

2018-13

GROWING OLD WITH DIGNITY

Numerous online petitions focus on the inadequacy of human and financial resources at institutions taking in senior citizens. All of them are alarmed about the consequences of the recent reform that has changed pricing rules at and allocations of resources to Établissements d'Hébergement pour Personnes Agées Dépendantes (EHPADs – care centres for dependent senior citizens). More generally, such petitions deplore very serious situations of understaffing and deteriorating working conditions. Petitioners are unanimous in stressing how urgent it is to ensure the elderly more dignified reception, support and care.

The petitions bear on financial and societal issues upon which

the ESEC has already taken up its position. In 2014, it welcomed the bill on adapting society to an ageing population: In its opinion, the orientations it proposed, in particular those for provision of overall and inclusive care of the elderly, were altogether pertinent. Nonetheless, the ESEC was worried about uncertainties weighing on the funding of loss of autonomy.

These days, EHPAD pricing reform is at the centre of concerns. The crisis cannot be separated from problems in our health system, however: it is, in fact, a magnifying mirror of its limitations. For the ESEC, this means that overall responses must be provided without delay, taking a decompartmentalised medical, social and medicosocial approach.



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"EHPADs have become facilities for reception of increasing numbers of individuals suffering from loss of autonomy with ever greater medical needs. The current crisis shows that ways of funding them are unable to cope with such developments."

THE ESEC'S RECOMMENDATIONS

FOCUS 1: PREVENTING, ANTICIPATING AND FUNDING LOSS OF AUTONOMY

- making prevention a lifelong focus, particularly at work, in order to limit or delay the consequences of ageing;
- assessing implementation of the national plan for prevention of loss of autonomy: remobilising the actors concerned and identifying non-funded needs;
- strengthening conférences des financeurs de la prévention de la perte d'autonomie (CFPPAs – Conferences of Financers of Prevention of Loss of Autonomy), simplifying mobilisation of the various existing mechanisms, setting up Conseils départementaux de la citoyenneté et de l'autonomie (CDCAs – Départemental Councils of Citizenship and Autonomy) and stepping up their role in the programming of resources for *départemental* policies on autonomy;
- wasting no time in opening up widespread public debate on sources for funding collective management of loss of autonomy.

"The ESEC regrets that discussion on creation of a 'fifth risk' was abandoned."

FOCUS 2: ADAPTING ACCOMMODATION AND SERVICE OFFERS TO NEEDS AND EXPECTATIONS

➔ Enabling real choices and reducing inequalities between territories

- renewing studies on social and territorial disparities in aid plans and entrusting the Caisse nationale de solidarité pour l'autonomie (CNSA – National Solidarity Fund for Autonomy) with work on evening out allocation personnalisée d'autonomie (APA – Personal Autonomy Allowance) levels, in liaison with départements;

➔ Providing EHPADs with the resources to carry out their present and future missions

- revaluing care pricing and adding to criteria taken into account for setting allocations to EHPADs, in order to incorporate all factors that increase their financial cost: residents' social difficulties, geographical isolation, configuration of buildings, cost of land, etc.;
- providing EHPADs with multiannual supplementary funding in order to encourage innovative action with regard to prevention, social and cultural activities, openness to the outside world, etc.;

➔ Supporting alternative solutions

- determining the major principles for sustainable affordable funding of homecare services that ensures maintenance of equality of its beneficiaries' treatment;
- wasting no time in removing (including through interprofessional negotiations) obstacles to effective use of mechanisms providing aid to caregivers, in particular by disconnecting assistance with respite for caregivers from the APA mechanism.

FOCUS 3: FINDING NEW WAYS OF WORKING TOGETHER TO MEET REQUIREMENTS FOR DIGNIFIED OVERALL SUPPORT

"It is society's view of the elderly that must change, in order for compassionate care and the right to be treated with dignity to no longer be points for discussion but simple fact."

➔ Improving institutions' territorial integration

- mobilising all healthcare and medicosocial partners in development of a coordinated pathway at catchment-area level, incorporating all the various stages of ageing;
- making full use of urban-planning tools in order to anticipate location of new EHPADs in line with inhabitants' needs;
- encouraging EHPADs to conclude contracts with local partners in order to avoid breaks in care pathways (via contracts with hospitals and other healthcare centres and facilities), and better integrating EHPADs into social and cultural life (through agreements with municipalities, schools, cultural associations, etc.).

➔ Recruiting and requalifying

- making a minimum standard of 0.6 FTE "bedside" supervision (orderlies and nurses) per resident enforceable at all EHPADs, while confirming the Solidarity-Old Age plan's objective of 1-to-1 supervision;
- funding positions as educational, social and psychological accompanying persons working with senior citizens wherever they live;
- reorganising staff working hours in order to ensure decent working conditions, assigning a prescribing physician to each facility, and guaranteeing the presence of a night nurse;
- making upgrading of the professions concerned a priority in social dialogue, in order to take account of changes in job descriptions and make their statuses more attractive.

"The training offer, reclassification of professions and recognition of prior learning are central to the issues involved: they should be among social dialogue's priorities."