QUALITY CERTIFICATION PROCEDURE AND NONPROFIT ORGANISATIONS: BETWEEN INNOVATION AND ISOMORPHISM?
THE CASE OF HOME CARE SERVICES IN FRANCE

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INTRODUCTION

Notwithstanding the diversity of the activities proposed, home care services encompass the whole of activities of daily living. While some of these services, such as childcare services and care for the elderly, are developed for long, efforts are observed today in many European countries in order to develop and structure a "quasi-market" in this sector. To meet the increase in the demand, the evolution of these services has been characterised by a decentralisation of authority, a diversification of stakeholders, with an increasing role played by the third sector, and a change of public-policy instruments.

Within these trends, the evaluation of the quality remains a central issue. The quality of these services is indeed complex to define and to evaluate, since they are often intended for vulnerable individuals, such as young children or frail age elder persons, and involving interpersonal relationships, in the sense that the quality of the relationship between provider and user is determinant for the quality of the service.

To deal with this complexity of evaluation, most countries, and France in particular, have introduced authorisation regimes and quality control regulation. In France, most social services, such elderscare or childcare, are subject to an operating authorisation in the form of a licence issued at the department level. Since the Borloo Law concerning home care services (2005), however, providers can choose to obtain a licence (simple licence or quality certification in the case of services for fragile individuals) from the Departmental Labour Direction, which is delivered on a declarative basis, or opt for the authorisation system of the Departmental Council as provided for in the Law of January 2002, which is more binding and was required for any operator in the social and health sector.

More recently, beyond public regulation systems, quality certification procedures, such as quality norms and labels have been developed by private enterprises.

Within this context, the objective of this article is, on the one hand, to analyse the major quality certification procedures used in France by the different local players and to examine if these procedures are innovative in terms of quality signal and guarantee for the users as well as in improving employment quality inside the organisation. On the other hand, this article will discuss the specificity of nonprofit organisations in this field. Nonprofit organisations, who played, historically, a pioneering role in the provision of social services, have now to deal with an increasingly competitive environment. They adopt quality certification procedures borrowed from private enterprises, sometimes with the help of umbrella organisations, professional unions and federations. Does the adoption of such certification procedure constitute an innovative process or does it reveal an isomorphism process that will rob the originality of nonprofit organisations?

Building upon case studies in the Provence-Alpes-Côte d'Azur Region, this article will be structured as follows. The first part will briefly present the characteristics of home care services, the major issues raised in terms of service quality and the main regulation procedures used in this sector in France, public and private ones to regulate quality. The second part will discuss the strategies adopted by nonprofit organisations to signal their quality, in the context of growing competition. Are these strategies innovative for the sector or do they reveal an isomorphism
process? The adoption of quality certification procedures borrowed from the private sector questions the different proximity dimensions of these services (Pecqueur & Zimmerman, 2004): the institutional one, in the sense that it redefines the ways general interest objectives are met; the organisational one, since it reinforces managerial and performance processes; and the geographical one, by limiting the importance of the territorial dimension and the participation of the users in the service provision. In conclusion, we will briefly link these recent developments in France together with the ongoing trends in Europe concerning the provision of social services of general interest.

1. HOME CARE SERVICES AND QUALITY CONTROL: A DIFFICULT BALANCE BETWEEN PUBLIC AND PRIVATE REGULATION

As mentioned, home care services are characterised by a difficult evaluation of their quality, given their relational dimension, their complexity and the often vulnerable population they are aimed at. The quality of the relationship between provider and user is indeed determinant for the quality of the service. As described by Gadrey (1996), the product of these services is not an objective result but a social construct marked by the uncertainty of the service relation. The quality of a service is therefore the result of a mutual adjustment process between the product and its users, as suggested by Callon & alii (2000; cited by Coestier & Marette, 2004). For instance, quality of childcare services cannot be easily evaluated by the parents, except for tangible criteria such as the children per staff ratio, the proportion of skilled staff or basic hygienic rules. Quality of the relationship between the staff and the child and its impact on the well-being and the development of the child are much more difficult to evaluate.

