O1: STUDY TO CROSS KNOWLEDGE GAPS AND TO PREPARE ONLINE TRAINING PACKAGES

Research results for France

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The aim of IO1 is to create a valid basis for the training packages to be developed in the frame of the Hands-on SHAFE Erasmus+ project. This national report summarizes the research results in France.

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1 Aims of the report

Based on the approach of the World Health Organization, age-friendly environments include three dimensions – physical environments, social environments, and municipal services – with eight interconnected domains: 1) Outdoor environments, 2) Transport and mobility, 3) Housing, 4) Social participation, 5) Social inclusion and non-discrimination, 6) Civic engagement and employment, 7) Communication and information, 8) Community and health services.

The overall aim of the Hands-on SHAFE project is to promote smart healthy age-friendly environments by fostering the implementation and application of ICT solutions, adequate physical environments as well as health and well-being. For each of these areas - abbreviated by SMART, BUILT and HEALTHY- training packages for facilitators are to be developed. The target groups of the trainings are volunteers, entrepreneurs, family members, formal and informal caregivers and other stakeholders in personal services. Special awareness is given to low-skilled or low-qualified persons who want to engage in an entrepreneurial initiative.

Against this background, the Hands-on SHAFE project addresses:

- Facilitators who support the implementation of SHAFE products and services as direct target group,
- Persons of all ages whose social participation and inclusion can be improved by means of SHAFE products and services as indirect target group.

The aim of IO1 is to create a valid basis for the training packages to be developed. Information gaps on needs and demands on the side of end-users still hinder the implementation and usage of existing technologies and appropriate environments. Findings are needed to learn how adults can be best approached, trained and advised on aspects of smart healthy age-friendly environments.

This national report summarizes the research results in France. Besides an overview on the national context it describes existing SHAFE products and services as well as their target groups, gaps between their availability and usage, existing implementation support offers and their funding, and examples of good practice for the application and implementation of user-centred services and products in the realms of SMART, BUILT and HEALTHY. With special regards to facilitators who want to start their own company, the BUSINESS chapter informs about SHAFE areas which are appropriate for this intention, main regulation, support offers and stakeholders for starting a business, available training concepts and examples of good training practice. Based on this information, conclusions will be drawn on appropriate strategies regarding the training and support of the target groups.

Together with the reports of the other Hands-on SHAFE partner countries, this national report will be used to elaborate a European synthesis report. Further, a European factsheet will be provided to interested stakeholders, containing information in a reader-friendly and low-threshold style and serving for further dissemination activities.

2 Methodology and proceedings

In compliance with the project proposal, the following methods served to achieve the above-mentioned aims:

1. Desk research in each partner country concerning offers in SHAFE products and services, practices in the application and implementation of these offers, and examples of good practice;
2. Interviews in each partner country with experts from the individual modules (SMART, HEALTHY, BUILT and BUSINESS) or interconnected areas as well as with representatives of the target groups for the training.

The lead organizations for the training IOs defined keyword for the desk research, and interview questions for experts and stakeholders were jointly decided upon. Given the complexity of the topics, an exemplary case was to be discussed at the beginning of the interviews. It was agreed that the interviews could be adapted according to the specific background and expertise of the interviewee.

Interviews with experts included the following questions:

1. Which SHAFE products, services and initiatives are known besides those that were mentioned in the initial example?
2. Which SHAFE products and services are available in the region?
3. Do you think there is a considerable gap between the availability of SHAFE products and services and their usage by those in particular need of them?
4. If yes:
   - What are the underlying reasons for this gap?
   - What should be done to remove such barriers?
5. Which role can personal counselling and accompaniment play in facilitating the usage of SHAFE products and services?
6. Can you tell us about specific initiatives in the pilot region to facilitate the usage of SHAFE products and services?
7. Are there areas for SHAFE products and services which can be recommended to start one's own enterprise?
8. Can you tell us about funding opportunities in the pilot region if someone wants to facilitate the usage of SHAFE products and services by those who are in need of them?
9. Which agencies or other organisations offer support to persons who want to start a business?
10. Which themes should be in the focus of SHAFE facilitators?
11. What are the specific counselling needs of the SHAFE end users?
12. What are the specific training needs of SHAFE facilitators?
13. Which problems may arise during the training of facilitators?
14. Do you know any training concepts and experiences that should be taken into account in the design of the Hands-on SHAFE training?

