage is increased at 1152€ (the minimal wage is in France 1171€ net). Compensation for LTC of a person with disability can be cumulated with a regular employment.

To make up, at least partly, for this very low compensation of the caregiving activity by relatives, several legal provisions granted them pension entitlements. The French national family allowance fund (CNAF) pays the social contribution for pension insurance calculated at the level of the minimum wage for the corresponding time of the person’s involvement in care. Since 2010, people who have ceased their professional activity to take care of a relative for at least 30 consecutive months will be granted full pension entitlement, as they will retire.

The life and employment course of family caregivers providing their activity under the status of compensation are at risk. The social contributions paid for these caregivers are limited to pension entitlements. This is important protection in the long run, although the lack of unemployment insurance or paid holidays represents an important impediment for the people at working-age. Parents, most of the time mothers, of children with disability tend to interrupt or reduce their work activity. The further work and income trajectory of these parents might get especially difficult after their child is institutionalized or has access to school.

Whereas the estimated number of family caregivers of aged is about 5 to 7% of the overall number, 52% of the LTC allowance for people with disability recruit a family caregiver, i.e. 155 168 persons (Drees, 2018b). Despite the poor conditions of employment and of social rights, the number of parents who decide to take care of a child with disability accounts for an important part of this group.

From this analysis of the French LTC schemes and of the employment conditions of family and friend caregivers, open to the population over 60 years of age and to the people with disabilities, we can draw the following conclusions.

Firstly, there are important differences among policy instruments. The employment conditions and the social entitlements of the remunerated family caregivers of people over 60 are regular. Specific and limited rights to respite or to leave are open to those caregivers. Theoretically, the persons choosing to enter this kind of activity should not be more at risk than over professionals. On the contrary, the standard situation of the remunerated family caregivers of persons with disability is much more precarious. The level of remuneration is very low and the social rights are limited to low-level pension rights.

Second, despite the fragility of their income and social entitlement situation, the group of caregivers of persons with disability, represents an important group of person, over 155 000 persons, 3 as much as the estimated number of remunerated family caregivers of aged persons. Most probably, the number of parents, mainly mothers, who are caregivers of their child with disability make up the bulk of this group.

Third, the way both allowances, the APA for the persons over 60 years of age and the PCH for the persons with disability expect family and friend of both groups to simultaneously be active on the labour market and participate to the care task of their relative. In the case of the aged LTC framework, the barriers to the recruitment of family caregivers and the incentive to opt for organized service induce family caregivers to stay on the regular labour

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12 The concerned persons should not work at all or earn less than 24 714€ a year on the labour market.
market. In the case of the caregivers of persons with disability, the conditions of recruitment and the social rights attached are so poor that they incentivise the family caregivers to be present on the labour market as well. Both cases are a clear exemplification of what B. Le Bihan, B. Da Roit and A. Sopadzhiyan, (2019) define optional famililization.

Lastly, the categories singled out in this institutional analysis such as employment-contract, social rights, compensation, wage regulation, etc. do not exhaust the reality of remunerated family caregivers. From both the official statistics stating how the unpaid of family and friends is important in care tasks and from our empirical research, we have been reminded how much the concrete working conditions of the family caregiver is difficult. Just to provide a mere example, working time is in real life a theoretical concept. Especially for the family caregivers who share the domicile of the people, they take care of, the limitation of working time is an abstract notion. They are concretely present, in many situations, around the clock and should be ready to assist their relative at any time and in any condition.

| Table 1: LTC framework and employment conditions of friend and family caregivers |
|-----------------------------|-----------------|-----------------|
| LTC scheme                  | aged (over 60)  | with disability |
| Cash for care               | Needs assessment| Cash for care   |
| Needs assessment            | Progressive co-payment | Needs assessment |
| Tax exoneration             | Strong steering of the implementation by street-level bureaucrats | Moderate progressive co-payment |
|                            |                 | Tax exoneration |
| Limitation on the recruitment of friends or relatives | Impossible to remunerate one spouse | Strong limitation to the regular employment of spouses, children and parents |
| Employment conditions of friend or family caregivers | Regular employment norms (work contract) | Mostly atypical and poor employment norms (no work contract for instance) |
|                            | Regular social entitlements | Partial social entitlements |
| Life and employment trajectories | Not particularly at risk | Insufficient income and social rights |
| Number of family caregivers | Estimation: 5 to 7% 37 966 to 53 153 persons (2016) | 52% of all recipients 155 168 persons (in 2016 / not 100% of those are employed under precarious conditions) |

