

Risky Dependency: Social Welfare and Dependency in French Policies on Aging

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Abstract

In this paper, I examine the policies put forward by the French government to address the increasing need for eldercare. I analyze two pivotal terms in these policies—dependency and solidarity—and I consider the proposal of Nicolas Sarkozy, France’s president from 2007 to 2012, to frame dependency as a fifth social risk.

Résumé

Dans cet article, nous étudions les politiques françaises de soutien pour les personnes âgées dépendantes. En particulier, nous évaluons la proposition du gouvernement de Nicolas Sarkozy de qualifier la dépendance de cinquième risque social.

It is widely recognized that the demographic shift experienced in advanced Western industrialized countries is forcing many governments to examine the impact of aging on state-funded resources and services. Not only are more individuals growing older, but many are reaching an advanced old age. These often frail elderly individuals require assistance with daily or weekly chores in order to remain in their own homes and maintain an adequate quality of life. Furthermore, many will need to enter an appropriate assisted-living facility. As a pressing social issue, however, aging and the policy responses to it cannot solely be reduced to problems of sustainability and resource allocation. Instead, focusing on a range of related issues provides a useful lens to examine how the realities of growing older are framed within states increasingly dominated by neoliberal policies.

One major example of this broader focus on aging has been to highlight the importance of caregiving. Feminists have long argued that childcare and eldercare, activities that are predominantly performed by women, are necessary to sustain society, even while not socially valued. With the increasing need to support older individuals, the family members and friends who perform unpaid caregiving labour are demanding that their work be valued and recognized, if not compensated (Keefe and Fancey 1999; Glendinning and Kemp 2006; Keefe and Rajnovich 2007; Martin-Matthews and Phillips 2008). Researchers and activists highlight the fact that caregivers are overwhelmingly women, and that caregiving usually comes at a financial cost to them. If they are working, they either must quit their jobs or take time off in order to provide adequate care; in addition, caregiving often has a negative impact on their health. Aging also brings to light additional assumptions embedded in contemporary neoliberal societies. More specifically, the manner in which the concept of dependency is used to

underscore the need for assistance and to fund access to assistance relies on a depiction of the elderly as costly individuals who may have once contributed to society, but are no longer participating actively in society. As I demonstrate in this paper, this portrayal of the elderly culminates in entrenching a vision of the paradigmatic citizen as one who is self-reliant and devoid of dependency needs. The effects of this negative representation of the elderly are mostly concealed within Canadian policies, but should not remain unnoticed. For this reason, in order to explore and highlight the consequences of such portrayals and the assumptions underlying them, I examine the manner in which caregiving is framed within French policies.

Over the past several decades, France has developed policies aimed at supporting individuals who need assistance to perform the activities of daily living (ADLs), either because of age or disability. In an explicit recognition of the rights of persons with disabilities, French policies affirm a national obligation to ensure access to services and opportunities for all individuals, regardless of ability. However, as I discuss more fully below, older citizens who may have age-related disabilities have a more tenuous relationship with the state because of the manner in which their age positions them in relation to the state.

In order to examine the ways in which older citizens are represented in French policies, I present a brief historical sketch of the evolution of French policies directed at individuals needing assistance with ADLs and discuss two pivotal terms found in these documents—dependency and solidarity. In particular, I critically examine the proposal, put forward by Nicolas Sarkozy while he was president of France, of framing dependency as a risk. Finally, I make the case that, even if French policies appear to be attentive to the need for assistance in old age, it is at a social cost to older citizens and their caregivers.

History

Individuals with disabilities have been lobbying for the right to access resources that would facilitate their full participation in society for a long time.¹ In the American

context, the *Americans with Disabilities Act* (1990) and, in Canada, the *Canadian Charter of Rights and Freedoms*, have entrenched the rights of persons with disabilities. These documents demonstrate that legislation concerning disability in North America is based on a social/political model of disability that is rights-based and universalist in scope. In Canada, formal equality is granted to all citizens. As stated in the *Canadian Charter of Rights and Freedoms*, all citizens are equal under and before the law and have equal protection and benefit of the law regardless of particularities such as age, ethnicity, gender, or ability (Government of Canada 1982).