1. What else can you recommend for the Hands-on SHAFE training?

Focus groups discussions with potential future facilitators were structured along the following questions:

15. Which SHAFE products and services are known besides those that were mentioned in the initial example?
16. Which SHAFE products and services are available in the region?
17. Who is in need of SHAFE products and services, and what are characteristics of these target groups?
18. Given these special needs: How should the implementation of SHAFE products and services be facilitated?
19. What can be done to make the role of a facilitator of SHAFE products and services attractive?
20. Which preconditions must be met to encourage facilitators to enrol in a training?
21. Which special requirements as regards contents, methods, duration and timing and certification must be met in the training?
22. What should be done to sustain the training outcomes?

In compliance with the specifications of the research plan, 10 expert interviews were carried out. The 10 interviews were performed by telephone or video conference.

The experts covered a wide range of competences and thematic areas:

Freelance in design thinking for ageing people and their caregivers, Montignac	BUSINESS/SMART/ HEALTHY
Head of an association for support to ageing people, Poitiers	HEALTHY / BUILT/ SMART
Head of a think tank/innovative laboratory about ageing, Limoges	HEALTHY / SMART/BUSINESS
Head of a public service about ageing policies, Tulle	HEALTHY / BUILT / SMART / BUSINESS
Employee of a digital centre	SMART
Employee of a non-profit organization about health prevention for ageing people	HEALTHY

TABLE 1: *EXPERTS COVERED AND THEMATIC AREAS*

In addition, 4 informal caregivers were interviewed as focus group members. They are aged from 59 to 73 years old.

The interviews were carried out as “spontaneous conversations”, which were not recorded.

The association for ageing people support in Poitiers implements different SHAFE measures like social activities for the elderly (board game, movie watching), free taxis or friendly phone calls.

The public service for ageing policies in Tulle implements SHAFE measures at the departmental scale: paying of the APA (see page 10), coordination and fostering of the SHAFE offer (from non-profit organizations e.g.), funding of SHAFE measures.

3 Offers and implementation of SHAFE products, services and initiatives

3.1 National, regional and local contexts

Before 2050, the French population is expected to reach more than 5 million of people over 85 years old, of which half are expected to struggle to deal with loss of independence[1].Therefore, from the beginning of 2010, the different French governments have recognized ageing population and loss of autonomy as one of the biggest challenges of the future[2]. In order to anticipate the issues raised by this phenomenon, French authorities, national as regional ones, have started to implement various policies.

France is organized according to four principal administrative institutions:

The Municipalities (towns and villages)

In 2019, France was divided into 34 970 municipalities[3]. The municipalities have authority over various affairs: **town planning**, **housing**, **urban mobility**, **social welfare**, environment, economic growth, culture, sports and school transportation.

The Departments

France counts 101 departments. Each department has authority over the following affairs: road maintenance and territorial transportation, education (middle schools management), **health and social welfare programs (ageing people, disabled…)**, territorial planning, culture, **subsidy allocations (for municipalities, non-profit organizations etc.)**.[4]

The Regions

There are 18 regions in France. The smallest regions include around 4-5 departments, the biggest 12-13 departments. The authority of the regions concerns the following affairs: economic growth and innovation, land planning and environment, professional training policy, transport (airports, railway stations…), education (high schools administration).[5]

The Central State

The central state has authority over all public affairs. Nonetheless, the extent of its authority is more or less limited or extended according the nature of the affair and the political orientations of the current government[6].

