Peer Review on "Improving reconciliation of work and long term care"

Germany, 24-25 September 2018

Peer Country Comments Paper - France

How to strengthen long-term care at home

DG Employment, Social Affairs and Inclusion

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1 Introduction

This paper has been prepared for the Peer Review on *"Improving reconciliation of work and long term care"*. It provides a comparative assessment of the policy example of the Host Country and the situation in FRANCE. For information on the host country policy example, please refer to the Host Country Discussion Paper.

2 Situation in the peer country

In France, as in all European countries, there has been a significant and continuous increase in the number of elderly people. Increasing age is a major challenge for the coming decades and the adaptation of society to ageing is one of the major actions carried out in recent years in France.

The result of a long process of consultation and regular exchanges with all the stakeholders concerned, the law for "Adapting Society to Ageing" (loi d'adaptation de la société au vieillissement, ASV) was passed on 28 December 2015.

This law brings a change of perspective on old age. Older people are now considered in their diversity and our approach is to offer a response adapted to the richness and plurality of each person's life paths.

Indeed, "living together longer" raises the question of a policy of actively promoting "ageing well" or "successful ageing" and at the same time forces us to reflect on the evolution of our model of society and the redefinition of the intergenerational pact.

The French strategy is built around three key concepts ("triple A"):

- Anticipation and prevention of loss of autonomy - to live longer in good health, and to live as long as possible without disability;
- General adaptation of society to ageing - to take better account of age-related pathologies and to design responses adapted to support needs for autonomy;
- Support for the person - in France, we have thus moved from social assistance policies based on collective integration mechanisms to inclusion and individualized support policies, based on the choices of the person concerned.

The aim is to develop the organisation of preventive actions for individuals and groups.

I will give three examples of this, such as

- The "Plan national pour une politique du medicament" (National Plan for a drug policy) adapted to the needs of the elderly, presented in February 2014. This action plan defines a real strategy for preventing drug addiction and managing the quality of drug administration for the elderly, particularly those residing in elderly care homes (EHPAD).
- The national mobilisation to combat the isolation of the elderly (MONALISA): this is a collaborative approach of general interest, "mobilisation of everyone for everyone" to encourage local voluntary involvement in favour of the elderly.
- The integration of ageing issues into local housing programmes and urban public transport plans. More and more cities are seeking to become "Age-Friendly Cities" and joining the French-speaking network affiliated to the World Health Organization (WHO), to define, for example, "age-friendly neighbourhoods" (bringing together shops, public services, adapted housing, transport and public space development).

This mobilisation is also made possible by substantial financial commitment, which is based on national solidarity. In a constrained budgetary context, 700 million euros per year are allocated to these measures, financed by the "Contribution additionnelle de solidarité pour l'autonomie" (Additional Solidarity Contribution for Autonomy), which is now levied at a rate of 0.3% on pensions.

The law also creates a "Conférence des financeurs de la prevention de la perte d'autonomie des personnes âgées" (Conference of funders of the prevention of the loss of autonomy of elderly people) which aims to coordinate the financing of prevention measures in each department around a common strategy. To this end, it carries out a diagnosis of the needs of people aged 60 and over residing on the territory of the department (Département) and identifies local initiatives.

One of the main concerns of older people is to be able to age in their own homes, in good conditions, with support adapted to their needs. To this end, several concrete measures have been implemented.

The main home support system has been improved and the amount of benefits increased. The "Allocation personalisée d'autonomie" (Personalized Autonomy Allowance, APA) at home is intended for people aged 60 and over who need help to perform essential tasks of daily life: getting up, washing, dressing, etc., or whose state of health requires regular monitoring. 600,000 people benefit from the APA in France today. They will benefit from a substantial reduction in their level of financial participation ("reste à charge"). This increase is reflected, for example, in an additional hour of support at home per day for people with reduced autonomy.