3. Institutional categories and categories of understanding: a relational analytical framework

Clare Ungerson had listed the various forms of “cash in care” (Ungerson: 2000, p. 71). For instance, “Caregiver allowances paid by social security and tax systems”, “Proper wages paid by state or state agencies”, “Routed wages paid by direct payments to care users” are policy tools concretely organizing the remuneration of the activity of caregiver (Ibid.). As such, those policy tools relate to the world of institutions to one of the caregiving activity that takes place in the context of the family. One of the concrete mechanisms of this “organization” is categorization. By referring caregivers to “allowance”, “proper wage” or “routed wage” for instance, policy instruments attach caregivers to specific rights, duties, capacities, obligations, images… These elements fits with the idea according to which categorization refers to both the partition of the social world and the organization of social hierarchies, but as well that categorization is an attempt to impose an identity to an individual or a group, and to influence the behaviour of this person/group via this identity (Jenkins, 2000).
Categorization being an "external moment" in what Richard Jenkins defines the "dialectic of identity", there is as well the "internal moment", self-identification, which corresponds to the way individuals and groups see themselves. Institutions, especially when they are related to policy instruments that have some form of binding and public character can almost not be ignored by the persons who come to terms with it. However, they might remain external and rejected by the person or group of persons they are supposed to apply to. Most of the time, however, the persons are caught in various forms of "transactions" with these categories (Dubar, 1998). In many occasions, the tension between categorization and self-identification happens in the context of trajectory and social positioning. According to relational approaches, the individuals are not misled by “objective” institutionalized categories, nor are they caught in a “subjective” apprehension of their own situation. They are at stake with a tension between both those mechanisms and seem to negotiate (transaction) between both those dimensions, which evokes the mechanisms in terms of “negotiated order” (Strauss, Maines: 1993, p. 249).

In the case of family care-work, we have to do at least with two objects of categorization. In her typological analysis of various forms of remuneration of caregiving activities, C. Ungerson had focused on the tension between “regulation” and “non-regulation” on the one hand, as well as “care” and “paid work”, on the other (Ungerson: 2004: p. 191). In C. Ungerson's typology, the tension between "care" and “paid work” is however not only about remuneration as it involves as well elements of regulation of the recruitment and at some point credentialism of the caregiver. On the same time, regulation deals both with the care activity and the employment relation, but concerning social rights, wages, working time, etc. In my view, it is important to focus on the regulation of two key dimensions of remunerated family care. The activity of care, i.e. care work or care seen as labour would be the first dimension. The employment dimension of the family caregiver, which relates to the remuneration, the working time, conditions, the social rights, etc. would be the second one. Both those regulations of care work and the regulation of the employment of the family caregiver organize the relation between the institutional order and the order or family relations.

In most cultures and settings, family ties assume specific moral and social obligations such as dedication, duty, moral debt, (gendered) and normatively justified assignment of tasks and roles to specific family members and the like (Tronto, 2013). Family norms are perceived as the ones of privacy, intimacy, liberty, personal choices, and independence from external forms of regulation. In secularized societies such as France however, the law codifies some basic principles organizing the relations and the duties amongst family members. The Napoleonic civil code of 1803 stated the principle of mutual aid amongst spouses. This principle founds the impossibility of the remuneration of a spouse in the context of both LTC allowance for the aged and for the people with disability. This close interaction between the universe of the family and the one of the institutions is crucial as it has frozen and standardised basic normative principles relevant in the values of the population. As Vivian A. Zelizer (2005) has shown in her work about money and intimacy, that most people, in their day-to-day life, tend however to negate the strong relations and the many interactions between family values and institutions.

