

# Healthcare provision for the elderly at home

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The provision in question is the product of a network of services offered by the immediate community – family, friends, neighbours – and health professionals, and the effects of public policies controlling access to collective services. The so-called ‘informal’ services providing support and care to the elderly can be distinguished by the great number of persons involved and by the diversity of the help provided by each of these. The action of friends, neighbours and the different family members have little in common and correspond to different relational functions. Furthermore, the family and their entourage have recourse to the service of professionals, sometimes choosing to hand over their own contribution in the form of complementary or supplementary action. Moreover, the various types of public-sector aid, whether state or local authority funded, has tended to increase the share of the informal services, for instance through the employment of the daughter and recourse to the neighbourhood. The questions raised by the use of such social and family relations in the aid structure for vulnerable persons also need to be considered.

## **Introduction :**

**The majority of elderly women are supported by other women from their family, their neighbourhood or the professional services**

S. Renaut stated that “62% of the elderly aged 75 years and over receiving aid and 70% of the principal aid workers are women” (2001)<sup>1</sup>. A. Rozenkier (2001) assessed the aid brought by the family and said that “between 40% and 60% of the persons living at home receive aid from their entourage alone compared with the 5 to 10% who receive only professional aid”, the remainder receiving from both sources, therefore increasing the percentage of aid received from the family and ultimately from women. As for the studies measuring the percentage of the involvement of ‘helpers’ of the elderly living at home, they show that friends and/or

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<sup>1</sup> Figures obtained from an INSEE study, at the behest of the CNAV, entitled ‘Handicap, disability and dependence’ (1999). Study based on persons living at home.

neighbours represent 11% of the helpers (Bressé, Dutheil, 2003). We will mainly discuss in the present paper the share of children<sup>2</sup> and the way in which they co-operate with professionals, before exploring the perspectives opened up by the various policies. At last, we will refer, more succinctly, to neighbourhood solidarity.<sup>3</sup>

The analysis will follow three main axes : the differences in attitude between children; the socio-political and economic framework of the actions of children in particular; and the actions of mutual aid in the neighbourhood.

## **1. Children's care of their parents : differences in attitudes**

From the accounts of children confronted with the difficulties their parents have encountered, we have put forward three different profiles of action which distinguish the ways in which the children define themselves as regards their parents, as well as regarding other siblings, and in their own families.<sup>4</sup> These attitudes can also vary according to the expectations the children may have of healthcare professionals and, more widely, of the entire care and welfare system.

### ***The continuation of family action***

One of the means by which a parent is cared for consists in taking up previous models or wishes expressed by previous generations. These modes of family perpetuation are enacted almost exclusively by women, more especially the daughters and, occasionally, the daughters-in-law.

The family unit, encompassing siblings, partners and children, participates in this mode of accompaniment as auxiliaries of care and confirms, moreover, the competence attributed to the main female helper. The latter as a rule is seen as the designated person due to family seniority, a position which has for long conferred on her the position of family support as regards grand-parents living under the same roof or one or several of her siblings, be they of a very young age or sick or disabled. Such a family position is, however, presented

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<sup>2</sup> An analysis of the actions of children towards their parents appears all the more necessary as, according to M. Bungener and M.E.Joël (1991), "there are as many families looking after an aged elderly relative as there are families looking after a child of two years or under" and "nowadays, more adult children provide more care, of a more difficult nature and for longer periods of time than they used to in 'the good old days'". (Garant and Bolduc, 1990).

<sup>3</sup> Certain data and analyses presented in the present paper can be found in more detailed publications (Penec, 2002, 2003a, 2003b)

<sup>4</sup> Studies based on interviews and observations of children involved in caring for their parents. In certain cases, many parents are dependent on the care of outsiders and, moreover, amongst siblings the practice of mutual aid and conceptions of support are themselves diverse. (Penec, 1998,1999).

as a privilege on account of the role of confidant these daughters have played throughout the history of their parents. These situations often correspond to cases where the mother, a widow for many years, is depicted as a kind of ‘mother courage’, a portrait contributing to the modelling of the role of the daughter.

