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Involuntary dedication? Continuing home help work for older people in France at the start of the Covid-19 pandemic

Unfreiwillige Hingabe? Die Kontinuität häuslicher Altenpflege in Frankreich zu Beginn der Covid 19-Pandemie

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Abstract: Did home help workers during the first lockdown in France have no choice but to continue working, and did they do so against their will? Sociological analyses which consider that the health crisis merely reproduced previous inequalities in working conditions and relations of domination suggest as much. However, by reconstructing the context in which the continuity of work was implemented in France, based on interviews and written sources, this article shows that home help workers continued to work, sometimes with an explicit sense of ‘choosing’ to do so, sometimes more with a sense of inner obligation, but always of their own free will and in a more thoughtful way than usual. Their dedication at the start of the pandemic is the result of a difficult decision taken in a situation where they could legally and factually stop working, and where they were in fear of Covid-19 infection.

Keywords: work, home help workers, pandemic, France, relationship to work

Zusammenfassung: Hatten Haushaltshilfen in Frankreich während der ersten Phase der Pandemie keine andere Wahl, als weiter zu arbeiten, und taten sie dies gegen ihren Willen? Dies legen soziologische Analysen nahe, die davon ausgehen, dass die Gesundheitskrise bestehende Machtverhältnisse und Ungleichheiten in den Arbeitsbedingungen reproduziert hat. Anhand der Rekonstruktion (auf der Grundlage von Interviews und schriftlichen Quellen) der Umstände, unter denen Hausangestellte in Frankreich ihre Tätigkeiten ausübten, zeigt dieser Artikel jedoch, dass die Hausangestellten ihre Arbeit fortsetzen, und zwar mitunter mit einem expliziten Gefühl der “Entscheidung”, und manchmal mit einem Gefühl der inneren

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Verpflichtung stets aber bewusst und auf eine überlegtere Weise als gewöhnlich. Ihr Engagement in der Pandemie ist das Ergebnis eines schwierigen Entscheidungsprozesses, der geprägt war von der rechtlichen Möglichkeit, die Arbeit einzustellen und von der Angst vor einer Ansteckung mit Covid-19.

Schlüsselwörter: Arbeit, ambulante Pflegekräfte, Pandemie, Frankreich, Arbeits-einstellung

1 Introduction

The Covid-19 pandemic and the policies adopted to respond to it had unequal effects on individuals depending on their class, position in the labour market (Bruckmeier et al. 2022), gender and migration status (Rubery/Tavora 2020). Sociological analyses of the impact of the 2020 Covid-19 crisis on work have highlighted the spread of teleworking, its role as a protection against the virus and as a 'privilege' reserved for managers and intermediate professions, but also its negative impact on the division of domestic and parenting tasks between men and women (Dunatchik et al. 2021; Cayouette-Remblière et al. 2021; Augustine/Prickett 2022). In contrast, working on site and in contact with the virus was mainly the situation for low-wage employees working in different sectors (Loustaunau et al. 2021, Gardes 2022). Female employees were more affected than male blue-collar workers (Cardon/Machu 2021): these women, the majority of whom were employed to care for and support vulnerable people in institutions and at home, 'sacrificed' themselves and showed 'dedication' during the lockdown in the sense that by continuing to work they took the risk of contracting the Covid-19 virus, putting the interests of the vulnerable people they cared for before their own health (Rubery/Tavora 2020; Van Hooren 2020; Daly et al. 2022; Guiraudon et al. 2024). The sociology of inequalities and relations of domination, which view the health crisis primarily as an accelerator of pre-existing inequalities, highlights the disadvantage suffered by lower-level employees during the pandemic. Following the example of Anglo-Saxon research affirming that in the United States most low-wage workers "had no choice other than to be essential and precarious and continue to work" (Loustaunau et al. 2021: 871), research on France suggests that for men and women who continued to work – in transport, warehouses, supermarkets, factories, in the homes of older people and in hospitals – leaving their homes was an "obligation" (Cayouette-Remblière et al. 2021: 84); "their sacrifice [...] was probably not voluntary" (Gardes 2022: 18). Did these men and women not have the choice to continue working and did they do so against their will? Asking this question gives rise to four hypotheses. The first is that the effects of the health crisis on the work of low-paid workers depend on the national socio-po-

litical context, i. e. not only on the political responses to the crisis from March 2020 onwards but also on the existing structures of the social state (Béland et al. 2021). The second is that the sector of activity matters: the conditions for ensuring continuity of work in supermarkets, in hospitals or in the homes of older people may have been different. The nature of public intervention in the sector must also be taken into account. The third hypothesis is that subaltern workers' relationship with work, "i. e. the perception they have of it and the meaning they give to it" (Avril et al. 2010, 18), is not given in advance. The fourth hypothesis is that the health crisis, with the disorganization and uncertainties it engendered, may have modified the forms of work management and the power relations that shape it (Didry 2023). Only an empirical investigation of both the prescriptions issued at the various levels of work management and the reactions of employees can settle the question of the nature of their consent to continue working during the pandemic. This article addresses this issue by focusing on a profession which, with its large and growing workforce, is a central component of the contemporary working classes in France and elsewhere in Europe (Masclet et al. 2023) and plays an important role in contemporary welfare states: home help workers for older people, known as "*aides à domicile*" in France, doing both home care and housework.