On the contrary, institutions, as well in the domains of LTC and work/employment that matter here, are the results of processes of publicization, politicization and standardization of norms and practices. Apart from the fundamental but often-negated interaction mentioned, family norms and institutional norms are in many respects unsympathetic to each other. Regulation of both the labour of care and the employment norms are attempts by the institutional order to organize LTC and employment in the family context.

This confrontation between micro or meso level family norms analysed in a socially and culturally diversified society and macro-level institutional ones may lead to rather scattered research results, in line with the "multiplicity of perspectives" emphasised by A. Strauss and D. Maines (p. 252). In her work inspired by a similar relational perspective,

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13 In the British case, C. Ungerson noted that the regulation of the direct payment scheme of the time « forbids the payment of relatives (the list of who is vetoed reads very like the list at the end of the Anglican Book of Common Prayer of whom one cannot marry) » (Ungerson : 2004, p. 190).
Michèle Lamont had shown how individuals make sense of their social situation by distinguishing moral boundaries (relating to personal values such as “honesty, work ethic, personal integrity”), socioeconomic boundaries (focusing on “social positions as indicated by [people’s] wealth, power or professional success”) and cultural boundaries (concerning “education, intelligence, manners, tastes...”) (Lamont: 1992, p. 4). The striking result of M. Lamont comparative analysis of a social group in France and the United States is the coherence, at a national level, of the significance of those symbolic boundaries and of the way people make sense of it.

This would point to the idea of diffuse, shared understanding of what is “just”, “fair”, what “should be” and evokes what Edward P. Thompson has framed as a moral economy. He defines this as "a popular consensus as to what was legitimate and what were illegitimate practices in marketing, milling, and baking, etc. This, in turn, was grounded upon a consistent traditional view of social norms and obligations, of the proper economic functions of several parties within the community (...)” (Thompson14: 1971, p.79).

4. Methodology

At this stage, I shall not presuppose either coherence or dispersion of understandings and positions of the family caregivers towards the various institutions and formulated policy instruments that go with duties, guidance and other forms of privileged or disqualified behaviours. To face the possible (and verified) plurality of expressions, reactions, positioning, understanding of similar policy instruments, our research project team has developed a methodology inspired by the approach in terms of grounded theory. I shall however first present briefly the entirety of the research project and come back thereafter on the methodology of empirical research and its interpretation.

The Caisse Nationale de Solidarité pour l’Autonomie (CNSA) is the national state agency, which in France manages and allocates the bulk of the money supporting both the aged with impairment and the people with disability and of the caregivers. The research service of the CNSA proposed our research unit in Paris to work on the effects of remuneration on informal, family and friend caregivers of either frail elderly or person with disability. We proposed a project research of 36 months based on three principal research operations. We could constitute a group of 6 researchers, sociologists and political scientists, all working (short) part-time on the project15.

First, we proposed an analysis of the policies of both mobilization and remuneration of family caregivers. This included not only the presentation and analysis of the laws, schemes and measures but as well of the on-going debates about the remuneration of informal caregivers within the policy network of age and disability policies in France (Giraud, Trenta, 2017; Touahria-Gaillard, 2019). This first phase gave way to about 20 interviews.

Second, we picked two contrasted départements in France in which we would proceed to the empirical analysis and interviews with the family caregivers. We chose the département of Seine-Saint-Denis, a mostly poor, densely urbanized zone on the North of Paris, with a high unemployment rate, as well one département in the region Rhône-Alpes-Auvergne, Isère. This second département is richer than the national average, has a lower unemployment rate. There is a rather important urban centre in the French context (almost 500 000 inhabitants), an extended rural area, as well as a vast region of mountains. In both these départements, we run a policy and implementation analysis (about 20 interviews in each case). Aim of this analysis was to understand the way the national policy strategy was possibly transformed at local level and gave way to specific implementations. After rather long negotiations with the local authorities in the context of data protection constraints, we could get access to listings of beneficiaries, in the case of one département only, with the identification of the people spending all or most of the allowance on family caregivers.