In comparison, France addresses disability from a different perspective.² In its development of policies for persons who require assistance in ADLs, France has shifted from a category-based to a universalist, and, finally, to a more personalized approach (Winance, Ville and Ravaud 2007). To explain: in 1981, the French government created the ACTP, *allocation tierce personne*. This social assistance policy was aimed at disabled adults who needed help to perform the activities of self-care. The policy made some money available to the person with disabilities so that the individual could employ someone to provide assistance (cash for care) (Service-Public.fr). There were conditions attached to accessing the money to hire help, such as the level of the person's disability; this meant, in the context of the policy, that the person had to be assessed by a governmental agency. Those who were eligible for benefits had to have a level of incapacity evaluated at 80 per cent.³ The allowance was means tested and, since the ACTP was designed for working-age adults, the individual had to be 20 years of age (or 16 if the person was not living at home) and under the age of 60. The goal of the policy was to promote a more inclusive society in which participation is not anchored to a particular set of abilities or a type of embodiment.

According to Bernard Ennuyer, in the late 1970s, the needs of older citizens were the subject of various government studies, and the French government established a secretariat of state dedicated to the elderly

(2006, 63). The findings of the studies stressed the importance of aging in one's own home (Ennuyer 2006, 60–62). Claude Martin observes that dependency, characterized as the state of the elderly who need assistance, became a public concern in 1986 with the report of Théo Braun of the *Commission nationale d'étude sur les personnes âgées dépendantes* (2001, 88–89). At this time, the government was looking to establish a policy that would be similar to the ACTP, as there was now an explicit recognition of the importance of some type of social assistance for the elderly to remain at home. Notably, Ennuyer maintains that the emphasis on home care was not only desirable because it supported the elderly, but importantly, for the government, it was also a way to create employment (2006, 63–68). Although these emerging cash for care policies seemed to have the potential to empower aging individuals and caregivers, their goal was also to address a state concern: employment.

In 1997, the French government introduced the PSD, *prestation spécifique dépendance*, which was aimed at retired citizens (individuals 60 years of age and over).⁴ It allowed seniors to hire family or close others, with the exception of spouses (*emploi gré à gré*). In 2002, this policy was broadened and replaced by the APA, *allocation personnalisée d'autonomie*. The APA was of unlimited duration and was a “cash scheme based on universalistic principles and with the objective of increasing the number of recipients” (Da Roit and Le Bihan 2010, 292). These policies explicitly recognized the fact that individuals are often in need of some help to perform the activities of self-care as they age.

In 2005, France combined both policies, the ACTP and the APA, under the rubric of the APA in order to eliminate discrimination based on age. The law, which took effect January 1, 2006, stated that the disabled person had a right to compensation for their disability regardless of the origins and nature of the incapacity, their age, or their way of life (Ministère des affaires étrangères et européennes 2007). Nevertheless, in terms of service provision, the policies differentiate between individuals who are working age adults (below the age of 59) and those

who are not (above 60). France has attempted, by this division, to separate persons with disabilities who are working age adults and thus have a career path and are contributing to society, from those who are no longer contributing to society as they are now retired.

As in many Western countries, aging has been the focus of strategic planning by the French government. In order to manage effectively the realities of having a growing aging population (and also in reaction to the devastating effects of the heat wave of 2003 on its older citizens), France has put forward two major plans in addition to the aforementioned policies.⁵ These plans do not have any bearing on the APA or the manner in which it is allocated; rather, they include broad recommendations for addressing the needs of frail elderly persons, through research prioritization and sustainable funding. *Le Plan solidarité grand âge* was introduced during Jacques Chirac's presidency in July 2006 (Ministère délégué à la sécurité sociale, aux personnes âgées, aux personnes handicapées et à la famille 2006) and, in January 2007, Philippe Bas, ministre du ministère délégué à la sécurité sociale, aux personnes âgées, aux personnes handicapées et à la famille, presented the *Plan national bien vieillir* (Ministère du travail, de la solidarité et de la fonction publique 2012). Even though the political landscape changed when Nicolas Sarkozy took power in 2007, his government did not attempt to diverge significantly from these plans save to encourage more private sector involvement. Given that the recently elected government of François Hollande inherited these policies, they are worthy of close examination.