The government implements its national orientations over the territories by two main ways:

- The prefectures[7] that are the local branches of the state action. There is a prefecture in each department and each region[8];

[1]https://www.lemonde.fr/archives/article/2005/04/28/5-millions-de-personnes-auront-plus-de-85-ans-en-2050_4307685_1819218.html
[2]https://www.elysee.fr/emmanuel-macron/2018/09/18/discours-sur-la-transformation-du-systeme-de-sante-prendre-soin-de-chacun-du-president-de-la-republique-emmanuel-macron
[3]https://www.collectivites-locales.gouv.fr/files/files/statistiques/brochures/bis_130_2.pdf
[4]https://www.vie-publique.fr/fiches/19620-les-competences-des-departements-loi-notre-loi-maptam
[5]https://www.vie-publique.fr/eclairage/38411-les-competences-des-regions-apercu-apres-la-loi-notre
[6]http://www2.assemblee-nationale.fr/decouvrir-l-assemblee/role-et-pouvoirs-de-l-assemblee-nationale/les-institutions-francaises-generalites/le-gouvernement
[7]https://www.interieur.gouv.fr/Le-ministere/Prefectures
[8]https://www.interieur.gouv.fr/Le-ministere/Prefectures/Missions

- Local and decentralized administrations (municipalities, departments and regions) are more or less autonomous [from government orientations] regarding the type of affairs they have authority over[9].

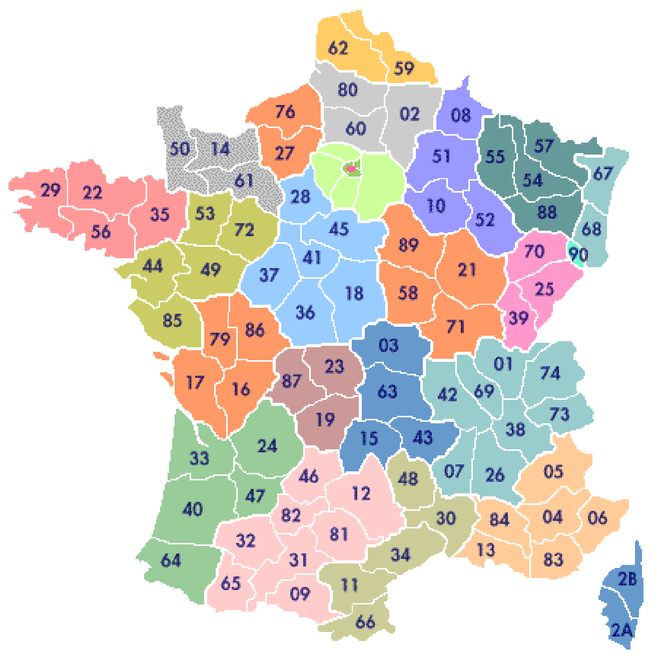

FIGURE 1: ***A MAP THAT REPRESENTS THE CONTINENTAL 119 FRENCH DEPARTMENTS. CORRÈZE, WHERE AIRELLE IS LOCATED, IS NUMBER 19 (WEST-CENTRE OF THE MAP).***

FIGURE 2: ***A MAP THAT REPRESENTS THE 18 FRENCH REGIONS. CORRÈZE IS LOCATED AT THE EXTREME EAST OF THE REGION "NOUVELLE-AQUITAINE" AT THE WEST OF THE COUNTRY.***

[9] https://www.vie-publique.fr/fiches/20168-la-decentralisation-definition

In this report, we examine ageing policies from **municipalities**, **departments** and **state government** given that quite often their SHAFE measures are interdependent and complementary.

Under the principle that "every family is, one day or another, concerned by the ageing of a loved one", French parliament enacted, in December 2015, a law10 that aims at making life easier for the ageing people (or "the elderly") and their close relations. By this act, French authorities highlighted their ambition to promote ageing well in all areas of society.