Such actions of care and maintenance are assessed as predominantly family tasks – daughterly, in this case – in common with the whole of female tasks. There is no rejection of intimate physical duties, including nursing and more technical care. The handing over of certain tasks or certain moments is only envisaged within the network of family or friends, or in cases of emergency. Professional healthcare services only appear as a last resort, as do the hospital or the home for the elderly. For these women, their family duties have been a succession of caring and accompanying various family generations, thus preventing them from entering into a career. The recognition of these family duties – their ‘women’s duties’ – entails a certain amount of mistrust of professional care whose use could indicate personal or family shortcomings. The meaning these daughters give to their actions makes constant reference to daughterly duties that “go without saying”, which are “natural” or part of a “vocation” or a “need to help”. These characteristics are frequently considered as qualities inherited from the mother, qualities that the daughters themselves wish to transmit in turn through the generations ; in many cases this transmission will be prolonged by the their own children taking up a career in professional healthcare or in the social services.

### ***The quest for re-affiliation***

Another relational mode with parents is characterised by actions orientated by notions of reconciliation, reparation and rediscovery of the emotional ties between children and parents. These stances are put forward by both sons and daughters, whether they be in full employment or not. When indeed they are in full employment, priority is given to their role as helpers and they may sometimes in this case have recourse to special arrangements in their working hours. Partners and children are also presented with this priority ; they are asked to respect the helper’s choice for the sake of the biographical importance of the ties experienced with the parents at these particular times. In this case, the partner and children are not directly asked to contribute to the care provided to the parents.

It can be said that on these occasions, the children are building paths of re-affiliation, leading them to a renewed enchantment in parental relations, including in intimate physical tasks which are the most demanding in terms of technical care and the most time-consuming.

However, the imperative of a maximum type of emotional tie does not exclude the transfer of certain tasks or the recourse to various professional services, but in this case the professional carers are asked to conform with the relational structure set up by the child, in a spirit of complicity and collusion between parent, attending child and other relatives. If the necessary harmony cannot be found, another method of organising things is sought from the professional services, as is the case in terms of relations with close friends and family. If no agreement can be found, the objective defined by the child remains the same, even if this means a certain amount of family conflicts.

The uniqueness of the relationship is what shapes the conditions of care, heightening the emotional input and the originality of the actions. The latter are consequently seen as individual, personalised order of things and no longer the continuation of family ties. It therefore appears that in this face-to-face dialogue with the ascendant, the child is seeking a true quest for identity in which he or she hopes that it will re-attribute his/her position in an extended family unit. For some, this form of rehabilitation goes as far as re-assessing the ties with a community in which the entire long-term family history will be re-established. This figure of the 'redeeming child' is typical of a quest for the status of 'elected one' or the acknowledgement of the status of 'the best child'. Yet this quest can probably also be seen, in other contexts, in the light of notions evoked in the previous group where the child is the 'elected confidante' and ascribed to a certain family continuity.

### ***Choosing the professional services***

For these children, the main thought is the hope that professional answers will be found for the needs of their parents. The latter are commonly assimilated with the category 'dependent elderly persons' for whom an increase in the number of services and greater medical institutionalised care form a strong demand. The children underline the shortcomings of policies for the aged and are keen to urge the development of specialised geriatric medical care. They have high expectations of state benefits, social organisations and professionals whilst the care they themselves may provide is seen as moral support of their parents or the ability to choose services. For them, the question of dependent parents is a matter for society as much as it is an obligation for families and children. They often pinpoint the situations of hospitalisation or emergency care of a parent at home, underlining the incoherence and disagreement they see and are submitted to, both from the professional services and amongst members of the family.

Family priorities are clearly established in the order of partner/spouse and descendants (children and grandchildren). Yet, if their sense of duty is perceived in this way, their sense of indebtedness reminds them of their status as children. “It’s not so much paying something back as something freely given”, says one son actively looking for an appropriate professional solution for both parents. For the children, the distribution of tasks relies not so much on the principle of designation or the acknowledgement of parents or siblings but more on the principle of an equal sharing of the burden. When there is agreement on the use of professional services, the emotional stances may differ between the members of the family and between daughters and sons, as well as the place of the support and the introduction of helpers outside the family circle. The consolidation of the equal sharing soon finds itself at loggerheads with the different designations and the unequal status between, on the one hand, sons and daughters and, on the other, the different children.

More than this, it is the negotiating with the parents – a single parent or the couple – that falters. The daughters are in the front line in the struggle between parental wishes and the suggestions put forward by the siblings, although sons are not always spared, especially in the almost rock-solid opposition of mothers to the placing of their spouses in institutional care. The children also have to assume their own internal questionings, since they are the ones ‘in debt’ in the mutual stakes of parental expectations. The daughters express these contradictions on the emotional plane through difficulties in assuming their status as daughters and through a premature ageing process, a kind of unexpected ‘greying process’ as they are confronted with their parents’ waning and the whole idea of old age. As for the sons, they are more likely to state things in terms of the demands they address to political and professional organisations in the hope of attaining better tomorrows.

