

# France

## ILC France

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France has a population aged 60 years and over<sup>1</sup> of 15,2 million which represents approximately 23 per cent of the total population of 65,3 million. Over the past 20 years or so, life expectancy has increased by a quarter each year. By 2040, it is estimated there will be only 1.4 active people (aged 15-64) for every person aged 65+, resulting in an almost 5 point increase in the percentage of GDP public expenditure relating to ageing (pensions, health care, home care). Disability free years will increase, with the average age of onset of dependence estimated at 85 years. By 2030, the 60+ population will have grown to 20 million. The most dramatic increases will be seen in the 75+ population (a threefold increase) and the 85+ population (a fourfold increase).

Persons in the age group 60-75 years are generally referred to as "active seniors;" those aged 75-85 years as having "poly-mini-disability and frailty," but autonomous; and those aged 85+ as facing dependency. Thus, far from constituting a homogeneous group, the older population is heterogeneous, as are its housing needs.

### **Types of housing and their suitability**

Older people in France live in a variety of settings: the majority are independent home-owners; others live with family; the remainder live in specialist housing (retirement homes, assisted living facilities, nursing homes, etc). A survey conducted by IPSOS<sup>2</sup> in 2009 confirmed that 90 per cent of people aged 50+ want to remain living in their home for as long as possible and that 74 per cent of retirees are home-owners. Of people aged 60-85 years, nine in 10 still live at home, while only a quarter of those aged 85+ years reside in an institution (450 000 persons). The majority of seniors increasingly prefer to live in or near a city centre – which is the case for 37 per cent aged 70+ years and 36 per cent of retirees.

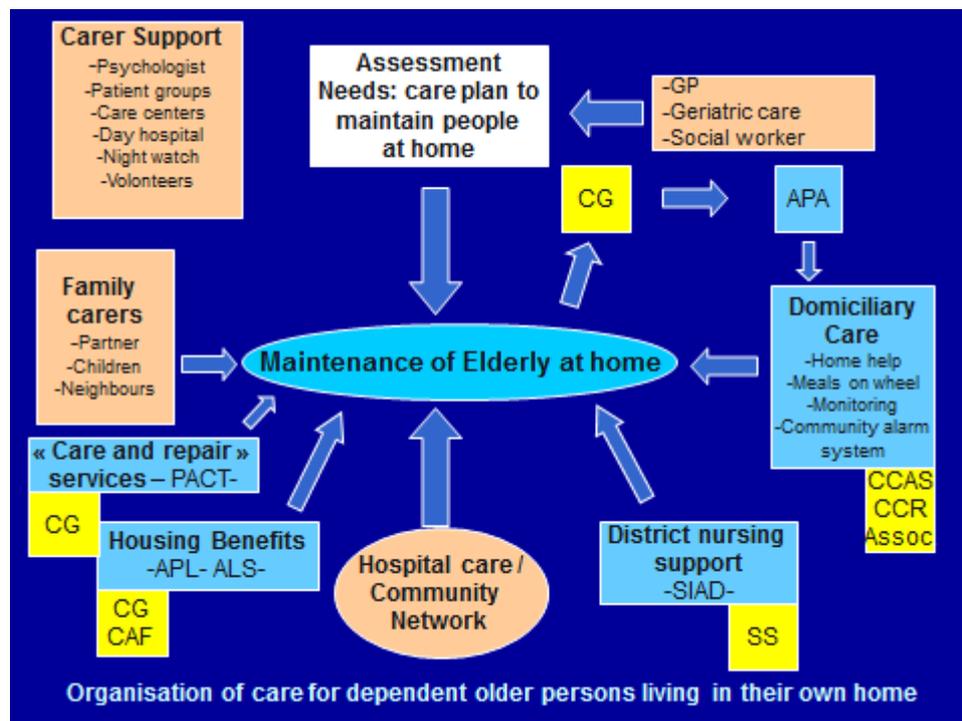
A recent study<sup>3</sup> shows the status of technical aids and facilities required in homes as indicated by people aged 60+ years who live at home. The study draws from the Handicap-Health in Ordinary Households survey (HSM) conducted in 2008 by the DREES and INSEE. Of people aged 60+ years living in general housing in 2008, 25 per cent used at least one assistive device, or had commissioned the fitting of one in their dwelling.

Technical aids include four types: Aids for daily hygiene; aids for walking and travel; aids for transfers; and aids for hearing. Examples of aids are absorbent pads, walkers, lifts, widening of doors and/or corridors; adaptation of the bathroom and kitchen; and special furniture such as beds and chairs. The acquisition or fitting of

some aids is typically done before an older occupant loses autonomy, but anticipates possible future difficulties. The use of technical aids is twice more frequent (20%) than housing adaptation (10%) because of the costs involved with the latter.

