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## **Local Care Services Reflection on the Conditions of their Emergence and Development**

André BARCET and Joël BONAMY<sup>1</sup>

*Local care services are making a comeback in the headlines (with the Borloo plan, CAE report). The development of this market (or markets) and the policies linked with them nonetheless give rise to problems.*

*This article seeks to identify the levers on which current policy can rely to become effective and emphasises the shortcomings that need to be resolved to ensure impetus. It attempts to specify certain macrosociological and macroeconomic conditions, and analyse the conditions specific to demand and the constraints in building efficient supply that may explain the failures of the policies implemented so far.*

*Key words : local care services, innovation, Supply of services*

### INTRODUCTION

Local care services have returned to the forefront of the economic and social scene, due in particular to the Borloo law<sup>2</sup> on personal care services. Following a report<sup>3</sup> presented to the Council of Economic Analysis, the hypothesis that these types of

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<sup>2</sup> The Borloo law was presented before the French Parliament in June 2005

<sup>3</sup> Cahuc P., Debonneuil M. , 2004

services could result in the potential creation of some 500,000 jobs, thanks to the implementation of this policy, was reasserted.

The development of local care services is a regular subject of economic and sociological reflection.<sup>4</sup> The results obtained from the policies implemented are often felt to be deceptive<sup>5</sup>, due to the low numbers of jobs created, low wages, and poor working conditions offered (part-time work, job insecurity, difficult organisation).

This article does not attempt to cover all the issues concerned by this sector; rather it attempts to stir reflection on certain aspects of the difficulties involved. The advantage sought is not only to present an analysis of what is happening in the sector, but to examine the underlying question of the conditions required to foster the emergence and development of this market. This question is often ignored by economic theory, as analysis is focused more on how markets operate, competitive systems and price determination.

Nevertheless certain theoretical approaches postulate the existence of conditions required for the development of markets, which is the case in particular of the theory of institutions and the theory of regulation. We use these two approaches to identify the conditions that appear difficult to bring together in France, and which may explain the problems impeding the growth of Local care services.

Our central premise is that the conditions of supply and particularly the conditions of economic and social innovation involved in its conception play a fundamental (though non-exclusive) role in encouraging the emergence of a new solution for needs that are potentially identifiable though whose main characteristics are poorly defined. These conditions of supply are set out not only at microeconomic levels but above all at macroeconomic and macrosocial levels.

We briefly recall the stakes relating to these activities, then examine how economic and social institutions can permit identifying the barriers to their development and, lastly, examine how conditions of supply can help to overcome these barriers.

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<sup>4</sup> As observed by Laville J.L., (1992), Gainsbourger F. , (2001), Haddad P.,(2003)

<sup>5</sup> The level of deception depends on its interpretation. The private employment sector counts more than 2 million employers, more than a million employees and a wage bill of more than €6 billion.

## THE STAKES OF LOCAL CARE SERVICES

The definition given to local care services is vague and several notions evoke similar activities, in particular health care services, home help and living environment services. The actual activities and procedures involved can differ according to the definition chosen<sup>6</sup>. Whatever the case, these notions all share aspects of personal daily life and social and community dimensions (Barcet A., 97; Du Tertre C. 97).

Whereas a service provides an advantage through the effects it produces (Barcet A., Bonamy J., 1998), the development of local care services implies a plurality of effects: some totally private; others for the benefit of the community. In addition, although local care services lead to solutions to individual problems and needs, they also play a role in the general organisation of life in society and in the social relations forged between people. These services currently have strong implications in the organisation of local lifestyles, making it possible to “rethink” and “reinvent” conceptions of time and space. Indeed, underlying these services are questions of how each person uses their time, the specialisation of individual time and its links with family and the community, and the quest by certain persons for greater temporal flexibility while permitting the development of time spent for the benefit of the community. Potentially, the development of local care services plays a role in types of intergenerational exchange<sup>7</sup>, relations between individuals and social relations. Three additional dimensions permit measuring some of the stakes involved in developing these services:

- taking into account certain needs or constraints at community level may be a condition necessary for organising the end-use of a commercial private service. Similarly, after World War II, setting up the Welfare State and “indirect wages” was a condition for the development of Fordist consumerism, and likewise nowadays with the takeover of responsibility of certain problems (for example, services for elderly and dependent persons, services for children outside school-time) may be a condition for the evolution of modes of consumption.

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<sup>6</sup> It is not the aim of this article to call these definitions into question.