As well as the priority given to the couple and their descendants, both sons and daughters choose to distance themselves from their family obligations through their professional activities. For women, their work enables them to withstand the fear of being taken over by the care they provide in the family.<sup>5</sup> The use made of professional activity by these women distinguishes them from the women in the first group, for whom family work remains the priority, and the people in the second group, who choose to momentarily suspend professional commitments to concentrate on their family duties.

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<sup>5</sup> Some even ask to be allowed to prolong their work or refuse to retire early for this very reason. Others go as far as offering their services as grandmothers well beyond the ordinary demands of their children, also for the same reason.

## 2. The socio-political and economic framework

If family duties can be defined according to the normative categories described previously, they can also be included in the various frameworks of policies for the elderly and in the various economic contexts of the different families. It is not possible here to review the whole area of policy-making for the elderly and the aged, consequently we shall focus our attention on one of the latest measures, namely the Personalised Autonomy Benefit (*Allocation Personnalisée de l'Autonomie* or *APA*). What is interesting in this measure is the fact that the children can become the employees of their parents, which in practice institutes a kind of family salary between the parent-employer and the child-employee<sup>6</sup>. Close neighbours can also be included in this scheme. These child-employees represent a quarter of all jobs in this sector (Jourdain et al., 1996) and 15% in our study. First of all, let us examine the type of people who are *de facto* to be found in this position, before moving on to look at the dangers of withdrawal from the home and family environment for the children concerned.<sup>7</sup>

### *The social characteristics of children 'employed by their parents'.*

A presentation of the social characteristics of the parents and the children they employ is deemed essential in order to grasp the social ties at stake. In an initial series of studies, thirty situations were studied<sup>8</sup>.

The child-employee group is made up of :

- 29 women : 23 married, 2 widows, 2 divorcées, 2 unmarried
- 27 daughters, 2 daughters-in-law, 1 unmarried son.

The majority (13) were aged 46-55, 9 were 55 and over and 8 people were under 45. The professional activities of the women were as follows:

- 5 domestic cleaners, 4 farmers, 3 non-manual workers (shop assistants, waitresses), 2 women married to self-employed workers and shopkeepers, 2 manual workers, 2 employed cleaners and 1 nurse.

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<sup>6</sup> Moreover, the family ties are relinquished in terms of payment, for example in the case of the placing of a dependent with a personalised helper, known as 'family fostering'.

<sup>7</sup> We shall base our information more especially on three exploratory studies based on thirty or so people employed by their parents in urban and semi-rural areas (Pirou, 1997; Gaudin, 1999; Pinvidic, 2001). These studies can be completed with the results of recent research undertaken with families of which one of the members (aged over 60 years) is disabled or invalid (Le Borgne-Uguen et Pennec, 2000).

<sup>8</sup> The situations presented were studied in the case of the 'Specific Dependence Allowance'.

Of these, 10 were unemployed and 3 had given up their job to look after their parents, whereas 6 were working part-time.

10 women were in the category 'housewife' with no particular details referring to their temporary activities.

The son is unemployed and lives with his parents.

As for the spouses, their professions are the following :

- 10 manual workers, 5 farmers, 2 self-employed and shopkeepers, 2 non-manual workers, 1 naval officer, 1 unemployed (no further details); Of these, 5 are retired.

These socio-professional categories clearly indicate that the women in the social classes where it is necessary to care by oneself and more difficult to make care by others are the ones designated to the task of domestic helper.

### ***The dangers of support by family members only***

One of the most notable consequences of this form of 'family wage-earning' has been the drop in – or, more often than not, the disappearance of – the hours worked by home-helps, due to the various measures<sup>9</sup>. Family work is increasingly carried out in structures of pronounced proximity, without the involvement of the family or community, and the professionals of this sector. Those women employed by their parents are therefore left to a direct stand-off between themselves and their parents, in conditions typical of domestic work ( a certain type of 'invisibility', the natural acceptance of certain tasks, the extent and multi-faceted nature of their activities), without any form of collective structure able to regulate the difficulties and tension generated by the increase in various forms of handicap and job needs, and all of this without any form of moral or practical support. The ambiguities in status – on the one hand, that of parent-employer dependent on the help of the child-employee and, on the other hand, that of child employed by his/her dependent parent – only serve to heighten the difficulties in relations and are compounded by the fact that the parent, both user and employer, delegates, wholly or partially, the administering of the function of employer to the child-employee.