These difficulties in the evaluation generate different types of asymmetric information between the provider and the user, that can lead to opportunistic behaviour. Less informed users can therefore choose providers of low quality. In some cases, they will prefer not to buy any service by lack of trust. To reduce the risk of opportunistic behaviour, different regulation processes are put in place.

1.1. Private regulation processes: a lack of guarantee?

The limits of individual reputation

In the context of asymmetric information, the first response of the market mechanism is to create the firm reputation through advertising and communication campaigns or through the launching of a brand with guarantees associated if consumers are dissatisfied. These mechanisms, at the level of the firm, are however limited in their capacity to offer a quality guarantee to the users when some characteristics of the services can be observed only after their utilisation or, worse, never. In this last case, trust in the provider is therefore essential. Moreover, this market mechanism could be efficient when it is easy and not costly to change provider, which is not the case for most care services for the elderly, because most elder people are too frail to collect the right information to choose a provider of better quality. The fact that providers benefit from a monopolistic or oligopolistic position in some territories also limits the effectiveness of this market mechanism based on individual reputation or on exit capacity.

Certifications and labels: which assurance and lisibility for the users?

As a response to the limits of individual reputation mechanisms, some auto-regulation processes are adopted by a group of organisations collectively. From this perspective, a certification, a label or a norm is created by a third party, used as a signal by the group of organisations that they fulfil
the rules and norms defined by the label or certificate. These labels secure a level of conformity of the service to the quality requirements through a quality control realised by the third party organisation (Cochoy & De Terssac, 1999). These certification tools operate on a voluntary basis within a competitive market but need to become compulsory when the structure of the market is not competitive because providers, in a monopolistic position for instance, would lack incentive to start a quality certification process.

In France, two quality certification processes are mainly adopted in the home care services, the NF norm "home care services" delivered by the AFNOR Agency and the "Qualicert" referential delivered by the SGS Cabinet – International Certification Services. The NF norm, published in 2000 and recently revised has been elaborated by a large range of professionals of home care services, including nonprofit organisations. Qualicert, launched in 1999 and revised in 2007, has been elaborated by the unions of employers of this sector. The certification is delivered after the realisation of an audit that concerns all the features of the services, from the service quality to managerial issues. The quality certification includes the quality of the welcome and the needs’ assessment, the quality of care plan proposed, the clarity of the contract, the skills of the staff, the monitoring of the services, customer satisfaction surveys and the way complaints are dealt. In 2008, there were approximately more than one hundred organisations that were NF certified and a similar proportion with the Qualicert label. Note that the number of NF structures has increased from 10 in 2004 to more than 100 in 2008 (http://www.afnor.fr). From an external point of view, it is difficult to stress important differences between these two certification processes. The NF norm appears to be more used by nonprofit organisations while the Qualicert referential is preferred by for-profit enterprises. In both cases, the objective is to guarantee service quality and professionalism through the modelling of a tool based on objective criteria and adapted to all types of structures. As mentioned by a network of labelised structures, "the Qualicert referential confirms the legitimacy of a new entrepreneurial model (...) based on standardised criteria (www.sbs.com.fr).

These certifications procedures are adopted on a voluntary basis but are strongly recommended by public authorities as well as by some nonprofit network organisations that provide tools and resources to their members to help them to obtain a quality certification (see below).

Although these procedures are aimed at providing sufficient guarantees to the users, they do not completely evaporate the risk of opportunistic behaviour. To share a label can create a sort of rent shared by the certified organisations if the control by the certification agencies is not effective (Coestier & Marette, 2004). Moreover, the multiplication of labels, norms and referentials do not ease the choice of users, since the information on the quality signalled by the labels is difficult or even impossible to gather.

