National Report France

Maïa Fansten
Lecturer in Sociology
University Paris Descartes

[PROJECT PESSIS: PROMOTING EMPLOYERS' SOCIAL SERVICES ORGANISATIONS IN SOCIAL DIALOGUE]

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A Study of social dialogue in social services in France

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1. The Social Services sector: a sector with unclear boundaries but specific values

1.1. The social sector: a difficult boundary to set

The social sector is a very difficult boundary to set as it is subject to different levels of definition and different types of terminology.

The French National Institute for Statistics and Economic Studies (INSEE), for example, which is the organisation which provides the most processed data regarding employment in France, has a distinct category for 'social action' which is separate from 'health' and 'education'.

For INSEE, social action also gives way to different social or medico-social organisations subcategories (disabled persons organisations), associations concerned with the family (social centres, help for the family at home, childcare), the elderly (retirement homes, lodgings, and domestic aid), children or teenagers (specialist prevention, youth work organisations). It is therefore a far vaster entity than can be dealt with simply by branches.

In scientific or professional reading, we also often find the 'social, medico-social and sanitary sector' which is also much vaster in what it encompasses than those organisations which are strictly concerned with sanitation.

1.2. The social sector according to its values: The SSE, a specific economic sector

The first step in identifying the 'social' in France is that which we call the social economy (SSE) which has been recognised by French law since 1981.

What is social economy?

Social economy refers to a procedure which places human beings – and not for profit – at the centre of the economy. In the legal plan, SSE organisations are those personal and non-capital organisations resulting from the social economy: associations, mutual societies, cooperatives and cooperative and participative organisations (SCOP), Cooperative and Collective interest organisations (SCIC) and foundations.

Principles and values of the SSE

The organisations belonging to the social economy respect the following principles:

Freedom of membership, limited profitability (meaning a non-profit individual -this principle does not prohibit the establishment of financial surpluses – cooperatives, mutual organisations, and certain associations have large surpluses – but does forbid individual profit), independence regarding Public authorities (resources may be private or mixed), the collective or social use of the project the democratic handling according to the principle "one person, one voice".

These principles relate to the values which distinguish the social and united economy from the conventional market economy, as seen above.

The SSE, a fast growing economy

Even though there are no official statistics to speak of, the key organisations of this sector are in holding with the figures from the National Observatory of the Social Economy which estimates 2.3 million (1.9 full time equivalents) as the number of employees in the SSE (ONESS, 2010). Of which about 10% relates to paid employment in France.

With more than 100,000 jobs created every year, the SSE is responsible for the creation of about 1 new job out of 5.

1.2.1. The social in the social sector

According to the National Observatory of the Social Economy (ONESS), 6 employees out of 10 are in the social action sectors (according to INSEE terminology).

According to USGERES, 65% of jobs within the social sector belong to the social economy. If the social action and human health jobs are combined, the sanitation and social sectors comprise around 28% of employees of the social economy.

Social branches within the SSE

The level of analysis of the social economy is the vastest level as it is both inter-professional and consisting of various sectors[1].

The social economy can be divided into thirteen branches: **The health and social associate branch (BASS), The domestic aid branch (BAD), The branch of key social and familial links,** The coordination branch, The accommodation, social residence and youth service branch, The social housing branch, The local institutions and professional advice service branch, The district government branch, The branches to which the cooperative production organisations and cooperative banking belong, The mutual insurance systems branch, The broadcasting section, The sport section, The local tourism and family branch

We will study the first three branches in this study, as far as they relate more directly and strictly to the three sectors identified by the PESSIS project: persons with disabilities, the elderly and small children.

[1] A professional branch reclassifies the organisations into the same activity sector and is determined by one agreement or a collective convention. A branch is therefore represented by one or several trade unions and employees' unions negotiating deals and collective conventions.

1.2.2. The SSE, the private and public sectors

Within the social sector, it is without doubt the non-profit private sector which concerns the majority of jobs.

In addition to the social economy, the public and private commercial sectors are just as involved in the sector which we are focusing on.

The public sector is responsible for a large part of the medical and medico-social sectors and is particularly engaged in the service and care of children and the elderly.

The private commercial sector remains a very minor sector, but it has begun to develop in recent years since the individual services 'boom'.

2. The social services sector: an expanding and transforming sector

2.1. Facts and figures

2.1.1. The social and health associate branch (BASS)

Branch authorities:

- The joint committee

Created in 1996 by social partners, it is made up of Unifed representatives regrouping the 5 employers organisations (French Red-Cross, Fehap, FFCLCC, FEGAPEI, Syneas) and the 5 employees representative organisations (CFDT, CFE/GCG, CFTC, CGT, CGT-FO).

It is where branch decisions are negotiated and made, in the areas of training, employment, working conditions and equal representation, areas whereby branch decisions which are likely to be received by the Ministry are signed.