In a demographic context of an ageing population, there are currently 600 000 home helpers in France, which represents almost one in eight 'low-skilled' jobs (Devetter et al. 2023). These workers helping older people in their everyday life at home are almost exclusively women and their working conditions are highly precarious. They are only paid part-time wages for the hours they work despite being away from their own homes all day, and their schedule and income are irregular and unpredictable. Because of fiscal arrangement allowing older people to benefit from tax credits, these aides for older adults are less likely to be in the informal sector in France than elsewhere in Europe. Both trade unions and employers in the three main sub-sectors of home care and housework are fragmented, but the social partners have negotiated collective agreements which have been extended to include nearly all declared domestic and care workers who are not civil servants. These collective agreements have introduced minimum rights, regulations and protection for the aides for older people where previously there were none (Ledoux/Krupka 2021).¹ Even if the question of the shortage of this female workforce and the acknowledgement of its value and work remains unanswered in France – espe-

¹ Employees of non-profit organizations are covered by the common provisions of the Employment Code and the majority of them by the collective agreement covering care, supervision and domestic services. Employees of for-profit service providers are covered by the collective agreement covering businesses offering personal services and employees of private domestic employers are covered by the private domestic employers collective agreement.

cially for the aides directly employed by private domestic employers – it is the only country in Europe where a wide range of home care and housework employees are covered by binding collective agreements.

For the sociology of working-class women's work, dedication is not just an act of self-sacrifice for others. Insofar as it tends to characterize the work of women engaged in the difficult activities of maintaining the lives of vulnerable people, it is a gendered social norm (Avril 2014), or, from the perspective of the structural sociology of gender, a disposition, i. e. an internalized constraint produced by family and school socialization (Skeggs 1997). The discussion in this article is not about the reality of the dedication of homecare workers to older people during the pandemic. The research cited above has already made this clear: by exposing themselves more than the middle and upper classes to infection by the virus, just like the other low-paid workers who continued to work on site, these women devoted themselves to their work. Nor is there any discussion of the origins or reasons for this dedication. The history and sociology of women's work, whether they consider this dedication a norm or a gendered disposition, have already addressed the issue (Sarti et al. 2018). This article is therefore not concerned with the reality or the origins of this dedication, but only with the context and state of mind in which home help workers for older adults dedicated themselves to their work in France at the start of the pandemic.

We are studying home helps for older adults at the level of a French administrative *Département* located in the west of France, the Loire-Atlantique, in order to understand the continuation of their work in spring 2020 in its context as the product of the interaction of the various norms and categories that govern 'social care'. These include 'institutional categories' (directives from the Ministry of Solidarity and Health, labour law, etc.), 'categories of intermediation' (produced in the implementation of public action by *Départemental* actors) and 'categories of practice': those directly produced by the employees themselves in their interactions with their managers and service users (Ledoux et al. 2023). This article aims so to demonstrate the benefit of a sociology of work that considers the historicity, context and materiality of state interventions in care work (Avril/Cartier 2019). In line with a theoretical perspective that considers work and workers to be both the product of interactions and power relations played out inside and outside the workplace (Avril et al. 2010), it warns against a mechanical and atemporal use of habitus theory, according to which in all circumstances low-level employees make a virtue out of necessity (Bourdieu 1984). It defends the idea that a large proportion of the women who continued to work as home helps for older adults at the beginning of the pandemic in France did not do so out of necessity, but out of virtue.

Our methodological approach combines in-depth interviews and the examination of professional documents. In order to meet homecare workers, we con-

tacted the heads of several service providers, who also shared their experiences of the health crisis. The disorganization in the sector due in part to staff turnover and overworked managers made it drawn-out and difficult to be put in contact with home helpers. We also used personal contacts and trade union networks. We were careful to diversify the profile of the home helpers we met, regarding the status of their employer (non-profit, for-profit, private), the area where they worked (urban or suburban setting), their closeness or distance from trade unions. We finally conducted 29 face-to-face interviews lasting between one and two hours between October 2021 and July 2023.² All of these interviews were transcribed. This corpus includes a group interview involving four colleagues working in the same association. Most of the interviewees were care assistants, and more rarely domestic helpers. They were mainly employed by non-profit organizations and private family employers, and more rarely by for-profit service providers. They worked mainly part-time. We also interviewed the employers or employer's representatives of eight of the workers interviewed, and the head of the autonomy office of the Loire-Atlantique *Département*. To supplement these retrospective interviews on the health crisis, we tracked down written sources from within the organizations. In particular, the heads of the *Département*'s Autonomy office provided us with information bulletins (concerning health instructions and rules to be put in place) sent to homecare services during the health crisis. Exchanges of emails and national health protocols were also retrieved. These written sources enabled us to reconstruct the chronology of the national and local responses to the pandemic.

By examining the time frame in which the institutional prescriptions and their content were disseminated, we firstly show that the continuity of care for dependent older people was implemented autonomously by the *Départemental* actor in close consultation with the representatives of the home help services (section 2). Secondly, by focusing on the professional exchanges within care services between managers and home helps and between the latter and older people, we show that some of them devoted themselves to their work thoughtfully and voluntarily (section 3).