Intermediate housing schemes are improved and developed, with the introduction of residential homes or "autonomous residences". This form of "medico-social" institution, created in the 1960s, is now a desirable alternative to nursing homes for elderly persons who are more autonomous. The autonomous residences offer of around 110,000 places, spread over 2,200 residential homes, mainly accommodating able-bodied and autonomous elderly people at the time of admission.

Their mission to prevent the loss of autonomy was recognized and reaffirmed by the law for "Adapting Society to Ageing" of 28 December 2015. An "autonomy package" has been set up to finance non-medical expenses for individual or collective prevention (nutrition, memory, sleep, physical activities, balance and fall prevention, etc.). These preventive actions must be available to all elderly people in the country. 40 million euros will be allocated each year to this autonomy package.

Finally, the State invested nearly 50 million euros in 2014-2015 in the renovation and modernisation of these facilities.

It is estimated that 4.3 million people in France help a person aged 60 and over on a daily basis, financially or through care and moral support. The average age of family carers is 60, mostly caring for parents who are often 85 years old. Almost half of all caregivers end up having a chronic illness themselves.

Among those accompanying elderly or disabled people, 57% of caregivers are women (82% if we consider the primary caregivers of disabled children). 47% of caregivers over 16 years of age are in employment (or apprenticeship) and 33% are retired or pre-retired.

The law for "Adapting Society to Ageing" (loi d'adaptation de la société au vieillissement) recognises the status of the family caregiver. It also provides for a right to respite, for example to enable them to enjoy adapted holidays with the dependent persons they accompany.

Finally, the law plans to set up support measures for the growing number of employed caregivers.

National Caregiver Day, which is set for October 6 of each year, aims to mobilise stakeholders and raise public awareness around the role of those who help a loved one on a daily basis. It also aims to promote the recognition of their contribution to society and their needs through events organised throughout France.

The new "caregiver" leave system also applies to caregivers who are not related to the person they are helping and to caregivers of people in residential care.

The law for "Adapting Society to Ageing" is also a vehicle for enhancing the rights and freedoms of older persons. Whether it concerns the physical integrity and safety of people in retirement homes, issues related to inheritance or the situation of elderly immigrants, the objective is to provide more social justice and protection for the elderly.

The French approach to implementing the rights of older people is to combat discrimination. The law thus reaffirms the rights and freedoms of elderly people:

- By strengthening, for example, the procedure for obtaining consent from the elderly person to enter a retirement home. Several measures implemented since 2015 have also improved the transparency of information on the supply and cost of accommodation;
- By combating abuse, in particular financial abuse. The law thus prohibits any person working in the home from receiving donations or financial benefits "beyond the usual gifts";
- By creating new rights for elderly immigrants: persons over 65 years of age residing in France for 25 years and having French children now have the possibility of obtaining French nationality by declaration to the authorities.

These new measures, which are based on a substantial investment, are also aimed at reactivating national solidarity and raising positive awareness of the challenges of an ageing society. This approach to ageing well is based on people's rights, so that their personal situation is better taken into account in social and health action plans. It is also part of a long-term perspective of social investment.

It is indeed a global, multi-sectorial and multidisciplinary approach, which aims, in a very concrete way, to bring together existing actions and to better articulate public action.

In terms of public policy, the promotion of the rights of older persons is therefore also determined outside the framework of the law, and involves social, health, housing, transport and other policies at the same time. It is also a question of intergenerational solidarity and the exercise of citizenship.

2.1 Description of French social policy in favour of family caregivers

In France, 8.3 million people aged 16 or over regularly help one or more people in their home due to health reasons, loss of autonomy or disability.

In addition to parents, caregivers are a "target" group that should be addressed by work-life balance schemes.

In France, it is the law of 28 December 2015 for "adaptation of society to ageing" that recognises the status of "family caregivers" with a maximum assistance of 500€ per year and/or help to finance temporary accommodation, day care or additional support at home. It also creates a right to respite for caregivers and an emergency mechanism in the event of the caregiver's hospitalisation.

