

## Stocktaking on Mainstreaming Ageing in the UNECE region

### France

#### About

- Briefly describe the historical development of a mainstreaming approach to ageing in your country and the role MIPAA/RIS has played to motivate policy action in this area.
- Briefly describe how ageing policies are approached: adaptation to demographic change & population ageing (macro perspective) or a range of specific measures to benefit older persons which are not embedded in an overall ageing strategy for the country?

France will have to face a very strong acceleration of ageing due to the advancing age of baby boomers. 2030 will be a tipping point, as there will be more over-65 years old people than under-15 years old. "Ageing in good health" is a priority for the French public authorities. This is why it is necessary to identify the needs of older people and their caregivers and to involve all the stakeholders: ministries, professionals, associations, citizens, etc.

At the international level, France, as a Member State of the United Nations, has been committed to Madrid International Plan of Action on Ageing (MIPAA) since 2002.

The **Act pertaining to the Adaption of the Society to Ageing** (December 2015) is the main legal reference to deal with mainstreaming ageing. This is a profoundly contemporary text, which mobilizes all public policies (transport, urban development, housing, etc.) in order to give older people - even to the most vulnerable ones - the means to be active participants in their own lives. The main aim is to improve their living conditions by adapting their environment and the public infrastructures to their needs. With the adaptation of the legislation, France seeks to overcome the difficulties faced by older persons.

Furthermore, an important area of mainstreaming is the development of national plans and policy frameworks. The French Minister of Solidarities and Health presented an **"Old Age and Autonomy" roadmap** for current five-year period (2017-2022). The roadmap gives priority to prevention to enable to age without disability and reduce the prevalence of chronic disease. A **global strategy to prevent loss of autonomy for the 2020-2022** period was also released in January 2020.

#### Structures

This section is about the institutional setting of ageing policies.

- Which Ministry/department/unit is in charge of coordinating ageing issues across your national government? Are there ageing units in different ministries?

- Is there a coordinating mechanism for mainstreaming ageing in place? (If yes, please describe what it is and how it works).
- Differentiate between the national, regional and local levels as appropriate. Is mainstreaming ageing applied across different levels of government? Is there a coordination mechanism across different levels of government?

To answer the needs of the elderly properly, clear objectives have to be defined, information has to be accessible and the service supply adapted to the demand. Consequently, there is a need for **effective coordination both at national and local levels** between all the actors involved in elderly care.

At the national level, issues relating to older persons are more specifically under the responsibility of **the Ministry of Solidarity and Health**. The **Directorate-General for Social Cohesion** contributes to policies on autonomy as part of its missions (regulation of solidarity benefits, social and medico-social services and facilities, prevention of loss of autonomy, etc.) and as part of its inter-ministerial responsibilities (national education, housing, employment, culture, etc.).

Other actors have a major role to play:

- The **National Solidarity Fund for Autonomy (CNSA)**, which defines strategic orientations and is a public facility under supervision of the State;
- The **national health insurance and pension funds**, which are now actively solicited within the departmental conferences on the prevention of loss of autonomy to build a programme of coordinated actions on the territory, while being bound by the national framework of their agreement on objectives and management concluded with the State.

Installed on 13 December 2016 by the Act pertaining to the Adaption of the Society to Ageing (ASV act), the **High Council for Family, Children and Age (HCFEA)** is placed under the Prime Minister's authority. Its mission is to lead public debate and provide the public authorities with forward-looking and cross-cutting expertise on issues relating to the family and children, advancing age, society's adaptation to ageing and proper treatment, in an intergenerational approach. French policies endeavour to give voice to the people concerned. This is a crucial aspect to raise awareness on this issue. The HCFEA 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).

At the local level, there are two main actors related to medico-social matters, the **regional health agencies (ARS)** and the **departmental councils**. The Act on the adaptation of society to ageing (2015) clearly confirms the Department's major role as coordinator of policies on autonomy.

The increasing convergence of issues related to supporting the elderly and the disabled (services and establishments, accessibility, housing, transport, etc.) has led to two developments:

- the creation of the **Departmental Councils for Citizenship and Autonomy (CDCA)** (art. 81 of the ASV Act), which bring together in a single body the representatives of the elderly and the disabled, in order to strengthen their participation and association in the design, implementation and monitoring of autonomy policies. The goal of this institution is to simplify the dialogue between local and national actors, in order to move towards more coherence ;
- **Departmental homes for independent living (MDAs)**, which are present in some departments, are places where older and disabled persons can access information on

measures concerning them, with a view to bringing the services of the departmental council and those of the MDPH (departmental homes for disabled persons) closer together and to extending the territorialization of their policies.

