ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

France

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European Social Policy Network (ESPN)

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Contents

Summary / Highlights

In France, separate policies exist regarding disabled people – adult and children – on the one hand, and older people (from 60 years) in need of care on the other hand. Each domain has developed separately, often with specific laws, schemes, services and benefits in order to meet the needs of dependent people in each sector, who are also evaluated according to distinct assessment grids. Although an evolution in the position is indicated by the creation of a National Solidarity Fund for Autonomy – Caisse Nationale de Solidarité à l'Autonomie, CNSA – which concerns both sectors, to date insufficient progress has been made in co-ordinating them.

The question of family carers - who have always played a central role in a country with a strong family tradition, and which has evolved towards a mixed welfare system with the development of home-based services and residential care – is a cross-cutting issue. In the context of an economic crisis that makes it difficult to create new services and benefits for disabled and older people, the issue of support for informal carers has been put on the French policy agenda. But this does not mean that there are efficient policy measures yet to meet the needs of family carers. As we will see in this report, considering the issue of work-life balance leads us to identify a variety of mechanisms and schemes that have a direct or indirect impact on working-age people with dependent relatives: care leave to enable a temporary withdrawal from the labour market; opportunities for part-time work; allowances to enable the partial outsourcing of caring activities to professional carers; the ability to remunerate a family member using the allowances; and specific cash benefits for carers (often related to carers' leave). But these measures have not necessarily been created with the objective of facilitating work-life balance, and do not constitute a coherent policy package. The analysis shows that, although they exist, measures to support carers of dependent relatives with a high level of needs remain insufficient.

Given the existing data on the different policy measures identified in the report, it is currently difficult to assess the effectiveness of the measures on the work-life balance of working carers with dependent relatives. Data are seldom available, such as on the use of carers' leave, flexible working hours or respite care solutions. Data on the existing cash benefits delivered to those in receipt of care do not allow a detailed analysis of their use by informal carers. Besides, all too often, the data collected are processed without any reference to carers' age and situation.

The French situation, however, seems to be characterized by three features that encourage carers to stay in employment. First, a high number of recipients receive benefits that are aimed at making caring more financially viable; and for disabled people it is frequently possible to combine institutional care with home-based care for part of the week. Second, the number of benefits and the fact that they are delivered according to the needs of the dependent person and their family and social situation frequently contributes to reducing the demand for care. Finally, the recent development of specific forms of leave for those caring for dependent relatives, is another factor that should maintain carers in employment. However, many indicators point to the insufficiency of these measures – cash benefits as well as carers' leave – in situations of high dependency when an important level of personal care is required. A significant proportion of work-life balance solutions rely on direct organization between the carer, their family, and their employer, without any formal support. Finally, it is very difficult to isolate the different measures, or to separate them from the general social, economic and policy context.

Potential options for improvement include: increasing the range of leave options to better correspond to the variety of the carers' needs; improving information on existing measures; supporting carers in setting up and maintaining the quality of life of their dependent relatives; and raising companies' awareness of their employees' difficulties in balancing family and work. Reinforcing support for carers should not

however prevent the state from developing home-based care as well as residential care.

1 Description of main features of work-life balance measures for working-age people with dependent relatives

1.1 Overall description of long-term care regime

In France, separate policies exist regarding disabled people – adult and children – and older people in need of care. Though the corporatist health insurance system is common to both sectors, concerning the social care dimension, each domain has developed separately, often with specific laws, schemes, services and benefits in order to meet the needs of dependent people in each sector, who are also evaluated according to distinct assessment grids.

France was a familialist model that has evolved towards a mixed welfare system (Le Bihan, 2012; Anttonen and Sipila, 1996) with the development in both the elderly and disability sectors of residential and home-based services. The development of cash benefits is also a major characteristic of the French national configuration. Historically, the cash-for-care scheme aimed at older people, the Specific Dependency Allowance (*Prestation Spécifique Dépendance,* PSD - which in 2002 became the Personal Allowance for Autonomy (*Allocation Personnalisée d'Autonomie,* APA)[1] was introduced in the late 1990s with the aim of creating a totally different benefit from the allowances existing for younger, disabled adults. The latter are diverse: they include the Allowance to Compensate a Third Person (ACTP), which was reformed and became the Disablement Compensation Allowance (*Prestation de Compensation du Handicap,* PCH) in 2006; and there also exist possibilities to increase the disability pensions of people who need care and have worked previously – the so-called *Majoration Tierce Personne* (MTP) (see annex 1 for details of the existing allowances for disabled people). This division between the two sectors has resulted in increased complexity and its relevance is frequently challenged. Some measures encompass both disabled populations (children and adults) and dependent older populations (e.g. nursing care services in the home), while others remain very specific (such as specialized institutions). In the 2000s, the project to reform the care system for older people by creating a 'risk of dependency' that would also concern disabled people indicated a readiness to move the two sectors closer. However, the reform did not go through and the recent law on adapting society to the ageing population adopted in December 2015 does not involve any move towards converging the two areas. On the contrary, with its focus on ageing, it underlines the distinction between disabled people and old people in need of care. The current spending cuts make the reshaping of boundaries difficult, since the creation of a unified 'dependency' sector which would include both disability and elderly care, would involve extending the more generous benefits currently allocated to disabled people (currently the Disablement Compensation Allowance, PCH: see table 1.2) to older people.

