
The institutions, they are a-changin'. Change in institutions, renewing of their critique in France and Belgium

Louis Bertrand^{*1,2}

¹PHS – Ecole des Hautes Etudes en Sciences Sociales (EHESS) – France

²Université Saint-Louis Bruxelles – Belgique

Résumé

In France and Belgium, over the last twenty years, a certain number of criticisms of care institutions have been considered both at the legislative level and at the level of practices: reduction of the size of establishments, attention to care-receivers's projects, development of at-home care services. However, the criticism of institutions seems to be directed at a previous state of the field, without seeing that their target might have moved. Based on two sociological studies conducted in France and Belgium, this proposal aims to contribute to a renewed critique of institutions. It is necessary to evaluate the depth of the transformations of the social care sector (Daly, Lewis, 2000), to acknowledge certain advancements and to point out their limits.

In both countries, there have been few or no closures of establishments, but a reconfiguration of the offer in several directions: reorientation of residential services towards the care of people with a greater dependency, experimentation with forms of supervised accommodation granting more autonomy, and growth of at-home services. Rather than deinstitutionalization, it would be more appropriate to speak of a transformation of the sector.

This transformation gives way to a greater attention to the expectations and needs of the care-receivers. The authority of the institution has also changed significantly. In the best cases, we can speak of attempts at an equalization of relations, at an adaptation of the institution to the desires of the persons, in very varied domains, from the organization of services to the choice of activities, to the intimacy of the persons.

These changes can also have limitations. Some criticisms of "total institutions" remain true, where the institution continues to retain some forms of authority and paternalism (Kittay, 2007), or takes over all aspects of people's lives. Other criticisms are also possible: in this renewed "social care mix", are the needs well covered, in an organization that respects first and foremost the people being cared for, but also their relatives and the professional teams ? Does the call for autonomy sometimes mask ways of making savings or ensuring only a second-rate deinstitutionalization?

This contribution is based on two studies, one on rare disabilities in France (Winance, Bertrand, 2017), the other on the care of French people with disabilities in French-speaking Belgium. The two surveys included observations, the study of personal histories, interviews,

^{*}Intervenant

and the analysis of internal documents (notably activity reports) or official documents.

References

Daly, Mary, and Jane Lewis. 2000. "The concept of social care and the analysis of contemporary welfare states." *The British journal of sociology* 51(2):281-298.

Kittay, E.F. (2007), 'Beyond Autonomy and Paternalism: The Caring Transparent Self' In T. Nys, Y. Denier & T. Vandeveld (eds), *Autonomy and Paternalism. Reflections on the Theory and Practice of Health Care*, Leuven: Peeters, 23-70.

Winance M., Bertrand L. (2017). *Entre logique de places et logique de soin spécialisé. L'évolution du secteur médico-social, dans le champ du handicap, à travers l'usage de deux catégories : " polyhandicap " et " handicap rare " . 1960-2014. Research report CERMES3; INSERM; CNRS; Université Paris Descartes.*