



REPORT ON THE FRENCH AGEING POLICY

15 Years since the Second UN World Ageing Plan (Madrid International Plan
of Action on Ageing – MIPAA) Madrid 2002

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General information

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15 Years since the Second UN World Ageing Plan

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Table of Content

Introduction	5
Overall framework of the report	7
Anticipating the loss of autonomy and improving support	8
Fighting against discrimination and preserving older people’s dignity	10
Modernizing and improving the supply of care	11
Combatting elderly vulnerability	13
Conclusion and priorities for the future	15

Introduction



France has tackled its ageing policy by focusing on a living-together approach. Regarding its core values such as equality and brotherhood, a pressing challenge for France seems to be allowing everyone to have the same opportunities of fulfillment and well-being. Consequently, one of the central pillars of its social policy pertains to social inclusion, as a necessary step towards social cohesion.

The care of elderly people progressively became a growing concern in times of population ageing and increase of life expectancy. This demographic revolution has to be a positive opportunity for everyone: it is our duty to make ageing a serene period of life, rather than a physical, psychological and social burden.

How to guarantee that well-being? It has no longer to be demonstrated that the ability of seniors not only depends on their intrinsic physical capacities but also on the environment they inhabit. Bearing that in mind, it became clear that society must deal with population ageing by adjusting itself, rather than imposing the burden of adaptation to elderly people. In many aspects, our society is still inadequate and unprepared to rightly include seniors in daily-life obligations and expectations.

As a solidarity matter, a comprehensive stance must prevail to meet the needs of the older population. As an international issue, we must build partnerships with other countries, to make our actions more adapted, more accurate and more efficient. As a social concern, the whole society must be involved to further action towards healthy ageing.

The second UN World Ageing Plan provides the necessary guidelines to implement our policies. France reiterates its will to be part of these international dynamics. Undeniable improvements are already underway, as indicated by the activity rate of seniors that keeps increasing. The new government expressed its will to design a national strategy for the fight against mistreatment. This priority rightly illustrates that the government takes responsibility for elderly well-being.

However, these results must not be taken as satisfying. Our action is waiting to be perfected and needs to be deepened in the long run. The more ambitious and innovative the French ageing policy is, the fairer our society will be.

Jean-Philippe VINQUANT

Director General for Social Cohesion (DGCS)

1. Overall framework of the report

➤ Socio-economic context

As in other European countries, France faces a continuous and significant increase in the number of elderly people: in 2012, there were 15 million of people aged more than 60 years old in France. This number will reach 24 million in 2060. Alongside this observation, life expectancy is increasing: the average longevity is nowadays more than 80 years old whereas it was 47 in 1900.

The French ageing policy complies with the commitments of the Madrid International Plan of Action on Ageing (MIPAA). As a reminder, the three main priorities of the plan were: the participation and benefits of older people in the development process, advancing health and well-being into old age, ensuring an enabling and supportive environment.

It has to be noted that the implementation of the MIPAA commitments happens in a context of budgetary constraints. Despite all the efforts made in this field, France still has to anticipate the impact of those policies on its public finances.

The Law pertaining to the Adaption of the Society to Ageing (December 2015) was designed to respond to this new demographic trend in France and is nowadays the main legal reference to deal with population ageing. This law was followed by further complementary measures. The present report aims at giving an overview of the French ageing policy, by emphasizing on its willingness to promote social cohesion.

➤ Method

The country report has been elaborated in an inter-ministerial context. Its redaction was coordinated by the General Directorate of Social Cohesion of the Ministry of Solidarities and Health, in accordance with paragraph 4, resolution E/CN.5/2015/L.3 on the modalities of the third cycle of review of assessment of the MIPAA.

The other contributors to the report were the Directorates of Social Security, Health, and the General Directorates of the Organization of Healthcare Services, Work, the General Delegation for Employment and Vocational Training and the Directorate for Research, Studies, Evaluation and Statistics (DREES).

Quantitative information comes from reports written by the National Institute of Economic and Statistical Information (INSEE), the DRESS as well as review and follow up reports from the Ministry.

The AGE coordination, which gathers several associations, has read and commented the report during a plenary session on September 21th 2016.