However, the disabled people and elderly people sectors are subject to common governance in terms of involvement at different territorial levels: the *départements*, which head social policy in terms of managing benefits within the two sectors; municipalities, which organize different types of provision depending on their priority; and national level, where a number of laws and programmes are drawn up and carried out through the Regional Health Agencies (ARS) responsible for applying national policy in the health and medico-social sectors. We should also mention the creation in 2004 of the National Solidarity Fund for Autonomy - *Caisse Nationale de Solidarité à l'Autonomie* (CNSA), whose activities concern 'autonomy' in its broadest sense, i.e. spanning both the older people's and disabled people's sectors (annex 2).

The question of family carers - who have always played a central role in care arrangements, notwithstanding the development of public support for disabled and older people since the 1970s in the form of both residential and home-based care − is

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[1] Act No. 2003-289 dated 31 March 2003 modifying Act No. 2001-647 dated 20 July 2001, relating to covering costs for old people's loss of autonomy and the personal autonomy allowance.

a cross-cutting issue. In a context of the economic crisis, which makes it difficult to develop new services and benefits for disabled and older people, the issue has been put on the French policy agenda. But this does not mean that there are efficient policy measures in place to meet the needs of family carers. As we will see in this report, considering the issue of work-life balance leads us to identify a variety of mechanisms and schemes that have a direct or indirect impact on working-age people with dependent relatives, but which have not necessarily been created with that in mind. The analysis shows that, although they exist, measures to support the carers of dependent relatives who have a high level of need – and particularly measures to combine work and care – remain insufficient.

1.2 Description of carers' leave

Many of the forms of leave that have been created to support the working carers of disabled and older people concern both populations and do not take into account the age of the recipients. In fact, the division is not between disabled people and older people but between adults and young disabled people (under 20). A distinction must be made between:

- a specific leave scheme for parents of disabled children: Parental Presence Leave; and
- less generous forms of leave created more recently for dependent adult relatives: Family Solidarity Leave and Family Support Leave (renamed Carer's Leave in the law on adapting society to an ageing population of December 2015).

These forms of leave vary: some are short while others are long; some are renewable while others are not; some are paid while others are not.

1.1. Table 1.2 – Carers' leave in France

LEAVE	DESCRIPTION	DURATION	PAYMENT LEVEL	ELIGIBILITY CONDITIONS	FLEXIBILITY
Family Support Leave (now called Carer's Leave)	To care for disabled relatives or members of family subject to important loss of autonomy.	3 months renewable up to one year for the whole career.	Unpaid.	Granted to employees who have worked at least 2 years for the company.	Can also be a period of part-time work.
Family Solidarity Leave	To assist a dying relative.	3 months, renewable once.	Unpaid but a daily allowance can be granted (see 1.3).	Granted to all employees.	Can also be a period of part-time work. Can be shared between carers.
Parental Presence Leave	Leave to stay with a dependent child who is ill or disabled.	310 days over a 36-month period.	Unpaid but a daily allowance can be granted (see 1.3).	Child's illness, accident or disability must be sufficiently severe to require care and presence of one of the parents.	

While they are not financially generous for the carers of dependent adults, leave periods underwent recent changes with the law on adapting society to an ageing population, which was approved in December 2015, aimed at extending the possibilities available to carers. Now called *Congé de proche aidant* (Carer's Leave), the Family Support Leave can be used for a part-time period.

Flexibility in the organization of working hours for carers who are in employment is another solution to facilitate work-family life balance (Knijn, Da Roit, 2013). In France, no legal obligation exists to provide flexible hours for family carers, but a 2005 law (Law of 11/02/2005) includes positive action in their favour to help them combine care and work with personalized working hours. This arrangement should allow working carers to choose their work arrival and departure times within time slots decided by the employer, provided that a certain number of hours are worked. The employed person can thus plan their working time. The possibilities for organizing working time differ, however, depending on whether employees are civil servants or work in the private sector; generally they are easier to put into place in the public sector. Requests to work part time can be made for proportions of 50%, 60%, 70% or 80% of full time for periods of between six months and a year, renewable, and limited to three years[2].

1.3 Description of carers' cash benefits

In France, cash benefits are major policy instruments used by public authorities to meet the needs of disabled and older people in need of care. We must first distinguish the two cash benefits created for each population – Personal Allowance for Autonomy and Disablement Compensation Allowance – which can be used, if specific conditions are met (see table 1.3, in grey), to pay informal carers involved in the care arrangements. However, the benefits[3] for disabled people are much more flexible and generous.