**Municipal or inter-municipal social action centres** (CCAS or CIAS) are in charge of social action in the municipalities. In order to support the inhabitants of the municipality, particularly the elderly, the CCAS allocates financial aid (in-kind or loans) ; develops activities such as the management of accommodation facilities for the elderly or home-based services ; implements animation or support actions on the territory (combating isolation, maintaining social links, access to culture and leisure, preventive actions, adaptation of housing, etc).

## Laws, Policies, and Strategic Framework

This section addresses the mandate for mainstreaming ageing at national level and policy decisions facilitating the establishment of mainstreaming processes, methods to use etc.

- Is there a national strategy on ageing (date/history if it is not the first one)?
- Is there an action plan to implement it?
- Is there a monitoring framework to assess progress towards its implementation?
- Is there any government-internal policy/guidance on the inclusion of ageing issues /stakeholders in policy development?
- Are there any other legislations or policies in place that directly support mainstreaming ageing?

The main reference to deal with population ageing is the **Act pertaining to the Adaption of the Society to Ageing** (December 2015). The evaluation of its implementation was stipulated in article 86. According to this article, eighteen months after the promulgation of the law, a report had to be submitted to the Parliament, following a joint analysis of the State and the departments. As the law is applicable and the necessary decrees have all been published, the rate of application is almost 100%.

On May 30 2018, Agnès Buzyn, ex-Minister of Solidarity and Health, presented her "**Old Age and Autonomy**" roadmap within the framework of the current five-year term. This initiative has a twofold vocation: firstly, to improve older people's quality of life in the immediate future, and secondly, to anticipate and face the challenge autonomy loss. Since then, several steps forward have been monitored to **concretely improve the quality of life of elderly** through four axes:

- 1) The priority is given to **prevention**: free medical check-ups; reimbursement of **dental, optical and hearing care**; **prevention actions**.
- 2) Measures to **support retirement homes**: increase the number of professional caregivers and modernize facilities ; improve the quality of working life for medical-social professionals.
- 3) Diversifying home-based accommodation: experimentation of **respite solutions** for family caregivers ; development of **intergenerational housing**.
- 4) **Access to care**: facilitating access to care and preserving continuity of care at home.

On 16<sup>th</sup> January 2020, a prevention Strategy called "Ageing in good health" was unveiled by the Minister of solidarities and health, Agnès Buzyn, with the participation of Julien Denormandie, the Minister of Territorial Cohesion. In fact, housing is strongly involved in several actions of the strategy. It includes six key measures. Two measures are related to the **adoption of prevention reflexes as early as possible**: the launch by Santé Publique France (Public Health France) of a health application called "For a healthy aging process" at the end of 2020, offering a self-assessment of needs, operational advice and personalised guidance for enhanced prevention at 40-45 years of age (1). To reinforce prevention at the time of retirement, prevention appointments will be offered to 200,000 people per year between now and 2022 (2). Another measure will focus on **preserving the autonomy of frail elderly people**: dissemination of a screening programme for the frailty of the elderly according to the ICOPE approach, designed by the World Health Organization (3). In order to **fight the social isolation** of the elderly, a label called "Friendly Cities towards the Elders" will be created to promote the actions and investments of municipalities and inter-municipalities in favour of the elderly (4). To prevent the loss of autonomy related to the **hospitalization of the elderly**, an objective of zero unnecessary visits to hospital emergency departments from elderly people within 5 years has been set, by organising direct admissions to hospital services from home or from a nursing home (5). In order to **spread the most convincing innovations to prevent autonomy loss** in all territories, a "prevention of loss of autonomy" resource centre will be created, and the departmental bodies funding prevention will be strengthened (6).

A law dedicated to ageing of the population and management of autonomy loss will be presented in the summer of 2020, after consultations with the departments and stakeholders.

Furthermore, in order to **support family caregivers**, a **dedicated strategy** covers the years **2020-2022**. Developed jointly with representatives of family caregivers, it is designed to respond directly to their needs and has the following objectives:

- Recognizing their role as caregivers for a more supportive society adapted to the prospect of a sharp increase in loss of autonomy;
- Improving the quality of life of family caregivers by eliminating the difficulties that complicate their daily lives.

France has implemented other plans prior to 2018. The **French plan "Bien Vieillir"** (Good Ageing) for **2007-2009** was jointly adopted by several ministries. It pursued a holistic approach on good ageing while at the same time focusing on certain priority areas. It promoted healthy living and advocates prevention, sought to improve the environment and quality of life for older persons (including infrastructure, technical aids and city development). The plan also advocated older persons' participation in social and cultural life and promoted intergenerational solidarity. The High council for public health led an evaluation of the Plan, including recommendations.