In the two plans, France distinguishes two populations of aging individuals: the young-old (55–75) and the old-old (75+). The young-old are portrayed as active individuals, with the French government targeting specific types of recommendations to this group. The old-old or frail elderly are the ones who are considered to be at an increased risk of becoming dependent, and measures such as adequate accessibility to appropriate services are put into place to deal with this demographic's particular needs. The *plan national*

bien vieillir is aimed at those who will be entering retirement or are close to retirement. It focuses on promoting healthy eating and remaining physically and mentally active. There is a provision for free medical consultation for those under 70 years of age as a preventive measure, in order to facilitate these individuals' proactive involvement in their aging process. This policy constructs aging as a condition that is, if not preventable, then at the very least one that can be optimized through good living habits such as healthy eating, exercise, and keeping active.

Since its focus is on the individual, this plan implies that it is each individual's responsibility to ensure that they age well. It is in the interests of individuals to make sure they age as best they can, both as a duty to themselves, so they can enjoy life, and to others, so as not to become a burden. The state encourages good habits, and the individual bears the responsibility to age well. Within this framework, all citizens are considered to have equal access to healthy aging. There is no understanding within these policies of the negative impact and the possible devastating effects of poverty or other kinds of marginalization on an individual's health.

The second policy, the *plan solidarité grand âge*, has two goals: building resources for the frail elderly and financing these services. It explicitly recognizes that a larger number of individuals now live to a greater old age and that such a period is one of increased frailty and dependency. The plan is structured around five aims, three of which target services for the frail elderly. The fourth focuses on the financing of these services and, finally, the fifth has a research component directed at studying and preventing diseases which affect the elderly, especially Alzheimer's. The goals are described as follows: First, resource allocation must allow the elderly the choice to remain at home. Second, long-term care institutions must be restructured to become more home-like environments. Third, since the frail elderly are using hospitals in increasing numbers, hospitals must be adapted to suit this population's needs. Fourth, financial sustainability is a priority, and the government proposes partial funding through what it calls a "day of solidar-

ity." Finally, the government puts emphasis on scientific research dedicated to diseases such as Alzheimer's.

The government addresses the fourth component of the plan by putting forward an ideal of solidarity with frail elderly individuals as well as persons with disabilities through the development of a *journée de solidarité*. On this day of solidarity, which usually takes place on an official holiday, workers are to perform their jobs, but are not to be paid. Instead, their wages are directed to the *caisse nationale de solidarité pour l'autonomie*, which finances the APA.⁶ In summary, the overarching goal of the *plan solidarité grand âge* is to make sure there are at least minimal services which are sustainable and tailored to a specific clientele, the dependent elderly.

The manner in which the French state addresses particular individuals' dependency needs is through cash for care policies. Although this personalizes care, it is significant that such policies also have the goal of creating employment. As Emmanuele Pavolini and Costanzo Ranci explain, "France has innovated considerably in recent years, showing most conviction in the concept of welfare policies as a possible source of permanent employment" (2008, 251). The gendered dimension of these policies has been examined and commented upon by several scholars, most notably Ennuyer (2006) and Martin (2001). Even if the cash for care policies have acknowledged some of the personal costs of caregiving, these policies have nonetheless had a negative impact on women. According to Martin, cash for care keeps care labour as a marginal, precarious, and low-paid activity. Because each site does not provide very many hours, caregivers need to work in many homes in order to earn a minimally decent income. Most of the care workers are women who are not highly educated and who tend to be older. Martin also notes that there is an over representation of migrant workers (2001, 94–98).

The gendered and racialized dimensions of the cash for care policies highlight how caregiving remains an undervalued and poorly paid activity.⁷ It is marginal work, performed by marginalized workers for marginal-

ized individuals. In addition, because one of the goals of cash for care policies is the creation of employment, it cannot be claimed that the sole concern of these policies is maintaining an adequate quality of life for older individuals. In fact, the existence of older citizens becomes the basis for job creation. Even if this is precarious work, though, it brings down the rate of unemployment, which serves the goals of the state.