1.2. From a public tutelary regulation to a quasi-market regulation of the quality?

Given these limits of private regulation mechanisms, individual or collective, a public regulation of the quality is necessary, often compulsory. Following Coestier & Marette (2004), three types of public regulation mechanisms can be identified:

- the definition of minimum quality standards
- the obligation of public and transparent information campaigns
- the elaboration of a compensation system for users in case of deficiency in the product quality (civil responsibility of the providers or public compensation schemes)
As far as home care services are concerned, authorisation regimes or agreement procedures are compulsory in France. Since the Borloo Law concerning home care services (2005), however, providers can choose to obtain a licence (simple licence or quality certification in the case of services for fragile individuals) from the Departmental Labour Direction or opt for the authorisation system of the Departmental Council as provided for in the Law of January 2002 (which was required for any operator in the social and health sector). Under the Borloo procedure, both licences (simple one or quality one) are delivered on the declarative basis, without any control in situ. Officially, the Borloo licence is given with the consent of the Departmental Council. However, an empirical study showed that, in Paris, only 32 out of the 52 licensed services received a favourable notice from the departmental authority (study cited by Bony, 2008). Note also that, in the same territory, 38 organisations were under the authorisation system. This authorisation was compulsory before the Borloo Law for all providers of social care service. The authorisation is delivered by the Departmental Council when several conditions are met within a holistic approach of care for the recipients, the employment of skilled staff and the conduct of a double evaluation procedure: an internal one, self-conducted and an external one every 7 years organised by a third party organisation. The results of this external evaluation determine the renewal of the authorisation every 15 years. A schedule of conditions has been fixed by decree in May 2007. The evaluation concerns not only the fulfilment of some norms but the organisational process as a whole, including the social mission of the structure, its environment, the quality improvement measures already adopted as well as the democratic decision process and the recipients expression rights.

The fact that there are two different quality evaluation procedures, one associated to the Borloo Law, the other associated to the Law of January 2002, with different levels of requirements and norms, does not seem to foster quality in this sector. If the licence procedure recognises the need of a particular level of quality for certain activities, it nonetheless turns out to be less binding than the authorisation system (Richez-Battesti, Petrella and Priou, 2006). As mentioned by Devetter & al. (2008), these evolutions suggest that the development of home care services was, until recently, more focused on a quantitative objective than on a quality improvement.

Knowing that the Borloo Law, through the easing of quality requirements, removes some barriers to entry in this market leading to an increased competition between providers, we make the hypothesis that the adoption of private quality regulation mechanisms can be explained by the softening of public mechanisms as far as quality regulation is concerned. The adoption of private quality certificates and tools, however, can be seen as an incomplete signal to guarantee quality for the users. Public authorities have however recognised the private certification procedures (NF norms and Qualicert) as effective guarantees of service quality since certified organisations have their licence automatically renewed once the certification procedure meets the legal requirements to provide home care services. In that sense, the private certification procedure substitutes a quality control defined and implemented by public authorities. The effectiveness of these private mechanisms is however questioned given the informational problems described earlier and the imperfect competition market structure. We suggest that these evolutions reveal a step away from a public tutelary regulation toward a quasi-market regulation (Nassau & al., 2008; Petrella & Richez-Battesti, 2009), in which the market mechanism seems to be the most effective way to structure this sector.
2. QUALITY CERTIFICATION MECHANISMS WITH NONPROFIT ORGANISATIONS: BETWEEN INNOVATION AND ISOMORPHISM?

In the last few years, we observe a growing adoption by nonprofit organisations of quality certificates and labels borrowed from the private sector, and, more precisely from the industrial and agricultural sectors. Can such adoption be seen as an innovative process for nonprofit organisations or an isomorphism one? To discuss this question, we will build our analysis on the definition of isomorphism proposed by DiMaggio & Powell (1983). They define isomorphism as "a constraining process that forces one unit in a population to resemble other units that face the same set of environmental conditions".

2.1. The different dimensions of isomorphism

The sources of isomorphism can be multiple. For Hannan & Freeman (1977), isomorphism is competitive in the sense that market competition operates a selection process leading to the fact that only the most effective organisations survive. The other organisations will therefore have the tendency to adopt the same practices developed by the most effective organisations. Quality certificates and labels are mainly used to enhance the image of the firm, as revealed by an empirical study conducted for the AFNOR normalisation agency toward their certified structures: 51% of the certified structures adopted a certification procedure to improve their image, 49% declared that their first objective was to improve their professionalism and 42% to provide an homogeneous quality service (AFAQ-AFNOR, 2007). To use this certificate seems therefore an effective practice to enhance the image of nonprofit organisations in this sector and to gain market shares. From this perspective, and given the strengthening of competition in this sector, the adoption of quality certification used by the private sector can be seen as the result of an competitive isomorphism process.