A plan was specially designed to **improve quality of life for people with chronic diseases** for the years **2007-2011**. Four objectives were set : better knowledge of one's disease in order to better manage it, broadening medical practice towards prevention, facilitating the daily life of sick people, better understanding the consequences of the disease on their quality of life. Thanks to the fifteen measures proposed, a greater involvement of patients in the management of their disease was expected as well as prevention of complications and a reduction in the disability caused.

The **Alzheimer's plan (2008-2012)** focuses on research, takes into account the "caregiver-helper" duo by striving to improve their quality of life, and attempts to decompartmentalize health and medico-social services in order to respond in a more coordinated manner to the various needs of people.

Since **2015, and the Act on the adaptation of society to ageing**, the following reforms represent a major step forward in the **recognition of the right to autonomy and independence of older persons**:

- the reform of family support leave to family caregiver leave;
- new aids to improve the prevention of loss of autonomy;
- the reinforcement of transparency and information on prices charged in EHPAD ;
- the revaluation of the Personalized Autonomy Allowance (APA) at home;
- the recognition of the right to respite for carers.

## Methods and tools

This section will provide an overview of the mainstreaming tools used in the country.

### Data collection and analysis

- Is there a coordination mechanism for the production and use of national statistics on ageing?
- Is ageing-related data centrally compiled and disseminated, for instance through websites focusing on ageing or annual ageing reports?
- Is there dedicated government funding to advance ageing-related research?
- Are there known data gaps related to ageing statistics? If yes, what are those gaps? How were the gaps addressed?

Several **bodies produce data and conduct survey** related to ageing. Information comes from reports written by the **National Institute of Economic and Statistical Information (INSEE)**, the **Directorate for Research, Studies, Evaluation and Statistics (DRESS)** as well as review and **follow-up reports from the Ministry of solidarity and health**.

The Directorate for Research, Studies, Evaluation and Statistics (DREES) is a directorate of the central administration of the social ministries (Solidarity and Health, Labour, Action and Public Accounts). It has a main mission: to provide social ministries, decentralized services and organizations with a better capacity for observation, expertise and evaluation of their action and their environment.

The National Institute of Statistics and Economic Studies (INSEE) is responsible for the production, analysis and publication of official statistics in France: national demographics, unemployment rates, etc. All information produced by the official statistical service (data and studies) is made available free of charge and with due respect for statistical confidentiality, in publications, on computer media or on the websites of INSEE and of the ministerial statistical services.

## Awareness raising, advocacy and education

- Are there any awareness raising mechanisms in place to increase mindfulness of government officials regarding ageing-related issues?
- Are there training courses on ageing-related issues offered to government officials?
- Are there any government sector-specific notes, presentations, or other tools disseminated within government to raise awareness about ageing-related issues, for example in transport, housing, security, health ....
- Has population ageing been included in school/education curricula?

The various strategies adopted are based on a **interministerial work**. For instance, one of the main priority of the latest strategy "Ageing in good health" is to strengthen efforts to adapt housing, in close collaboration between the Ministry of Solidarity and Health (which is the pilot) and the Ministry of Territorial Cohesion. During the national "older people and autonomy" consultation (oct. 2018 – Feb. 2019), several ministries were involved in the discussions.

The Prime Minister, the ministers responsible for the family, the elderly, children and other relevant ministers may refer to the HCFEA for any matter relating to the family and children, the advancing age of the elderly and pensioners, and the adaptation of society to ageing and the proper treatment of the elderly. The High council may act ex officio in these same areas of competence.

## Stakeholder engagement

- Are stakeholders consulted on ageing-related issues?
- Are there examples of outreach to non-governmental stakeholders e.g. the private sector, the media, civil society on ageing-related issues?
- Are there examples of information campaigns to raise awareness on ageing among the general public and/or specific target groups or sectors (e.g. employers)
- Are there mechanisms in place such as older people councils to involve older persons in the policymaking process?

The broad national **"older people and autonomy" consultation**, conducted between October 2018 and February 2019, **brought together stakeholders and users**. The consultation and public debate were organized at **national and territorial levels**.

At the national level, **ten workshops** were held at the national level, bringing together representatives of the State and local authorities, experts, older people and representatives of associations and federations of users and professionals. The topics covered were for instance governance and steering, seniors' pathway, the future service offer for elderly people in loss of autonomy, professions, etc. These workshops were organised in four main stages: diagnosis, prioritisation of objectives, identification and then deepening of the paths chosen, formalisation and validation of the findings.