**The people receiving help** in the studies cited here, are mainly :

- mothers : 21 (1 still living with spouse)
- fathers : 3 (2 still living with spouse)

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<sup>9</sup> Wherever the home helps were kept on, this often lead them to accede to another status, that of salaried home worker, working on demand, for reasons of lower costs. Thus the same social group, this time from the professional point of view, is victim of a lowering of its working standards.

- mothers-in-law : 2

Home-sharing : 24 (two-thirds)

living at home of their children : 19

living at home of their parents : 5

For couples, the two people are concerned by the help provided.

The majority of parents are from lower social classes.

In one case alone was the parent helped by two children said to be employed.

The studies carried out among the families (people receiving help and those giving help) showed how difficult it was to define and limit the field of investment (Le Borgne-Uguen et Penneç, 2000). It is obvious that both concerns and practices exceed, in time and place, the salary allotted and the tasks acknowledged. Although many acts spring from emotional and moral obligations imposed by belonging to a network of relations, the tasks are also the result of urgent needs and insufficient allowances allocated by the authorities, since conditions can vary throughout the country.

To conclude, we would like to underline the particularities of the strength of bonds between neighbours and friends, whose help is estimated to represent more than 10%.

### **3. Women friends and neighbours : from mutual aid to aid, through to a distancing in relations**

The burden borne by women in collective forms of mutual aid is characterised by acts of good neighbourliness and friendship, which is explained by the extension of the model of domestic organisation beyond the family circle. In order to define what this community brings, we can refer to the types of categories suggested by J. V. Thompson (1989), in which he identifies four “main roles of social maintenance” played by close friends and relatives. The role of “caretaker” suggests a role of caring, of home-watching and frequent visits. In our observations, this role is shared equally by the men<sup>10</sup>. The role of “helper” corresponds to the tasks undertaken by those called all too easily ‘home aid workers’, in other words the functions of caring, practiced by a majority of women, where the actions of women neighbours are very

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<sup>10</sup> In particular by past activists and colleagues from work, in the case of unmarried persons, and the role of handyman (DIY jobs, tending to the garden or caring and home-watching), in both urban districts and rural areas.

similar to those of female members of the family (wives or daughters). However, these tasks are rarely those of intimate physical care, since they are considered to be the domain of the professionals or members of the family. The role of “confidant” serves to express the emotions and intimate personal and family affairs, whilst the role of “adviser” is limited to the realm of various procedures.

On the whole, the neighbourhood is not seen as a place where there is a systematic and abundant source of help; neither is this what is desired or expected of it. Rather, it is perceived as a territory of social exchange, in varying degrees of intensity, depending on the choices made by the different partners involved. The neighbours are perceived as a source of support in cases of emergency, especially when the relations with them are based on friendship although, here again, it is more a question of them being a source of mutual aid. For, as in the case of the relations with parents, the fundamental asymmetry in the positions of seeker and provider of help are no easier to justify and/or to perpetuate. Support that is too time-consuming or too heavy to bear can give rise to a progressive distancing in relations when the help relies mainly on one person or, similarly, when advice and actions become a source of potential conflict with other members of the family and with professionals. Mutual aid, like friendship and good neighbourliness, requires many standards and codes of conduct which the accession to the roles of seeker of help/provider of help put sorely to the test, particularly when there are situations of dependence brought about by different positions and distancing, either chosen or imposed, between the various partners. We wish to focus rapidly on three levels of distancing in the support given by the circle of friends.

### ***From female neighbour-friend to the role of helper***

Relations of mutual aid can be prolonged through periods of illness and loss of mobility on the part of the most alert – and often, the youngest – female neighbours. However, when mutual aid is gradually transformed into a one-way system of aid, it places one of the partners in a position of subjection, for “when support is synonymous with the production of dependence, it tends to dissuade both the giver and the receiver of help, since there is a likelihood that the former will not receive anything in exchange and the latter will be subjected to too great a social and relational disqualification” (Martin, 2002).