2. Anticipating the loss of autonomy and improving support

A key approach of the ageing policy is based on a long-term thought: issues dealing with elderly people are tightly linked with the provision of long-term care due to the loss of autonomy. This approach aims at increasing the inherent capacities of elderly people. Preventing dependence is a strong tool to reduce inequalities that usually tend to widen with ageing. Therefore, France has developed measures aiming at anticipating the loss of autonomy.

Prevention has been subject to a global reflection of health policies. The National Action Plan of Prevention of Loss of Autonomy relies on the principle of “global prevention”, meaning an active and cautious management of “autonomy resources” of each person or group of people. The plan aims at changing elderly people ways of life in order to promote a healthy behaviour, including physical, mental and social well-being. The plan follows several guidelines: allowing growing older in good health, promoting environments allowing elderly-friendly environments, maximizing the preservation of autonomy for elderly people, training professional carers in preventing the loss of autonomy, strengthening research in this field.

Increasing the activity rate

Several fields are involved in the prevention of dependency. First, the labor market has a decisive role to play in maintaining elderly people’s activity. Recent assessments have proven that elderly people are likely to be unemployed for a longer period and to have more part-time jobs. In the same vein, being a senior is the most discriminant criteria to be hired. To remedy that, reforms endeavour to reduce early retirement packages and to fight against senior unemployment. In the same vein, pension reforms in recent years tried to foster the activity rate of seniors. These measures were associated with an effort to maintain the work capacity.

Example of good practice : the “new opportunity” professionalization contract

The law on Social Dialogue and Employment of August 17th 2015 created a “new opportunity” professionalization contract (*contrat de professionnalisation “nouvelle chance”*). This contract allows a strengthened security of carers’ paths and fosters the return to employment. People benefiting from a “new opportunity” contract both receive a vocational training and acquire work experience. This measure is fully adapted to long-term unemployed and low-skilled people. The duration of the training was extended to 24 months.

Improving the quality of long-term care services

Another lever to delay dependence and to promote support mainly consists in improving long-term care for elderly people. Most of health systems are designed to deal with individual accurate care, leading to a lack of efficiency when caring chronic health problems that tend to arise with age. Therefore, slowing capacity decline also means improving the long-term care services to have better outcomes.

Some reforms aim at providing medical and assistance needs to elderly people: it reinforced domestic help, securing leaving of hospital, avoiding useless hospitalization, using cautiously medicines... The goal is to make elderly people able to stay at home as long as possible. A particular concern is the reframing of domestic help, to support elderly people who want to maximize their ability in the environment they choose to grow older.

Moreover, long-term care services were reorganized to provide a more individualized care and support, adapted to each specific case, following personal needs. A key enhancement in this field is the better coordination of the action and knowledge of professional carers and other stakeholders (including the dialogue between hospitals, general practitioners, nurses, pension funds and allowance services providers).

Example of good practice : the Pathway of People at Risk of Losing their Autonomy”

The Pathway of People at Risk of Losing their Autonomy” (*PAERPA parcours de santé des aînés*) was dedicated to elderly people of more than 75 years old who are at risk of losing their autonomy. It aims at preserving the independency of seniors, by ensuring that those people receive the right care by the right carers, in the right premises, at the lowest costs. Starting from the personal needs of each senior, a preventive approach is implemented by a work of identification of the most common factors of avoidable hospitalization (depression, fall, problems related to medicines).

This measure includes a development of domestic care and establishes more dialogue between the actors of the senior’s long-term support. A particular concern is related to the avoidance of useless/unnecessary hospitalizations and medicines.

3. Fighting against discrimination and preserving older people’s dignity

The need to reframe our perception of ageing seems urgent, considering the overall negative gaze on elderly people. Misconceptions and stereotypes about older people often induce mistreatment, discrimination, disregard of their dignity. Ageism remains a widely acceptable discrimination, highly institutionalized. Current policies have not fully taken into account this social aspect yet. French policies establish different priorities tackling those issues.

➤ **Reinforcing the rights pertaining to the loss of autonomy**

First, strengthening the rights of older people appears central. The right of care due to dependency is ensured by the Social Action and Family Code. The Law pertaining to the Adaptation of the Society to Ageing reinforced social rights, such as an increase of the Personalized Autonomy Allowance. This allowance finances a part of one's expenses related to dependency, and allows the person in need of care to stay in his/her home. It is dedicated to people of more than 60 years who have proven to be diagnosed dependent.