In 2002, an allowance was established for older persons who need care, known as the APA (Allocation Personnalisée à l'Autonomie). The allowance is financed by local councils and a new agency called CNSA (Caisse Nationale de Solidarité pour l'autonomie). The CNSA is not financed by general taxation, but by an extra work day for all employees, a 0.3% tax for employers and the health system for medical expenditures. This allowance is mainly given to dependent elderly persons, but also has an objective to prevent loss of autonomy of frail elderly persons. More than a million dependent people receive the allowance, mainly persons who are mildly impaired. Sixty-one per cent of all beneficiaries live at home. A scale known as GIR defines the degree of loss of autonomy. Frailty corresponds with GIR 4 (very mildly impaired). "GIR 4" frail elderly represent 44 per cent of beneficiaries, 80 per cent of whom live at home.

Key role players who provide for frail older persons who live at home include family care givers, friends, family practitioners, and providers of home services and meals on wheels. Other resources or facilities to support such persons include alarm systems, "clubs" for the elderly, day centres and volunteer associations. Depending on an individual's needs, home services may integrate the services of nurses, physiotherapists, psychologists, etc. A frail older person is thus supported with a network of professionals, structures and services.



While the majority of older persons aspire to live at home with the help of their family and/or home services, placement in an institution may become necessary with loss of autonomy, most often linked to acute conditions or worsening of chronic diseases. France has more than 680 000 places in institutions, including assisted living facilities, nursing homes and long-term care hospitals. Nursing homes have been

developed extensively and have improved greatly over the past decade: currently, 10000 homes accommodate 670000 elderly persons. The majority of residents for whom admission to a nursing home is sought has dementia.

Fees to reside in an institution are divided in three parts: Dependency costs are taken care of by the APA; medical expenses are paid by the health system; and food and accommodation expenses (1500 to 4000 € per month) are paid by the resident and/or his/her family. In 2009, the premium for the public accounts of nursing home admission was €1,800 per month out of health care. This last part is problematic for both residents and family, as the amount is higher than the average retirement pension in France (1200€ per month). A law is in preparation to address this issue.

Several governmental laws since 2001 have helped to improve care for elderly (and frail) persons, and to bring more funding into the system:

- Plan “Vieillesse et solidarités” 2003-2006 brought more financial support to help prevent dependency.
- Plan “Solidarité-Grand Age,” voted in 2006 and confirmed in 2007 until 2012, provides for a progressive increase in the annual number of new institutional beds, towards meeting a goal of 467 places/1000 residents aged 85+.
- Three “Alzheimer” plans, in 2001, 2004 and 2008 – the last one covering the period to 2012.
- Law “Handicap” 11/02/2005 – a tool for decentralised management at the department level – Priac (programmes interdépartementaux d’accompagnement des handicaps et de la perte d’autonomie).

Each of the plans is an important tool towards improving integrated care for elderly persons in France.

Several issues pertain to the housing market. Many older persons do not plan for their future care or housing needs in a timely manner; they may be in denial of possible needs or the level of help available is limited. Many houses are old, or are remotely located, and may require large and/or costly home modification. Funding will need to be made available beyond the current level of local assistance and the following issues need to be considered:

- *Responding to the economic vulnerability of older people.* A link between longevity and increased resources no longer exists. In 2005, the average standard of living of pensioners was 10 per cent lower than that of active people because of discontinued employment. Housing costs as a proportion of a household budget escalate after the age of retirement. This trend is more notable for renters (including those of social housing). Property assets (in the case of 75% of retirees) are no longer a bulwark against poverty. The Abbé Pierre Foundation shows that the majority of home owners live below the poverty line. Efforts are needed to respond to the economic vulnerability of retirees, such as reverse mortgage development, micro-credit and funding services to individuals.
- *Home adaptation.* New buildings contribute 1 per cent annually to the renewal of housing stock. In 2006 it was found that only 28 per cent of dwellings were built in the past 25 years. Three quarters of retired households moved into their home at least 12 years earlier; such households have low mobility.

Almost 80 per cent of France's population is urban, which same trend is confirmed for seniors. As a consequence, adaptation of housing to fit the demography only occurs in existing housing: in the heart of a city and, with greater complexity, in historic centres. The adaptation of housing should not only prevent progression from frailty to dependency, but also help frail elderly persons to preserve their autonomy. New homes are indeed being designed to be adapted to persons of all ages, for comfortable shared use by all, and are thus a targeted response to an emerging need.

- *Adapting the public environment.* Adaptation of the built environment is as important as suitable housing. Geographers, sociologists (Icade, MSA), physicians (Broca Hospital) and local districts (Rhône General Council) have already observed, with or without GPS, which places are frequented by elderly persons. Having shops and services nearby, churches in rural areas, and accessible public transportation must be reconciled with individuals' needs and preferences. Such methodology helps to determine where to "build" most usefully.
- *"Target groups":* Pragmatic analysis of abilities and disabilities associated with ageing are made by a multidisciplinary team. The team defines at the outset the technical specifications of habitat. The environment is adapted in an evolutionary mode (e.g. private housing near a nursing home). Steps of adaptation, determined by the needs of "target groups", take into account healthy, safe, efficient, affordable, adaptable housing and housing for all ages (design for all – CRIDEV – Centre Rennais d'information pour le développement et la solidarité internationale). An initiative of housing "designed for all" in Saint-Etienne was presented at the biennial of Design in 2006 and is now being rented. All equipment or facilities inventoried are common to private housing and social housing, for an additional cost ranging from 2500 to 8000 € by person.
- *Trend of new technologies:* Beyond generational and cultural reticence, which will decrease with time, and an elitist image linked to their cost, ICT needs to play an important role in successful ageing at home. However, only development within the economic sector will decrease costs and facilitate mass access through affordable prices. The integration of design for all combines a sense of comfort and policy innovation, and was the theme of a working document of the European Commission. In May 2009, the French Minister of Housing launched the PUCA programme "housing design for all".