Some of the numerous packages included in this law are:

- "Right to break": Measure that offers to every person that takes care of an ageing people (an informal caregiver) time to rest. Concretely, by this measure, every informal caregiver may receive, in compliance with specific conditions, an annual amount of money (500€ as a maximum). Informal caregivers can spend that money to use the services of professional caregivers or to put the ageing person that they take care of in a health centre or a retirement house.[11]
- The revision of the assisted living benefits (APA). The APA is a state benefit for the people that live at home with diminishing autonomy. This benefit helps these people to pay at least part of the specific expenses necessary to continue living at their own house such as: purchase and installation of technological equipment related to autonomy (remote assistance, grab bar…), hygiene equipment (nappies), transport expenses (cab, bus…), renovation works for their home, food delivery…

These two examples of important packages provided by the state government are representative of the fact that public intervention in ageing well is mainly focused on providing financial subsidies.

At the local scale, the department (more or less an equivalent to the "counties" in UK) is the main public authority in offering and fostering SHAFE solutions. Nonetheless, all municipalities, according to their political orientations and the local challenges, undertake different initiatives for better ageing.[12]

In favor of the ageing/disabled people and their family, each department elaborates a "departmental plan for autonomy". The plan of the Correze department[13] is characterized by three main different orientations:

- Financial subsidies payment*:* Each department is responsible for the APA payment. In 2017, in Correze, around 7,500 people received the APA. Approximatively 4,300 people received the APA for maintaining autonomy at home and 3,200 for the funding of their retirement home fees (*Schéma départemental de l'autonomie de Corrèze, p. 17*).

Around 30% of the APA beneficiaries benefited from meal delivery at home and/or wireless teleassistance services (*Schéma départemental de l'autonomie de Corrèze, p. 17*).

Around 35% of the beneficiaries used the APA in order to pay for home care services.

[10]https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000031700731&categorieLien=id
[11]https://www.pour-les-personnes-agees.gouv.fr/actualites/quest-ce-que-le-droit-au-repit
[12]https://www.amf.asso.fr/documents-les-personnes-agees/6711
[13]https://www.correze.fr/sites/default/files/schema_departemental_autonomie_15022019.pdf