² This research is part of the Covicare project led by Clémence Ledoux, project ES20_219529, funded by the Caisse nationale de solidarité pour l'autonomie (CNSA) as part of the call for projects “Établissements, services et transformation de l'offre médico-sociale 2020”.

2 Continuity of home help for older people: a Départemental initiative rather than a State one

In France, between 17 March and 11 May 2020, the State suspended public freedoms by issuing a stay at home order, except for exceptional reasons controlled by the police. This nationally imposed lockdown, which set France apart from other European countries, attracted the attention of political science researchers, who highlighted a “state-centric” context (Bergeron et al. 2020) and an extension of state constraint and police control (Boulakia/Mariot 2023). Research in the sociology of work on the various economic sectors in which activity continued, focusing not just on the lockdown but on the health crisis as a whole, helps to qualify this thesis of vertical management of the health crisis by showing how, in a context of great uncertainty, health rules were negotiated with social partners within the framework of wage-earning institutions (Gardes 2022; Didry 2023). In the sector of help for older adults, which is usually the subject of a decentralized policy at the level of the *Départements*, it was these local players, and not the State, who, in cooperation with home help services, decided on continuing help. At the start of this first wave of the pandemic, there was no written document explicitly stating that home help activities could or should continue. “Assistance to vulnerable persons” appears as an acceptable justification to travel in the general travel authorization introduced by the decree of 16 March 2020. When lockdown was introduced on 16 March, homecare workers were initially overlooked in terms of their right of access to masks, which were in short supply at the time, but they were soon added to the list of priority professions (Guiraudon et al. 2024). It was not until 26 March 2020 that the Ministry of Solidarity and Health explicitly invited the *Départements* to step up home help services.³ It was noted that the masks were intended for homecare professionals working on “essential acts of daily living with the most vulnerable (older and disabled people)” to enable them to carry out “priority” visits that “homecare services must identify”.⁴ But by 26 March, many *Départements* and home help service providers had already identified these “priority” interventions and were ensuring their continuity without having any personal protective equipment. Therefore, the Ministry was merely securing continuity that had been organized ‘from below’, by the help services and families. The existence of regular exchanges of information between the General Direction for Social

³ Lettre du Ministère des solidarités et de la santé, du secrétariat d'Etat auprès du Premier Ministre, chargée des personnes handicapées, du secrétariat d'Etat auprès du Ministre des solidarités et de la santé, 26 March 2020, OV/SC/CD D20-006997.

⁴ Ibid.

Cohesion and the organizations representing personal services was emphasized by a member of one of these organizations. This work of communication carried out by a central administration also helped to avoid the vertical imposition of maintaining continuity in home help. But the fact that it took around ten days for the government directives to be drawn up meant that both the *Départements* and the home helps for older adults were initially placed in a situation of uncertainty and relative autonomy, in other words that they were first required to draw up the rules themselves.

Even though the lack of masks for homecare workers was criticized in the local press and by institutions and the general public, the continuity of service was easily maintained in Loire-Atlantique. It should be remembered that at the time, the Loire-Atlantique region was characterized by a low incidence of the disease and low infection rates, only becoming a 'high-risk area' from 24 March onwards.⁵ There was no union or media mobilization in favour of the right of home helpers to withdraw from work in Loire-Atlantique.⁶ The person in charge of monitoring home help services recalls a situation in which the *Département* had "no instructions".

So at the very beginning it was centred around the institutions, the protocols we received. But it wasn't adapted to the home. The Agence Régionale de Santé knows little about the home, except for home nursing services. Home help and support services, all the professionals working in the home, well ... We were waiting for instructions. In the Ministry's first instructions, we were somewhat forgotten.

On 16 March 2020, the *Département* wrote to home help services to point out that the announcement of the closure of all nurseries and schools and all shops except pharmacies, food shops, tobacconists and banks could "increase the difficulties faced by home help and support services in ensuring the continuity of services for frail people in their own homes". As a result, the 'continuity' of these services was already effective in this *Département*. The *Département* provided a detailed definition of "priority interventions for the most dependent and isolated people", based on the assistance plans set up under the APA.⁷ These were activities "linked to human assistance": getting up and going to bed, toileting, particularly in the case of incontinence, meals (stimulation, preparation, etc.). In practical terms, this meant

5 The *Département* Loire-Atlantique experienced wide circulation of the virus after September 2020.

6 The right of withdrawal means a worker's right to stop working while continuing to receive their wages because their health is threatened at work (Labour Code, article 4131-1 et seq.) In the Marne and Nord *Départements*, CGT trade unionists took action before the labour inspection and the courts to assert the right of home helps employed by collective services to withdraw from work in the absence of masks. These mobilizations were reported in the national press.

7 The *Allocation Personnalisée d'Autonomie* (APA) is a long-term care allowance. It is universal but its level depends on the beneficiaries' means. Distribution of this allowance is managed by the *Department's* services.

that all housework tasks could be interrupted. The autonomous and proactive attitude of the Loire-Atlantique *Département* in favour of maintaining continuity of service stands out in comparison with the choice made by other *Départements* to initially suspend all activities, whether housework or personal assistance.