- The national employment equal representation committee (CPNE)

Established in 1993, the CPNE is responsible mainly for foresight analysis of employment and for training within the branch.

Within this role, it follows career and employment evolution within the sector and produces an annual report about it. It is also responsible for following the concluded deals within the branch concerning professional training. The CPNE is made up of 20 members, 10 Unifed representatives and 10 employee organisations representatives.

- The prospective careers and qualifications observatory

Created in 2005, the branch observatory is an equal representation structure, directed by the CPNE to produce information and analysis to anticipate and accompany evolution within the branch in terms of employment and qualifications.

- Unifaf

It is the equal representation organisation agreed by the state for the collection and management of ongoing professional training funds for organisations belonging to the health, medico-social and social private non-profit branches. Established in 2005, Unifaf followed on from Promofaf which was formed in 1972.

Created in 1993, the social and health associate branch is also known as the welfare, social and medico-social private non-profit branch. It is estimated that the branch has around **700,000** employees.

Five jobs are predominant and are most iconic of the branch: caregivers, nurses, specialist teachers, medico-psychological carers and education monitors.

If the UNIFAF activity report is to be believed, the branch covers between 42% and 46% of all jobs in this sector.

2.1.2. Domestic aid branch (BAD)

Branch authorities:

Formed in 1993 in a professional union federation. It is made up of 4 employer federations, ADESSA A DOMICILE, ADMR, FNAAFP/CSF, UNA regrouped within the **USB Domicile** (trade union of the domestic aid branch) and 6 trade union organisations (CFDT, CFE-CGC, CFTC, CGT, FO, UNSA SNAPAD).

As of December 2004, **Uniformation** was chosen as the OPCA of the domestic aid branch.

From 2007, the National Equal representation Employment and Professional Training Committee (**CPNEFP**) has put into place a prospective careers and qualifications **observatory** implementing the branch's three-year goals and subdividing them annually.

What's more, the branch's activity can also be subdivided on a regional level across the **CPREFPs** (Regional Equal representation Employment and professional training committees) whose role is to relay the branch's interests to regional institutions.

The domestic aid branch classifies three active domains: healthcare at home, social aid within social family politics of public authorities and individual services.

The professional branch is made up of **220,000** employees according to the Domestic Aid Branch Observatory (2009 figures) over 5,000 structures (generally associations).

In contrast to the Social and Health Associate Branch, certain structures within the Domestic Aid Branch belong to the private non-profit sector (the majority being associations) while others belong to the public sector (local authorities, social action communal centres).

The majority of action as "provider"

The branch associations' action is managed first and foremost under the "provider" category (76% of hours carried out).

2.1.3. The social and familial link branch

Structure of the branch
The Joint National Negotiations Committee is made up in equal measure of negotiators appointed by the SNAECSO* Administration Board and representatives of the five workers' unions belonging to the National Collective Labour Agreement: CFDT, CFTC, CFE-CGC, CGT and FO.
A Joint National Employment and Training Committee
Housing-training is the branch's designated OPCA.*

The branch groups together social and socio-cultural centres, local social development associations and care associations for young children. It is therefore concerned with educational and social operations. Within the framework of this study, the third field of care is of particular interest – care associations for young children (less than 6 years of age), which were incorporated into the branch in 2007. These counselling centres for young children represent 2/3 of the branch's structures, comprising around 2600 structures (the professional branch consists of around 4000 structures.)[2]. Altogether the branch consists of 60,000 employees of which the vast majority works with small children.

[2] However, it must be taken into account that certain social centres are also concerned with early childhood and offer an 'early childhood' service.

2.1.4. Public, non-profit and private commercial sectors summary

The public sector: regional management

According to the DGSA (DGAS, 2009) report those jobs under public statute represent one third of employees in social work (excluding child-minders). The three public functions concerned are: regional, hygiene and the state[3].

The public sector is very involved in the elderly persons sector and the young child care structures in particular.

The lucrative private sector: the soar in individual services

"That which is known as 'services to the individual' is a category recently created by the 2005 government plan called plan Borloo[4].

Within this category, "mixed activities which are all effected in the home of the individual but which have completely different objectives are artificially classified," (Devetter, 2008). Services to the individual can range from cleaning and gardening to technological aid.

The sector for services to the individual encompasses: the domestic aid branch (which is included in this study) commercial organisations for services to the individual; and the staff at home directly employed by the individual[5] (which is not included in this study).

The two main employers' federations[6] are the FESP (Federation of organisations for services to the individual, partner of MEDEF) and the FEDESAP (French federation of services to the individual and of proximity, partner of the CGPME). The main OPCA is OPCALIA.

Formerly managed by different departments, the sector for services to the

[3] The bodies responsible for training (as well as regions and employers concerning jobseekers) are: the national Centre of public regional function for civil service, the national association for lifelong training for hospital staff for public hospitals, with each employment department serving the civil state.
[4] Law of 25th July 2005.
[5] Those indirect employment constitute the most significant part of homecare workers (DGAS, 2009).
[6] If you don't take individual employers represented by the National Federation for Individual Employers) into account outside the framework of this study.

individual has been managed by a single representative since 2005: the National Services to the Individual Agency.