As mentioned in table 1.3, there are other benefits that concern carers directly: one of these (the Daily Support Allowance), linked to Family Solidarity Leave (see 1.2), is provided to all those caring for dependent people who are at the end of their lives, while the others depend on the age of those cared for.

Considering the different schemes in overall terms, it must be underlined once again that measures targeting the parents of disabled children are more important and generous (Disabled Children Education Allowance, Daily Allowance for Parental Presence).

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[2] Legal references: Article 37 bis of Law No. 84-16 dated 11-01-1984 and article 13 of decree No. 2003-1307 dated 26 December 2003.

[3] The benefits referred to here are the Disablement Compensation Allowance (PCH) and the increased disability pensions given to disabled people who have worked. The amounts linked to the disability pensions can be used freely to pay a relative.

2.1. Table 1.3 Variety of carers' cash benefits

NAME	DESCRIPTION	AMOUNT	ELIGIBILITY CRITERIA
Personal Allowance for Autonomy (APA)	Delivered to the cared-for 60+ who can either to pay a professional carer or an informal carer, except the spouse. In the case of an informal carer, a **salary** is paid and the employed person benefits from all the social rights of an employee (social security, pension insurance, paid leave, etc.).	Max amount according to level of dependency: level 1: max. €1,312 level 2: max. €1,125 level 3: max. € 843 level 4: max. €562	According to the level of dependency of the cared-for person (level 1 to 4). Universal but amount is adjusted according to level of income.
Disablement Compensation Allowance (PCH)	Personal aid to cover expenses linked to disablement: human aid, modifications to the home, material and technical, transport. (1) Can be used to pay a salary to a member of the family if the health of the cared-for person requires full care for the essential acts of daily life. (2) Can be used to compensate a carer who cannot receive a salary. The compensation is not a salary. No withholding of social security payments is involved.	(1) The amount of the carer's salary is based on a gross hourly rate of €12.57/hour. (2) €3.69/hour if the carer has a professional activity. €5.54/hour if the carer has stopped working. Compensation capped at €941.09/month.	The carer can continue to work part time.
Daily support allowance	Paid as part of family solidarity leave.	Max 21 days: €55.15/day (€27.58 if the employee has changed the leave into part-time work).	Possible to cumulate part of the allowance with part-time work.
Right to Respite Allowance	Aims to make it financially viable to find a temporary solution for the carer to find some respite by funding hours of care in the home, temporary accommodation or day care.	€500/year.	Paid to carers of old people aged over 60 who are losing autonomy.
Disabled Child Education Allowance (AEEH)	For parents who have reduced their working hours or stopped working.	From €96.92 to €1,096.50 depending on the child's incapacity and the reduction of work.	Disabled child under 20 years old.
Daily Parental Presence	Attributed if an employee has to stop working to stay with a child due to	€42.97/day for a couple.	Child under 20 or dependent child.

Allowance	particularly serious illness, handicap or accident.	€51.05/day for a single parent. For a maximum of 3 years, limited to 22 days a month.	Allowance can be shared between both parents.

(Disability pensions, delivered to the cared for, have a complex calculation and are not included in this table. See annex 1.)

Family carers can benefit from a number of tax benefits (if they are liable to pay income tax):

- tax credits or reductions for employing someone in the home: 50% deduction from the total of expenditure capped at €12,000 (cap increased to €20,000 if the person receives the Disabled Child Education Allowance supplement);
- tax measures for parents looking after a disabled child.

Measures also exist concerning the basic pension for some carers (see annex).

1.4 Description of carers' benefits in kind

Services to support informal carers have developed in France since the beginning of the 2000's, and they are taking on more and more importance in the measures proposed to develop long-term care policy.

The French Social and Family Action Code (Code de l'action sociale et des familles, 2015) establishes in general terms the right of disabled people to compensation for the consequences of their disability. This includes a right to respite care for the entourage (family) of disabled people (article L114-1-1). As explained in the carers' guide (CNSA, 2014) for family carers, respite responds to their need for time, pause and relaxation.

Respite care also features in different government plans, such as the 2008-2012 Alzheimer's Plan, the 2010-2014 Stroke Plan and the 2013-2017 Autism Plan.
To respond to this need for respite, solutions can take different forms, such as:

- Support in the home: itinerant night watch for a few days (24 hours/24).
- Holidays for the carer/dependant pair and the family.
- Temporary care in an institution, with or without accommodation (day and/or night care).

The cost of a number of these respite services can be covered either by the Disablement Compensation Allowance or the Personal Allowance for Autonomy, but the amounts are usually not sufficient to cover all the professional needs. It is therefore difficult to keep part of it for financing respite services. This is particularly true for elderly people, for whom the average amount of the allowance (Personal Allowance for Autonomy) is far below the average amount of the allowance for disabled people (Disablement Compensation Allowance). Some situations can be covered by health insurance, and a right to respite allowance has been created in the recent law on adapting society to ageing (see table 1.3).