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14 E. Thompson had introduced this notion in his famous The Making of the English Working Class, 1963.
15 Jacqueline de Bony, Olivier Giraud, Anne Petiau, Barbara Rist, Abdia Touahria-Gaillard, Arnaud Trenta.
Thirdly, the phase of interviewee selection was rather long. We did not want to pretend for any statistical representativeness because we would run a qualitative methodology based on in-depth interviews and because we did not know what variables would matter the most to diversify the panel of our interviewees – Working time? Degree of impairment? Nature of the family tie? Income level?, etc. We decided to vary as much as possible the type of area (more or less wealthy, more or less urban/rural), the gender of both caregivers and care receivers, but to focus on people with an important care package. A further obstacle was that we would get from the administration only the contacts of the beneficiaries of both the APA and the PCH, which are allowances/budgets with which the people remunerate their family or friend caregiver. In many occasions, the beneficiaries were not capable of answering the phone calls we made at their homes. So we would directly be in touch with the informal caregiver, who could then directly accept or refuse to be part of our research. Finally, we run 59 interviews. The duration of each interview varied between one and two hours. Some of them largely exceeded two hours. We noticed from the very first interviews passed – almost always by two researchers because of the very heavy emotional load of most situations – that the issue of remuneration in itself was not central to most informal caregivers.

Every interview was transcribed by a professional sociologist. We then embarked on the long and collective work of coding of the 59 interviews. We first elaborated a list of almost 100 issues, organized in 5 themes (family configuration, caregiver life course, concrete care tasks and activities, policy schemes, remuneration). Following the recommendations of grounded theory (Charmaz, 2006), we had various discussions aiming at simplifying the coding, i.e., grouping items, and at trying to homogenise our coding procedures. Those exchanges were the first occasions to identify salient themes and issues, as well as typical settings and opposition in the way our interviewees reacted to specific dimensions of the remunerated care-work. The transition between the elaboration of the analytical grid and the analysis of the material itself happened progressively. Once we had stabilized a coding logic, we shared the work of entering the codes for all the 59 interviews in one database and used to that purpose the software Nvivo.

The various members of our small team were assigned to a specific issue relating to care-work and remuneration. Family, life courses, money, care activities, and work/employment were the five structuring issues in the analysis. I was assigned the issue of work/employment. I will present the research results in the next and last section of this article.

5. Research results – Self-identifications and transactions

I shall present here the results in two main steps. First, I will carry on with methodological aspects that reveal some first research results. This deals with the mapping out of the specific terms that most interviewees would spontaneously use in talking about their remunerated caregiving activity for a family member or a friend. Those spontaneous categories correspond to the self-identification the informal caregivers have of their activity of remunerated. The rest of the results concern themselves with two salient issues and cleavages revealing how the interviewees relate to the institutional categories of remunerated care. Those issues structure the transactions the remunerated caregivers have with those institutional categories. The first issue concerns the very possibility for those informal caregivers to consider their activity as a work or an employment. The second issue deals with the reactions of these informal remunerated caregivers to the conditions of their employment as well as the social entitlements that are (or are not) attached to this activity.

• Help, labour and "job: the mapping of self-identification categories

The analysis of the mass of discourses that came out of these 59 long interviews was facilitated via the use of the content analysis software (NVivo). Thanks to this, I could screen
the material and provide a first mapping of the relevant pieces of discourses tackling the issue of work and employment. However, the software is not enough to analyse the original and at some point unexpected spontaneous discourses of the informal caregivers. This is so precisely because the actual wording of the interviewees frequently does not correspond to the more official categories. From the repeated readings of many interviews, I had understood that the interviewees use three ways to make sense of their position as remunerated caregivers of a member of their family or a friend.

Firstly, most interviewees do not formulate their caregiving activity of a family member using the vocabulary of work, labour or employment, but the term that is the more frequently used is “help” (aide in French). This wording relates this activity to the universe of family duties, debts, and commitments.

Second, the term of “labour” (travail), understood in the sense posed by Hannah Arendt (1958) as the repetitive activity, for instance of the domestic life (a similar sense if to be found in the definitions of care by Johan Tronto (1993), but as well as a tiring activity.