These words from a manager at a non-profit provider organization (ADPR⁸) confirm the early involvement of this *Département* in establishing partial continuity of work centred on assistance for dependent people, ten days before the Ministry of Solidarity and Health issued directives to the *Départements* on this subject.

We've been requisitioned – well, requisitioned may not be the right legal term, but in any case that's exactly what it was like. We were requisitioned by the *Département*, which told us: "The fear, if you like, is that we, homecare services, could be vectors of the virus. That's fine. So you're kicking out all the service users who don't have priority".

The director of another non-profit organization (ADOM) also recalls a logic of anticipation and autonomy and mentions with disapproval the decision taken by another non-profit organization to suspend all its activities. He states that he spoke with his employees after the announcement of the closure of the schools on Thursday 12 March 2020 in order to "ensure continuity of service". He explains that he decided "on his own initiative", on Monday 16 March, to suspend non-essential activities and maintain the others. On 16 March, the *Département* confirmed that work should continue on "priority" or "essential" interventions. Then, after a few days, the definition of 'priority' was revised and extended, in line with "feedback" from the home help provider organizations, with which the *Département* in turn organized very regular exchanges by videoconferencing.

Home help is a complex activity in which the boundary between what is 'essential' and what is 'comfortable' is far from objective and stable, and is subject to varying interpretations depending on care workers' relationship to their work. While 'housework' was categorized as 'non-essential' by national actors and distant observers, its social dimension is known to home help workers and the managers who organize their work: for isolated people, often suffering from cognitive problems, housework can be an essential form of support and reference point. In response to this feedback from the field, on 20 March, four days after the lockdown came into force, the *Département* sent an email to all home help and support services: if "the person is isolated", "shopping and household help" were added to the list of "priority interventions". Then, in Information Letter No. 3 of 1 April 2020, once again at the request of certain assistance services that had noted the delicate situations in which some older or dis-

⁸ The names of the help services and the first and the last names of all the employees interviewed have been changed to guarantee their anonymity.

abled people found themselves, services such as laundry and sanitary maintenance were authorized “on an exceptional basis”. The definition of ‘priority’ was therefore very quickly extended to household activities whose definition was left to the services and employees closest to the service users and their homes. Figures published in the local press on 23 March 2020 attest to the effectiveness of this partial continuity of work by home help services.⁹ On 27 March, ADPR made known the “anguish” but also the “motivation” of its employees: out of 1500, only 91 were off work, including 88 for childcare.¹⁰ According to national data, 83 % of homecare assistants directly employed by older people continued to work during the initial lockdown.¹¹ However, the drop in activity was more marked in north-eastern France, an area hardest hit by the pandemic with more cases of Covid-19 and work interruptions among homecare workers.¹² The context in which the continuity of home help for older adults was implemented in France in March 2020 is marked by the absence of prescriptions from the national level. In Loire-Atlantique, it was the *Département* that took the initiative, based on a relatively horizontal exchange with the home help services and their employees, marked by listening and taking “feedback from the field” into account. But how did the home helps themselves continue to work? Did they respond to their employers’ orders, and with what feelings and thoughts?

3 Home carers continuing to work during the pandemic: a more conscious dedication than usual

Although the homecare workers in Loire-Atlantique did not continue to work in March 2020 because government directives required them to do so, neither did they submit to the injunctions of their managers. Firstly, they could legally and factually stop working. Secondly, they had to cope with the fear of being infected.

⁹ Presse Océan, “Loire Atlantique: Les aides à domicile veulent des masques”, 23 March 2020.

¹⁰ Ouest France, “Aides à domiciles: ‘Souvent sans masques, toujours en premières lignes’”, 27 March 2020.

¹¹ These figures come from an Ipsos survey conducted for FEPEM among 1708 individual employers and 1868 employee representatives of the home employment sector between 23 June and 17 July 2020. See Abdia Touahria-Gaillard, “L’accompagnement des particuliers employeurs fragiles en temps de Covid-19”, *Les Cahiers de l’Observatoire des emplois de la famille*, FEPEM, June 2021: 7.

¹² “Quels enseignements tirer de la crise COVID-19 afin d’adapter les services d’accompagnement à domicile et améliorer la qualité de vie des personnes âgées et des personnes en situation de handicap”, rapport d’étude de l’Union nationale des ADMR, CNSA, 14 April 2021, 8.

3.1 Continuing to work when you can stop without loss of pay

The idea of an ‘unconsented sacrifice’ during the Covid-19 pandemic is even less applicable to the home help sector in France, where the right of withdrawal was not only the subject of information in associations, companies and on the Fepem¹³ website for individual employers and their employees (Guiraudon et al. 2024), but also of actual implementation. The right of withdrawal means that a worker has the right to stop working while continuing to receive their wages because their health is threatened at work. Jelena, manager at Services Pluriels describes a case of withdrawal, highlighting both its legality and its exceptionality.

Interviewer: You mentioned the right of withdrawal. Did any of your employees exercise this right?