In French law, the concept of family caregivers includes the relatives of a dependent person (whether this is a person with a disability or a particularly serious loss of autonomy), without necessarily being a relative.

It should be noted that the concept of caregivers under French law is much more extensive than that provided for in the proposal for a EU Directive on work-life balance, which limits the scope of caregivers to ascendants, descendants, spouses and cohabitants.

Caregivers are those who assist, not professionally, but in part or fully, a person dependent on their entourage for the activities of daily living.

The main objective of the law of 28 December 2015 on the adaptation of society to ageing (ASV) is the recognition and support of caregivers of the elderly but also of people with disabilities.

95 % of people under the age of 60 supported at home are assisted by one or more relatives. Of these 95%, half are supported by their spouses, one third by their parents, one fifth by their children and one fifth by their brothers and sisters. While this support by members of the closer family may be their choice, it is also sometimes the consequence of the absence or inadequacies of the provision of support services.

The use of family support leave has been made more flexible. This leave may thus be split or transformed into a period of part-time work, subject to the agreement of the employer. These provisions have been in effect since January 1, 2017. Caregiver leave is also available to caregivers of people living in institutions.

Following the recommendations of civil society organisations, the public authorities have developed various actions aimed at caregivers over the past twenty years: compensation for the loss of income linked to the assistance provided by the Solidarity Allowance for the Elderly (Allocation de solidarité aux personnes âgées, ASPA). Since 1 April 2016, the ASPA amount is €800.80 for a single person without resources or €1242 for a couple; creation of leave to suspend or reduce a professional activity to help a family member; information, training, counselling, psychological support mechanisms; setting up respite or relay services (day care, temporary accommodation); support and respite platforms for caregivers of elderly people with a loss of autonomy, ensuring the link between caregivers' requests and the support offer, etc.

Fathers represent 3.9% of the beneficiaries of the supplement of free choice of activity (Complément de libre choix d'activité, CLCA). The supplement of free choice of childcare is financial assistance paid to offset the cost of childcare. They use it more frequently than part-time mothers (71%, compared to 46%). 27% of these fathers, compared to 1% of recipient mothers, receive the benefit at the same time as their spouse.

Parental leave was reformed in 2014. A period of the CLCA (renamed the Childcare Shared Benefit (Prestation partagée d'éducation de l'enfant, PreParE)) is reserved for the second parent.

2.2 Building a multi-disciplinary team to help elderly people to stay at home and to prevent loss of autonomy

The measure "pathway of people at risk of losing their autonomy" (PAERPA *parcours des personnes agées en risque de perte d'autonomie)* was dedicated to elderly people of more than 75 years old who are at risk of losing their autonomy. The program was set up in 2014 in a few regions selected by the Ministry of Social Affairs and Health. It will be progressively extended to the whole national territory. The program is forecast to be generalized in 2020.

It aimed at providing medical and assistance needs to elderly people: it reinforced domestic help, improving the coordination of professional carers and other stakeholders (including the dialogue between hospitals, general practitioners, nurses, pension funds and allowance services providers), 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: therefore, it includes a significant preventive approach. It gathers local and national works, by taking into account the needs of the population concerned (based on economic and sociological indicators). It aimed at

providing medical and assistance needs to elderly people: it reinforced domestic help, improving the coordination of professional carers and other stakeholders (including the dialogue between hospitals, general practitioners, nurses, pension funds and allowance services providers), 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: therefore, it includes a significant preventive approach. It gathers local and national works, by taking into account the needs of the population concerned (based on economic and sociological indicators).

550 000 elderly people over 75 years old are concerned in 2016 on 17 territories,10% of the national total of this age group.

The program lies on 5 key actions :

- personalization of health care plan : from doctor to nurse and from physiotherapist to dietitians
- improving coordination between the medical and social care services
- Securing hospital discharge and facilitating return home
- Avoiding unnecessary hospitalizations and stimulating preventive actions
- Better use of medication.