A question remains: Should an older person adapt his/her dwelling, or should he/she relocate elsewhere? Bearing in mind that a social cost is related to a social benefit, and being cognisant that older persons tend not to want to relocate, encouraging them to move to a specific habitat assumes the existence of a suitable offer, including the financial feasibility, which is not yet the case. Numerous existing dwellings in any case have particular features to enable occupants to grow old comfortably.

## Innovative housing models

Innovative housing models<sup>4, 5</sup> for non-demented persons, who may later present with frailties, have been developed to serve as an intermediate solution between living at home and living in a specialised institution. The “homes for the aged” model developed in 1962 aimed to address the problem of poor housing and isolated older persons. The retirement homes were initially developed to accommodate independent people. Later, the homes were “medicalised” by liberal outsiders and the majority became nursing homes. Today, 2300 homes for the aged, mainly managed by social services, accommodate fewer than 120000 seniors. Some of these establishments are in need of renovation or adaptation.

In the 1980s, real estate projects for seniors were developed that enabled seniors to become co-owners or tenants (e.g. the gardens of Arcadia and the Hesperides). The Senioriales sell or lease their home, focal features of which are “an ergonomic bathroom” (tiles in every bathroom, a shower massage, electric shutters), and proximity of the dwelling to the city centre and shops. Around 30 such establishments exist in France today, with monthly rentals ranging between 600 and 700 euros for a two-roomed apartment.

Another innovative housing model is residences that provide services for the residents. Domitys residences, started a decade or so ago, are mainly operated in the North-Normandy-Brittany-Centre axis. Thirty such establishments exist and about as many are being developed. In addition to paying a rental of approximately € 600 for a two-roomed apartment, a resident pays for services costing between 350 and 700 euros a month, depending on the services selected. The total average cost is therefore between 1000 and 1500 euros a month, which remains accessible to middle-income retirees.

Some of these residences have contracts with service companies. In 2012 there were 375 senior residences, which number should increase to more than 580 by the end of 2014. The residences should multiply, as they meet the needs of hundreds of thousands of older people who want to remain living in or near a city centre, and to maintain or restore social relations. They do not have the outdated image that a number of retirement homes have, and their rates – targeting persons with upper middle income – do not differ much from those for a conventional, recent dwelling.

Another innovative housing model is apartments developed and adapted for older occupants in a residential area. The aim of the operation “Rhône +: live at home” is to supply, both in terms of home ownership and in the free rental or social market, an extensive range of housing for dependent seniors. The aim is to build new housing as well as to rehabilitate old housing, both private and in public parks. Other than merely building dwellings for older persons, the idea is to locate adapted apartments throughout an estate park. These operations target places where shops, services and public transportation are accessible. Such programmes can contribute to cities becoming “seniors-friendly,” which label is awarded to cities with a global process of adaptation to suit seniors’ needs (e.g. transport and urban furniture).

Several experiments with housing for seniors are also under way. These include inter-generational models (where elderly and younger individuals co-reside and agree formally on how they will assist one another) and housing for disabled persons that encourages ageing-in-place. Seniors are willing to experience new habitats, as

long as their independence is preserved; nearly six out of ten seniors have indicated they could "share a renovation project village to live with [their] relatives," and nearly one in two (46%) is willing to "share [his/her] home with younger people [students]."<sup>2</sup>

Other innovative housing models include senior residences, *béguinages*, inter-generational buildings and sun homes. Numerous formulae have been developed that should change the notion of "home" – a home no longer simply being an apartment, as was the case for decades.

The "Generations" programme, started in the town of Saint-Apollinaire in June 2002, fosters inter-generational relationships and has developed 600 new dwellings. In this new district, half of 76 units are rented to young couples (with a child under 5 years old) and half to older persons (divided into two smaller units – a protected home for six people with Alzheimer's disease (or related disorder) and a group home for 14 people who are physically dependent). A charter is signed, according to which retirees undertake to help young couples with childminding, and in exchange, younger residents undertake to render services to older residents.

The *béguinages* are sets of units linked together by corridors. These dwellings, in confined spaces, exist particularly in Flanders and Picardy, and in the North. The city of Saint-Quentin in Aisne developed 13 *béguinages* for 270 housing units in all. In the North, the Floralys association has installed several small sets of 15 to 20 homes – kinds of "villages in the city". "Houses of Marianne," a form of social housing for seniors with progressive loss of independence, funded by a social landlord, include apartments and detached houses.

Sun home is another social housing model. It comprises a central unit and "diffused" housing scattered in buildings around a central fireplace. Scattered dwellings must fall within the same social project as the central focus.

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