Thirdly, the term employment (emploi in French) is never used spontaneously by any of our 59 interviewees. However, people would spontaneously very frequently use the English term “job”, which is a way to express in French an employment with poor conditions or a way to show a form of distance to a specific employment. In the absence of the explicit use of the terms emploi, job, or travail (which at some point can be used in the day-to-day language as a synonym for employment as well), it was possible to identify discourses about employment issues via the mention of working time, workload, fatigue, stress, level of remuneration, social rights and the like.

**Cleavages and transactions**

The relations between those three terms are not symmetrical. However, those three concepts suffice to summarize, even if in a rather sketchy way, the transactions remunerated family caregiver have with institutional categories. The analysis of the interviews pointed to the importance of two specific cleavages. The first cleavage is about the acknowledgement of the status of remunerated caregiver. Is it received as a more or less regular labour, work or employment (“job” in French)!? Or is this activity first and foremost an informal activity of help, or simply something, which would be ill-defined by the categories imposed by the institutions? The second cleavage deals rather with the employment conditions and social rights attached to the status of family caregiver. The employment aspects of this remunerated activity are considered in this second point.

**Can family caregiving be considered as a job?**

In the first place, the issue of the acknowledgement of the caregiving activity as an employment or even a labour is a salient issue for many family caregivers. In the following case, the person relates the impossibility to acknowledge the situation as work with based on the relationship she has with the relative she takes care of.

“In fact, I have almost always taken care of him. And I didn’t want to become a caregiver [she mentions the official remunerated category], because I thought: “working for my grand ‘pa? This doesn’t make any sense… I did not want to work form him. He is my grand ‘pa and I don’t think of these things. I do my job ['je fais mon travail' here in the sense of I do my duty]”

Women, 29 y.o., remunerated caregiver of her grand-father – 600€ for the 81 monthly hours of care-work, plus 290€ of low wage support (RSA).

In some cases, money itself hinders the relation to the status of remunerated family caregiver.

“I am not at ease with this notion of being remunerated. So I am lucky enough to be doing a job that I like, with a wage that suits me. I can imagine that this is something that might correspond to other people. (...) And then this notion of working less, but to get a
remuneration, this is an embarrassment to me. This notion of money that comes in...I am not sure I can really make sense of it, but this embarrasses me.”

Woman, 65 y.o., regular caregiver of her mother, refused to get the APA money for this help, still works full time in a care home for children with disabilities.

In other cases, the labour content of the activity is assessed, like in the following case.

“No, this is not a job. But... well... No, this is not a job. One could call that a constraint, but this is not a job. This is not...Then, the rest... well, I think, this is like everything else. This is part of the ritual, a ritual. So when one goes to bed, you go in the bathroom and wash your teeth, then get undressed... The only thing is that here, you do this for two people. This is more that than the awareness to be a family caregiver”

Man, 40 y.o., remunerated caregiver of his wife (disability, high level of incapacity lifts the impossibility to pay a spouse), 130€ a month for this activity.

In some cases, the refusal of the identity granted by the institution is very direct and explicit, and people sound almost offended by the fact that the institutions want to turn them into "employees" of their relative.

“This is not a job for me. I don't think that this is a job. It's not because the APA gives money, that I have to become a worker [an employee]. I don't think like this. The APA gives money to help a little bit. They give money so that I don't have to work someplace else. This is what I think.”

Woman, 34 y.o. remunerated caregiver of her mother – 655€ for the 81 monthly hours of care-work, plus 290€ of low wage support (RSA).

For some caregivers, the refusal of the categorization by the institutions focuses on the professional category (auxiliaire de vie, direct care worker) applied by the LTC schemes in the French system.

“For me, the minute somebody says ‘auxiliaire’ [direct careworker], I say: ‘I take care of him’. For instance, when I say ‘auxiliaire de vie’, they don’t know what it means auxiliaire de vie. They don’t know. ‘I help him. I take care of him’. There, they begin to understand. When they say ‘caregiver’ [aidant in French, which relates more to the informal dimension of the activity], for me, this is it! I am more a caregiver than an ‘auxiliaire de vie’. To the people, I rather say that I help him than that I work for him. You see? This is more help than work”.