Dependency and Solidarity

The wording in the two plans, as well as in the policies targeting assistance, is quite telling. The label “dependent” is only used in the context of policies that are directed at aging individuals. The help citizens may require when they are under the age of 59 is instrumental to aiding their participation in society; they are not dependent persons, but simply people needing aid. However, when persons are 60 years of age or older, this same help becomes an indicator of their dependent status due to their increased age. If French policies destigmatize disability and attempt to personalize access to resources, they nevertheless have a negative impact on some citizens. Although remunerated, caregiving becomes a state-funded occupation that remains precarious. In addition, policies represent the frail elderly as dependent.

Dependency is a contested term (Fine and Glendinning 2005) as it has strong negative connotations. Disability studies theorists and activists have generally discouraged the use of this term for individuals with disabilities as it is associated with a state of helplessness and of being a burden to others. This may explain in part why French policies never use the term in relation to people with disabilities. However, simply shifting this term to the elderly is problematic. First, equating working adulthood with the time of social contribution implies that the social contributions of older individuals are now exhausted. Second, by characterizing the elderly as dependent, the care such individuals may need is easily confined to the private sphere and out of the purview of state involvement apart from the strict managerial role it has adopted through its plans and policies. Linking the term dependency with a stage of life

means that the resources used by these individuals can more easily be portrayed as a drain on the public purse.

Many feminists as well as disability studies theorists (Wendell 1996; Kittay 1999; Davis 2002) have argued that we are all dependent on one another and that the help individuals may need to perform some tasks falsely portrays them as outside the norm. These theorists put forward the term interdependency to capture the reality that all human beings start their lives as fully dependent beings and that they will encounter periods of dependency as they grow older; no one can claim to be fully independent. Furthermore, Susan Wendell (1996) makes the case that those who are considered independent individuals are also deeply reliant on both their environment and other people. As she explains, in industrialized Western countries, most of us take for granted that water will come out of the faucet and that our cooking is made much easier by electricity. For Wendell, this dependency may be invisible but it is still present in our everyday lives. Reliance on someone to help with the tasks of self-care does not make a person any more dependent than the person who relies on modern appliances.

Importantly, the label “dependent” implies that the person who requires assistance is only a passive recipient of care. In his broad study of dependency, Albert Memmi (1979) explains that, in a relationship where one person seems to be dependent on another, both parties are actually providers. That is, both parties are actively engaged in some type of exchange, although the objects exchanged will not necessarily be identical in kind. However, as Memmi insists, there is an exchange taking place. Significantly, he also draws attention to the fact that the contributions of the person who is labelled dependent can easily be erased within such a framework, as dependent individuals are not perceived as capable of providing anything. Thus, in a society where social contributions are measured in terms of work productivity, elderly people who may be contributing their time to grandchild care or to volunteer work are not perceived to be contributing to society. This serves to characterize such indi-

viduals as unproductive. A grandmother might play with her grandchildren and tell them stories and educate them about their ancestry. Although situated in the realm of the private, these activities are crucial for children as future citizens as this helps them form an identity and have a sense of their history and belonging. However, it is easy to label this grandmother dependent if she requires some assistance to do chores around the house. The contribution she is making to her family, to future citizens, and hence to society is eclipsed within a framework that values remunerated work as the main form of social contribution.

Social security in France is structured to address the financial consequences of some of the expected and unexpected events in a citizen's life. The four main areas where citizens are considered to be at risk are health, old age pensions, family/maternity, and work/unemployment. It is the responsibility of the state to provide some protection against the negative impact of such events, in the form of welfare, parental leave, unemployment, or pensions. Confronted with the increasing needs of the frail elderly, Sarkozy proposed the explicit recognition of a fifth risk, that of dependency in old age, which would make it "a social risk against which citizens have a right to public protection" (Pavolini and Ranci 2008, 257). However, this proposal was tabled because of the financial crisis in Europe.⁸ The new François Hollande government has promised to look into a "*réforme de la dépendence*" and to propose a new set of laws and policies on aging by early 2014 (LCP, 2012). Nevertheless, it is worth examining Sarkozy's proposal, as it captures unambiguously the manner in which dependency is perceived not only in France, but also in most Western countries, as a risk.⁹

