

National employer's organizations, trade unions and the reforms in home care for the elderly since 2020

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CES Conference, 28 June 2023

Panel organized by Virginie Guiraudon "Care work revisited: sectoral mobilization and policy responses during and after the Covid-19 pandemic"

Research question and focus

- *General focus of the COVICARE project:* the changes introduced by the pandemic for **home care workers** for the elderly
 - + At the national level in France and in other countries (Pascal Caillaud, Virginie Guiraudon, Clémence Ledoux)
 - + on workers and employers at a French subnational context (Marie Cartier, Marion Gaboriau, Eve Meuret Campfort)
- *The policy measures :*
 - The **health measures** adopted at the national level for elderly care workers (masks/ protocols/ vaccines)
 - the national **financial measures** (to compensate for lost wages during lockdown or illness (lay offs « *chômage partiel* ») / bonuses (« *prime Covid* ») in 2020 and 2021 in France / wage increases)
 - The organisational measures (creation of a fifth branch of the social security regime)
- *The approach: Welfare state policy* analysis (1) who get what, financed and governed by whom?/ 2) which practises prescribed / 3) when) (Daly et al. 2022) looking at the dynamics of inclusion and exclusion (Van Hooren 2018; Pulignano 2019)
- *Question : how to characterise the different policy changes concerning home care workers during and after the pandemic and how to explain them?*

We emphasize the lobbying role and intermediary role of **employers' organizations** in a fragmented sector with evolving and blurry government announcements.

Cf business power analysis (Baccaro and Howell 2017 ; Mercille and O'Neill 2021)

Research context and method

- The research and data collected for this paper is part of the **COVICARE project** : *Perspectives comparées des effets du Covid sur les politiques et les professionnels du care auprès des personnes âgées en perte d'autonomie à domicile*
- **Documentary data collection**
 - Systematic press review covering the February 2020-december 2022 period
 - Monitoring of the publications of the national stakeholders (web sites, newsletters, formulars etc.)
 - Monitoring of laws, decrees, collective agreements, impact reports or implementation studies
- **Semi-structured interviews with 20 national policy actors (administrations, trade unions, employer's organisations at national level), observations of events they organised** (on zoom or after the pandemic)

Plan

1. **Context** : a fragmented, unreformable home care sector before the pandemic characterised with bad employment conditions, labour shortages, turnover
2. A relative inclusion of declared home care workers in the access to rare public resources during the pandemic..... but with delays and differences in terms of amounts **in comparison to the health and nursing home segment**
3. Fragmentation logics **within the home care** sector during the pandemic in France
4. The **lobbying role of employer's organisations** in giving access to rare public resources to home care workers
5. Measures **preserving the interests of the employers**
6. What did the **pandemic left to the sector?**

1. Context : a fragmented home care sector before the pandemic

Fragmented actors separated from the health sector who negotiated fragmented collective agreements

Trade Unions	Employer's organisations	Main structural collective agreement (to which codicili continuously added)
<ul style="list-style-type: none"> -CGT (Commerces) (25,39%) -UNSA (20,62%); -FO (15,82%) ; -SPAMAF (15,77%) ; -CFDT (Services) (12,58%), -CSAFAM (9,82%) 	<p>- FEPEM (100%)</p>	<p>Collective agreement of the assistantes maternelles and workers employed by households (fusion of 2021)</p> <p>EXTENDED</p>
<ul style="list-style-type: none"> - CGT (Commerces) (19,26%), - CFDT (Services) (39,66%), - FDTA-FO (14,33%), - CFTC (Santé Sociaux) (26,75%). 	<ul style="list-style-type: none"> - SESP (44,2%) - FEDESAP (37,38%) - SYNERPA (10,47%) - FFEC (7,95%) 	<p>Collective agreement of the for profit providers (2012)</p> <p>EXTENDED</p>
<ul style="list-style-type: none"> -CFDT (Santé Sociaux) (44,78%), - CGT (Action sociale) (39,49%), -FDTA-FO (15,73%) 	<p>- USB domicile (100%)</p> <p>composed of l'ADMR, l'UNA, Adédom, la FNAAFP/CSF</p>	<p>Collective agreement of the associations (2010) (associations) EXTENDED</p>

1. Context : a sector seen as unreformable characterised by bad employment conditions, labour shortages, and turnover before the pandemic

- Numerous reports calling for LTC reform since the mid-2000s
- Limited impact of the last LTC reform (2015)
- Emmanuel Macron's promise to introduce a big reform of the LTC
- Strikes in the LTC sector (2018)
- El Khomri report in 2019 highlighting labour shortages and turnover interpreted as a lack of attractiveness of these jobs.