**Regional forums** have mobilised several hundred institutional bodies, operators and associations of beneficiaries and carers to share their field analyses and draw inspiration from their good practices.

**A citizen consultation** was also carried out to allow everyone to express their views. There were numerous and rich contributions. The aim was to give a voice to older people cared for in institutions and at home, caregivers and professionals, through discussion groups and individual interviews.

Moreover, the **High Council for Family, Children and Age (HCFEA)**'s mission is to involve older persons in the policymaking process, to give them voice. The HCFEA is organised in three colleges, one of which is specialized in age, in particular the advancing age of the elderly and pensioners and the adaptation of society to ageing.

**Many associations and organisations** of older people have organized themselves around the defense of pensioners and the living conditions of older people. For instance, the FNAR (national federation of pensioners' associations) aims to make the voice of pensioners better heard by French governments and institutions on issues concerning the representation of pensioners, the pension and health system and the living conditions of the elderly.

#### Age-sensitive analysis

- Are there tools to screen and evaluate existing laws, policies and programmes to ensure that the needs of all generations are taken into account? (If yes, please describe them and provide links to documents).
- Has age-sensitive analysis been institutionalised as a systematic process? Are government actors encouraged/required to do it?

#### Generation-proof / age-sensitive /age-responsive policy development

- Are there methods in use to ensure that all new laws, policies and programmes take the needs and perspectives of all generations into account? (If yes, please describe them and provide links to documents where relevant).
- Are there any methods/procedures in place for age-responsive budgeting similar to gender-responsive budgeting<sup>1</sup>? (If yes, please describe them and provide links to documents).

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<sup>1</sup> The term age-sensitive/age-responsive budgeting for the purpose of this questionnaire is derived from "Gender budgeting" which is a strategy to achieve equality between women and men by focusing on how public resources are collected and spent. Applied to ageing, age-sensitive/age-responsive budgeting would be a strategy applying an ageing perspective to budgeting to ensure intergenerational equity in how public resources are collected and spent. For examples of gender budgeting see <https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-budgeting>

- Are there any procedures in place to ensure responsible budgeting to ensure sustainability and not to burden future generations (intergenerational equity)?

### Monitoring and performance assessment

- If there is a national strategy / action plan on ageing, has a monitoring procedure been put in place / benchmarks developed to measure progress in the implementation?
- Are there appropriate indicators to understand progress and ensure continuous accountability?

An **interministerial steering committee** steers the recent prevention Strategy "Ageing in good health".

The High Council for Family, Children and Age (HCFEA) is responsible for **giving opinions and making recommendations** on the priority objectives of policies for the family, children, the elderly and retired persons and the prevention and support of loss of autonomy. It gives an opinion on, and can follow up on, any draft legislation concerning the advancing age of the elderly and retired persons, the adaptation of society to ageing and proper treatment.

### Other methods & tools

- Are there any other tools/methods for mainstreaming ageing in place that are not covered by the above? Please describe them briefly and share any relevant documentation.

### Good practices

Provide a minimum of 2 good practice examples to illustrate ageing mainstreaming in practice in your country.

Guaranteeing autonomy means **adapting our entire living environment** (transportation, urban spaces, housing, equipment, etc.). The challenge of adapting housing, particularly to avoid falls, is at the heart of the concerns of Julien Denormandie, Minister in charge of cities and housing. The State is mobilising a **€1 billion budget to help French people adapt their bathrooms**, with subsidies of up to €5,000.

The adaptation of our living environment relies on the **mobilization of everyone**: institutions, associations, companies. To encourage innovation throughout the territory and to organize the mobilization of institutional and economic players, the Minister of Solidarity and Health has launched a **"tour de France" of the Silver economy** in all regions. In order to **disseminate the most**



**convincing innovations to prevent loss of autonomy** in all territories, a **resource centre will be set up in 2020**, and the departmental bodies funding prevention will be strengthened.

Another example of good practice is Bordeaux in the Age-Friendly Cities Project. **The Age-Friendly Cities Project** is a network of cities that express the will to convert the local environment to be elderly-inclusive. A French-speaking network is being developed, which furthers the initiative of the World Health Organization. The **certification label rewards the city for the implication of inhabitants** in the process for active retirement. Bordeaux, known as having a growing older population, has long been involved in promoting an inclusive policy for elderly people. For example, the administrative hub for seniors offers a certain number of activities, a satisfying supply of housing, a developed delivery foodservices, regular organizations of debates on questions related to ageing.