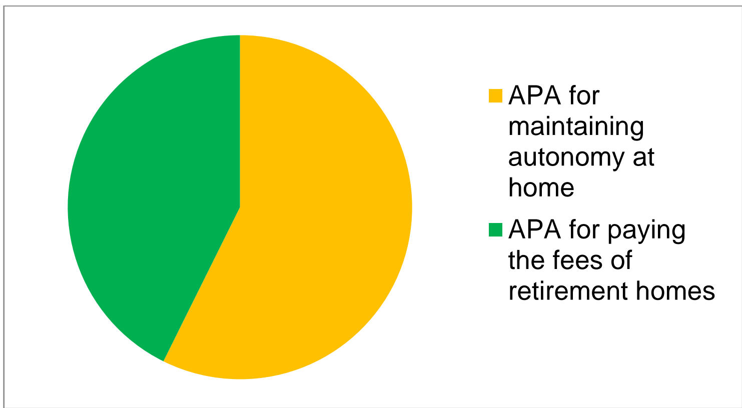

FIGURE 3: *THE DIFFERENT USES OF THE APA IN CORRÈZE IN 2017*

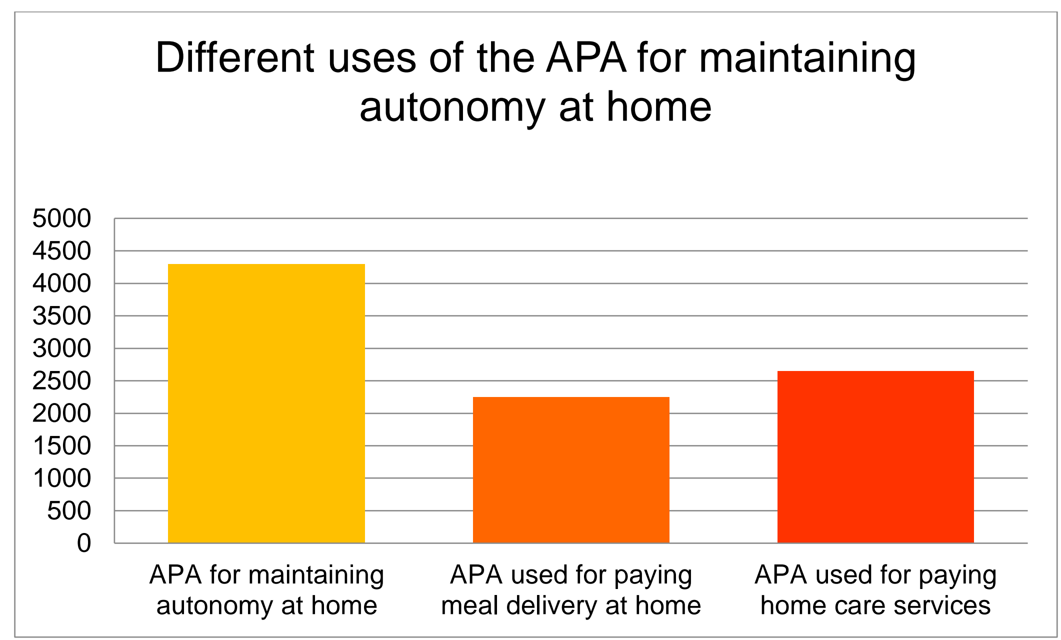

FIGURE 4*: THE DIFFERENT USES OF THE APA FOR MAINTAINING AUTONOMY AT HOME IN CORRÈZE IN 2017*

- Assessment of the dependency and the need of compensation for each ageing/disabled person who requests support: Before allocating APA or another aid, the department carries out an assessment of the ageing/disabled person' loss of autonomy.

The type of aid granted to the person in loss of autonomy depends on this assessment.

This assessment follows the matrix "AGGIR"[14]. More precisely, this matrix is a support for evaluating the loss of autonomy and, consequently, the type of aid that could be allocated to the ageing people that ask for it.

Different types of dependency and what it involves		
Type of dependency	Needs	Right to receive the APA
GIR 1	Continuous assistance and monitoring.	YES
GIR 2	Needs for most of the varied daily activities or need for monitoring (safety).	YES
GIR 3	Needs for body care many times per day.	YES

[14]https://www.service-public.fr/particuliers/vosdroits/F1229

GIR 4	Regular and frequent needs for body washing, dressing, meal cooking…	YES
GIR 5	"One-off" (not frequent and not regular) needs for body wash, meal cooking or housecleaning.	NO
GIR 6	Independent ageing people.	NO

TABLE 2: AN EXAMPLE OF WHAT A MATRIX AGGIR FOR ASSESSING LOSS OF INDEPENDENCY LOOKS LIKE

At the smallest local scale, municipalities (or intermunicipalities) undertake different actions to complete the measures implemented by the department. Generally, municipalities are in charge of helping habitants with the process of asking for aids (the APA for instance). But they are also free to allocate their own aids (regarding their policy) and develop health prevention initiatives[15].

3.1.1 Profile of the pilot location

Airelle is located in Saint-Germain-les-Vergnes (municipality) in Correze (department) within the region of Nouvelle-Aquitaine.

Correze is a rural territory characterized by mountains, plateaus, lakes and rivers. Forest and agricultural lands represent around 50% of the territory. The highest point of the territory is the Mount Bessou at 976 meters. The climate is temperate and (up until recently) the territory knows important rains during the whole year. The annual temperature is 10° on average[16].

In 2015, Correze counted around 240,000 inhabitants and 240 municipalities. The average age in Correze is 45 years old and one-third of the inhabitants are more than 60 years old[17].

Correze is typically a rural territory with an ageing population.

Regarding its economic features, Correze is particularly known for its agricultural economy (bovine especially). In 2016, around 10,000 persons (9% of the total working population) worked for the agricultural industry (whose 6,100 people were self-employed farmers).[18]

Nevertheless, craft industry represents an important part of the economy of the department. With a turnover higher than one billion per year, craft industry is the main economy in terms of income (but not in terms of employment). In Correze, self-employed craftspeople represent around 2.5% of the population (1.5% at the national scale) and the craft industry represents 16,500 workers (self-employed workers and employees included) for 6,258 companies (260 craft businesses for 10,000 inhabitants in Correze, 154 for 10,000 inhabitants in France)[19].