Another key social right to help carers of seniors is the right to respite. This right was designed to overcome the burden of taking care of a member of family, borne by the caregiver. It can be invested to provide to carers of dependent relatives several options: reception of the dependent person at a reception center, a temporary housing in a specialized center, a possibility of home care based on relay. These services allow carers of dependent relatives to be absent one day or a few days.

Finally, the High Health Authority introduced the notion of "fragility", which allows health workers to anticipate the loss of autonomy and reduce its negative effects as early as possible.

➤ **Fighting against mistreatment**

Secondly, another priority consists in ensuring respect and well-treatment, and fighting against discrimination based on age.

As of consent of the older person to receive care in a center or at home, the person concerned can choose a reliable person who provides help in going through required formalities.

Furthermore, inheritance is protected from attempts of appropriation by forbidding for the person who provides care at home to receive any donation or financial advantage.

To combat physical mistreatment, a national hot-line responds to situations of mistreatment of elderly people irrespective of their place of residence (in centers or at home). Moreover, the National Comity for Well-Treatment and Rights of Elderly People and Disabled People¹ provided recommendations and proposals of concrete actions to fight against discrimination based on age. Above all, it insisted on training of caregivers, which remains a powerful lever to promote well-treatment.

➤ **Participation of elderly people in policy-making**

¹ The National Comity for Well-Treatment and Rights of Elderly People and Disabled People was removed and replaced with the High Council of Family, Childhood and Age

Last but not least, French policies endeavour to give voice to the people concerned. This is a crucial aspect to raise awareness on this issue. France created the High Council of Family, Childhood and Age in September 2015, which is in charge of consulting the people concerned by family, childhood and age issues (including pensions, adaptation to ageing, prevention and anticipation of the loss of autonomy etc). The Council has to give recommendations to the government.

In the same vein, the Departmental Councils of Citizenship and Autonomy ensure the participation of elderly people in the drafting, implementation and monitoring of policies pertaining to autonomy. The goal of this institution is to simplify the dialogue between local and national actors and moving towards more coherence.

Example of good practice : The initiative “a two-generation home”

An intergenerational approach is broadly used to combat ageism. The goal is to create links between generations to go over stereotypes on elderly and young people. A *two-generation home* (*Un toit, deux generations*) aims at developing an original relation between an older person and a student. This program allows a student to be freely hosted in a house of an elderly person. In exchange, the student helps the older person with daily housework. This initiative promotes an enriching dialogue between generations to resolve two preoccupations: the difficulty of students to find a cheap accommodation in big cities, and the difficulty of older people to live alone and to carry out domestic chores. A charter frames the conditions of hosting and living together.

4. Modernizing and improving the supply of care

Modernizing facilities, trainings and improving the coordination of actors are identified as a way to improve the adaptation of the environment of elderly people to wholly increase their functional ability. Healthy ageing indeed partly relies in the external provision of care and facilities that meets the needs of older people.

➤ Trainings and information:

First of all, an effort was made to modernize training by emphasizing on its continuity and on the provision of a targeted training on elderly issues. The Health System Modernization Law of January 2016 aims at maintaining and updating professional skills and knowledge, and improving practices. It reorganized the continuous professional development, by making it compulsory for the care workforce. That is to say, each professional caregiver has to demonstrate over a three-year period that he/she is involved in at least one action of continuous training, analysis, assessment and improvement of his/her practices and of risk management.

Example of good practice : The MobiQual Program

The MobiQual program (the Mobilization for the Improvement of the Professional Practices Program) is available online since March 2015. When someone has subscribed, he/she has access to scientific and pedagogical tools to spread information, to raise awareness and train health workers who take care of older people at risk of losing their autonomy, whether they stay at home or are placed in a retirement/medical center. Seven subjects are developed: pain, palliative care, depression, well-treatment, nutrition, Alzheimer, infection risks. Each theme has at least one tool of help for daily practice.

➤ Creating enabling and supportive facilities

Secondly, the need to adapt local facilities is also an important part of the modernization policy. The policies have to take into account the specific needs of the seniors in every moment of their daily life. A plan to financially help modernization work in residences for dependent seniors was implemented, with a growing budget through the years. Moreover, a national plan to adapt housing to the loss of autonomy was set up, allowing 80 000 residences to be updated and involving around 84 million euros.