2. A relative inclusion of declared home care workers in the access to public resources..... but with delays and differences in terms of amounts

- Priority for the masks (but less and different masks than the health and nursing workers)
- Bonuses (but less than in nursing homes and in the health care sector)
- Priority for the vaccination
- Wage replacement

BUT always after the health professions and the workers of the nursing home

Decision for...	Priority / masks	State financed bonuses	Priority / vaccine	Wage re- placement
The "health professions"	3 mars 2020	7 Mai 2020	November 2020	March 2020
Nursing home care workers	16 mars 2020	7 Mai 2020	November 2020	March 2020
Home care workers for the elderly	16 mars 2020	11 Mai 2020 and August 2020 (but workers employed by households not included)	January 2021	March 2020

3. Fragmentation of the measures within the home care sector during the pandemic in France

	Priority for the masks (if available) <i>End of April 2020</i>	Priority for the vaccine <i>January 2021</i>	Bonuses <i>Second semester 2020</i>	Wage replacement / absence (<i>chômage partiel</i>) <i>1st wave</i>	Wage increases	Benefit from LTC hourly increase <i>January 2022</i>	Right of the worker to refuse to work because of a health danger	Vaccin. obligation <i>October 2021</i>
Workers employed by households	3 masks / week and employer (to be taken by the workers)	Yes (for those older than 50 years)	No	Yes	No	No	Unclear	Obligation without sanction
Workers of for-profit organisations	9 masks / week and worker (to be taken by the employer)	Yes (for those older than 50 years)	Yes (but territorial inequalities)	Yes	No or so limited	Yes	Yes	Obligation and sanction
Workers of non-profit organisations	9 masks / week and worker (to be taken by the employer)	Yes (for those older than 50 years)	Yes (but territorial inequalities)	Yes	Yes (codicil 43)	Yes	Yes	Obligation and sanction

4. The lobbying role of employer's organisations in giving access to rare public resources to home care workers

Example : Mobilisations around the COVID bonuses.

➤ **May 7, 2020**, The Ministry of Health and Social Affairs announces the upcoming payment of a bonus for **nursing homes**, without mentioning homecare workers

=> the homecare employers' federations mobilize

➤ **May 11, 2020** a press release of the Ministry indicates that "This bonus [for the Ehpad] will also be paid in the **provider services of home help**"

=> BUT the workers employed by the households are excluded

➤ **May 13, 2020**, a press release from the National Council for Social Dialogue of the Individual Employer and the President of the FEPEM (ie Trade Unions + Employer's organization): *"This bonus would be a sign of equal recognition and treatment for employees who have been working every day since the beginning of the pandemic, with the same self-sacrifice and the same concern for taking care of the most fragile of our fellow citizens"*

5. Measures preserving the interests of the employers

Preservation of the employer's discretion in the implementation of the measures.

- **Masks** distributed by the providers organisations (after the 27th of march)
 - Some room of manoeuvres in 30% of the departements for the employers in the definition of the groups **eligible to the bonuses** (CNSA 2021)
 - Implementation of the **wage increases in the non profit sector** : at the discretion of the employers who had to reclassify the workers
 - **LTC minimum hourly payment for providers** (=23€/h in 2023) but at the discretion of the employer to transfer it to the workers
- Short-term measures

Which can be explained by the role of the employer's organisation and the french political system (lobbying + structural power + ideational power)

6. What did the pandemic left to the sector?

1) The reform of the LTC

(reform adopted in december 2023 within the adoption of the planned annual budget of the Social Security (LFSS))

1.1. The reform created an **obligation for the local authorities to pay the providers organisations at a minimum hourly level** (which increases by decree each year : 22€ in 2022, 23€ in 2023) (ie structural reform)

⇒ a way to recognise the value of the workers...

⇒ But,

- No obligation for the employers to transfer it to the workers
- No obligation for the providers to set the price at 23€, they can ask more to the beneficiaries

} The narrative about the importance of the workers structurally benefited to the organisations

1.2. Introduction of a mechanisms of tenders for providers organisations in order to obtain a complementary budget (**3€/h**) financing certain actions like

- Providing **services at night or during week ends**
- Bettering **the working conditions of the workers**
- Intervening in remote territories
- Councelling unpaid carers

1.3. A reform which leaves out the situation of employment by the families and of proxy agencies, accompanying the families with their administrative duties as employers

} Perpetuation of the fragmentation of the sector

Conclusion : the regulations covering nationally home care workers during the pandemic in France

- **More protections** than in many other countries
(not true to say that these workers would have been forgotten or invisible in France)
⇒ The declared home care workers were materially recognised as second line workers and
⇒ benefited to general protections for the workers
- **Fragmentation and differences according to the nature of the employer** during and after the crisis
(home care workers employed by households excluded from some protective rights, workers employed by for profit firms with no wage increases)
- **Limited obligations or efforts** of put on the shoulders of the **employers**
- Preservation of the **employer's discretion** in the implementation of the measures and in the long run
(cf Baccaro Howell 2017)

COVICARE

<https://dcs.univ-nantes.fr/fr/recherches-scientifiques/projet-inserm-perspectives-comparees-des-effets-du-covid-sur-les-politiques-et-les-professionnels-du-care-aupres-des-personnes-agees-en-perte-dautonomie-a-domicile-covicare>