60% of jobs within the domain of social action belong to the social economy (30% to the public sector and 7% to the commercial private sector). In contrast, the social economy only constitutes 13% of jobs in healthcare (80% belonging to the private sector and 7% to the commercial private sector).

In comparison, the handicapped persons sector is almost 90% managed by the associative sector.

The lucrative private sector remains a minor factor in the social sector but it is on the increase, particularly where services for the elderly are concerned.

2.2. Summary of the elderly persons, small children and handicap persons domains

2.2.1. Sector for the elderly

The individual employer has strongly developed with regards to services for the elderly. For other forms of employers, we have seen that it consists of (non-profit private) public sector associations (in the small children, handicap and elderly persons domain in particular), and of commercial organisations. The activity of commercial organisations remains very minor within the sector (11% of hours) (Aldeghi & Loones, 2010). Domestic aid is much more advanced than the housing sector.

2.2.2. Persons with disabilities sector

The handicap sector is the most easily identified as it is almost entirely run by the associative sector relevant to the social and health associate branch. It consists of around 250,000 employees.

It is the top sector in the social and health associate branch in terms of employment. It sees strong growth and consistent increase in its number of establishments.

The majority of these establishments are those for children and adolescents.

2.2.3. Small child sector

The establishments providing care for small children (0 to 6 years) may be managed by the public, non-profit private or commercial private sector.
Under public statute, there are crèches run by regional bodies (communities) as well as public crèches (hospital or public administration crèches). Under non-profit private statute, we find associative structures (parental crèches, for example), company crèches and those of the collective interest cooperative society, and finally, those establishments under the lucrative private sector. Over half of these establishments are under public regional management, 37% under associative management. Small child establishments are principally managed by local authorities.[7]

2.3. Summary of the sector's general features

2.3.1. A growing sector facing recruitment difficulties

A highly job-creating sector in reconfiguration

In general terms, it is a sector undergoing much growth: for example, in the social and health associative branch, from 2000 to 2007, the number of staff increased by more than 50%.

Recruitment difficulties

It is estimated that 2 out of 5 establishments belonging to the social and health associate branch still face recruitment difficulties, which is linked to the low level of appeal of certain sectors, but also to the requirement levels in

[7] In 2009, 68% of creches are managed by regional bodies (60% by local authorities and 8% by departments), 23% by associations, 9% by other bodies such as family benefit agencies, private lucrative bodies, mutual insurance companies and corporate committees. Regarding nurseries, 59% are managed by local authorities, 32% by associations, 4% by social security authorities, and 5% by other bodies. Finally, 57% of multi-service establishments belong to local authorities, 35% to associations and 8% to other bodies. Parental structures adopt, in their approximate totality, an associative method of management (DREES, 2011).

terms of qualification (for medical, paramedical and fields of care in particular).

A sector dominated by volunteering and small organisations

The number of establishments with less than 50 employees is becoming increasingly significant. In contrast, staff is concentrated in bodies with less than 200 people. [8]

It is important to note that domestic aid may be carried out by highly specialised associations but also very versatile organisations. ¼ of organisations offer care at home (SSIAD and/or CSI).

2.3.2. A job which is often part time despite being of an indeterminate contract

In the small child domain, 68% of employees are in an indeterminate contract, 88% of employees for the associate health and social branch. The amount of part-time employees remains significant.

Whatever it may be, "these precarious working times lead to extremely low salaries, 840 euros per month in 2008 for the average salary of a carer of vulnerable people" (Marquier, 2010).

2.3.3. A very feminine occupation

74% of jobs in the associate health and social branch are occupied by women (the French average is 44%). For all that, few women are supervisors and even fewer are managers (40% in the associate health and social branch).

[8] 40% of employees in the associate health and social branch are within organisations of less than 50 people and 1/3 are in organisations of more than 100 people. For the domestic aid branch, the majority of employees (70%) work in large organisations (of more than 200 employees) but more than 66% of organisations are small structures (of less than 50 employees). The small child sector is also very much focused on small structures: 39% of the child and youth branch are structures of less than 10 employees, 56% are structures with between 10 and 20 employees and only 5% are structures with 20 or more employees.

2.3.4. The strong need for qualification

The quality requirements are more and more prominent. In the small child sector, for example, organisations will have to face a shortage of professionals and will have to train their employees in order to comply with regulations (CPNEF, 2010). But this is also true of domestic aid for the elderly.

2.3.5. Significant financing difficulties, with domestic aid in particular

If the sector is growing overall, in particular due to the evolution of needs, it clashes with public financing difficulties. This is particularly true of the domestic aid branch. The financing difficulties are linked to the fact that the activities of the branch or largely dependent on the benefit system and public aid9.