<sup>7</sup> Local care services have been developed in particular for elderly persons, single parent families and families where both parents work.

- current trends in working methods in enterprises and organisations increasingly involve greater flexibility, especially regarding work time and periods worked. Consequently, the development of certain local care services (for example, childminding, helping children outside school time, repair services, meal preparation services) has become one of the conditions for obtaining flexible labour.
- Local performance has become an increasingly important stake. Although this involves a large number of dimensions (for example, cultural and scientific), demands for better quality of life give rise to the development of certain types of service that take into account the specificities of each area.

Local care services signify the development of exchange and take diverse forms. Schematically, it is possible to identify four conflicting configurations. However, from time to time they combine:

- the service is defined by a conception of public service or public organisation (government or local authority), which, in deconcentrated form, provides it;
- a family conception, in which the family becomes the employer;
- a social conception in which different types of associations with different objectives identify a problem to be solved and seek to obtain the finance required to provide the service;
- an entrepreneurial or business conception in which a segment of a profitable market is identified.

Thus the issue raised is that of identifying the factors capable of fostering the development of this exchange. What is at stake is not the development of the market but the development of “markets” (Polanyi K.; 1983, Latouche S., 1994) if we are to accept that the forms of exchange involved are not unique. One of the questions raised concerns in particular the conditions under which different types of activity can coexist coherently. Developing these exchanges involves setting up the necessary conditions and identifying institutional approaches.

This brief recapitulation is sufficient justification for emphasising the importance and stakes of ICTs when examining the problem of services today, clearly placing at the fore the emergence of a new, underlying economic paradigm, even if not all the elements are necessarily present or verified.

### ***The institutional conditions***

On the basis of the work done by Commons (Commons, J.R.; 1934) economic theory incorporates the question of institutions in understanding exchange phenomena, by making a distinction between transactions, institutions and organisations. We make use of North's distinction (1990) in which institutions are defined as a number of more or less formal rules. Hence institutions are the rules of the game and organisations are the players, the latter being considered as a group of individuals linked by common objectives. Therefore institutions play a fundamental role, particularly in the creation of mechanisms of confidence. One of the major debates in current economic theory is over understanding the mechanisms that generate confidence. In certain approaches (Lepage H., 1989), confidence is merely the result of market mechanisms, since if, by seeking their own interest, each actor accepts a transaction, a situation qualified as a state of confidence will result. On the contrary, institutional neo-institutional approaches tend to show that institutions are in some way prerequisites for the development of transactions and "markets". In particular Orléan (94) demonstrated that confidence was a prerequisite for carrying out transactions.

Hence, by transposing the hypothesis formulated by Phelps E.S. (2003) in his comparison between the performances of the American and European economies to local care services, we postulate that the poor performance observed in the development of local care services in France should be attributed chiefly to institutional failure. The question raised is that of identifying the underlying problems. We shall distinguish between two sub-groups of questions: Socioeconomic questions that concern the entire functioning of society and questions specifically related to services and more precisely to local care services. The first are analysed on the basis of a notion of socioeconomic behaviour, while the second on the basis of building the service.

### ***The conditions of socioeconomic behaviour***

An increasingly large body of work emphasises the differences in the concrete functioning of so-called developed economies (Amable B.; 2005), due to different

social systems or, in the light of the theory of conventions, social conventions that involve both specific institutions and compromises between groups of actors. This generates and causes socioeconomic behaviours that are more or less favourable to the development of certain activities. This in turn must be linked to the often informal institutional dimensions that structure a society and define its dominant orientations and form barriers against certain changes.

Societies have greater or lesser degrees of acceptance (or refusal) that manifest themselves in concrete forms in social life. It would certainly be possible and desirable to modulate certain of the assertions made later on, though French society nonetheless has dominant characteristics that can be identified by sociological surveys (Mermet J.CL., 2005; Rochefort R., 2001; Social data, 2002).

The table below identifies some of the current characteristics:

**INSERT : TABLE 1 : SOCIOLOGICAL CHARACTERISTICS : INFLUENCE ON BEHAVIOURS AND IMPACT ON THE DEVELOPMENT OF LOCAL CARE SERVICES**

One theme seems to stand out from the table above, that of factors favouring the development of certain obligations and behaviours permits hypothesising that there is a growing need for local care services, since these factors appear to be relatively strong. However, the negative conditions are more oriented towards the creation of activities and their development, thus the barriers above all concern the conditions of supply. This situation is somewhat paradoxical, and it is clearly quite different from what is found in other countries, for example in the United States and Northern Europe. In conclusion one may make the hypothesis that institutional forms, especially informal ones, lead to (or correspond to) behaviours that for some people are hardly favourable to the development of local care services.