Yet, certain female neighbour-friends choose to become the “principal home aid worker in the name of loyalty to their bonds of friendship”, which is what emerges from the declaration of certain children. These situation prevail when the family supporters are too few and too far-removed. In this case, the female neighbour co-operates with the professionals,

indeed, it can be said that she organises the work of all the people – family and services – that are involved. Although giving financial responsibilities to a female neighbour, through the administering of a bank account, for example, even if she is a friend, seems to be frowned upon by the professionals. Similarly, it can be noted that there is a certain paradox in the way certain aid packages at present encourage the employment of female neighbours whilst expressing certain fears about the involvement of members of the close circle of friends and family. Yet, these misgivings can also be understood in light of the various distinct relationships at stake in the different roles attributed as well as the need to preserve the specific input of each of the partners.

### ***A distancing in the relations with the members of the family to avoid taking sides***

When the functions of social exchange include many of the functions of support and advice – opinions on ‘meals-on-wheels’, certain courses of medication, certain lifestyles and types of care – the involvement of the neighbourhood-close circle of friends is more likely to come face to face with an increased risk of disagreement with the various family supporters, most commonly with the children. The dangers of being considered as taking sides with one or the other or, conversely, as having failed to give the right advice in cases of accidents or minor incidents inevitably bring about positions of withdrawal from past involvement with the persons in question. This phenomenon is all the more fraught since the person receiving help cannot express his/her own wishes. Feelings of friendship, even when they are strengthened by the ethics of a sense of responsibility towards others, do not fit easily with family feuds.

### ***Relations with the professionals : too few encounters, too little recognition***

Female neighbours and friends consider that they themselves are seen as ‘old ladies’, who are too often assimilated with the persons receiving help; their know-how is more often than not distrusted – sometimes even deemed suspicious – rather than being recognised. However, in certain situations the relationships between female neighbours and professionals involve abilities to share information and the functions of caring as well as more ordinary actions of social exchange. The diversity of what the community can contribute seems to be better recognised when the professionals are members of the same networks of inter-relationships in the rural areas and in certain urban districts, and depending on the type of training and

qualifications. The distancing is then brought about by the disqualification felt by the female neighbours, potential providers of help, whose ways may have been discredited.

### **Conclusion : Responsibility for help and awareness of responsibilities**

We can therefore extend the analysis of the family put forward by Alan Walker (1993) to the actions of neighbours and friends : “The normative beliefs, strengthened by custom, concerning the responsibility for help [...] are internalised [by the members of the family] who act in compliance with a general notion of duty, even in the absence of individual obligation.” In such a social set-up, “women are submitted to huge normative pressure regarding help”<sup>11</sup>. For close family and friends, the women have a predominant share in caring and, for those women who choose to take on the responsibility, the burden is added, on the one hand, to that of notions of duty inscribed in the roles associated with various forms of family status or the quest for an idealised form of re-affiliation (Pennec, 1999) and, on the other hand, to humanist notions faced with the plight of vulnerable kin or, lastly, to the absence of adequate services and a notion of responsibility based on face-to-face encounters and the urgency of bringing help to others. The different forms of pressure bearing down on women to form some kind of commitment, whether it be through relationships or care, are to be traced back to their multiple roles as women : spouse, daughter, neighbour, friend – both voluntary workers and professionals – all of which is governed by private, individual contexts, but also, undoubtedly, by the numerous public appeals for an awareness of responsibilities.

BUNGENER Martine et Marie-Eve JOEL. 1991. *Le financement de la prise en charge des personnes âgées*. MIRE, Ministère des Affaires Sociales.

BRESSE Sophie, DUTHEIL Nathalie, 2003, « Les bénéficiaires des services d'aide à domicile : des publics divers », Les personnes âgées entre aide à domicile et établissement, *Dossiers Solidarité et santé*, n° 1, DRESS, Paris, La documentation française.

GAUDIN C., 1999, *Etre salariée de son parent dépendant. L'ambivalence du soutien entre le don de soi et la rémunération*, Mémoire de Diplôme des Hautes Etudes en Pratiques Sociales, sous la direction de S. PENNEC. Rennes, Collège Coopératif de Bretagne.

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<sup>11</sup> WALKER, Alan, 1993, « La relation entre la famille et l'Etat en ce qui concerne l'aide aux personnes âgées » dans O.Kuty et M.Legrand (éditeurs), *Politiques de santé et vieillissement*, AISLF, Université de Liège, Université de Nancy 2, cité par Claude Martin, 2002, « Les solidarités familiales : bon ou mauvais objet sociologique? », dans Debordeaux D., Strobel P., (coordinateurs), *Les solidarités familiales en question. Entraide et transmission*, Paris, LGDJ, Droit et Société.