If dependency is a risk, then it is something that everyone faces, although not something everyone will experience. Risks are always looming but are sometimes avoidable through volition, prudence, or luck. Dependency does not have a positive connotation and positing it as a risk further stigmatizes it as a state that is undesirable. Moreover, it implies that the dependent individual did not manage to avoid it; this somehow

denaturalizes dependency as a stage of life that one would encounter in the process of aging. Within such a framework, dependent persons become victims of their dependency and are in need of state protection or assistance.¹⁰ This further entrenches the negative portrayal of aging individuals.

In their discussion of care, needs, and rights in neoliberal states, Julia White and Joan Tronto (2004) explain how the construction of the ideal citizen as a self-sufficient adult frames the discourse surrounding needs and rights (see also Lanoix 2007). Within this framework, dependency can only be a risk if citizens are assumed to be self-sufficient adults throughout their lives, which conveniently ignores both frail old age and childhood. Therefore, being (or becoming) dependent is the state of a compromised self-sufficient adult. Since it is the state's responsibility to protect older citizens against their alleged dependency, a policy directed at providing care and regulating it appears appropriate. The way to alleviate this dependent status is to acquire the right services. Under this system, caregiving becomes commodified and is reduced to a set of salaried activities. This is damaging to paid caregivers in at least two ways. First, paid care is subjected to market forces as families and the elderly will try to get the best deal possible, and workers have little or no protection against the demands of the market. Second, the growing demand for care work creates a situation where an increasing number of workers are migrants who are poorly remunerated and who must negotiate the needs of their own families from a distance.¹¹

Writing in the American context, Tronto explains that "since Americans generally conceptualize care as a private concern, the language and framework of market choices guide how [Americans] describe and think about care options" (2006, 9). This is an accurate description of the French and Canadian contexts also, although the state has a greater role in the provision of services in these countries than in the United States. Nevertheless, Tronto is right to assert that care is primarily thought of as a private concern. If the French government recognizes the public impact of dependency, it privatizes

its response through its cash for care policies. This puts French care workers in a highly precarious position, similar to that of their North American counterparts. It allows, in the words of Tronto, “vicious circles of unequal care to perpetuate themselves” (2006, 4).¹²

In addition, the market approach serves to marginalize the unpaid caregiving performed by family and friends. Although cash for care acknowledges caregiving, the policies put in place by the French government give the appearance that family caregivers are relieved of the burden of caring. If the elderly are given some money to hire caregivers, it is assumed that all their care needs are met in this manner. However, as the work of Ennuyer (2006) makes clear, French families are present and provide quite a bit of help to the frail elderly in their families. Those who receive care through the APA have (in 75 per cent of the cases) added help from family members and very often (in 60 per cent of the cases) the caregiver is a wife, daughter, or daughter-in-law (Ennuyer 2006, 88). In her discussion of homecare, Stéphanie Pin (2005) explains that family support is as strong as ever in France and that familial caregiving is instrumental to helping the elderly remain in their own homes. Not surprisingly, she also found that most of the caregiving is performed by women of the intermediary generation (50 to 75 years of age) (2005, 43). If the government has established limited respite services, it does not recognize the social costs of caregiving which are assumed, in French society as everywhere else, overwhelmingly by women. When caregiving is unpaid, it is usually performed by wives or daughters who do not have the choice but to provide this care and often without adequate support; when it is paid, this labour is consistently undervalued and underpaid (Dodds 2007; Keefe, Hawkins and Fancy 2006; Holstein 2000).