### ***Conditions specific to local care services***

Certain aspects directly linked to the characteristics of services also involve explicit operating conditions. Three necessary conditions are dealt with briefly below:

1. performing a neighbourhood service involves inter-personal relations insofar as some of these services are strongly tied to the private lives of persons and families. The question of confidence is therefore particularly cogent, especially since these situations can imply circumstances giving rise to opportunistic behaviour and correspond to asymmetries of information (Haddad P., 2003)
2. The performance of an activity involves a constantly reactive cognitive process, since the situations in which the work is done are potentially subject to change. Undoubtedly, in each activity technical aspects exist that match identified cognitive processes that are in some way controlled and thus subject to apprenticeship outside working situations. However, other dimensions of these activities require that knowledge be constantly updated, as it is not stabilised or codified. This knowledge has to be produced jointly with the beneficiaries. It is not only necessary to perform each activity in practice, this performance is also one of the conditions required in order to obtain confidence. Such concrete performance must endure and thus form the specific conditions for organising a process of supply and the repetition of this process. The cognitive process is therefore never finalised and so must be constantly refreshed.
3. Certain local care services, especially those carried out in the home of the beneficiary, raise the specific question of the conception, organisation and control of the object, place and context of the work. In traditional industrial situations, the producer has strong control over the object of the work performed, the organisation of the work process and the definition of the places given to each tool and act. Although this control does not exclude variations, the unforeseen and incidents, it is the prerequisite for rationalising work, standardisation and thus possibly increasing productivity. When providing a service in the home, the object of the work and context in which it is done do not belong to the service provider; what is more, it cannot be modified or made malleable. This control over the object and context strengthens the cognitive conditions of the activity mentioned above, though it must contain a specific action so that the actor can appropriate it. Hence the conception and construction of the supply must integrate this uncertainty. Even in activities that may appear simple, such as housecleaning and delivering meals, conditions can vary and change greatly. One attempt to find a solution is to set up procedures, but a procedure remains a theoretical



programme that must be matched against the daily and concrete performance of each activity.

The three aspects of the service dealt with above evoke what we term a “trial” (Pomian J. and Roche C., 2002; Barcet et al 2004). Each activity is and becomes a trial, as it is a constantly renewed interaction in which standards and procedures must be interpreted and adapted. This also applies to the provider in their quest to control their activity and to the beneficiary and their family. The qualities required from the producer not only call for the technical qualities relating to the skill concerned, but for psychological, social and cognitive qualities, hence the often raised question of requisite qualifications and competencies.

### ***Conclusion***

The characteristics of socioeconomic behaviours and the specificities of local care services can therefore be perceived as a barrier to the development of the latter. These barriers are greater or lesser according to country and the type of service offered. Generally speaking we can consider that changes have occurred in the relations and links between the commercial, public and domestic spheres (Fougeyrollas 2000) (the commercial, the monetary non-commercial, and the non-monetary non-commercial). This reorganisation calls into question the very values on which societies and their histories are based. Overcoming current barriers and partitions is therefore primarily a question of re-founding and founding the necessary institutions.

## **CONSTRUCTING SUPPLY**

Starting out from the observation that developing local care services is proving difficult in the current context of French society, it is first necessary to examine the way supply is organised in order to find solutions. Obviously, this approach must face the criticism that financial conditions must be brought together to obtain solvent demand, according to the principle that although it is easy to identify needs, the monetary income of those whose needs are greatest are clearly inadequate, since services with high levels of human labour are expensive. This financial condition is obviously important, but seems dependent

on the organisation of institutional conditions and on setting up the conditions of confidence required so that “enterprises” can develop and clients and beneficiaries can convert their needs into demand. In other words, between the potential needs and more or less easily identifiable constraints and solvent demand, it must be possible to formulate demand in terms of precise characteristics, which implies identifying the commitments of each party. However, we think that this formulation of demand first requires an acceptable offer of supply. The construction of this supply may be the keystone without which demand and solvent demand cannot exist. Nonetheless, this condition of supply must be conceived not only at the micro-economic level of each supplier, but also at the institutional and macroeconomic level of society at large. This question overlies the implicit question of types of regulation. We shall raise three related questions: that of defining the commitments and quality of the service rendered, that of coordinating the different activities and that of the body responsible for evaluation. These three questions obviously have an essential impact on the system of supply itself.