Health and social services are over-represented in Correze (compared to the rest of the country). The two main hospitals of the department are the biggest employers of the territory, all industries included. Furthermore, the department counted, in 2013, 163 people care companies[16].

Tourism also represents a big part of the economy of Correze department with more than 2 million overnight stays every year. With 3,600 salaried employments, around 6% of the employment rate is related to tourism. During the peak of tourism season, Correze is able to

[15] https://www.service-public.fr/particuliers/vosdroits/F1229
[16] https://www.insee.fr/fr/statistiques/1908422
[17] https://www.insee.fr/fr/statistiques/2011101?geo=DEP-19
[18] http://www.correze-economie.info/observatoire-economique/agriculture
[19] http://www.correze-economie.info/observatoire-economique/artisanat

provide accommodations for 40,124 people (+16% of its total population). Furthermore, this industry has a significant impact on others (agriculture, services)[20].

3.1.2 Population by age-group and sex

On 1st January 2020, France population reached slightly over 67 million people. Among them around 34 million are women and 32 million are men[21].

Year after year, French population is slowly increasing. In 1990, French population was around 58 million, in 2000, it was 60.5 million and in 2010, around 64.5 million[24].

Since the beginning of the 2000', the number of births has been decreasing[22] while the number of deaths has constantly increased[23]. Nevertheless, the higher number of births compared to deaths and the positive net migration rate make the French population increase.

Around 13.5 million of the French population is 65 years old or more. Between 2017 and 2020, the share of French seniors (65 years old and more) increased from 18.8% to around 20.5% of the total population. In 20 years, the share of ageing population increased by 4 points while the less than 20 years old group had decreased by 1.6 points and the 20-59 years old group decreased by 3.8 points[24].

If these statistical tendencies remain stable for the next few decades, in 2070, France should count 76.6 million of inhabitants and nearly the totality of the increasing population should concern +65 years old people. In 2070, +65 years old would represent 28% of the population and more than 75 years old would represent 17.9% (so +75 years old would represent 63% of the +65 years old)[24].

In Correze and in the majority of French rural areas, these tendencies of ageing population over the decades should be even more important than national forecasts described above.

1st January	Less than 20 years old	From 20 yo to 59 yo	60 years old and more	*including 75 yo or more.*	TOTAL (in thousands)
1991	27,7	53,2	19	*6,6*	58 280 100
2000	25,8	53,8	20,4	*7,1*	60 508 200
2010	24,8	52,6	22,6	*8,8*	64 612 900
2013	24,5	51,6	23,9	*9*	65 564 800
2014	24,6	51,2	24,2	*9,1*	66 129 700
2015	24,6	50,9	24,6	*9,1*	66 420 600
2016	24,6	50,5	24,9	*9,1*	66 694 900
2017	24,5	50,2	25,3	*9,1*	66 953 600
2018	24,4	49,9	25,6	*9,2*	67 186 600

TABLE 3*: FRENCH POPULATION BY AGE GROUPS FROM* 1991 *TO* 2018 *(DATA TRANSLATED FROM THE STATISTICS OF THE INSEE)*24

[20] http://www.correze-economie.info/observatoire-economique/tourisme
[21] https://www.insee.fr/fr/statistiques/1892086?sommaire=1912926
[22] https://www.insee.fr/fr/statistiques/3303349?sommaire=3353488
[23] https://www.insee.fr/fr/statistiques/3303354?sommaire=3353488
[24] https://www.insee.fr/fr/statistiques/3303333?sommaire=3353488