Some financing bodies (The Social Security Fund, Family Benefits, Retirement, Mutual Insurance…) are drawn into this contradiction of wanting to respond to growing needs without having the resources which evolve at the same pace as these needs.

2.4. Structure of representation

2.4.1. Unions and employers' groups

The non-profit private sector

Entering into the field of study:

- 1 employers association : The Social Economy Employers Association which has represented, significantly since 2002, the Social Economy sector and which directs the employers unions which are of interest for this study (UNIFED and USGERES)

[9] The Personal Autonomy Allowance managed by the General Councils, aid managed by social security agencies and finances deposited for care by the Health Affairs Management Department.

- 2 employers' federation unions representing the two branches: **UNIFED** (Federations Union classifying different employers organisations of the health, medico-social and non-profit private social sector) and **USGERES** (Trade union and classification of representative employees within the social economy)
- 4 unions representing the domestic aid branch
- 5 unions representing the associate health and social branch (of which one classifies employers working in the handicapped field)
- 1 union representing the social centres and small child services branch which is of partial interest to this study

Organisations of mixed or varied activities must also be added, such as the French Mutuality which includes care and companionship organisations and services.

UNIFED coordinates the activities of 5 professional employers organisations belonging to the branch. Among these 5 organisations, three come into the field of study (FEHAP, FEGAPEI, SYNEAS).

Other SSE authorities:

- **CEGES** (Business Employers Council and Social Economy Groups) promoter of social economy.
- **APFEES** (Training association for Social Economy employers), responsible for training union members.
- **CRESS**, Regional Chambers of the Social Economy, federal organisations for the promotion of the regional social economy.

The commercial private sector

UNISSS is the inter-union association of the health and social sectors and it classifies the SISMES (service establishments responsible for services, care and supervision of children, adolescents and handicapped adults) and the SNAMIS (health and social structures of diverse nature).

The FESP is the federation of services to individuals and represents the services to the individual commercial sector.

The FEDESAP is the French Federation of Proximity and Services to the individual and represents the same sector for the TPE and PME.

2.4.2. Union of employees

The CFDT (French Democratic Labour Confederation)

The Social health CDFT federation is the foremost CFDT federation, covering all the health, social and medico-social sectors, with the exception of those establishments concerning social security, mutuality or local authorities. The federation is organised into four branches: health associative, social associative, Lucrative and liberal, and Public.

It is part of the International Public Services and its European organisation, the European Trade Union Federation of Public Services.

The CGT (General Labour Confederation)

Two federations come into the field of our study, the National Federation of Staff of Social Organisations and the National Federation of Health and Social Action.

FO (Worker's Force)

The National federation for Social Action – Workers' Force (FNAS F-O) belongs to the General Labour Federation – Workers' Force (CGT F-O). The FO National Federation for Social Action merges 103 social action unions, of which group together those union sections belong to the Workers Force in each department, made up of the employees of non-profit associations (1901 law), service managers and social and medico-social institutions.

The French health and Social Action Federation CFE-CGC

The CFE-CGC, founded in 1944, is the first French executive union which defends the interests of the company as well as the interests of society. It has

between 130 and 140,000 (2002) professional members, both male and female.

The CFE-CGC is particularly embedded in the trade and services engineering and industry. The

CFE-CGC social health, the SNC3S, is the National Executive Union of the Health and Social sector which represents the sector more specifically (health, social and medico-social, public, non-profit private or commercial private). Created in 1951, it consists mainly of directors, deputy directors, department heads, administrative staff and management, psychologists and caregivers.

2.4.3. Trade Union Representation reform

In 2013, the new regulations concerning union representation will take effect[10]. According to these new criteria, the trade representatives will be authorised having achieved over 10% of the vote. This means that, in the short term, some unions are in danger of being excluded from the trade union domain, which explains certain stances or objections.

2.5. Public authorities

DGCS: the General Directorate of Social Cohesion is the central administrative management of the social ministries which is in charge of creating, running and assessing public solidarity policies, of social development and of the promotion of equality which favours social cohesion. It ensures the coherence of national and regional policies.

CESR: the Social and Economic District Council is an advisory body made up of 4 college representatives: businesses and unpaid activities, workers union organisations, bodies and associations involved in district community life, and those involved in development of the district.

[10] The audience measurement election is made on the basis of professional elections that take place every four years from 1 January 2009. The representation threshold is set at 10% of votes in companies, and at 8% at branch level.

ARS and CRSA: regional Health Agencies, pillars of the 21st July 2009 hospital reform (said HPST law, "Hospital, patients, health and districts"), ensuring the running of the region's healthcare sector. The regional health and autonomy conference (CRSA) is a strategic authority of the ARS. It contributes to the implementation of regional health policies by providing advice on their development, monitoring and evaluation. It is made up of regional communities, users and associations, health professionals, management bodies of health and medico-social institutions and services, social protection organisations and workers and employers representative organisations[11].