GARANT L., BOLDUC M. 1990. « L'aide par les proches : mythes et réalités », *Revue de littérature et réflexions sur les personnes âgées en perte d'autonomie, leurs aidants et aidantes naturels et le lien avec les services formels*. Québec, Ministère de la Santé et des Services Sociaux, Etudes et Analyses, n°8.

JOURDAIN A., MARTIN C., MOHAER F. et F.-X. SCHWEYER, 1996, *La Prestation Expérimentale Dépendance en Ille et Vilaine. Leçons d'un apprentissage*, Rennes, LAPPS, ENSP.

LE BORGNE-UGUEN Françoise et PENNEC Simone, collaboration de F. DOUGUET, 2000, *L'adaptation de l'habitat chez des personnes (de plus de 60 ans) souffrant de maladies et de handicaps et vivant à domicile. Usages et interactions entre les personnes, les proches et les professionnels à travers les objets, les techniques et les aménagements*. Contrat de recherche MiRe et CNAV. Brest. Université de Bretagne Occidentale, Tomes 1 et 2 : 212 et 105 pages.

MARTIN Claude, 2002, « Les solidarités familiales : bon ou mauvais objet sociologique ? », dans Debordeaux D., Strobel P., (coord.), *Les solidarités familiales en question. Entraide et transmission*, LGDJ, Droit et société, Paris

MORVAN C., 2002, *Les aidants familiaux et les personnes âgées dépendantes* Mémoire de Diplôme Universitaire de Gérontologie Sociale, sous la direction de S. PENNEC, Brest, Université de Bretagne Occidentale.

PENNEC S., 1998, « Les pratiques filiales dans l'accompagnement des ascendants dépendants », *Prévenir*, n°35.

PENNEC S. (dir.) et GUILLOU A. (post face), 1999, *Les Parcours de vie des femmes. Travail, familles et représentations publiques*, Paris, L'Harmattan.

PENNEC Simone, 1999, « Les femmes et l'exercice de la filiation envers leurs ascendants » dans Penne S. (dir.), *Parcours de vie de femmes, travail, famille et représentations publiques*, Paris, L'Harmattan.

PENNEC Simone, 2002a, « La politique envers les personnes âgées dites dépendantes : Providence des femmes et assignation à domicile » dans *Lien Social et Politique / RIAC*, n° 47.

PENNEC S. (dir.), LE BORGNE-UGUEN F., (collaboration de) Guichard-Claudic Y., 2002b, *Ce que voisiner veut dire*, ARS - Université de Bretagne Occidentale, Fondation de France, Brest, 210 p.

PENNEC S., 2003a, « L'institutionnalisation du salaire filial à travers la Prestation Spécifique Dépendance et l'Aide Personnalisée à l'Autonomie », *Gérontologie et Société*, n° 104.

PENNEC S., 2003b, « Les configurations filiales et la vieillesse des ascendants », *Empan*, n° 52.

PENNEC S. (dir.), (collaboration de) Le Borgne-Uguen F., 2003c, *Formes de voisinage et d'entourage en situation de handicaps*, ARS - Université de Bretagne Occidentale, Fondation de France, Brest, 80 p.

PINVIDIC M., 2001, *La prise en charge d'un parent dépendant : un soutien familial rémunéré avec la Prestation Spécifique Dépendance*, Mémoire de Maîtrise de Sciences et Techniques Interventions Sociales, sous la direction de S. PENNEC, Brest, Université de Bretagne Occidentale.

PIROU I., 1997, *Les aidants familiaux et les personnes âgées dépendantes*. Mémoire de Diplôme Universitaire de Gérontologie Sociale, sous la direction de S. PENNEC, Université de Bretagne Occidentale. Collège Coopératif de Bretagne.

RENAUT, Sylvie. 2001. « Vivre ou non à domicile après 75 ans : l'influence de la dimension générationnelle ». *Gérontologie et société*, n° 98.

ROZENKIER A., 2001, « Les solidarités familiales s'expriment d'autant mieux qu'elles s'appuient sur des infrastructures et des services », Entretien dans *Age village*, 9 juillet.

THOMPSON J. V., 1989, « The Elderly and their Informal Social Networks » in *Canadian Journal on Aging/ La revue canadienne du vieillissement*, Vol. 8, n°4.

WALKER Alan, 1993, « La relation entre la famille et l'Etat en ce qui concerne l'aide aux personnes âgées » dans O. Kutty et M. Legrand (éd.), *Politiques de santé et vieillissement*, AISLF, Université de Liège, Université de Nancy 2.