In the same vein, many nonprofit organisations traditionally focused on the provision of in-home help care services for the elderly and vulnerable families, are now thinking of diversifying their activities toward the provision of "comfort facilities" for all kinds of people and families – such as housekeeping activities, gardening, informational technologies support or tutoring. This can be interpreted as the sign of an isomorphism process, given that the dynamic growth of home care services is realised by for-profit enterprises that mainly develop these "comfort facilities". Some nonprofit organisations have started to provide "comfort" facilities to survive on the market since these activities generate more benefits because the price is fixed by the market mechanism by contrast with home care services for the elderly whose tariffs are often regulated by the Departmental Council. Badel (2009) highlights that these experiences of service diversification are not always effective because nonprofit organisations develop their activities on a business model, leaving aside the associative project and mission and the co-building process of the service with the users.

DiMaggio & Powell (1983) focused their analysis on the institutional dimensions of isomorphism. Organisations do not only compete to increase their market shares but also to gain some institutional legitimacy. The authors distinguish three forms of institutional isomorphism:

- coercive when some organisations make some pressures on other organisations in order to modify their functioning, such as public authorities when they impose new standards and regulations;
- mimetic when organisations, to deal with the uncertainty of the environment, imitate the practices adopted by others that have proved to be effective instead of experimenting new
solutions; in that sense, mimetic isomorphism leads to the adoption of standardised responses to uncertainty (Enjolras, 1996);
- **normative** when organisations elaborate new collective norms that lead, at the end of the day, to uniform and standardised practices.

The development of new managerial tools within nonprofit organisations can be, at first, seen as an innovative process that improves service and employment quality within these structures (CPCA, 2007). Many organisations used to provide the services without managerial or human resources tools and indicators, such as absenteeism, staff turnover or age management tools. These tools are today used by most nonprofit organisations in this sector.

Nevertheless, the application of tools initially developed for the for-profit sector, does not take into account intrinsically the specific features of nonprofit organisations, such as their social mission or their democratic participation process. As stated by Enjolras (1996, p.75), "associations tend to imitate existing organisations (...). Managerial models spread easily because they reduce uncertainty and avoid the costs of experimenting new solutions".

Building upon researches and case studies realised on home care services (Devetter & al., 2008; Gardin & Fraisse, 2008; Pôle Services à la personne, 2008), we have identified several aspects of the ongoing evolutions linked to the quality certification procedures in this sector that contribute to the homogenisation of practices across providers, questioning the institutional legitimacy of associations in this sector. Nevertheless, to complement this analysis, it could be interesting to examine, case by case, how these tools are implemented within each organisation on a territory.

### 2.2. Isomorphism processes at work in nonprofit organisations?

Quality certification procedures adopted by nonprofit organisations are borrowed from the for-profit sector. They are elaborated in order to suite all types of organisations, be it for-profit or not. They do not intrinsically consider the characteristics of nonprofit organisations, they have modelled a design to measure and guarantee quality whatever the objectives of the organisations are. In the following section, we will discuss this statement.

**A narrow definition of service quality in terms of "satisfied customers": a sign of normative isomorphism?**

Case studies reveal that quality certification procedures define service quality on the basis of the customer’s satisfaction. Customers’ satisfaction surveys and satisfactorily dealing the complaints are therefore developed by quality certifications. Such a definition of quality stresses the fact that the organisation has to understand the customer’s needs and to deliver adapted services. Such a definition, although quality criteria are not standardised but adapted to the customers, narrows quality to the customer satisfaction and evacuates several dimensions included in a more holistic approach of service quality. On the one hand, it takes for granted that the customer can express his demand and his dissatisfaction, neglecting the evaluation difficulties and the informational problems mentioned in the first part of this paper, the frail health conditions of the users and the relational dimension between the user and the employees. All these elements can strongly influence the capacity of expression of the customer. Note that the "customer" that responds to the survey may not be the beneficiary of the service but relatives or friends. Different views on the quality of the service may therefore coexist. On the other hand, it does not take into account the collective benefits of the services for the community, for the territorial and employment development, which can be important in the case of childcare and eldercare services. By contrast, studies reveal the importance of the relational but also social dimensions in the quality of the
service (Messaoudi, 2007; Pôle Services à la personne, 2008). Moreover, focusing on the customer also underestimates the fact that service quality is the result of a co-building and mutual adjustment process.