3. Social dialogue within the sector

3.1. A social dialogue dynamic strongly outlined and influenced by public authorities

An important point regarding social dialogue within the social sector in France is the major influence of public authorities. In terms of both regulation and funding, as there was funding of the proposal and funding of the request – in a cost-reduction context – which did not fail to impact the branch policies and to incite, as we will see, re-examination of collective conventions.
But the state action was focused very directly on the structuring of the sector, by the legislative reform of 2002 and the creation of APA and by the introduction of a new branch, the services to the individual branch.

3.1.1. The law of 2nd January 2002 renovating social and medico-social action

This law widened the social and medico-social application field (by diversifying the terminology of institutions and services) and recognises the domestic

[11] Social and solid economy employers representatives who are not members of the CRSA, including only Medef, CGPEM and UPA.

services provided to the elderly and handicapped people as well as temporary services. It rests on three key axels: user rights, regulation of public orders (particularly social planning on a departmental level and evaluation procedures), putting it into competition for which the sector is little prepared. The law gives the department a central role in social and medico-social implementation and guidance (Morange, 2004).

3.1.2. Implementation of Personal Autonomy Allowance in 2002

Personal Autonomy Allowance is aid given out by the General Councils dealing with funding linked to dependency. At the time of 31st December 2009, 1,136,000 people were benefiting from Personal Autonomy Allowance in metropolitan France.

3.1.3. The development and promotion of services to the individual

It is the Borloo law of 26th July 2005 regarding the development of individual services and carrying various measures which favour social cohesion. With the aim of accelerating the growth of the services to the individual sector, the plan implements measures which encourage the commercial private sector and the individual employer. Because, as Lefebvre and Farvaque show, it is the domestic criteria, like the work place, which presided over the creation of a sector for services to the individual by the public authorities (whereas from the point of view of those carrying out the services, this could also have been based on professional activity, the target audience or the employer's status).
A certain number of employers have defended their involvement in the social economy and have maintained their unique characteristics at the hands of the commercial sector. Employers and workers federations are in agreement with each other, in the associative sphere, that the professional activity criteria, "the services which help vulnerable persons and comfort services are

completely different, and this negates their specific characteristics rather than classifying them." (Lefebvre & Farvaque, 2011).

A collective convention of organisations providing services to the individual (the lucrative sector only, however) was signed in January 2012 but immediately deemed inapplicable by a majority opposition of workers unions.

Some people defend the idea of the sector being defined in terms of its audience and not in terms of its activity[12].

3.2. The problem of representation of social economy employers

3.2.1. The approval procedure

The agreements and collective conventions must be approved by the responsible minister following the approval of the national committee, which is made up of the elected locals. This is a specific characteristic of the sector (with the enforceability of pricing authorities) which makes the social dialogue a longer process and thus subjects it to three parties rather than two. This approval procedure is currently under discussion, the Syneas having recently launched an assessment of the procedure[13].

3.2.2. Managerial representation

As we have previously mentioned, at the moment the representation of management organisations belonging to the social economy is recognised within the professional branches but it does not feature in the national social dialogue plan[14].

[12] "We therefore think that it is not the nature of the activities which should define the new medico-social aid sector but rather the difficulties faced in daily life. That is the only issue for abandoning the amalgamation of services to the individual." (Dussuet, Weber, Doniol-Shaw, & Henrard, 2012)

[13] http://syneas.fr/actu_page_6.html

[14] Where only the Business Movement in France, the General Confederation for Small and Medium Businesses and the Professional Artisan Union are recognised.

Moreover, there is a National Collective Negotiations Committee made up of ministers responsible for employment, agriculture and the economy, and of national union representatives. This committee is, among others, responsible for the evaluation of the laws governing collective conventions as well as for giving an opinion on extension orders or the enlargement of collective conventions. Not recognised as managerial organisations, the social and solid economy employers organisations are not part of the CNNNC. It is the same for the Superior Professional Council and for the National Agency for the Improvement of Working Conditions.

It is in view of this recognition that USGERES was established in 1994. It is also this logic which gave way to various assembly dynamics:

- Creation of the Social Economy Employers' Association
- Creation of the Business, Employers and Social Economy Groups Council, of which the academy employers are responsible for representing social and solid economy employers in dialogue with public authorities and social partners. In 2010, the Superior Council for the Social and Solid Economy assembled to unite the SSE representatives, elected representatives and public administration representatives. It consisted of a commission for Europe, the reinforcement of the European dimension being one of its objectives.
- First inter-professional national agreement of the social economy on 22nd September 2006 (National Inter-professional Agreement regarding life-long professional training).