Another issue is the information available to carers about these various measures. One useful document is the Carers' Guide (*Guide des aidants*) drawn up by the National Fund for Autonomy. Apart from that, different services existing in the elderly care and the disability sectors can provide information to carers and even propose training. Similarly the 'respite platforms' created under the 2008-2012 Alzheimer's Plan offer carers and those receiving care temporary support to give them a chance to learn about the different existing measures. The traditional local information centres for older people (c*entres locaux d'information et de coordination*) or those for disabled people (*maisons départementales pour les personnes en situation de handicap*), which handle requests for benefits or for recognition of disabled situations from people of all ages, are submerged by the volume of applications and not always able to fulfil their task satisfactorily.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

It is important to give an overview of the available information on carers of dependent relatives in France, in order to put into context our analysis of the impact of the various measures identified in the first part of this report. In France, according to the most recent national surveys and particularly the HSA survey led by the Direction of Research, Studies, Evaluation and Statistics of the French Ministry of Social Affairs (Direction de la recherche, des études, de l'évaluation et des statistiques Drees) in 2008[4]), an estimated 8.3 million carers aged 16 or over regularly help one or more family members – disabled adults and children as well as elderly people - in the home for health or disability reasons (Weber, 2010). This estimate reveals the extent of the phenomenon[5]. Despite the ambiguity that still characterizes the notion of carer, with fluctuating terminology depending on the source (family carers, informal, natural, non-professional, etc.) [6], the various surveys available, produced by public organizations and private institutions (Pixel, National Panel of Family Carers, BVA, Novartis Foundation) do however agree on the major features of the informal care system and of those who provide care for elderly people and disabled people. The family appears as the main care provider: Weber (2010) estimates that 86% of people over 5 years cared for at home receive regular support from at least one relative. . In her study, the author underlines the profile of the family carer: aged 52 on average, carers are most frequently women – making up 57% of the carers of dependent relatives aged 5 or over. This means that the participation of men (partners or sons) is an appreciable contribution to care. The role of women is even more important when the person being cared for is a child – 82% of the carers of those aged 5-24 are mothers. Gender also determines the type of caring tasks: when the carer is a child and the person receiving care is a parent, the roles of daughters are more diverse than of sons; and in couple relations, women are more involved in personal care, whereas men deal with domestic tasks when they are in the carer's position. Due to differences in life expectancy, although women represent the majority of informal carers, they also represent the majority of care recipients (Bonnet et al. 2011).

The national HSA survey, as well as occasional surveys, show that when a high level of weekly hours of care is needed, achieving a work-life balance may be very difficult for carers. 20% of carers (of all ages) of elderly people in the national survey declared that they did not have enough time for themselves, 14% that they did not have enough time for their families, and 7% that their family relationships were under pressure because of care work (Soullier, 2012a).

As far as the labour market in France is concerned, according to Eurostat data the average employment rate in France in 2013 was 64.3%, whereas the European

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[4] The Disability Health of Carers (Handicap Santé des Aidants), which we will refer to as HSA survey concerns a sample of around 5,000 carers of people of all ages, which is representative of the cared-for French population. In part 2 of the report, we will refer to different studies based on the survey, which often concern either elderly or disability sectors.

[5] Note that this national survey includes under 'carer' not just people involved in concrete caring activities (personal care for old people), but also those providing only financial, administrative or moral support, as long as they are designated as a 'carer' by the dependent relative they care for.

[6] The recent Law on adapting society to an ageing population has extended the term 'carer' to people outside the family. It recognizes the French term *proche aidant (*which is difficult to translate: *aidant* means 'carer' and *proche* refers to 'close friend') as follows: "the following are considered as *proche aidants* (carers) of an old person: their spouse, the partner with whom they have concluded a civil solidarity pact, a cohabitant, a parent, or ally, defined as family carers, or a person living with them and with whom they maintain a close, stable relationship, who provides them with care regularly and frequently, in a non-professional capacity, to carry out all or part of the acts or activities of daily life." (article 51).

average was 64.9%. Compared with other EU countries, especially Germany and the United Kingdom (UK), the French labour market is characterized by a low level of activity among young people (15-24) and among older people of working age (55-64). Older workers' employment rates are the followings: 47% in France against 65.6% in Germany, 61% in the UK and 51.8% in the 28 countries of Europe. Due to recent retirement reforms the employment rate of people aged 50-64 increased by 5 percentage points between 2009 and 2013 (from 56.5% to 61.7%). As the need for personal care increases with the average population age, and as many informal carers are spouses, this trend may considerably influence the need for work-life balance in the years to come.

France has the 13th highest level of female economic activity among European countries, but the level of part-time work is somewhat below the average (18.6% in France, as against 21.5% in the EU-28, 25.3% in the UK and 26.5% in Germany). As in most countries, women are more involved in part-time work than men, but the difference is not as important as it is in some other countries: 30.6% of women work in part-time jobs (averaging 23.5 hours a week) whereas 23.5% of men work in part-time jobs (averaging 21.4 hours a week). One-third of women with part-time jobs would prefer to work more, whereas the same is true for more than 41% of men.