*Standardised organisational designs: a sign of mimetic isomorphism?*

As mentioned earlier, quality certification mechanisms are aimed at providing an effective entrepreneurial model through the proposition of a standardised organisational design. As mentioned by a network of certified enterprises in 2007, each dimension of management and structure has been carefully examined during 18 months, including welcoming the customers, assessing the needs, defining the care plan, meeting deadlines, monitoring the service provision, measuring the customer satisfaction, complaints dealing, recruiting, training, managing jobs and skills…. (www.sbs.com.fr). The implicit hypothesis is that once this entrepreneurial model is operating, in the sense that all the dimensions fulfil the requirements, the service will be of quality and the organisation effective. With this emphasis on the entrepreneurial model, it is the managerial rhetoric that is considered as a source of modernisation and professionalism.

*A process fostered by public authorities: a sign of coercive isomorphism?*

Given the policy evolutions described earlier in this paper, we make the hypothesis that public authorities do foster an isomorphism process.

The first argument lies in the fact that the Borloo Law introduced two types of license, a simple or a quality one, that do not put great emphasis neither on the users’ rights nor on the democratic process within the nonprofit organisation, by contrast with the Law of January 2002. Indeed, this law of 2002 requires the organisation of participative procedures and tools that involve different stakeholders, users and staffs in particular, and the elaboration of specific tools such as a service’s project, in coherence with the associative project, an individual document of care for each recipient, the nomination of a skilled person in case of conflict, a chart of the rights and freedom for the users, that respects a professional ethic, internal rules, a home booklet and a "council of the social life" in which users can participate in the decision and the organisation of the services. These features, specific to nonprofit organisations, are left aside by the new license procedure, even if some elements concerning the monitoring of the services are included in the licence schedule of conditions. The authorisation process, institutionalised by the Law 2002, puts more emphasis on the service quality control by the users based on a co-building relationship than the quality certification procedure that considers the recipient as a customer (Gardin & Fraisse, 2008, p.14). The authors, however, acknowledge that the implementation of these requirements is still embryonic. By encouraging the licence procedure against the authorisation process, public authorities have not given much importance to these central characteristics of nonprofit organisations. Doing so, they have their part in the homogenisation of practices and service organisations of nonprofit organisations. Knowing that the authorisation procedure is more binding, we can expect a growing number of organisations to opt for the license instead of the authorisation procedure. According to a survey realised by the IDEAL network, in 57 departments that responded to the survey concerning 3300 organisations, 73% of the organisations chose the licence while 27% opted for the authorisation system1.

The second argument is to be found in the fact that the renewal of the licence is systematic when the structure is certified (NF or Qualicert). This reveals not only the easing of quality public

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1 Survey cited by Annick Bony (DGAS, march 2008).
regulation but also a normative isomorphism process as far as quality norms are concerned. This evolution can lead to coercive isomorphism if the quality certification becomes a necessary condition for the licence renewal. As mentioned, recognising the legitimacy of these private quality regulation tools narrows the quality criteria to customer satisfaction and managerial issues. It contributes to the dilution of general interest objectives associated in the past to the development of home care services, such as the revelation of emerging social demands, access to the services, solidarity and territorial development.

2.3. Nonprofit organisations and collective dynamics: a domination of normative isomorphism?

Until now, we have considered trends that reveal the presence of isomorphism processes that concern most of nonprofit organisations in this sector. Nevertheless, we make the hypothesis that an isomorphism process is also at work in the reverse direction, i.e. from the nonprofit organisations to for-profit organisations. In this section, we will discuss two types of organisational innovations that could be imitated and duplicated by for-profit organisations: collective agreements and mediation spaces on the one hand and the accompanying role of umbrella organisations as far as quality certification is concerned.