Woman, 29 y.o., remunerated caregiver of her grand-father – 600€ monthly of income for a full-time occupation as care giver.

Finally, some persons refuse to consider the status of remunerated caregiver to be fair because the working conditions attached to this status are not fair and cannot be fallaciously be taken for regular conditions. This position relates at some point to the second dimension. However, the very nature of the remunerated caregiving activity is at stake here.

“... but of course, when I compare this to other jobs, I say to myself, ‘but look at that, look at this guy... He will start at this or that hour... Me, I do 12 hours. This other guy he will go to work at 8 in the morning, but then he finishes at 5pm and then he will be home. And he will get breaks during the day. Me, these are working sessions of 12 hours, without any break”.

Man, 35 y.o., remunerated caregiver of a friend – 1300 to 1500€ for a fulltime occupation as care giver.

On the contrary, some people accept without a difficulty to be considered as workers.

“Yes. I am a wage earner. Because there is no difference with other people. This is a wage like any other wage. Really, there is no difference” (...). “Er... for me, I see him as my employer. I don’t put the story of cousins in this. No. This is definitely not a matter of cousins. Because, if we were cousins [she seems to mean: if he were to consider me as a cousin], he was not going to pay me. Now, I am working, and there is no deal of cousins in this.”

Woman, 59 y.o., remunerated caregiver of her cousin – 1600€ monthly of income for a full-time occupation.

In the same vein, people care to say how they fit the conditions that make the remuneration a real job. For instance, the following interviewee would assume his professional identity as an
‘auxiliaire de vie’ (direct care worker) and assume as well the relation of subordination that characterizes the status of a wage-earner.

“For me it’s auxiliaire de vie. Me, [in the past] I helped him. Now, I work for him. Now, it is like if he would be my boss. Him, he is my boss now. And me, I am the employee. I see this like that. For me, I am a worker. I work for him. That’s all. (...) In fact, when I am with buddies, I say them ‘Well, it’s my friend, I take care of him’. But when I am with people I don’t know, I say I am a direct care-worker’ ”.

Man, 35 y.o., remunerated caregiver of a friend – 1300 to 1500 € for a fulltime occupation as caregiver.

The relations of various informal caregivers to the categories organizing remuneration are rather tense. Many persons simply refuse to be talking about work, labour, job and want to conceive their caregiving activity as a relation of help. If one sees the remuneration of family care-work located at the intersection between the sphere of family relations and the one of institutional regulation, these caregivers chose to value the familial character of their activity and to negate its public and institutional character. Those persons value their family ties to their parents, grandparents, children, friends... and they understand the interference of institutional norms as an intrusion. In various interviews, appears a supplementary tension between the categorization of the relation – help versus a remunerated activity – depending on the sphere in which those identifications are used: close circle of family or friend or larger, unfamiliar audience. Some persons as well distance themselves from the status of remunerated caregiver by refusing one of its key aspects, such as the profession attached to the status.

Taking a contrasting position, some caregivers have – or care to say – how they have a very normal and standard relationship to their activity. They would consequently as well accept all defining criteria of regular employment, for instance as well the relation of subordination to their employer.

The many ambivalences of the employment status

The second point of cleavage goes to the relation of the informal caregivers to the employment status they are assigned to. The remunerated caregivers mention frequently the various shortcomings and ambivalences of their status. In the following case, the interviewee insists on the ambivalence as he considers his caregiving activity to be a real job. This person as well suffers from the lack of social entitlements attached to his activity as remunerated caregiver of his disabled son. In this status derived from the PCH scheme, he has to, fictitiously stay on the labour market, to benefit from health security coverage. The obligation of, even fake conciliation and commitment to the labour market is well comprehended by the remunerated caregivers, even if it is received by them as a form of provocation by the institutions.