3.2.3. Adapting social dialogue

The issue of recognition of the social and solid economy also concerns working to adapt modes of dialogue to the issues within the sector. As USGERES claims, "enterprises of the social economy possess some features which this dialogue must take into account:

- reference to shared values
- the coexistence of different populations (employees, volunteers, elected members…)
- the increased proportion of part time employees
- often complex funding methods which limit the margins for manœuvre
- the difficulty often experienced in allocating time for dialogue

(*Source : USGERES pamphlet on social dialogue*).

USGERES' action will be in terms of reflection upon the social dialogue within the social and solid economy. However, since 2001 it has implemented a 'social dialogue group across the social economy' with 4 of the 5 workers union confederations (CFDT, CFE-CGC, CGT and CGT-FO). In 2010, this social dialogue group (GDS) gave axis to the following work:

- "European social dialogue: for the Social Dialogue Group, this involves identifying specific ways of contributing to the presence of French social partner organisations of the social economy within inter-sectorial or sectorial (categorical) European social dialogue, facilitating exchanges between the Social Dialogue Group and European figures and to inform and make the European Commission more aware, in order to give value to the works carried out within the transversal Social Dialogue Group of the French social economy.
- Promotion of active inclusion of active persons away from employment(…)"[15]

Within the framework of the transversal social economy Social Dialogue Group's mission statement, a negotiation took place in September 2011 concerning the study and implementation of a groundbreaking professional integration and youth employment plan. The negotiation went on from

[15] Source: USGERES website, http://www.usgeres.fr/nosactions/DialogueSocial1_1/Groupe.php)

September 2011 to February 2012 and resulted in a joint declaration which set a certain number of points to be incorporated into professional branches.
In the same mission statement, a plan to develop inter-branch social dialogue, within professional sectors and branches, and those enterprises within the social economy will implement them. An evaluation of the actual social dialogue situation is currently underway.[16]

3.3. Actions and good practices

3.3.1. A social dialogue which promotes recognition of the SSE

The example of the first national inter-professional agreement of 22nd September 2006 concerning lifelong professional training is an example of good practice: the joint appeal to the State Council was worthwhile as the latter supported the employers of the social economy in 2009.

3.3.2. A social dialogue closer to local realities

"A good negotiation is one which sticks a bit closer to home." (Mrs A., employers federation representative). Thus for example, the collective agreement concerning the Job and Skills Plan was negotiated at the level of establishments and represents the local, very prospective, reality. This same representative refers also to the obligatory employment of handicapped persons agreement, passed in 1991 and since revised[17].This is good practice insofar as dealing with the things we know best, realities. It is this kind of practice which achieved the social territorial dialogue charter in the SSE signed on 24th November 2011.

[16] Source: "Social economy" document, CFDT- social health.
[17] Agreement signed by the FEHAP, French Red Cross and Syneas, and the following Union organisations: CFDT, CFTC, CFE-CGC, CGT et FO. It was approved in 1991 by the Labour Minister.

The social territorial SSE dialogue charter

The objective of this charter is to implement a real, performing, social dialogue district policy which permits the development and upkeep of quality employment and provision of services within the districts. The local social dialogue must connect with national social dialogue, be it inter-professionally or on a branch level. It cannot, in any case, replace social dialogue developed in these areas[18].

Local collaborations within the social economy are highlighted as a major issue: "if strong and undeniable action favouring the social economy is to be carried out, it must be organised at a national level as well as at a regional level. This is a real lever, but can only be achieved by all coming together to discuss it, something which is not always evident" (Mrs. M., employers federation representative).

3.4. Collective national conventions : state of affairs

3.4.1. Within the health and social associate branch (BASS)

The health and social associate branch includes those sectors and organisations of the five branch conventions outside the limit which we have conformed to, two of which are of interest here.

According to Mrs. N., Workers Union representative, the health and social associate branch "was created not only on the basis of political will of employers but also because the lifelong training law indicated having a branch agreement." This explains, according to her, the relative weakness of the branch.

The National digital council of private non-profit hospital, care and treatment institutions, 31st October 1951

Employers Union	Workers union	Field of application

[18] CRESS Rhone-Alps press release, 16/01/12.

signatory(s)	signatory(s)	
FEHAP	CGT, CFTC, FO, CGC Then CFDT	Private non-profit health, social and medico-social institutions, and services central to organisations running these institutions.

National collective conventions of staff employed in establishments and services for maladjusted and handicapped persons, 15th March 1966

Employers Union signatory(s)	Workers union signatory(s)	Scope
SNASEA SOP (now classified as one under SYNEAS) FEGAPEI	CFTC, FO, Then CGT, CFDT et CGC	Private non-profit bodies running establishments for protected, handicapped or maladjusted children but also for handicapped adults, as well as professional education and training institutions belonging to the social and medico-social sector.

For two years the negotiation concerning revision of the 66 National collective conventions was ongoing between social partner organisations. The negotiation was bitter and, finding it impossible to reach an agreement, it was decided in 2012 to put a momentary end to the discussions as the 2013 deadline for the matter of union representation approaches.