Employment quality as a reverse normative isomorphism: collective agreements and mediation spaces

Home care services are structured for long by collective agreements applied by nonprofit organisations in this field of activity. Many collective agreement are compulsory, some of them existing from the 70’s such as the collective agreement for the staff of associations of home care services in rural areas of the 6th of May 1970 and the collective agreement concerning home care services of the 11th of May 1983. More recently, between 2002 and 2006, four agreements have been signed concerning employment and staff, lifelong learning, mileage allowance and working time schedules. Today, the for-profit sector is elaborating its own collective agreement in home care services as well, agreement that is planned to become compulsory in the future for all private enterprises that want to enter this sector. An inter-professional agreement has been signed by professional and trade unions in October 2007 in order to prepare this new collective agreement. This evolution could be interpreted as a sign of normative isomorphism, from the nonprofit sector to the private one. While these evolutions can be seen as an improvement in terms of the occupation definition and recognition of working conditions, the risk is to contribute to a narrow definition of the skills needed and to limit the capacity of the sector to adapt.

Beyond collective agreements, the role of the nonprofit sector is maybe more innovative as far as the creation of mediation spaces is concerned. Discussion groups are organised in many nonprofit organisations in order to exchange on practices and difficulties and to elaborate new tools in a participative mode. As an example, in the Provence-Alpes Côte d’Azur Region, the Home Care Services Pole has been the first PRIDES (regional pole for innovation and solidarity development) organisation to elaborate a competences referential to be used by all the members of the Pole. Building upon norms and practices at work in nonprofit organisations from this sector, such an experience could help to structure and model the norms and working conditions of the for-profit sector.

\(^2\) See Badel (2009) for details.
If until now, the quantitative development of home care services has been a priority objective, efforts toward employment norms and working conditions maybe reveal an change in focus in the way service quality is discussed today. The multiplication of collective agreements on the one hand and of mediation spaces and groups on the other, takes place in the evolution toward a growing recognition of the important relationship to be found between employment quality and service quality. This does not mean that employment in this sector is of quality, sustainable and valorised, in particular in France where independent providers are encouraged, with the development of service vouchers (called Chèque-emploi-service-universel). Independent workers are hired by a person on the basis of a mutual agreement that is considered as a job contract, without any intermediary organisation. In these situations, employment rules are not always applied, often because the individuals and the independent workers do not know their rights. In practice, very few controls are made and the number of legal recourses is increasing. Part-time jobs, low wages, low skills, limited access to training, isolated workers and multi-employers situations are very common in this sector (Jany-Catrice & Ribault, 2007).

The accompanying role of umbrella organisations and professional networks: innovation or coercive isomorphism?

Several umbrella organisations and professional networks are very active in the development and the structuring of home care services. Such intermediary organisations contribute to the professionalism and the improvement of skills and service quality for their members. Today, most of them encourage their members to start a quality certification procedure. Within this context, it could be very interesting to examine, on different territories, what do exactly these intermediary organisations to answer the following question. Do umbrella organisations and professional networks foster innovation or isomorphism as far as quality certification is concerned? Some of them, such as the national federation UNA (Union Nationale de l’Aide, des soins et services aux domiciles), have given clear objectives to their members in favour of the NF certification. The UNA federation therefore proposes an accompanying programme to their members to help them to meet the NF requirements. The UNA objective is that, in the next few years, all of their members would obtain the NF certification (http://www.una.fr). In the same vein, another national federation, ADESSA (Fédération nationale d’associations d’aides et de services à domicile) made the same choice and proposes, at least in the PACA Region, an auto-evaluation tool, downloadable for free, in order to prepare the organisations to the NF quality certification (http://www.federation-adessa.org). Other intermediary organisations prefer to elaborate their own "quality chart", in which the values and objectives of the nonprofit sector are highlighted such as putting the user at the heart of the project, promoting equal access to services without discrimination, enhancing solidarity and territorial anchorage and development. This is the case of another umbrella organisation, the URIOPSS (Union régionale des oeuvres et organismes privés sanitaires et sociaux) in the Lorraine Region that built a specific chart for its members. This chart is aimed at "identifying and valorising the best practices of the nonprofit organisations in home care services (...); at building a new image of the nonprofit sector in this field and at giving nonprofit organisations tools to distinguish from the competition from the for-profit sector or from independent workers. This regional example clearly stresses that they are quality certification tools that put fundamental values and principles of the nonprofit sector at the centre of the certification procedure.