“Well... this [is not really that I would expect to get] a status as a wage-earner. But that it would be acknowledged as a full-time job. This is a lot of work to be a caregiver. This is no fun. I get social security [entitlements] as long as I am covered by the unemployment insurance. But what will happen after I leave this? I won't have any social security, I will have nothing. So even if I don't get anything from them [the unemployment insurance], I have to stick to the unemployment office, to get social security. That's the thing. If I am not a job seeker, I don't have anything anymore. That's it. This is the worst. The point is that I am not asking for a job. I want it to be acknowledged. There, this is it. This not complicated huh?”

Man, 54 y.o., caregiver of his son, a person with disability, 941 € monthly for a full-time activity of care (PCH – compensation).

The lack of realistic means to get a respite raises the level of dependency of the caregivers to their jobs and highlights the atypical character of this employment. In the following case, the caregiver could not take a sick leave in spite of her condition.
"I could almost never get a sick leave. But what is the use of it? Even if I go to my doc and he tells me 'you need a sick leave – when do you go back?'... Then I say, 'well my mother, you know'. So no sick leave because I work at my mom’s. So I go on, even though, I am sick. But I can’t officially call in sick.”

Woman, 41 y.o., caregiver of her mother, 780 € of APA remuneration (number of hours unknown).

The continuous solicitation and the non-respect of working time regulation is another very difficult and contradiction between the categories as they are framed by the regulation and the reality of things.

“All in all, this is a real work to be a caregiver. This a very hard job. You have to accept it as it is. I would not do it as a [regular] job. I would not do it for another person [then my relative]. However, if I find a job to go to a lady in the morning and then get back home in the evening, then yes, I’d be happy to take it”.

Woman, 56 y.o., caregiver of her mother, 1131 € of APA remuneration for 138 monthly hours.

The remunerated caregivers as well notice the hypocritical character of a system that has to be aware of its shortcomings.

“The APA gave me money to take care of my parents. So they gave me a certain... But I... This is fine... I mean, I don’t mind cleaning up my parents’ home. Even if the amount of APA hours is not sufficient. Those are my parents, and I wouldn’t even bother. If I have to stay one more hour, I would do it. I get down to drive them to the doc, well, I manage. (…) The APA knows that I work on Saturdays and Sundays. One could not say ‘Well, we are going to work from Monday to Friday, but then on Saturdays and Sundays, you have to figure out’ [démerdez-vous]”

Woman, 63 y.o., caregiver of her both parents, APA remuneration, unknown amount.

However, the fragility of the employment status has as well to be related to the complexity of the situation. The status and the financing are mostly coming from the public hand, however, the employment relationship is concretely implemented in the context of the family. For various caregivers, ambivalence is related to this dimension as well.

“Oh no, I don’t have an employment contract with my parents huh. No, I could not imagine making a contract. The person who was there before me had a contract, but I don’t have one”.

Woman, 56 y.o., caregiver of her mother, 1131 € of APA remuneration for 138 monthly hours.

Informal caregiver relate in various occasions with criticism to the categories making up the employment status that is assigned to them. In the first place, remunerated family caregiver state that if their activity were to be considered as regular employment, then the social entitlements attached to this activity should be the ones of regular employment. Secondly, they deplore the lack of realism in the way their working conditions are considered. Working hours and effective capacity to take a leave were here explicitly mentioned in the interviews. The last point, however, goes to the structural ambivalence of an employment relationship that concretely takes place in the context of a family, in which prevails the specific order of family relations. The prevalence of these relations justifies the superfluous character of an employment contract but as well why this is concretely impossible to take a leave, even not a sick leave.

From those various analysis, it appears that the ambivalence of the employment norms of remunerated caregivers is strengthened by the poor implementation of those employment forms.

Conclusion

This paper intended to develop an analysis of the regulation of both care-work and the employment conditions of remunerated family caregivers of both frail elderly and persons
with disability in France. More precisely, it has first provided an analysis of the policy goals attached to the institutional regulation. It has secondly focused on the way remunerated family caregivers would concretely relate to the categories imposed on them by the institutions. The research results presented in the paper can be summarized as follows.