### *The commitments of the service and its quality*

This question is directly linked to the definition of the service provided, not only for each individual enterprise, but also to clarify the role of each supplier over an entire area.

At microeconomic level, this definition supposes that the commitments made by the supplier and the implications for the client are clearly specified. The definition of specifications and a quality charter<sup>8</sup> are useful items, but the quality assurance process frequently underlying these is often not enough to define the result sought, since quality charters often focus more on “how” to achieve a result than on the result itself. This type of definition therefore implies defining what the process of the service and its possible adaptations will be, then specifying the qualifications and competencies required to perform the activity. The services provided are also differentiated since the actors involved have different objectives (the service providers are multiple), and the local and community implications must also be defined for each locality.

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<sup>8</sup> Such processes exist at present, although they are not widespread. An Afnor standard exists as well as the service quality standard from SGS-Qualicert.

At macroeconomic level, one can but acknowledge that the current situation has led to myriad actors and types of action, which we feel do little to simplify relations between supply and demand and fail to clarify the commitments of the parties involved. Indeed, the latter play theoretically different roles. Four situations can be identified:

- service firms: the firm performs the service, it defines the type of service provided, the level and types of commitment, it delegates and coordinates its employees and is finally responsible for the service;
- intermediate firms: these make available to a customer personnel that perform a service for the latter. The personnel are under the administrative responsibility of the firm, although the type of service and the reciprocal commitments are not its direct responsibility.
- agencies (or associations): these take care of the employee's administrative conditions for the employer, which is in fact the customer. Thus there is neither responsibility for the service provided or for the employee.
- private agreement by which the family becomes the employer to obtain the service it requires.

These four forms are undoubtedly the result of different and legitimate goals, but they lead to much confusion that hinder identifying supply and building confidence. In many cases, the more or less explicit aim is not to render a service, as the latter is merely a means for achieving another goal.<sup>9</sup> What is more, the latter two forms described are not particularly favourable for formulating and organising efficient, professional and lasting supply. The problem constituted by the household as employer is rarely that encountered by the firm as employer, rather it is more akin to that of a customer.

Also at macroeconomic level, the problem encountered by institutions is that of identifying the skills required and the adequate competencies needed to exercise them, and developing training<sup>10</sup>. This first requires strong capitalisation of knowledge on the realities of these activities and thus processes of analysis and research.

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<sup>9</sup> This other goal can be multifaceted: it often amounts to being capable of reintegrating handicapped persons in the job market and reducing the number of unemployed.

<sup>10</sup> Today this condition appears to have been clearly identified though remains to be wholly implemented.

### ***The question of coordinating the different activities***

Observation of specific localities shows evidence of a large number of initiatives, though a kind of atomisation at the same time. On the one hand, local initiatives appear to be thriving, with a considerable capacity for innovation and original positioning. On the other, each actor appears to develop their own perception that sometimes excludes actors close at hand. This leads to two questions:

- a family may need different services, it does not seek to obtain a specific service, but much more a solution that can be termed multidimensional. Consequently, its need is what we have termed “global service” Barcet et al 2002. The absence of a dimension may lead to none of the services being demanded. The need for knowledge of and access to a multifaceted supply is important, though this also implies that a minimum amount of coordination should exist between the actors, as links exist between their services. The financial dimension must not be excluded from this coordination, since it is increasingly frequent to find several methods of financing involved in certain real situations. The development of a concept of “quality of life services” may help this reflection to progress, since the concept of “quality of life” is necessarily multidimensional.
- The regional and local dimension of these services is another essential factor. The stakes are not exclusively individual. The question of an overall vision therefore exists, while the conception of the entire sector and the coordination of the different aspects remain to be defined.

### ***The question of evaluation and referral agent***

The question of confidence requires an evaluation process, which cannot be performed only by the actor committed; a third person is required who evaluates and certifies the results and practices. Quality procedures are being organised at present but they do not cover all the questions of evaluation, and in a more basic way the question of forms of regulation arise. These verify the implementation of professional practice and can include a conciliation structure, but they cannot cover the entire question of evaluation. This can only be done by an authority including public, local authorities, beneficiaries and providers at local level that examines the global evaluation of the production of the service and its results

and how procedures can be defined and recommended to strengthen local life. Thus the form that should be aimed at is “hybrid evaluation” (in the meaning given by Calon, 2001).