Finally, what do we know about carers and labour market? First, that 47% of carers have a job and find it difficult to juggle work and care (HSA survey, 2008). However, this does not mean that working carers wish to withdraw from their jobs. According to different estimates based on international surveys, in France, as in other EU countries, care responsibilities have a weak, non-significant impact on the labour market. Conversely, quantitative (Fontaine 2009, Carmichael et Charles, 1998) as well as qualitative (Le Bihan et al. 2013) studies show that a majority of carers have a strong attachment to work, which can even been considered as a protection against full-time involvement in care when the level of needs increases. The HSA survey confirms this analysis: only 2% of non-working carers of elderly people in need of care (the analysis is limited to elderly people) have given up their job because of their caring role (Soullier, 2012a).

2.1 Assessment of individual measures

2.1.1 Carers' leave

As mentioned in the first part of this report, existing forms of care leave give only limited opportunities to informal carers: they are unpaid; when there is an allowance the amount remains low; and they cannot be taken from one day to the other in situations of emergency (which is a main demand of informal carers). In addition, no specific leave or indemnity is in place for employed people who do not come under the national insurance scheme for employees (i.e. self-employed people and entrepreneurs).

As far as the impact of carers' leave is concerned, there are no specific data on how many working carers take advantage of carers' leave to reach a satisfying work-life balance. It is therefore difficult to assess the effectiveness of these measures on carers' work-life balance. However, some information is available on the use of leave by informal carers.

Estimates, based on occasional surveys[7] (see annex 5), have suggested very low-take up of existing leave provisions (Family Solidarity, Family Support and Parental Presence Leave), at only 7% of interviewees. A large majority of carers (between 50% and 80%) were unfamiliar with the leave provisions (Sirven, Naiditch and Fontaine, 2015).

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[7] Two online surveys carried out between 2013 and 2015, initiated by associations for disabled people (APF) and a mutual insurance plan (MACIF).

In fact, working carers tend to use standard leave (sick leave) or even annual leave, rather than specific carers' leave, to combine work and care. In the national HSA survey, it emerged that 24% of working carers[8] of old people (over 60) had already taken a leave to carry out their caring role (Soullier 2012a). The proportion would be lower if the analysis were to focus on carers who simultaneously cared for their own children (with no specific needs) living with them in the home. In this 'sandwich generation', the proportion of carers who claim to have taken leave to care for their older relatives is about 16% (Domingo, P., Vérité C., 2011). Similar estimates have not been made for carers of children and adults under 60.

Finally, although several studies raise the issue of the well-being of carers and of those being cared for, none focuses specifically on the extent to which leave contributes to well-being.

2.1.2 Carers' cash benefits

The cash benefits designed to remunerate carers concern a large number of people – cared for and carers − depending on the allowance. In France in 2015 there were:

- 167,600 beneficiaries of Disablement Compensation Allowance (PCH) for personal care, to which can be added the 65,000 beneficiaries of the Allowance to Compensate a Third Person (ACTP), which existed before the PCH.(CNSA 2016)
- 25,000 beneficiaries of increased disability pensions resulting from a need for personal assistance (sécurité sociale, 2015).
- 738,200 beneficiaries of the Personal Allowance for Autonomy (APA) in the home.(CNSA 2016)

Disablement Compensation Allowance (PCH) and Personal Allowance for Autonomy (APA) (see table 1.3), can be used to outsource part of the caring activities and pay for a significant number of hours of care, with no time limit. As such, they contribute to preventing carers from leaving the labour market.

No rigorous estimate has been published in France of the impact of these cash benefits on the labour market, and on the number of working carers enabled to remain in work as a result of them. But some useful information exist on the care configurations of dependent people and on the articulation between professional and informal care. The figures below give information on the impact of cash benefits on the professional situation of care givers. Around 220,000 adults aged 20 to 60 (or about 0.7% of adults in this age group) are simultaneously cared for by professionals and members of their family: the latter may frequently be of working age, as half of those cared for are supported by their spouses, and a fifth of them by their children. One-quarter of cared-for adults receive this care every day, while another quarter receive it several times a week. For one-third of cared-for adults, cash benefits are used to finance more than one hour of professional help per day, and a higher number of professional care hours frequently goes hand in hand with more family care hours. In 70% of situations where professional support totals over three hours per day, family care also represents over three hours (Soullier 2012[b]). In addition, the duration of care is often long: half of adults cared for by their family receive support for at least 6 years (ibid). Unfortunately the survey does not provide any information concerning the impact of the allowances on the labour market: we do not know to what extent the presence of professional carers allows family carers to remain in the labour market, and to what extent its absence in situations where there is a high level of need leads to labour market withdrawal. However, it can be underlined that in these situations the amount of benefits granted is not sufficient to finance the number of hours required to fully cover care needs. For low-income families who cannot pay for professional care workers, the disincentive to work may be greater. Using current data, it is impossible