Jelena: Yes. I had one. Surprising though. It’s true that we were surprised when this right was exercised, it did make us wonder a bit. [...] The structures such as senior residences and so on didn’t systematically close down support as soon as there was a positive case. So we found ourselves supporting people either at home or in senior residences, which was positive. [...] It’s a right. [...] She exercised her right as long as the person was [Covid-19] positive, as long as they were in quarantine, which at the time lasted about ten days.

It should be noted that in this case the withdrawal was not motivated solely by the absence of personal protective equipment, but by the fact that a service user had Covid-19 and was contagious. The interview with Eliane, aged 62, two adult children, separated, home help for six years at Services Pluriels after working in another private company, confirms her manager’s account. Information about the right of withdrawal had been circulated in the company: “I wasn’t obliged to [work] because I was told that I could exercise my right of withdrawal”. A subject of information, and sometimes actually put into practice, the right to withdraw was a new dimension in the relationship between home helps and their work in the spring of 2020. The home helps surveyed were all employed on permanent contracts and have benefited from the protection afforded by this employee status.

Beyond this right, home helps employed by non-profit or for-profit organizations benefited until June 2020 from a system of short-time working which ensured that they received 70 % of their pay. It was up to their employers to cover the rest. Even employees of private individual employers were able to take advantage of this possibility of not working during the initial lockdown, while still being paid.¹⁴ None

¹³ The *Fédération des Particuliers Employeurs de France* (FEPEM) represents all the individual employers of home care and domestic workers.

¹⁴ The FEPEM secured government support for a short-time working scheme for their workers. Individual employers were completely supported by the state if they continued to pay 80 % of their workers’ wages when they were not working, facilitated by a voucher system.

of the home helps interviewed employed by non-profit or for-profit organizations or by private employers mentioned any loss of pay. It should also be pointed out that from 25 March 2020,¹⁵ it was decided that the *Départements* would continue to pay the full amount of the APA to the service providers, giving them the financial leeway to maintain the remuneration of their employees despite the drop in activity. Financial solidarity with these employees who continued to work despite the risk to their health had thus been put in place, including those directly employed by older people. Indeed, a majority of these individual employers (75 %) maintained the remuneration of their care assistants even when they temporary interrupted their work, either by paying for these hours not worked themselves (29 % of employers) or by making use of the exceptional compensation scheme introduced in March 2020 (46 %).¹⁶ Because of these various measures, which were put in place rapidly, disseminated by and commented on in the media, we can assume that those home-care assistants who continued to work did not do so primarily for financial reasons. If they wished to stop working, they had sufficient guarantees to do so without fearing a drop in their remuneration. For those who were still worried, the March 2020 pay cheque provided an additional guarantee.

In addition to the legal procedure for withdrawal and to these financial solidarity measures, informal withdrawal was made possible by the partial reduction in activity through the suspension of 'non-essential' tasks, as the director of a non-profit organization ADOM explains.

I'd had two or three difficult cases where employees with frail husbands, young children and so on who had to ask themselves: "I'm going to work, am I not putting my family at risk?" As far as we were concerned, by maintaining only essential services, we soon found ourselves with enough staff and so, if someone said to us: "I don't want to take any risks", they didn't take any risks, they stayed at home and there were no problems. So we were never in the position of having to put pressure on employees to go to work when they didn't want to, when they were afraid, and so on. And likewise, I remember saying to employees: "You do as you like, you do as you feel, it's up to you, in other words, if you want to spend a quarter of an hour at people's homes, you spend a quarter of an hour at people's homes. It's really up to you. You meet people's needs but you adapt. It's really up to you if you don't want to do certain things."

15 Ordonnance n° 2020-313 du 25 mars 2020 relative aux adaptations des règles d'organisation et de fonctionnement des établissements sociaux et médico-sociaux (Ordinance no. 2020-313 dated 25 March 2020 on adaptations to the rules governing the organization and operation of social and medico-social establishments).

16 Thirty-nine percent of them supplemented this compensation themselves, in order to maintain their care assistant's pay. Abdia Touahria-Gaillard, "L'accompagnement des particuliers employeurs fragiles en temps de Covid-19", *Les Cahiers de l'Observatoire des emplois de la famille*, FEPEM, June 2021, 8.

Interviews with home helps allow us to affirm that this manager does not embellish the facts. The climate of open communication and the legal and practical possibility of stopping work are also mentioned by the home helps. In addition to the use of the right of withdrawal, work interruptions for reasons of ill health, fear of the virus or childcare do not seem to have aroused any disapproval among homecare workers in the early months of the health crisis. Reducing activity to essential tasks lightened the overall workload. This meant that the absence of colleagues did not overload the workload of others, leaving the choice of stopping or continuing work to the discretion of each individual, without sanction or pressure. With withdrawal from work without loss of pay having become a concrete possibility for home helps for older adults in France in March 2020, continuing to work was no longer simply a matter of practical, dispositional dedication, but also took on, in a new way and context, a dimension of choice. They also had to face up to the fear of a new occupational risk.