Intermediate housing (such as the autonomy residences) are planned to be modernize. Those intermediate residences are used as tools to prevent dependence. Their management is simplified: minimum allowances are set by decree. The autonomy residences have a special financing for preventive collective or individual actions implemented in those centers, and are opened to non-resident seniors. Those actions resort to caregivers who have a special training for supporting vulnerable elderly people.

Monitoring the modernization

Monitoring this adaptation is deemed crucial. In that sense, some measures aim at improving the transparency of centers. The National Agency of Assessment of the Quality of Social and Medical Care Centers (ANESM) provides a continuous internal and external assessment of healthcare facilities, based on the quality of allowances and activities. Care centers and services must report each five years, and the agency provides authorization to external services to assess those centers, established the required conditions for each center to be evaluated, and ensures the monitoring of the control. More concretely, the Law pertaining to Adapting the Society to Ageing ensures more transparency and information on prices of Housing for Dependent Elderly People (*EHPAD*).

Improving the structuring of institutions

Finally, improving the governance of health management at the local and national scale remains a key issue to modernize the supply of care. The inter-ministerial dimension has been reinforced, aiming at breaking down the barriers between sanitary, medical and social help. This goes hand-in-hand with an accentuate coordination between national and regional authorities in charge, medical and social services. An effort was made to set up common procedures for professionals. For instance, the Law of the Modernization of Health System established formalized letters with the main information about the patient's situation, in order to improve dialogue between health professionals.

5. Combatting elderly vulnerability

Ageing is still an aggravating factor of vulnerability. Therefore, French policies tackled exclusion stemming from cumulative difficulties related to ageing.

Elderly poverty

The most important factor of vulnerability related to ageing is poverty. Elderly poverty can be explained by the progressive loneliness of older people and the fact that pension is usually the only revenue they earn. Pension remains indeed insufficient to afford a comfortable living-style. Although the poverty rate, contrary to many European countries, does not dramatically increase with age, elderly poverty is still a pressing issue that mainly concerns women and old people aged 75 years and over.

The five-year Plan of the Fight against Poverty and for Social Inclusion (2013-2017) aims at absorbing the shock of the crisis on the most vulnerable people. It increases minimum allowances (including the ones for elderly people) and improves the access to health care. Among those allowances, the Allowance for Autonomy have been recently consolidated and revalorized. The Personal Autonomy Allowance is given to dependent elderly and is based on the elaboration of a personalized plan for assistance. The allowance is meant to pay for the costs of ageing in place or to finance a part of the fee for living in a care center for dependent people.

Example of good practice : the solidarity grant for elderly people

The solidarity grant for elderly people is dedicated to retired people of at least 65 years old with few resources. Since April 2016 the monthly benefit amounts to 800 € for a single person without financial resources. This amount represents an increase of 26,4% since 2008. Today, around 554 200 people benefit from this allowance, with an average age of 75 years old (data of 2014).

Elderly isolation

Fighting against elderly isolation focuses on moral well-being. Many older people suffer from depression and loneliness, which may result in an aggravated health status. The development of activities and associations dedicated to elderly people tend to create places where older people can meet each other and feel less isolated. Intergenerational initiatives are numerous: those measures aim at both resolving young and elderly specific difficulties. That is why a local approach seems essential to fight against this phenomenon. Acting at the community level allows people who share a common interest or live in the same neighbourhood to keep close.

Elderly migrants

French policies tried to tackle issues related to elderly migrants, who face specific problems. First, elderly migrants, who have often worked in France most of their life, find themselves cut off from their family (stayed or returned in their home-town). To remedy that, a special help, set up in 2015, is given to retired migrants living in working migrants households, to facilitate the long-term stay in their home-country in Northern Africa, while keeping their French social rights and allowances. The amount varies depending on the revenues of the person, and can reach 550€ per month.

The Law of the Adaptation of the Society to Ageing facilitates the access to the right of having the French nationality for elderly migrants (a simple declaration is needed). This measure opens the access to a variety of care that most of older migrants still do not have.

Example of good practice : ADOMA

ADOMA is a semi-public company that plays a core role in the inclusion of elderly migrants by giving access to housing. The company hosts around 74 000 people all over the country that cannot afford common housing. 41% of residents have more than 60 years old, and those people are mainly migrant workers who came to France in the 1960s and who stayed in the national territory. The Strategic Asset Plan of ADOMA includes the improvement and adaptation of conditions of housing to meet the specific needs of this older population. It also allows healthy ageing by providing a personalized support.