1. *Personalisation of health care plan: from doctor to nurse and from physiotherapist to dietician : consolidating home care to enable people to continue to live in their home*

Long-term care services are reorganized to provide a more individualized care, adapted to each specific case, following personal needs relevant for a particular situation. The measure "An accompanied response for everyone » (*une réponse accompagnée pour tous*) sets an example, by providing the most adapted care for each disabled person.

That's why the program "paerpa" is carried out locally.

Phone lines were created to provide advice and orientation, presented by social workers, for both professionals and patients.

The person at risk of losing his/her autonomy is usually noticed during the social benefits request.

2. *Improving coordination between the medical and social care services*

The intersectorial 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 (housekeeping help, meals delivery...).

An effort is 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.

3. Securing hospital discharge and facilitating return home

For the elderly who have been hospitalized, the discharge of the hospital is the subject of specific devices: anticipation and preparation of the exit, identification of the loss of autonomy, transition via temporary accommodation (temporary placement in nursing homes), mobilization of health and /or social homes cares, transmission of information to the treating physician, adaptation of housing to prevent falls ....

4. Avoiding unnecessary hospitalizations and stimulating preventive actions

The identification, therapeutic education actions, the circulation of information between professionals, the simplified access to geriatric expertise or a unique number of geriatrics are actions that are set up within the framework of Paerpa and which allow to avoid unnecessary passage to emergencies and poorly prepared hospitalizations.

Thus, rapid recourse to the general practitioner after hospitalization for heart failure can halve the hospitalizations for the same disease.

5. Better use of medication

Polypharmacy is common in the elderly. It may be justified, but it may also be inappropriate, carry risks and cause adverse effects related to drug interactions.

In 2013, one in four people aged 75 or over consumed more than ten drugs regularly.

The main consequence of this overconsumption, in addition to a cascade of side effects, accidents related to drugs cause 130,000 hospitalizations and 7,500 deaths per year among the over 65 years, according to the Health Insurance.

For 84% of patients, the attending physician is not the only prescriber. However, if a doctor is not aware of all the treatments that his patient is already following, he can make dangerous prescriptions.

As part of Paerpa, prescription revision actions are set up, in particular at the end of hospitalization, in connection with the attending physician, the specialist doctors and the community pharmacist.

3 Assessment of the policy measure

3.1 Priority to support and assistance for family caregivers

The report of the Inspectorate General of Social Affairs (Inspection générale des affaires sociales, IGAS) responsible for evaluating the law on the "adaptation of society to ageing" reviewed the home help sector and multi-purpose home help and care services and analysed the consequences of the law on support for family caregivers.

IGAS considers that the definition of the concept of caregiver is a major step forward. However, it points out that although most departments had implemented measures in favour of caregivers before the law was published, it appears that some of them are difficult to apply while others are rarely used, such as the care of the elderly during the hospitalisation of the caregiver. Some departments do not have an information system to do so. Only 10 departments had been able to implement this scheme and the right of respite for the caregiver had been implemented in only 15 departments. However, for the IGAS, support and assistance to caregivers is a major societal issue.

Following this report, 14 recommendations were made, including:

- inform working people and retirees about the need to anticipate situations of loss of autonomy, possible aids and their financing;
- converge the mechanisms for assessing the health and social needs of older people, taking into account the different temporalities;
- allow access to measures for family caregivers without conditions and without the financial participation of the elderly person being cared for.