3.4.2. Within the domestic aid branch

Prior to the 1st January 2012, three National collective conventions existed within the branch: the ADMR CNN of domestic aid employees on a rural scale, the CCN 70 of family workers and the CCN 83 of domestic aid and maintenance organisations. As of 1993, the year the domestic aid branch was established, the branch agreements[19] were added to and replaced the different CCN forms.

[19] Branch agreement on a part-time employees' statute of 19/04/93; branch agreement relating to the organisation of work of 31/10/97; branch agreement on domestic aid concerning jobs and compensation, 29th March 2002; lifelong training agreement and professionalisation policy of 16th December 2004; agreement relating to modulated time,

The fusion of the branch into a single convention is the result and the mark of a productive social dialogue but also of the strong infrastructure of the branch.

According to the representative of one of the workers unions, "from the start there has been a real political desire to construct and establish a collective convention for the branch, merging the entire sector. (The branch) knew to keep its head high, to defend its existence when confronted with government plans (the Borloo plan or even the government's desire to develop the trading sector within the field of activity, by using tax deduction incentives). Employers knew to come together, since 1993 we have gone from 8 employers federations to 3."[20]

CCB for the domestic aid, service and care branch, 21st May 2010

After ten years of negotiations between the social partners, a single collective convention was established in 2012. On the 1st January 2012, this convention extended its application fields to the domestic aid branch.

Employers Union signatory(s)	Workers union signatory(s)	Scope
USB Domicile (Adessadomicile, ADMR, FNAAFP-CSF, UNA	CFDT UNSA/SNAPAD	Domestic aid, service and care branch. Comprises 220,000 employees.

3.4.3. Within the social and familial linking branch

30th March 2006; agreement relating to age discrimination and the employment of seniors, 27th October 2009.

[20] Mrs. N., important workers union representative. Questionnaire response.

The CCN for social and familial links: social and sociocultural centres, young child care associations, and social development associations, 4th June 1983

In the beginning, this convention concerned associative social and sociocultural centres, and since Appendix 6 of the convention was written in 2005, it also includes young child care associations (appendix extended in 2007).

Employers Union signatory(s)	Workers union signatory(s)	Scope
SNAECSO	CFDT UPSAO-CGT CFTC CGT_FO CFE-CGC	Private law non-profit associations and bodies, whether in a legal form, which include these activities in their main title: social service and facilitation and/ or social care and/or cultural plans and initiatives and/or young child care.

3.4.4. Within the services to the individual branch (private sector)

The CCN for services to the individual organisations, 23rd January 2012

A convention was signed on the 23rd of last January, but it cannot be implemented due to a majority opposition of workers unions.

Employers Union signatory(s)	Workers union signatory(s)	Scope
FEDESAP FESP	CFTC CFE-CGC	Services to the individual

3.4.5. Within the commercial private sector

CCN 26th August 1965

The scope of this agreement is extremely vast: handicapped or maladjusted children and adults, or those facing social difficulties, the elderly, private non-profit sector education and commercial societies. Since 2011, social partners have engaged in 'cleaning up' the collective labour agreement and 2012 is the year of the study into recasting salary scales.

Employers Union signatory(s)	Workers union signatory(s)	Scope
Current UNISS (SNEME, SISME, SNP)	CFTC FO CFDT CGT CGC	Covers the activities conducted by private organisations, associations or companies related to the following terminology: Education, human health activities, Residential care and homeless care.

3.5. Current issues

3.5.1. The debate over the dependence and creation of a 5th risk

For several years, the debate in France has been focused on the creation of what is known as the fifth risk. It would involve a new dimension of social protection, as well as the four existing ones, which are illness, the family, workplace accidents and retirement. Also called "dependency risk" or "loss of independency risk", it concerns elderly dependents or handicapped persons. The latter would receive compensation for this lack of independence. The individual independence compensation would become a universal right, no matter the age of the person or the reasons for loss of independence. This dependence reform was first announced and eventually abandoned by Nicolas Sarkozy on the 1st February 2012 for cost reasons, but debates concerning the fifth risk continue.

3.5.2. Domestic Aid funding

Due to the economic crisis, the domestic aid sector has henceforth experienced structural funding difficulties which threaten the system. The departments are suffocated; funding exemptions have been lifted[21] and the

[21] The reduction of charges which benefited individuals employing help at home was abolished on 1st January 2011. According to Hugues Vidor, Managing Director of Adessa Domicile, it is a threat to 20,000 employees.

fifth risk has been momentarily abandoned. Faced with these difficulties, 16 representative organisations of professionals and users of the sector grouped themselves together in a partnership (Partnership of the 16[22], then becoming the Domestic Aid Partnership) and raised awareness about the gravity of the situation and the necessity of the creation of an emergency fund to help those domestic aid and care organisations in most difficulty. On the 21st September 2011, an agreement was signed by 14 members of the Partnership of the 16 and the Assembly of Departments of France: it seeks to overhaul the contractual relationships between domestic aid associations and general councils and to implement local foreshadowings which could be the new methods of setting tariffs.