ADOMA is currently developing and renewing its real estate.

6. Conclusion and priorities for the future

The number of people aged 80 and more will be multiplied by 2 between 2010 and 2060. At the same time, the number of dependent elderly will also increase to reach 2.3 million in 2060. For these people and their relatives, the loss of autonomy is a difficult situation, both on the psychological and financial aspects.

Healthy ageing thus poses major challenges in terms of elderly care, especially when the budgetary constraints are high. The Law on the Adaptation of the Society to Ageing follows the evolution which began since the 2000s. It thus fosters ageing in place through the implementation of comprehensive instruments.

The main priority of the French ageing policy is to properly answer the needs of the elderly who, for a huge majority, want to stay at home. This would be done through the definition of clear objectives, a better access to information for families and adapting the services supply to the demand.

Consequently, there is also a need for a more effective coordination both at the national and local levels between all the actors involved in elderly care. The diversity of stakeholders has proven to be the most efficient way to address policies. Likewise, the governance of ageing policies has to be better organized, in a context of international cooperation.

Improving the quality of long-term care remains a significant part of present and futures challenges. For that reason, public authorities have both strengthened the support for caregivers but also encouraged a more targeted support for older people in need for care. Alongside this approach, France has chosen to focus on a social aspect of population ageing: the preservation of dignity and the fight for discrimination and ageism. This relies in the belief that the law has to promote social fairness to allow everyone to grow old in good physical and mental conditions.

AGE Policy Statement on the review of the Madrid International Plan of Action on Ageing (MIPAA)

AGE recommendations on MIPAA's policy content

- Assess any current and future reforms in relation to ageing from a broader, human rights perspective, i.e. how policy measures can help fight ageism and ensure that older persons can live in dignity and participate equally in society;
- Recognise and address the particular challenges older people across the EU face with regard to: adequate income to live in dignity; social networks to fight loneliness and stimulate social participation; accessible, affordable and quality health and long-term care; and access to goods and services regardless of age criterion;
- Follow the recommendation of the UN Independent Expert on the rights of older persons calling for a new binding instrument, to highlight the specific barriers that older people face in respect of their human rights if no other juridical process is proved to be more efficient in order to reach the same goal.
- Continue discussing how the already existing UN Convention on the Rights of Persons with Disabilities applies to older people and ensure an equal application of its provisions to everyone, without distinction on the basis of old age;
- Apply a rights-based approach in the implementation of all domains covered by the MIPAA in view of promoting and protecting the rights of older persons in all national plans, policies and laws.

AGE recommendations on MIPAA's implementation mechanism

- Increase awareness about the Plan and involve external actors, in particular older persons, in its implementation, monitoring and eventual reformulation of the objectives;
- Use an evidence-based approach to policy-making on ageing (in cities as in rural areas) and develop common indicators in the context of MIPAA objectives. Greater emphasis should be given to social indicators and not only to economic ones. This approach should be promoted both at local, national and EU level to reflect a comprehensive and exhaustive definition and understanding of the notion of quality of life across the life course.
- Mainstream in the implementation of the MIPAA the quantitative targets and indicators on social protection set by other policy frameworks, e.g. the Europe 2020 Strategy headline targets, the Active Ageing Index developed by the European Commission and the UN Economic Commission for Europe (UNECE), or what will follow on the EU Pillar of Social Rights;
- Promote the MIPAA to make it visible, transparent and connected to all relevant governmental actions (such as policies in public services in health, housing, mobility or cultural, educational sectors) and initiatives which impact the ageing population

and the lives of older persons. This will increase ownership of the process among the relevant actors and facilitate its implementation at all levels;

- Introduce monitoring and accountability mechanisms in order to evaluate progress achieved across all MIPAA objectives. Having made progress in some areas, the Plan's implementation has been very fragmented and uneven and did not help to achieve tangible results across all its objectives;
- Remove barriers to the participation of older people and their organisations in the monitoring and implementation of the Plan (via more transparency and genuine consultation mechanism) in view of using its full potential to build consensus among all stakeholders on how to create an inclusive society for all ages. This will eventually ensure that persons are able to age with security and dignity and continue to participate in society as citizens with full rights.

At a local level, many consultation groups are active and they involve older persons and retired citizens. But in the new consultation bodies (from the ASV law in France for example) the seats reserved for the organisations of older persons are less than previously.

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