When the elderly are represented as unproductive citizens and more easily characterized as dependent appendages to society, the financing of their services can be perceived as a drain on resources. Significantly, the French government introduced measures to cover the costs of dependency in an equitable manner by distributing these

costs throughout the entire French population. In this way, the elderly, as well as their families, are not unduly disadvantaged. The costs associated with dependency are to be shared by all, at least to a certain extent.¹³ The government uses the ideal of social solidarity as a way to motivate working citizens to contribute to the financing of care services and to quell any resentment contributing citizens may have towards such a costly investment by making them appreciate that they too will be elderly one day. Through something like the *journée de solidarité* described above, the government is appealing to a sense of team spirit by embracing both workers and those who require assistance.¹⁴

Solidarity is a positive value, unlike dependency, and it holds some promise of being inclusive. However, the policy states that the purpose of the financial assistance generated by solidarity is to help dependent persons and persons with disabilities. Again, the use of two different terms, disability and dependency, separates those requiring help into two groups. By dividing care recipients into two groups, the goal of inclusiveness is compromised, as the assistance provided to the elderly, unlike that provided to disabled citizens, is not perceived as a way of supporting their contribution to society, a public goal. Rather, the assistance is aimed at helping elderly individuals maintain an adequate quality of life. This serves a private purpose; society will not gain from it, but rather only older citizens themselves will benefit from it.

Conclusion

French policies appear to put forward progressive programs to address the issues surrounding eldercare, but they do so by remaining within a limited framework. The elderly may be empowered as they have a certain amount of freedom to hire the caregiver of their choice, but that choice is, in reality, quite constrained. Ultimately, these policies fail to support either the greater social visibility of frail elder people or the value of caregiving, as these policies continue to characterize older citizens as dependent.

Conversely, solidarity grounds the state's appeal for funding. Working-age adults realize that they will also grow old;

therefore, it is in their interest to work towards funding services for the elderly.¹⁵ Certainly, it is significant that workers' labour contributes to a pool of resources that benefits not just their own families, but members of other families too. This is also a way of creating an alliance between different age groups. However, this expression of solidarity is economic and manifested only through paid work. Within such a policy, paid labour is once more portrayed as the only way that citizens can make a social contribution to tackling the problem of aging. Although it is a first step in publicly recognizing the importance of providing care services, this policy is a rather limited acknowledgement of the centrality of care and care labour in any society.

In their analysis of long-term care policies in Western Europe, Pavolini and Ranci identify two issues that industrialized countries will have to face: first, finding the appropriate balance of private sector, state, and family involvement; and, second, a new understanding of the rights of social citizenship. For these authors, long-term care (LTC) highlights the process that states must undertake to address the issue of aging either through financing, privatization, or restructuring of programs. As they state, "LTC programmes are emerging in this process as a key sector in the new welfare systems, and their development requires both a redefinition of recognized social rights and the assignment of a new role to families and market mechanisms in protecting citizens and meeting their needs" (2008, 256). I would add that such developments cannot take place without a critical evaluation of the concept of the citizen that is at work in these policies.

By framing dependency as a risk, French policies are in fact putting in concrete terms what many other industrialized nations are considering: how can a society best protect itself against the risks of dependency? The management of aging and dependency evidenced in the French plans on aging compartmentalizes the need for assistance. They make it appear as if dependency only occurs among some frail citizens and does not affect other more capable citizens who have managed to avoid this state. With the help of such governmental plans, it seems as

if the contagion of dependency is limited, or, at least, this is the illusion. Reserving the label of dependent for the elderly is a way of ensuring that the ideal citizen as a self-sufficient adult is not tainted by dependency.¹⁶

French policies may address the manner in which state involvement, the market, and families negotiate care needs. Ultimately, though, they fail to engage in a critical and essential examination of social rights. This comes at a cost: it relies on the systematic devaluation and marginalization of caregiving, both paid and unpaid, of those who need assistance in the later years of their lives, and of those who perform care labour. Indeed, there is a risk of dependency. But the risk does not reside in the fact of dependency itself. We have all encountered that state and we reside in a state of interdependency, at the very least. The risk resides for those who perform the care work and for those who may need caregiving. The very real risk they face is that of increased marginalization and vulnerability.¹⁷

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Endnotes

1. Some historians put the beginning of the movement for the rights of persons with disabilities in the US at 1817 when the American School of the Deaf was started in Hartford, Connecticut. There is general agreement that contemporary activism emerged in Canada and the U.S. in the 1970s (Johnson 1983).