Since then, a National monitoring committee aims to lead the forerunners of the tariff reform of domestic aid services. A IGAS-IGF mission was mandated on these issues and a report issued in 2010 (IGAS-IGF, 2010). The pricing reform is underway[23].

3.5.3. Collective labour agreement revisions

CCN 51 and CCN 66

The use of competitive procedures - induced by the HPST Law of 2009 and by the promotion of services to the individual - has profoundly altered the social and medico-social sectors. In the words of one interviewee, "It is a complete shift in standard". (M.T DGA of an employers federation in the associate health and social branch). Indeed, it is now the ARS (Regional Health Agency) which plans, establishes the specifications and launches project proposals. This project proposal system induces competition between organisations belonging to the sector, but also among private structures. Here, the same

[22] Signatory organisations : Adessa – A Domicile – ADMR – AD-PA – APF – CNPSAA – CNRPA – French red cross – Rural families – FNAAPF/CSF– FNADEPA – FNAQPA–UNA – UNCCAS – Uniopss – USB-Domicile.

[23] See, for example: *http://www.fehap.fr/page-secteur.asp?ID_sec=3*

interviewee states that, for example, in the handicapped persons housing sector, the CCN puts the structures of the branch in a very undesirable situation in this competitive environment: in response to project proposals, there are budgetary differences of up to 20% between the PNL (relating to the CCN) and the private sector. This is also the problem faced by another representative: financers retain the cheapest and least socially significant projects. Certain establishments are on the verge of closing down (Mrs A., employers federation representative).

It is within this context that, on the 1st September 2011, the FEHAP denounced part of the CCN 51[24].

For the FEHAP, the idea is to evolve the convention to match the evolution of the sector and to redistribute the payroll. This involves reviewing the agreement in terms of more local flexibility at an institutional level. For now the negotiations continue in opposition against the review on behalf of the workers' unions.

Regarding the CCN 66, a negotiation concerning the revision of the convention was underway for two years. The interviewees questioned within the framework of this study highlight that the current issues concern more specifically:

- New positions in keeping with the evolution of the heart of the domain linked to a restructured organisation based on the peoples' needs (eg, appearance of case managers or care coordinators)
- working hours (trimestral holidays agreed by certain individuals, making organisation of work difficult)
- changes to salary scales

[24] This means that it calls for removal and replacement by an alternative agreement. According to legal procedure, following a denunciation, after 12 months (until 1st December 2012), either the text is revised by agreement between the parties or the collective labour agreement no longer applies.

Leaning towards a single Health and social associative branch convention?

At the time of these heated discussions about revisions of the CCN, a debate ensured on the issue of the creation of a single convention for the entire social and medico-social sector, therefore for the entire health and social industry. Three employees federations are in favour of the single convention (CFDT, CFE-CGC and CGT), as well as two employers federations, FEGAPEI and FEHAP, for different reasons. According to Mrs. M, an employers federation representative, "the reconciliation logic is in the interest of both the sector and the professionalisation of the sector employees," something which is not easy at the present time due to various conventions and agreements. The domestic aid branch has shown great effort and commitment to unity on this subject.

3.5.4. The SSE, carrier of value and absorber of crises

Our representatives are part of the issue of promotion and recognition of the social economy on a national and European level. As Mrs. M, an employers federation representative, has told us, the SSE sector, unlike the market economy, absorbs more crises and bears more employment and essential values. "The social non-profit sector certainly has no obligations like the public sector does in terms of public service missions, but it responds to a public service mission." (Mrs. N, labour union representative).

It lacks instead in two areas: it is not sufficiently recognised and is still too fragmented to show an organised front to the public authorities.

3.5.5. European Social dialogue

Regarding themes to be considered at a European level, here are some that have been proposed by our spokespersons: social services of a general interest and the notion of trust, professional training, care for small children, continuing to employ seniors, free movement of people, working hours

("grey" areas in particular: travelling outside of time allocated for travel, fines).

Some people questioned on the subject of a European social dialogue were open to discussion but very conservative. Thus, Mrs. C, an employers' organisation representative, says: "France is a very special case: the social subject in general, services of a general interest, are very developed; only France has an equally developed social system. We must be careful if things are to be established at a European level: France has more to lose than to gain." And she adds: "We must be careful: Yes to a European dialogue, but it all depends: on what basis?"

We are at a time when the boundaries are constantly moving, In France, we must be careful not to do them in! We are in favour of a European dialogue but it really depends on the platforms, if we can agree on common values."

Similarly, Mrs. N., a trade union representative, believes that European issues are present - in particular with regards to professional training, organisation and regulation of the labour law - but on the condition that the common regulations and collective guarantees are harmonised upwards rather than downwards. A French model, with a long history in the matter of social services, which should be preserved, promoted and improved.

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