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[8] This covers only carers involved in everyday tasks (domestic or personal) and does not include carers whose support is only financial, administrative or moral.

to estimate whether benefits granted to those receiving careare used to pay (or compensate) carers. However, some indications can be deduced from the characteristics and eligibility criteria of the allowances (see table 1.3). Only the Disabled Child Education Allowance (AEEH), and possibly the Disablement Compensation Allowance (PCH) for a child, permit long-term withdrawal from the labour market, since they combine an income level close to that of the French minimum wage[9] with a potentially long period of payment (up to the child's 20th birthday). The conditions for receiving the allowances, or the levels of other benefits aimed at making care financially viable, do not usually make it possible to reach the level of remuneration required to replace income from a full-time job. However, they can lessen financial constraints arising from a reduction in time worked. When those being cared for are older relatives, this decrease in work time is mainly taken up by carers who have young children (Domingo 2011). The French National Survey on Employment (which is included in the Labour Force Survey data) does not distinguish between people who work part time in order to help a member of their family, those looking after their young children, and those taking care of people who need care to carry out everyday tasks.

The Disablement Compensation Allowance (PCH) allocated to adults can only remunerate family carers at a level comparable to the minimum wage under certain very restrictive conditions (i.e. the carer is a fairly distant member of the family or the person cared for requires their permanent presence). In the other cases, the allowance only provides compensation that amounts to less than half of the minimum wage. As to the Personal Allowance for Autonomy (APA), its amount is not exclusively linked to the need for care; it also depends on the income of the person cared for. Thus it can only have a real influence on whether carers stay in the work place - or not - when the level of dependency is high and the person being cared for has a very low income. In addition, payment of a family member using the Personal Allowance for Autonomy (APA) is not a solution encouraged by local authorities (*départements*) responsible for the definition of the care plans related to the allowance.

Lastly, when disabled people aged under 60 are cared for on a part-time basis in a medico-social or medico-educative institution (on weekdays for example) and in their home or with the family for the rest of the time, the conditions for attributing the Disablement Compensation Allowance (PCH), as with the Disabled Child Education Allowance (AEEH) and its supplements, make it possible to pay for the time spent by the care recipient in the home on a pro rata basis. In this way it facilitates work-life balance for the carer.

On this issue, as with care leave, it is not possible to estimate the well-being provided by cash benefits for informal carers.

2.1.3 Carers' benefits in kind

Efforts have been made in recent years to allow carers periods of respite, which are all the more necessary for carers bearing a heavy burden (Soullier 2012[a]). However, in practice, it is difficult to turn what has progressively emerged as a right for some carers into a reality, due to the lack of suitable structures, the complicated administrative process, an insufficient range of solutions, a lack of finance, and sometimes a reticence by carers and those they care for to take up the solutions on offer. Thus, almost all of the quarter of carers who look after old people and assume heavy responsibilities (all ages combined) would like to take advantage of respite solutions (ibid).

As already mentioned, the cost of the different services is a major difficulty for families, and the amount of the allowances delivered to support dependent people do not allow families to finance a large amount of professional caregivers (especially when cared for are over 60 yearsd) Therefore even if allowances can be used to

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[9] The minimum wage was €1,141 net per month on the basis of full-time work as at 1 January 2016, compared with €1,233 for the maximum AEEH, and up to €1,666 for single parents; no pre-defined amount for the PCH.

finance temporary accommodation and/or day care during respite periods the short length of available respite cannothave a significant impact on decisions regarding labour market withdrawal.

2.2 Assessment of overall package of measures and interactions between measures

Three main conclusions can be put forward concerning the overall package of work-life balance measures existing in France.

(1) Though there is a variety of measures that we have been able to identify that concern, directly or indirectly, work-life balance, the analysis of their characteristics (see 2.1) shows that they remain limited, particularly in situations where there are high levels of need. Some of the measures were not introduced with the objective of improving work-life balance, which has only recently started to become an issue of public policy concern. Recent specific measures introduced with the aim of facilitating work-life balance, such as carers' leave, are clearly insufficient and do not cover the range of situations and needs of informal carers. In fact, work-life balance is not a policy issue in its own right: in France, as in other European countries, it has for a long time been confined to the issue of childcare.

(2) Considering the available data in France, it seems quite impossible to assess the effectiveness of work-life balance measures on the employment of people with dependent relatives. First, because, as mentioned in section 2.1, the impact of each type of measure (leave, cash benefits, benefits-in-kind) is not easy to grasp. Second, because different factors interplay, which must be taken into account when considering the work-life balance of family carers:

- The development of services has also (with the development of cash-for-care schemes) been a major dimension of the policies towards both elderly people and disabled people since the 1990s. Their impact should be taken into account. Nobody knows what would have happened if those services had not been created: would those needing care have received less of it or gone without it altogether; would they have gone to nursing homes instead; and how would life have been different for carers? The only certainty is that the increase in formal care does not reduce the role of informal carers (Saraceno, 2008), but entails a redefinition of their caring activities.
- For around 40 years, the demographic, economic and social context has changed considerably in France. Dependency has increased, due to the global ageing of the population: at the same time some of those who care for dependent relatives are the latters' retired spouses, and some of them are of working age. The labour market has changed, with a higher participation of women in the labour market, which has entailed the development of a care deficit (Hochschild, 1995). There has also been the development of precarious jobs, and a rise in unemployment, particularly among older workers and those who have temporarily left the labour market to care for young children.