3.2Improving advisory services and coordination of professionals

In 2011, the French government decided to create a more integrated coordination and information system, to address some difficulties experienced in daily practice, in particular concerning the functioning of 'CLICs' (local centres of information and gerontological coordination). After a 3-year pilot, the government rolled out the so-called method of integration of home care and assistance services (méthode d'intégration des services d'aide et de soins à domicile or MAIA), which are actually a type of local platform. MAIA offer information and guidance to older people and coordinate between health professionals, social care services and household services. There are currently 358 MAIA facilities covering 98% of the national territory. More precisely, these platforms are structured around three tasks:

- At a strategic level, they consist of a consultation body composed of decision-makers and funders and a more operational body bringing together health professionals and home help. Both bodies share their thoughts to better integrate home care services.
- At the operational level, a one-stop shop offers support to requests for care of older people, organises and provides home care and supports professionals with shared and standardised tools.
- Furthermore, for complex cases, it offers case management provided by qualified professionals whose mission is to manage the care of an older person identified as urgent by a health professional or social care worker.

Bridging the gap between social home care and home nursing was a long-standing goal, not only in the French long-term care system; MAIA, as proven method of integration has now been established on a large scale. The specificity of this method is to bring together all stakeholders in home care and home nursing services within a single agency. This integrated service is therefore very innovative. It has the specificity to take care of all activities that accompany the care trajectory of the person in need of care: needs assessment, administrative support to obtain financial support and finally the proposal of an integrated arrangement of care and cure at home. Other platforms that had existed in previous years had been limited to connecting clients and home care professionals only.

Finally, the management of complex cases is an innovative service in the French context that allows also the most fragile people to be supported both from a social and health perspective. As already mentioned, it must be underlined that between 20% and 28% of people in need of long-term care are not supported due to the complexity of the support system.

This new integrated service is likely to reduce this gap. Concerning the financing of MAIA, € 1.6 billion were spent from 2008 to 2012 (with the third national 'Alzheimer plan') to establish MAIA. As part of the 2014-2019 neurodegenerative disease plan, a total budget of € 28 million has been dedicated for the creation of new MAIA during this period, with an objective of sufficient territorial coverage (100 MAIAs were to be set up in 2015 and 2016).

4 Assessment of success factors and transferability

Germany has the largest population in Europe with 82 million inhabitants; it is significantly older than in France. This evolution places the policy of care for dependent persons at the heart of public and media attention.

Germany has chosen to encourage and facilitate the role of family caregivers in the care of the elderly. This position can be explained by a strong German tradition, encouraged by the public authorities, of women devoting themselves essentially to their family life.

The population aged 60 and over represents 24.5% of the French population, slightly less than the European (25%) and the German (27.4%) average. The number of dependent elderly people benefiting from the APA (personal autonomy allowance) was 1.3 million in 2014 (compared to 3.3 million in Germany). According to Eurostat data, 2.4 million people over 65 years of age were considered disabled in France in 2012, representing 24% of this age group. This proportion is 34% in Germany (5.7 million people) and 36% on average in the EU. It should be noted that in France dependency is distinct from disability, which is not the case in Germany. Dependency refers to people over the age of 60, who have lost some or all of their physical or mental abilities. These people receive social assistance and care measures. People under 60, who have lost abilities, fall into the category of people with disabilities with different types of assistance.

The cost of dependency in France represented 34.2 billion euros in 2014, of which 70% was public expenditure and 30% private expenditure. Public expenditure (€23.8 billion in total) represents just over 1% of France's GDP. In Germany, expenditure covered by long-term care insurance amounted to 31 billion euros in 2016.

5 Questions to the host country

- Regarding the coordination of care, what is the role of municipalities in the German model? Are there any difficulties to coordinate social care and health care (home nursing) services on community level?
- France has set up several action plans that contribute to preventing the loss of autonomy as a whole, thus keeping elderly people living independently in their homes as long as possible. Is Germany is also working in this direction?
- In France, employees and employers are increasingly interested in teleworking. However, this method of working is not widely adopted. Recent reforms of the Labour Code have made it possible to relax the rules of working at home or outside the company in order to allow as many people as possible to benefit from them. This may be one of the possible answers to make life easier for carers who have a professional activity. Has Germany been able to help companies make the transition to telework?


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