On the basis of these few examples, we conclude that they are a diversity of accompanying roles and tools as far as quality evaluation and certification is concerned. Some of them put the values
and objectives of the nonprofit sector clearly at the centre of their quality procedure while others do not.

CONCLUSION: A REDEFINITION OF PROXIMITY?

The quality certification procedures analysed in this paper question the different dimensions of service proximity, as defined by the economics of proximity (Pecqueur and Zimmerman, 2004). Geographical proximity, expressed in opportunities for meeting and confrontation between the different care services actors, as well as better knowledge of needs because of reduced distances, is limited to the mobilisation of the relatives and neighbours of the customer when necessary. They do not consider the social networks in which the users are integrated nor the embeddedness of the service structure in the territory as essential. Focused on the customers’ satisfaction and "entrepreneurial model" criteria, these quality certification procedures tend to underestimate the importance of the embeddedness of the organisations into local networks in order to reveal emerging social demands and to adapt to local needs.

As far as organisational proximity is concerned, the different isomorphism procedures discussed in this paper highlighted the emergence of common features and practices that were not present at the start. Organisational proximity refers to the capacity to promote exchanges of information between providers and users and, on the other, to organise the provision of care services in relation to trade-offs in terms of social justice (the accessibility of services or the individual’s free choice), the regulation of complementarity or competition between services and the efficiency of the services provided. From the organisational perspective, the adoption of quality certification procedures coming from the private sector can be seen as a reduction in the organisational distance between nonprofit organisations and for-profit organisations, leading to a homogeneity in the practices between these two sectors.

Together with the neglect of the geographical proximity, the risk of dilution of general interest mission in the provision of home care service is worth considering, in particular in terms of solidarity, social cohesion and access to services in a territory. Doing so, the main quality regulation adopted today, private and public, also reduce the institutional proximity. Institutional proximity is reflected in the ability of the different stakeholders, and notably the public actors, to develop a particular form of participation in the elaboration and production of care services provision. The historical compromise between public and nonprofit organisations in which both actors contribute to a general interest mission is likely to be threatened.

These evolutions, described in the case of France, are to be found at the European level, given that any organisation that produces goods or services, whatever its financing mode, is considered as an enterprise that comes under the rules of the internal market and of competition (Commission, communication on SSIG, November 2007). Moreover, the "Services Directive" adopted in December 2006 aimed at removing all the barriers against the internal market will facilitate the entry of enterprises on the market for home care services (Richez-Battesti & al., 2006; Huber & al., 2006). From this perspective, there is today both a strong development potential for home care services and for job creation in this field and a risk of tension on service quality in the absence or the softening of public regulation tools. The joint development of a diversified supply, of service quality and of service access in the territories is a major stake for France as well as for most European countries.
REFERENCES


Badel, S., 2009, Services à la personne: les entreprises de l’économie sociale dans la tempête, un cas d’isomorphisme institutionnel, Master RH Economie sociale: Management des projets et des compétences, Université de la Méditerranée.

Bony A. (2008), Bilan de la politique tarification de l’aide à domicile en terme de structuration de l’offre et de professionnalisation, Séminaire MIRE-DREES "Qualité de l’Aide à domicile".


CPCA, 2007, L’emploi dans les associations, un choix de société, CPCA.


Messaoudi, D., 2007, "Les tensions sur la qualité et les conventions dans l’aide à domicile aux personnes âgées", in Batifoulier, Ghirardello, De Larquier, Remillon, Approches