Considering these factors, all of which may have a considerable impact on the situation of working carers of dependent relatives, it is difficult to isolate the effectiveness of specific work-life measures.

(3) Nonetheless we have identified a series of specific elements that can contribute to an understanding of work-life measures in France:

- Although the rate of withdrawal from the labour market by carers appears generally low, it is probably higher where those being cared for are young people or young adults who have been subject to significantly limited activity since childhood. A study of non-employment among mothers of disabled children highlighted a higher level of non-employment than for the population as a whole (47% of mothers of the 1,142 children suffering from severe limitations in a comprehensive regional register, compared with 31% of mothers in the control sample) (Guyard, Lachenal, Ihl et al. 2013). This study confirms the concerns commonly expressed by disabled people's associations.

- Whatever the age of the person being cared for, the heavier the caring burden , the harder it is to achieve work-life balance. One-third of the carers who reported a high care burden had had to adapt their work habits, compared with 5% of carers with a light burden.
- The fact that many carers remain in work can partially be explained by the non-negligible number of employees who are able to determine their working hours (either within a variable hour slot, or on a fixed basis). In 2013, this was the case for 23% of French employees (Algava 2014). This flexibility is partially due to the increasing number of work organization constraints that employees have to take into account when establishing their working hours (for example persons who have to full fill their job within a delay, or those whose part time job hours may change from one day to another)., Nevertheless, it probably also makes it easier for many workersto juggle work and family life. .
- Despite the difficulty of juggling work and care, relatively few carers appear to have given up their employment as a result. It is difficult to say whether carers' determination to remain in work is in order to guarantee a satisfactory income, keep a foothold in the work place for the future, or find a form of respite from caring.

2.3 Policy recommendations

An analysis of work/life balance policy measures in France leads to certain recommendations:

- The range of leave options available to family carers should be expanded. Qualitative studies show that carers need flexibility to deal with unexpected events, plan appointments with the doctor or home care services, or carry out administrative tasks. This calls for the creation of short-term paid leave solutions.
- Information for carers on existing measures should continue to be improved, as well as for professionals in contact with families (especially general practitioners and specialist doctors). The large number of different measures, and the fragmentation between elderly care and disabled care, currently makes it difficult for users to identify and access information.
- Greater involvement by companies should be encouraged. Companies have a role to play in improving work/life balance, as well as a vested interest in avoiding absenteeism by employees obliged to go on leave or request sick leave when they can no longer cope with their responsibilities.
- There needs to be an increase in the care delivered by professional carers for people with the greatest need, whose carers exhibit the highest rate of withdrawal from the labour market.

However, measures to support carers should be only one dimension of policies towards disabled and elderly people in France. Public authorities should also continue to develop home-based care services and residential care solutions. Offering a wide range of solutions and giving choice to carers and those needing care should be the main policy preoccupation.

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Annexes

Annex 1: Protection for people living with a disability in France

In France, protection for people living with a disability takes numerous factors into account, including the origin of the disability (occupational or not, accidental or not, responsible third party or not); when the disability occurred (before professional life started, during a period of social protection due to employment, or afterwards); and the nature of the social protection (private, public, self-employed). There are several benefits designed to meet care needs, the main ones being:

- Increased disability pension for care by a third person (Majoration Tierce Personne): for people with human care requirements who received a pension due to their incapacity to continue their professional activity.
- Disablement Compensation Allowance - prestation de compensation du handicap (PCH) and Third-Party Compensation Allowance - allocation compensatrice tierce personne (being phased out): for adults who have not acquired any rights through work (or lost them because of unemployment periods).
- Disablement Compensation Allowance for children (PCH/Enfant) or the Disabled Child Education Allowance - allocation d’éducation d’enfant handicapé (being phased out): for young people under 20. Different levels according the extent of the need for help or the extent of the parents’ withdrawal from work due to the child’s disability.

The law on equal rights and opportunities, participation and citizenship for disabled people dated 11 February 2005 constitutes the basis of legislation on compensation for the human care requirements of young people or adults who have not worked (or not worked sufficiently) to obtain rights through work. It includes numerous measures applicable to all people living with a disability (e.g. accessibility).

The Disablement Compensation Allowance (**PCH**) came into force on 1 January 2006 and was essentially devised to meet the needs, until the end of their lives, of people who became disabled before the age of 60. It might involve finding work,; home or workplace improvements necessary to allow them to fully exercise their citizenship and their capacity for autonomy;, developing or organizing the services on offer; or granting different types of aid to the individual or to institutions to help them live in an adapted regular environment. Nevertheless the right to PCH is only available if the disabled person is completely unable to perform at least one activity, or have very serious difficulty in performing at least two, from a list of 19 activities defined at a national level. The PCH can thus be used to cover human care and technical needs, aid from animals, aid to modify accommodation or a vehicle for the disabled person, or for their specific and exceptional expenses. Most of it is devoted to human aid.