***Conclusion: what form of regulation?***

If we accept the view of C. Du Tertre (97), that local care services have evolved from regulation by a supervisory body (under the authority of a Ministry) to subsidised competitive regulation, it is therefore necessary to examine the form taken by this regulation.

Regulatory measures have been set up recently:

- tax regulations: application of a reduced rate of VAT (5.5%) on certain services; possibility of deducting the sums paid from income tax within a ceiling; the reduction of social charges in certain cases;
- legal regulations: possibility of several legal structures (private structures, associations);
- administrative regulations: the universal employment voucher as a means of payment and means of simplifying the administration of the employment contract.

This method of regulation tends to favour the development of solvent demand by lowering prices and organising competition between the different actors.

The new law adds two dimensions: the creation of a personal care agency (aimed at simplifying administrative procedures and monitoring changes) and setting up national labels.

Although these changes appear to be on the right track, the question that we have dealt with throughout this article, i.e. creating innovative and coordinated supply, has only been given partial attention. In terms of regulation, two problems must be solved: the question of the level at which regulation should be organised and its content.

Regulation at national level is certainly capable of providing an administrative, legal and tax framework, but it cannot completely solve the regional problem where the specificities of populations can be significant, and where problems of

coordinating different activities arise. Here a form of local relay point would certainly be useful.

The content of current regulation is once again oriented far more towards a policy of solvency, whereas the issues of innovation and the construction of this supply, its organisation, skills and competencies, and the content of the jobs remain underestimated.

## GENERAL CONCLUSION

The development of local care services has often been perceived as one of the elements capable in time of solving certain job problems in countries like France, in such a way as to return a large part of the population apparently excluded from the labour market to employment. This development has been more difficult than often expected and the results hoped for have not been realised.

Our reflection has led us to show that the construction and development of different markets involves formal and informal institutional conditions that are somewhat lacking at present. The emphasis placed on the financial conditions of demand is undoubtedly a positive element, but appears insufficient to forge the basis for lasting confidence. Thus we have sought to show that beyond identifying constraints and needs and the existence of solvent demand on the market, it is essential to conceive and build an acceptable, organised and efficient supply. It is precisely the identification of this supply that may transform potential needs into real demand. This supply must respond to the multiple dimensions of local care services, in other words it is not only an individualised and atomised supply that must be efficient, account must also be taken of the communities involved with the specific characteristics of local populations and the coordination of different activities with different purposes.

Beyond this construction, we think that a new issue may emerge in which precedence is given to new forms of organising the living environment under current sociological conditions rather than to the question of finding jobs for the unemployed. The response is therefore in the combinations of actions in which

different services provide organised local responses. It will then be possible to perceive the issue of employment as a consequence of this construction of new impetus.

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	<b>Rather positive effects</b>	<b>Rather negative effects</b>
<b>Macrosociological dimension</b>	<ul style="list-style-type: none"> <li>- strong acceptance of the breakdown of traditional family structures</li> <li>- increase of one-parent families</li> <li>- increase in the number of single persons</li> <li>- increasingly individualistic vision, and thus less community solidarity</li> <li>- strong division of work within the family</li> </ul>	<ul style="list-style-type: none"> <li>- strong tolerance of high unemployment levels</li> <li>- little obligation or incentive for the unemployed to find jobs</li> <li>- strong disparity in terms of services between urban centres and outskirts</li> <li>-</li> </ul>
<b>Tax aspects</b>	<ul style="list-style-type: none"> <li>- strong desire for a “public” service system</li> </ul>	<ul style="list-style-type: none"> <li>- growing refusal of high tax levels and tax increases</li> </ul>
<b>Consumption standards</b>	<ul style="list-style-type: none"> <li>- development of free time with chosen and non-restricting activities</li> </ul>	<ul style="list-style-type: none"> <li>- development of certain types of consumption with high potential for social perception and image</li> <li>- many households with low budgets</li> <li>- fairly strong motivation to save</li> </ul>
<b>The dimension of work</b>	<ul style="list-style-type: none"> <li>- increased job flexibility for many employees</li> <li>- increased flexitime in companies</li> <li>- development of flexible employment contracts</li> </ul>	<ul style="list-style-type: none"> <li>- minimum wage</li> <li>- poor development of “multi-employer” situations</li> </ul>

**TABLE 1 : SOCIOLOGICAL CHARACTERISTICS : INFLUENCE ON BEHAVIOURS AND IMPACT ON THE DEVELOPMENT OF LOCAL CARE SERVICES**