2. There was a recent controversy over terminology to designate disabled persons. The terms used by many activists and theorists in the Anglo-American tradition is "disabled person" or "person with a disability" to indicate either that an individual is disabled by society or that the disability is separate from the per-

son themselves. In the French context, the term is “*personne handicapée*.” In 2004, there was a call for the French Senate to change the term to “*personne en situation de handicap*,” but this proposal was rejected (Kristeva 2005).

3. Until 2005, the government body responsible for assessing disability was the COTOREP (Commission Technique d’Orientation et de Reclassement Professionnel). That year, it was replaced by the commission des droits des personnes handicapées (CDAPH). <<http://www.ameli.fr/assures/droits-et-demarches/par-situation-medicale/vous-etes-adulte-handicape/votre-protection-social-e.php>> In the case of older individuals, the grid used is AGGIR (Da Roit and Le Bihan 2010, 294; Ennuyer 2006, 79–81).

4. In France, the age when a citizen can claim pension benefits is 60. However, the age will go up to 62 starting in 2017 (*Le Figaro* 2011).

5. In August 2003, Europe experienced a terrible heat wave which caused over 35,000 deaths. France suffered severely with over 14,000 deaths (*New Scientist* 2003).

6. The day of solidarity emerged in response to the 2003 heat wave. The day was negotiated with private enterprise as well as public organizations (Ambassade de France, 2005). It was instituted in 2004 and was held on the *Pentecôte* holiday. The official day of the *Pentecôte* for solidarity was dropped in 2008 in order to avoid a backlash; however, workers are still expected to perform an unpaid work day. Under the new government of President François Hollande, it remains an open question as to whether this practice will continue (*Le telegramme.com* 2012).

7. The marginalization of caring activities has been discussed extensively by feminist theorists. See, for example, White and Tronto (2004) and Tronto (2006).

8. In November 2010, Nicolas Sarkozy announced a reform that would add dependency as a fifth social risk. This reform was to

be implemented in 2011; however, due to the financial crisis affecting Europe and the world, Sarkozy tabled reforms concerning dependency (*Le Monde* 2011).

9. Positing dependency as a risk is a way of collectivizing it. The increasing need to finance care through some collective contribution has also been proposed in Canada. For example, in 2005, the *Rapport Ménard*, commissioned by the Charest government in Québec, proposed levying old-age insurance; it would be a form of taxation. In the case where an individual had considerable dependency needs due to age, that person could access some funds to finance their care (Radio-Canada 2005). Similar to unemployment insurance, it would be accessible in cases of need.

10. In a discussion of persons with disabilities, Anita Silvers (1998) explains how disabled individuals are portrayed as being flawed and needing to be fixed. My point is that the discourse of dependency has a similar effect.

11. There is growing literature on migrant workers and the injustices they face. See Eckenwiler (2011) and Kittay, Jennings and Wasunna (2005).

12. In her discussion of the privatization of care, Tronto (2006) explains how reducing care to a paid activity can only ensure that care remains marginal and devalued work. She argues that care should be a social and public value and not simply a private one.

13. Under French law, children have a responsibility for their parents’ care; however, the government recognizes that some elderly individuals have no family and some families may be excessively burdened. The Sarkozy government’s orientation toward private insurance means that this shared cost may become much more limited. As an example of this new direction, the Sarkozy government attempted to put forward an amendment to the APA which would mean that persons inheriting from individuals who had access to APA would reimburse the money spent on

their relative. This was so unpopular that the government quietly retracted the amendment.

14. It should be noted that there has been a backlash against this day. Workers ask why they should contribute to a fund that should be the financial responsibility of the state.

15. Although outside the purview of this article, I wish to draw attention to the fact that the ideal of solidarity works differently in the case of disabled persons.

16. The illusion of self-sufficiency is detrimental to the elderly, and ultimately all citizens, but I am also in agreement with Sue Dodds who argues that “the dominant social understandings of what it is to be a citizen, autonomous agent or person contribute to the exploitation and disadvantage of care workers” (2007, 501).

17. It is worth noting Eva Kittay’s work (2002) on the support care givers should have so that they can provide quality care. Unfortunately, French policies fall short of providing such an environment.

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