The amount of the PCH is mainly determined according to the time needed for daily life activities. It should cover the overall need of help from a person (according to a national rate of salary of professional caregivers) except for persons whose personal incomeare over 26 500 euros a year (in that case the amount of the allowance is 80% of the estimate amount needed)

Annex 2 : National Solidarity Fund for Autonomy - Caisse Nationale de Solidarité pour l’Autonomie (CNSA)

The creation of the CNSA was one of the government’s responses to the devastating heat wave in the summer of 2003. CNSA financial resources are devoted to the dependency sector in its wider sense, i.e. both old and disabled people. Funds are based on:

Global budget: €23 billion in 2016

Transfer from social security: €18.2 billion

The fund's own resources, amounting to €4.5 billion, from:

- A tax: 0.1 percentage points of the CSG (general social contribution): €1.3 billion
- A solidarity contribution for autonomy – *contribution solidarité autonomie* – created in 2004, based on employer and employee revenues (compensation for overtime, so-called solidarity day): €2.3 billion
- Additional contribution for independent living - *contribution additionnelle de solidarité pour l'autonomie* (CASA), introduced in 2013: €0.7 billion
- Other resources: €0.3 billion

CNSA acts as an equalizing fund, sharing out allocations to finance care from medico-social establishments and services, and covers some of the expenses of services for older and disabled people, managed by local authorities (*départements)*.

Annex 3: Personal allowance for autonomy - Allocation personnalisée d'autonomie (APA)

This is a financial benefit created by the Act of **20 July 2001**, paid to "any person aged 60 or over who is incapable of dealing with the consequences of a lack or loss of autonomy caused by his or her physical or mental state", by the *département*, after assessment by a medico-social team. It is paid either:

- **In the home**: to finance a '**care plan'** proposed for the old person by professionals from the local authority (mostly human care, but also technical support or home alterations);
- or **in an institution**: here the amount is either paid directly to the beneficiary or to the establishment in the form of a general budget.

It is not means-tested, but takes the person's income into account in determining how much the user should contribute.

- For incomes below or equal to €739.06 per month (0.67 times the MTP), no contribution is required.
- For incomes between €739.06 and €2,945.23 per month, the contribution varies progressively from 0% to 90% of the cost of the care plan.
- For incomes over €2,945.23 per month, the beneficiary's contribution is equal to 90% of the cost of the care plan.
- If the APA is paid to one or both members of a couple living together, the income of one or both of them is calculated by dividing the total of the couple's income by 1.7.

A ceiling is in place for each level of dependency, named Groupes Iso-Ressources (GIR): (Gir 1: max. amount €1,312; Gir 2: max. amount €1,125; Gir 3: max. amount €843; Gir 4: max. amount €562).

Annex 4: Specific measures concerning basic pensions (Carer's Guide, 2014)

Concerning basic pension plans, family carers who work part time or who permanently devote themselves to caring for a child or severely disabled adult benefit from free and obligatory affiliation to pension insurance for parents in the home - Assurance Vieillesse des Parents au Foyer (AVPF).

This affiliation is also a right for:

- Individuals on parental leave receiving a daily allowance.
- Individuals on family support leave.

The age for automatically receiving a full pension is maintained at 65. Family carers who have interrupted their professional activity to care for a relative for at least 30 consecutive months can still claim a full pension from 65 years of age.

Supplementary insurance duration - Majoration de la Durée d'Assurance (MDA): free pension insurance trimesters for beneficiaries. This supplement may be granted in the case of a disabled child, as long as certain conditions are met (i.e. interruption of professional activity to care for the disabled child for at least 30 consecutive months).

These are ordinary law measures, and complementary pension schemes may offer other benefits.

Annex 5: Some results of online surveys related to carers' leave

The answers to the 371 usable questionnaires from the MACIF survey give the following results: leave to care for family members who are disabled or who have lost their autonomy (family support leave) was totally unfamiliar to about 50% of those questioned and fairly unfamiliar to about 20%. Even fewer were aware of family solidarity leave (to care for people at the end of their lives): 70% claimed never to have heard of it, and 11% claimed to be only slightly aware of it (Sirven, Naiditch and Fontaine, 2015). In the APF survey of 440 carers, only two-thirds replied to the question on organization of the working week, because over one-third of respondents were carers aged 60 or over. About half of these carers claimed that they had modified their working hours: only 7% had used leave (family solidarity, family support and parental presence leave). The others had made use of: flexible hours (47%), a move to part-time work (37%), early retirement (25%), or teleworking (3.4%). For 42% of those questioned, their caring role had caused them to give up professional opportunities. (APF 2013)