Year	Population 1st January (in millions)	Less than 20 years old	From 20 to 59 years old	From 60 to 64 years old	From 65 to 74 years old	75 years old and more
2020	67,8	24,4	49,4	6,1	10,8	9,3
2025	69,1	23,7	48,3	6,2	11	10,8
2030	70,3	23	47,4	6,2	11,2	12,2
2035	71,4	22,4	46,5	6,2	11,4	13,5
2040	72,5	22,2	46,1	5,6	11,5	14,6
2050	74	22,3	44,9	5,7	10,8	16,3
2060	75,2	21,7	44,9	5,5	10,7	17,2
2070	76,4	21,3	44,2	5,8	10,8	17,9

TABLE 4: *FORECASTS OF THE FRENCH POPULATION FROM 2020 TO 2040 (BY AGE GROUPS) (TRANSLATION FROM THE INSEE DATA)24*

3.1.3 Workforce

In 2016 in Corrèze, there were around 142,000 people between 15 and 65 years old of which 66% were workers, 8% unemployed people, 8% schoolchildren and students and around 10% were retired[17].

Population from 15 to 65 years old in Corrèze	2016
TOTAL	**141 973**
Working-age persons %	**74,1**
Workers %	66
Unemployed persons %	8,1
Inactive persons %	**25,9**
Schoolchildren and students %	8,2
Retired persons %	9,7
Other inactive persons %	7,9

TABLE 5: *PROFESSIONAL STATUS OF THE PEOPLE BETWEEN 15 AND 65 YEARS OLD IN CORRÈZE IN 2016 (TRANSLATION FROM INSEE DATA)17*

In 2016, the working population in Correze was around 105,000 persons for 240,000 inhabitants (44% of the total population were considered as workers)[17].

Working population from 15 to 64 years old in Corrèze	In 2016
TOTAL	**105 253**
Included	
Farmers	*3 951*
Craft persons, shopkeepers and other self-employed workers	*7 351*
Executive and intellectual professions	*10 154*
Intermediate professions	*24 575*
Employees	*32 259*
Laborers	*25 952*

TABLE 6: *WORKING POPULATION FROM 15 TO 64 YEARS OLD IN CORRÈZE IN 2016 (TRANSLATION FROM INSEE)17*

At the national scale, in 2018 in France, 28 million of people were working of which 25 million as employees and 3 million as entrepreneurs/self-employed people[25].

[25] https://www.insee.fr/fr/statistiques/3303384?sommaire=3353488

In 2018, the agriculture sector represented around 3% of the employment, industry 13.5%, building 6.5% and the service industry represented around 78.5%[26].

Among the services industry, health represented 7% of the employment, social 7.5%, household services 5.5%, ICT services 3% and business services providers represented 10% of the employment[27].

Type of industry	Number of workers	TOTAL (%)
Agriculture	**670,000**	**2.5**
Manufacturing	**3,616,000**	**13.3**
Building	**1,807,000**	**6.7**
Services	**20,635,000**	**76.1**
Trade	*3,443,000*	12.7
Transport	*1,432,000*	5.3
Accommodation and food services	*1,058,000*	3.9
ICT	*827,000*	3.0
Finance, insurance, real estate businesses	*1,244,000*	4.6
Corporate services	*2,713,000*	10
Public administration	*2,463,000*	9.1
Education	*1,938,000*	7.1
Health	*1,940,000*	7.2
Social	*2,020,000*	7.4
Services to households	*1,559,000*	5.7
Undefined activities	**394,000**	**1.5**
TOTAL	**27,124,000**	**100**

TABLE 7: REPARTITION OF THE NUMBER OF WORKERS BY TYPE OF INDUSTRY IN 2018 IN FRANCE (DATA TRANSLATED FROM INSEE)26

Regarding level of education data, in 2018, more than 80% of the people that had at least a bachelor's degree (25% of the population) had a job while around 71% of the people that had a vocational/technical certificate (around 60% of the population) were employed and only 45% of the people without any certificate or diploma were employed (15% of the French population in 2018)[28].

Regarding socio-professional categories data, in 2018, craftspeople, storekeepers and other business owners represented 6.5% of the French population. Executive people represented 18.5%; employees 27%; labourers 20.5% and intermediate around 25.5%.

In 2018, around 6% of the population were in a situation of underemployment[29]. People that had a bachelor's degree or more were around 3.5% underemployed and people with no diploma were 10%.

