

THE DEPENDENCE OF ELDERLY PEOPLE

The issue of dependency and the loss of autonomy is above all a societal challenge, although the financial aspect should not be underestimated. What is the place of the elderly? The elderly are an asset for our society. The place we reserve for them, their respect and our attitude towards them, are key aspects. How can public policies encourage the construction of life paths suited to the needs of individuals? This involves implementing, above and beyond the elderly alone, new solidarities which are sustainable for both families and public finances over time. The Economic, Social and Environmental Council considers that society should provide all people suffering from a lack of autonomy, whatever their age or disability, with a response suited to their needs.

Demographic changes with uncertain consequences

Demographic projections predict 6.6 million elderly people aged over 75 by 2025. The impact on dependency is a dragging indicator (2.7% for those between 60-79 and 11.2 % for those over 82); the duration (4 years on average) for payment of the Personal Autonomy Allowance (APA), remains stable. In the further long term, the increase in healthy life expectancy is uncertain due to the possible interaction of negative (the growth of incapacitating chronic diseases, increased difficulties in accessing the health service...) and positive factors (therapeutic progress, in particular for Alzheimer's disease...).

Necessary financing changes

In 2010, expenses linked to dependency exceeded 34 billion Euros, according to the broadest scope, of which 8.5 billion Euros for loss of autonomy alone, 10.1 billion for housing, 14.4 billion Euros for health. State intervention stands at around 24 billion Euros. Dependant people and their families bear direct expenses of around 10 billion Euros. Departments with a significant elderly population have experienced difficulties in getting PAA financing with a decline in the rate of funding by national solidarity schemes (from 43% in 2002 to 28.5% in 2010). More than its overall amount, it is the dynamics, quality and distribution of financing that require adjustments.

Changes in terms of life paths

Persons suffering from a loss of independence express their desire to stay at home as long as possible. This societal change has numerous consequences (difficulties recruiting carers, the high cost of financing these services, the unsuitability of the services offered by institutions to an older and more heavily dependent public).

The quality of support also depends on better coordination and responsiveness by key players (guidance of people according to their needs, prevention of emergency hospitalisation,...). Here, dependency has led to an innovative approach which could in the future affect other groups.

THOSE AGED
OVER 75

+ 25 % by
2025

2010 AMOUNT OF
EXPENSES LINKED TO
DEPENDENCY

34 billion
Euros

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➤ **DEVELOPING THE PREVENTION OF LOSS OF AUTONOMY (A MAJOR CHALLENGE)**

- organising the early screening for diseases and conditions (hypertension, diabetes, deafness, cancer...), more specific supervision and treatment for women;
- targeting preventative actions at vulnerable groups (returning home after hospitalisation);
- developing, particularly through negotiation between social partners and the actions of social protection bodies, preventative measures and the therapeutic education of active workers;
- maintaining the care of persons in Iso-Resource group 4 (GIR) by the APA.

➤ **ADAPTING HOUSING TO DEMOGRAPHIC CHANGE**

- helping the elderly carry out useful work;
- analysing the assessment of the application of the law of 11/02/2005 on the accessibility of new housing for a real implementation of its application.

➤ **ENSURING HOUSING STOCK IS ADEQUATE FOR NEEDS**

- integrating the question of the adaptation of housing into reform;
- developing housing stock which is accessible to all, giving a driving role to the Caisse des dépôts et consignations (Consignments and Loans Fund);
- offering a varied range of structures (multi-generational residence, small housing units...);
- making housing financially accessible by establishing benchmarks for the cost of housing, assisted independent housing loans (PLA), reflecting the PLA scheme;
- reserving a number of social care beds in any new private for-profit and not-for-profit institution.

➤ **SUPPORTING TECHNOLOGICAL INITIATIVES IN FAVOUR OF AUTONOMY**

- developing research into neuro-degenerative diseases, automation and digital tools aimed at maintaining cognitive capacities, through the mobilisation of funds from the future investment fund, strengthening the role of the Caisse nationale de solidarité pour l'autonomie (the National Solidarity Fund for Autonomy), (CNSA).

➤ **ORGANISING A CARE PLAN SUITED TO THE CARE THE PERSON REQUIRES**

- setting up a "one stop shop" providing information and guidance;
- creating a new position of health and social coordinator;
- transforming Maisons départementales du handicap (Departmental care homes for the disabled) (MDPH) into l'autonomie (Departmental homes for independent living), (MDA) with lasting financing;
- continuing to create initiatives for gerontological networks, groupings of professionals;
- drawing up an assessment by 2014 to decide on an organisational structure harmonised across the region.

➤ **STRENGTHENING HOME CARE**

- developing the quality of home care services via the harmonisation of approval procedures and the reform of the pricing of services aimed at vulnerable groups
- supporting the development of practical courses, APEL (Accreditation of Prior and Experiential Learning) and management skills
- harmonising collective guarantees for employees to improve the attractiveness of the sector;
- recognising skills learnt in a vocational passport for direct employment, and developing resource centres and access to mandatory training (for GIR 1, 2, 3).

➤ **SUPPORTING AND ACCOMMODATING CARERS**

- developing a diversified raft of services: travelling day or night carers, temporary housing, night care, annual medical check-ups;
- helping them in their actions, developing and increasing the life span of structures such as Centres locaux d'information et de coordination (Local information and coordination centres), (CLIC) or Maisons pour l'intégration et l'autonomie des malades d'Alzheimer (Homes for the integration and autonomy of Alzheimer sufferers) (MAIA), as well as offering a single information platform;
- encouraging businesses to include dependency among measures aimed at improving a work-life balance.

➤ **FINANCING THE LOSS OF AUTONOMY**

- establishing a tax on all free conveyances (inheritances and donations).
- bringing the full rate of the CSG (supplementary social security aid contributions) on retirement pensions (6.6 %) into line with that on the active workforce (7.5 %); this solution may be envisaged above a certain threshold.

➤ **CLARIFYING GOVERNANCE**

- establishing a new universal right to compensation for a loss of autonomy;
- confirming local management in departments and the national management of policies by the CNSA;
- clarifying the link between the CNSA and health insurance, which should define and implement health policies aimed at dependent people, with local support, Agences régionales de santé, (Regional Health Agencies) (ARS).