3.2 Continuing to work at the risk of their health

Working as a home help is hard and it involves health risks such as musculoskeletal disorders, accidents, risk of infection or psychosocial risks (Dussuet et al. 2023). While doing this job usually puts a strain on health, in March 2020 it exposed workers to a new risk: infection with Covid-19. In the retrospective interviews we conducted in 2022–2023 with home helps, this risk of infection and the fear of the virus were sometimes mentioned, but more often they were underestimated. Their familiarity with the risk of infection may explain why home helps were less frightened than other employees. Marie-Amélie, aged 62, a cleaner and then domestic worker for private employers for around 25 years, says that it was “totally impossible” for her to be afraid of contracting the virus or passing it on to someone else.

Then I'd be afraid of everything. When you've been around certain populations, yes, there's the virus, and I'm not denying the damage it's done, but when you're around certain populations, the risk of scabies is pretty high, as is the risk of parasitosis. Maybe that's why we were a little offended at first, because if we didn't practice these hygienic measures in our profession, who would?

The survey conducted by Cyrine Gardes at the time of the pandemic reminds us, however, that in the context of uncertainty and ignorance about the disease in March 2020, employees who continued to work on site did so in fear of contracting the virus and infecting their relatives (Gardes 2022), and in the case of homecare workers, also of infecting older adults. In retrospective interviews, reality is partly reconstructed: the fear and uncertainty characteristic of the early days of the pandemic have been forgotten. A labour inspector in charge of the information service

in Loire-Atlantique remembers receiving numerous telephone calls from individual employers and their employees: "Some employees were very concerned about whether they were putting themselves in danger by continuing to work under these conditions." Emails sent on 16 March 2020 by home helps to their manager, kept by the director of ADOM, attest to a similar concern among some employees of collective organizations. And even though the home helpers themselves had overcome their own fears, by continuing to work they were particularly exposed to the fear of being infected that seized some older people, as recalled by Jelena, manager at Services Pluriels:

Everything to do with assistance was maintained as far as possible, i. e. the service users wanted us to intervene in their homes, it wasn't systematic. We had a lot of [users receiving the APA or the disability allowance] who didn't want us to intervene at all because there was a phenomenal fear, although it was important even in terms of social ties that we intervene, with all the precautions in the world, obviously the personal protective equipment was there despite all the difficulties in obtaining it. We travelled a long way to get it, whether it was masks, blouses, overblouses, gloves, overshoes, we had everything we needed, but the service users were still afraid. Once again, this is normal given the anxiety-provoking media coverage at the time.

Eliane, a home help with the same company, was forced to reduce her workload because of the "fear of being infected" that seized some of the older people she cared for, who refused to let her work in their homes. Although the fear linked to the risk of contracting Covid-19 did not lead to a general withdrawal from work, it did generate hesitation, questions about 'good working conditions' and reflection among these home help employees, as suggested by the expression "difficult case" used by the director of the ADOM mentioned above. So the dedication of the home helps from mid-March to mid-May 2020 in France was not just a practical and routine activation of their disposition to dedicate themselves to their work: it was a more thoughtful and chosen act in a context marked by the possibility of exercising their right to withdrawal and by an internal debate about the fear of being infected, of infecting their relatives or the older people they were helping.

3.3 "We had to go": a thoughtful act of dedication that transcends differences in employment status

Home helpers in France work under different statuses, being employed either directly by the families, by non-profit organizations or private companies. At the age of 47, Eliane moved to a large city in the west of France and started working as a home help in a private company, having previously worked in the hotel and cater-

ing industry. She has a vocational relationship with her work, declaring that she has had the inclination to “care for others” since she was a child. Although the physical strain of the work weighs on her because she’s “getting older”, she identifies positively with her job. Eliane did not see the continuity of her work as an instruction from her employer, but rather as a personal commitment.

[...] during the lockdown, I insisted on working because my children were grown up and I had time. Rather than sitting around the house, I said to myself: “I’m going to work. And I’ll help others too”. I also did the shopping for people who couldn’t leave their homes. So I did a lot of things: toileting, shopping, housework, companionship. [...] I didn’t have to, because I was told that I could exercise my right of withdrawal. But I said: “If everyone exercises their right of withdrawal, who’s going to work? Who’s going to do the toileting? Who’s going to do the shopping? What are they going to eat?”

Although she insisted on the many tasks she took on, Eliane actually worked less than usual, the equivalent of half-time, while being paid full-time thanks to the short-time working scheme. In this retrospective interview, she recreates the climate of moral dramatization in which she found herself by asking a succession of questions (“If everyone withdraws, who’s going to work?”).

Nathalie, aged around 50, has been a home care assistant employed by an individual employer and a private company for six years, after 22 years as a sales technician. The children of the two older dependents for whom she works are a doctor and a surgeon respectively. From 16 March 2020, they asked Nathalie to continue her personal assistance work while applying the barrier measures, which she immediately accepted. She even agreed to take on new activities (cleaning, shopping) usually carried out by a domestic helper, in order to limit contact and the risk of contamination for the older people she cared for: “So someone had to go and do it. We can’t just leave people in bed all day, with no care, no cleanliness, no dressing, no food, so the children asked me to come”. The moral dramatization here does not come through questions, but through the image of abandoned older people. Nathalie uses the same positive tone to describe her continued employment as she does to describe her career change that she associates with her taste for relationships with older people, forged as a child in contact with her grandmother.