Firstly, the French LTC framework is frequently said to foster relatively standard conditions of work and employment. However, the policy analysis presented in section 2 draws a much more contrasted and ambivalent picture. On the one hand, policy regulation of remunerated family care-work and employment is in the case of the frail elderly, indeed rather protective, for it applies to this activity the standard norms of employment. Nevertheless, the steering of the LTC scheme for the aged discourages the recipients of the LTC allowance to hire informal caregivers and supports the recourse to organized care services. On the other hand, the policy regulation of remunerated care-work in the case of people with disability creates conditions of work and employment for the family caregivers that are far less protective. In spite of this contrasted regulation, the total number of informal family caregivers of persons with disability is three times more important than the one of caregivers of frail elderly. The policy analysis has as well shown that the concrete implementation of both schemes is most of the time weak. Other recent measures dedicated to the support of family caregivers are as well feeble and foster the conciliation of a family caregiving activity and labour market participation.

Secondly, the interpretation of an important number of in-depth interviews of family caregivers had provided results on how the concerned person relate to the categories attached to the regulation of both their work activity and their employment conditions. To the first issue, it appears that remunerated caregivers relate in very differentiated ways to their care-work activity. In several occasions, people tend to refuse to consider this activity as work and prefer to identify themselves with the notion of help that makes sense in the context of their family ties. Official categories such as the profession attached to this care-work may as well be rejected by family caregivers. Some caregivers, however, understand their activity as remunerated caregiver of a family member as a totally standard and "normal" work. This type of reaction is principally to be found in the case of caregivers of aged. The second issue concerns itself with the employment conditions and the social entitlements attached to the status of family caregiver. Family members, mostly parents, of persons with disability criticise the lack of social rights attached to their jobs.

More generally, both remunerated caregivers of aged as well as of people with disability deplore the lack of realism in the steering of their employment conditions. In their concrete situations, caregivers in many occasions have no control over their working time and no concrete capacity to interrupt their activity, even in case of sickness. Several caregivers are aware of the ambivalences of the employment status and the employment categories channelled to them via the institutions of the French LTC policy. In various occasions, however, it appears as well that the ambivalence of these employment norms is as well the consequence of the "negotiated order" the caregiver settle at the intersection between family and institutional norms. The almost general absence of work contract is an illustration of this mechanism.

Family caregivers come to terms with an intense work of negotiation between the order of the family and the one of the institutions. The transactions organized between their family values, or rather in many occasions, their family histories on the one hand, and the constraints and opportunities attached to the categories of care-work and employment regulation on the other can be summarized as follows. The institutional regulation and the categorization it seeks to impose on remunerated family caregivers are considered by their addressees with distance and criticism. They would reject any categorization they judge as incompatible with their family or personal norms as well as norms to them ambivalent or even contradictory with claimed policy goals.

The little number of interviews quoted in this exploratory paper reveals, however, the diversity of reactions, positions, understandings developed by remunerated family caregivers. The notion of moral economy as developed by Edward P. Thompson implies the idea "of a consensus in the community" about legitimate values, and an appropriate and shared sense of what is fair and unfair. The interpretation of E.P. Thompson's concept by
Didier Fassin highlights the idea that there are two key elements in the concept developed in “The moral economy of the English crowd in the 18th Century”. For him, it defines on the one hand "a system of exchange of goods and service provision" (Fassin: 2009, p. 1243). This idea characterises a pre-capitalist form of economic development and social cohesion. On the other hand, the moral economy is "a system of norms and obligations". As such “it orients the judgements and the acts and characterizes what should and should not be done” (Ibid., p. 1243-1244). Both those elements might nicely be adapted to family relations, which are as well based on commitments, debts, exchanges of services and duties. Those economical aspects being grounded on shared values, representations of what is fair and unfair. At this stage of the analysis, I am not sure that there is a real coherence and that the term “community” used by. E.P. Thompson may apply to the variety of the persons we have interviewed for the sake of our research. However, the transactions family caregivers come to terms with between the order of the family and the one of the institutions, which de facto relate to income, social rights and working conditions resemble very much the perimeter of mechanisms and issues defined by the great English historian.

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