

Preventing *the loss of autonomy* due to ageing

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Our society, so often focused on working people, is on the verge of unprecedented demographic ageing, with an increase in the number of 'very old' people within the elderly population. As this 'boom' in old age approaches, it is becoming imperative to prevent loss of autonomy, the situation of dependence in daily life that will affect a growing number of French people.

What are the solutions to prevent the loss of autonomy linked to ageing?

In this opinion, the ESEC states that ageing is a demographic trend that we must collectively and positively accept. Loss of autonomy is not inevitable: it is possible to prevent it. And when it happens, it needs to be better supported.

Convinced that prevention is better than cure, the ESEC recommends that prevention be carried out at a very early stage, throughout life. This prevention must be comprehensive, not limited to the medical field alone. And because loss of autonomy can further widen inequalities, the ESEC specifies that this prevention must be combined with an 'outreach' approach, in order to reach those who are far removed from the care system.

Lastly, the ESEC is convinced that greater support for carers and better recognition of the value of professional carers would help to further prevent loss of autonomy.



The proportion of people aged 65 and over in 10 years



DEFINITION

WHAT IS LOSS OF AUTONOMY?

Loss of autonomy can be defined as being limited in one's daily life. This situation applies to any person who has a health problem that requires assistance with

the basic needs of life (getting out of bed, bathing, feeding, etc.).

Currently in France, 1.4 million people receive

an allowance for loss of autonomy. However, this figure does not give a true picture of the issues surrounding the loss of autonomy.

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OPINION

1 RECOGNISE THE PLACE OF OLDER PEOPLE IN SOCIETY AND COMBAT 'AGEISM'

→ Change the way we look at 'old people': involve older people more in public policy choices, not just those labelled 'age policies', and value their positive contribution to social cohesion

2 IDENTIFY, PINPOINT AND ACT EARLIER ON RISK FACTORS BY REDUCING EXPOSURE TO HEALTH RISKS THROUGHOUT LIFE AND BY IMPLEMENTING MORE TARGETED ACTIONS ON AGE-RELATED RISKS

→ Broaden the World Health Organisation (WHO) 'ICOPE' programme, which makes it possible to identify vulnerabilities in order to be able to intervene as early as possible

→ Offer a 3rd prevention appointment to all people from the age of 55

3 FACED WITH VULNERABILITY AND EXCLUSION: BETTER IDENTIFY THE MOST ISOLATED INDIVIDUALS, CONSOLIDATE 'OUTREACH' APPROACHES, AND COORDINATE THE RESPONSE BETWEEN LOCAL INSTITUTIONAL ACTORS AND ASSOCIATIONS

4 SET UP A 'HOUSING PATHWAY': ANTICIPATE THE CONSEQUENCES OF LOSS OF AUTONOMY; ENCOURAGE ALTERNATIVE SOLUTIONS

→ Offer an 'age-appropriate housing' assessment from the age of 55 to help French people identify the modifications necessary for their homes

→ Make EHPAD (residential homes for dependent elderly people) 'medicalised homes for the elderly' and living environments, in particular by increasing their financial and human resources, by implementing real medicalisation and by developing socio-cultural activities

5 RECRUIT WITHIN THE CARE PROFESSIONS AND BETTER SUPPORT CARERS

→ As far as the care professions are concerned, consider the time required to monitor changes in the physical and mental state of the elderly person and to maintain their social connectedness by ensuring home visits of at least one hour

→ Increase the amount of the daily allowance for family carers and align the duration of family carers' leave with that of parental leave

6 GOVERNANCE: START FROM WHAT HAS PROVEN TO WORK AT LOCAL LEVEL AND FULLY INTEGRATE PREVENTION INTO A TERRITORIAL PUBLIC SERVICE OF AUTONOMY TO BE CREATED

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He sits on the Social Affairs and Health Committee, and he has been a member of the temporary 'Democratic Participation' and 'Cannabis' Committees. He has already co-authored an opinion on chronic diseases.