Karima, aged 55, with two children, has been a home care assistant employed by a private employer for 32 years in a residential facility in the centre of a large city where very well-to-do older people live and employ their own home helper or pay for the services of a home help organization. She prides herself on her “empathy” and says she “really enjoys” her job:

Interviewer: And perhaps to talk about this period of lockdown, how did you experience it? What did it change?

Karima: Nothing, absolutely nothing, apart from the fact that when I came there was no traffic. There was nobody on the streets, it was just happiness! We were all alone. When I was here in the residence, it didn't change a thing, apart from the mask. Otherwise, we had to come. We had to look after our residents in exactly the same way as we did before. For me, it changed absolutely nothing [...] From morning till night, I was there and we worked exactly the same way. There was no choice, in any case, we had to look after the residents [...]

Interviewer: So here [in this assisted living facility], I understand that during the various lockdowns, there was still an internal organization for carrying meals and mail?

Karima: Yes, yes, they had to. For the people who had Covid too, that's it. Yes, an organization was set up where there was solidarity, I mean. It was for the good of the residents. It had to be done.

Karima uses impersonal phrases to emphasize a feeling of inner obligation and uses abstract notions to suggest the moral dimension of her continued work ("the good of the residents", "solidarity"). These interview extracts sometimes use the vocabulary of obligation ("we had to", "obliged"), but at the same time they suggest that the continuity of work was not set up as a pure and simple instruction, imposed by an external authority, be it the government, the *Département* or the employer. In the interviews conducted with home helps, neither the government, the *Département*, nor the employer are systematically mentioned when it comes to the continuity of work in March 2020, whereas they are mentioned when it comes to the Covid-19 bonus or the health pass and compulsory vaccination introduced a year later. At one pole, embodied here by Eliane's words, is the feeling of having "chosen" to continue working. This perception goes hand in hand with the concrete possibility of exercising her right to withdraw and the experience of arbitrating between different possibilities. This perception of a 'choice' is more likely to be found in collective home help organizations, whether non-profit or for-profit, which are subject to common labour law and where this right of withdrawal, in the context of the pandemic where home helpers initially worked without personal protective equipment, was the subject of official information by the employer. At the other pole is the feeling of a more internalized obligation, coming from within and not from an external authority: "we had to look after the residents". This seems to be a continuation of the ordinary dedication of these employees. This dedication, which is more a matter of practical sense, is more likely to be found among employees of individual employers, who are more removed from labour law and more familiar with interpersonal arrangements with the service user/employer or their relatives, and for whom the law is vague when it comes to withdrawal (Guiraudon et al. 2024). Between these two poles, Nathalie embodies the positive and voluntarist acceptance of the employer's request in the context of an interpersonal arrangement that is also characteristic of direct employment. But over and above the nuances of their words and perceptions, which refer to their different employment statuses, these

employees each suggest in their own way that in March 2020, they thought about what was right or wrong to do, lending their continued employment and their extra dedication a 'moral' dimension in the sense that Anne Paillet has proposed for this term: "the areas and moments of social activity where individuals engage (in one way or another, to one degree or another and whether in explicit or implicit forms) in discussion of what is 'right' or not to do, what is 'just' or not to do, what is 'legitimate' or not to do" (Paillet 2007: 11).

The interview extracts quoted above, while suggesting a relatively considered and voluntary act of dedication, also draw attention to the secondary benefits associated with continuing to work during a period of confinement. Eliane mentions the possibility of escaping the confinement and isolation of staying at home ("going round in circles at home"), which we know is a repellent factor for working-class women. Despite economic crises and mass unemployment since the early 1980s, in France these women's commitment to employment has never diminished (Maruani 2018; Masclet et al. 2023). It also fed the extra dedication of spring 2020, which took the form of a right to leave the house that the majority of the population was deprived of, as suggested by these words from Eliane:

The shops were closing one after another, the restaurants, everything. Everything stopped. France was paralysed and we just had to get on with it. We had no choice. But it was a stage that passed. Perhaps I suffered less than others because I was still working, I was still active and still in touch with people. So I still had my social life [...] There was an allowance [she refers here to the short-time working system] but I told myself that I'd rather work than be given an allowance. I preferred to get out of the house because being confined to the inside was a burden. It was heavy.

For these somewhat older women with few qualifications, work outside the home is a central source of social ties: maintaining these ties by continuing to work may have made it easier for them to cope with the health crisis. Their voluntary dedication in March 2020 was not exclusively out of a concern for their personal interests. Karima, for her part, insists on the absence of car traffic, which is invaluable in a job that involves moving frequently from one home to another ("There was nobody on the streets, it was just happiness!"). Valérie, a care assistant with the ADOR, was delighted to be back at work after taking a few days off for health reasons during the first few weeks of the health crisis.

At the same time, after a while when we had the equipment [to protect ourselves from the virus], we felt a bit privileged. We had the right to leave the house, so to speak, it was less hard for us.

Thus, the idea that continuing to work and leave the house in France in March and April 2020 was a 'right' was not only found among the managers of care services seeking to mobilize their workforce. The home helps themselves were able to perceive their work in this way, which also helped to avoid the feeling that they were being subjected to an obligation. Finally, it should be emphasized that while home helps employed by individual employers may have seen their working hours remain unchanged (Karima) or increase (Nathalie), home helps employed by private companies or non-profit organizations often saw their working hours decrease in the first few weeks of lockdown due to the interruption of 'housework' activities, without suffering any reduction in pay, because of the short-time working system (Eliane, Catherine, Isabelle). At the very start of the health crisis, home helps did not experience an increase in work pace and work intensity, as was the case in the retail or logistics sectors (Gardes 2022). On the contrary, they experienced a reduction in their workload, refocusing on toileting, meals and caring for the older adults, to the exclusion of housework, except when the service users were isolated. This temporary reduction in workload,¹⁷ with no loss of pay in the first few weeks of lockdown, also contributed to the positive assessment of work continuity.

In March 2020, the homecare workers in Loire-Atlantique did not continue to work because they were obliged to. Neither the state nor their managers forced them to continue working. Informed of their right to withdraw, invited by their managers or private employers to stop work without loss of pay, if they so wished, and aware that they were taking an additional risk to their health, they dedicated themselves to their work by choosing to put the dignity and lives of the dependent older people in their care above their own health. This dedication, which can be described as 'moral' in the sense of thoughtful and voluntary, was found among all types of home helpers in our survey, whatever their employment status. The dedication of these working-class women taking care of older people at home, more chosen and thoughtful than usual, was also supported by the benefits that they derived from continuing to work when the whole country was locked down: sometimes shorter working hours for the same pay, work focused on care tasks, the possibility of getting out of the house and having social relations, symbolic reward. The deliberate dedication we tried to enhance is also fuelled by self-interest.

¹⁷ This reduction in workload was temporary: it lasted until the end of the lockdown period in mid-May 2020, at which point cleaning activities resumed systematically. Subsequently, the rules governing the isolation of contact cases and the increased circulation of the virus in Loire-Atlantique led to a large number of absences among employees of home help services, and the workload sometimes intensified for those who remained on the job.

4 Conclusion

Analysis of the Covid-19 health crisis as exacerbating socio-professional inequalities highlights the fact that low-paid workers were more exposed to the virus because they continued to work on site, while managers and intermediate professions were protected by teleworking. This inequality in the face of the crisis, brought to light by a statistical and structural approach, is an established fact. But to deduce from it that in March 2020 subaltern employees were obliged to continue working or that their sacrifice was 'not voluntary' seems questionable, at least when it comes to home helps for older people in France. By accurately reconstructing the context in which these women continued to work in a region of western France, we have highlighted the absence of government prescriptions and the relative autonomy in which the *Département*, the help and support services and their employees found themselves in March 2020. Information on the right to withdraw from work was also disseminated in the collective services, and the possibility of stopping work without loss of pay was a real possibility thanks to the protection afforded by salary status and the suspension of non-essential tasks. A study of the words and feelings that accompanied the continuity of help for vulnerable older people, both on the part of managers of collective structures and private employers, and on the part of the home helpers themselves, has revealed the existence among most home helpers of reflection, negotiations and moral dramatization. They continued to work, sometimes with an explicit sense of 'choosing' to do so, sometimes more with a sense of inner obligation, but always of their own free will and in a more thoughtful way than usual, putting their own health on the one hand, and the lives of the older people they cared for on the other, up for discussion and reflection. Their dedication during the pandemic is the result of a difficult decision taken in a situation where they could legally and in reality stop working, and where they were in fear of contracting Covid-19. Identifying this dynamic of voluntary dedication in the first few weeks of the pandemic helps us to better understand the dissatisfaction that later arose among some home carers who felt that the financial recognition they received through bonuses and pay rises in the non-profit organizations was not commensurate with the efforts they had made. To ignore this moral dedication, to make it disappear behind the idea that these women only responded to an external injunction, would be like depriving them of an autonomy which they are all the more keen to preserve in their field of work and personal values because they are partly deprived of it, legally and professionally, by the fact that they are subordinate employees.

Focusing on a specific service activity and on the Loire-Atlantique *Département*, this article does not settle the question of subaltern employees' willingness to continue working during the pandemic in general. Further research would be needed to determine how employees in hospitals, warehouses and hypermarkets continued

to work. However, two general observations can be made. Firstly, from the point of view of the sociology of the health crisis, this article shows that in March 2020 in France, the continuity of care for dependent older people living at home was ensured 'from below': it was not thought out, anticipated or prescribed by the State but rather by the employees in the sector themselves, in interaction with their managers and the *Départements*. Secondly, it reminds us of the need for the sociology of work to take seriously the relationship to work of the men and women who carry out objectively arduous and poorly recognized activities. This relationship to work cannot be mechanically deduced from their devalued professional position and considered in advance as disinvested, or devoid of meaning, values and valuations. On the contrary, in the lives of both men and women in which paid work plays a central role, depending on the context and the social and professional trajectories, this subaltern work can be invested with positive commitments and values through which these men and women express their will and their autonomy, and assert themselves as subjects.

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