[26] https://www.insee.fr/fr/statistiques/3303413?sommaire=3353488
[27] https://www.insee.fr/fr/statistiques/4182950
[28] https://www.insee.fr/fr/statistiques/3303389?sommaire=3353488
[29] Underemployment: A situation where an employee works less (in terms of hours) than he would want and could do.

3.1.4 Health

The French health system is complex and includes a lot of different types of medical and social actors that fulfil specific roles.

Among them we can cite:

Healthcare providers

The healthcare providers include:

- Medical and pharmaceutic professionals (doctors-surgeons, pharmacists, dentists, midwives…), medical auxiliaries (nurses, speech therapists, physiotherapists…) that are employees (in hospitals for example) or that practice as freelances/self-employed people.
- Multidisciplinary health structures like “care houses” that are places that gather diverse professionals (doctors, nurses, therapists and social workers). These houses, mainly established in rural territories, aim at fostering health offers as well as the coordination and the continuity related to care pathways.

Healthcare facilities

Two types of facilities characterize the French health system:

- Hospital facilities that deliver general and specific care and carry out diagnosis, treatment and observation of the patients.
- Medico-social establishments that include, among others, retirement homes or facilities for disabled people. These establishments have the mission of taking care of “weak people” (old people, disabled people…).

Health prevention facilities

Health prevention facilities are various. They include facilities like occupational medicine, medical services at school, motherly protection, screening facilities.

Other private actors

Various facilities have an important role in the French health system like non-governmental organizations (for instance NGOs like the Red-Cross, Caritas).

At the national scale, the State government manages the funding and the organization of health and social offer. The ministries have different roles[30]:

- To run the implementation of the national healthcare policies in order to improve state of health of the French population;
- The supervision and organization of health facilities in order to ensure proper and efficient territorial coverage with diverse healthcare offers;
- Training of health and social workforce;
- Financial support to the health facilities (hospitals, retirement homes, care houses…), price setting [of health services] and national health cost control.

[30] https://www.cleiss.fr/particuliers/venir/soins/ue/systeme-de-sante-en-france.html

At the regional scale, regional healthcare agencies coordinate the implementation of the national orientations of their territorial authority.

More concretely, at the regional scale, the regional healthcare agencies regulate and organize healthcare services in order to carry out, in the most efficient way, the health system[31].

In France two layers fund the healthcare system: the mandatory systems and the complementary systems.

Regarding the mandatory healthcare regimes, these regimes are based on the incomes of the contributors. Globally, every person that gets incomes contributes compulsorily to the health insurance system through a healthcare regime.

There are different mandatory healthcare regimes according to the situation of the contributor (employee, manager, freelance, farmer…), the sector (trade, agriculture….) the type of incomes (wage, capital income). Consequently, the amount of the contribution is different according to the regime and various other variables (type of income, personal situation).

French health system is based on redistribution and, therefore, on social solidarity.

Mandatory healthcare regimes are meant to fund the "important risks", meaning pathologies that are very expensive and/or that might have consequent influences on people's incomes, because the pathology requires either long and costly care or important technical organization (materials, health workers, treatments).

Regarding the complementary healthcare regimes, these regimes are based on solidarity between their members. They are like "private insurances" and the type of health cover depends on the contract subscribed by each person.

These insurances generally cover care that is not, or not entirely, covered by mandatory heath regimes.

The other funders are:

State public funds

State funds are meant to finance prevention, research and training (of the health/social workers in particular).

Public funds are also spent on universal health insurance (for people that don't contribute to the mandatory health regimes but benefit from them) and state medical aid (in part for giving healthcare to foreign people in irregular situation in France).

Citizens

Regarding the type of care, citizens usually need to pay, personally, part of it. The part paid by each citizen depends on many parameters (type of care, socio-professional situation of the patient…).

3.1.5 Housing

In France, it is estimated that 6% of accommodations are appropriate for loss of autonomy[32]. This assessment raises important challenges in a society where 80% of the French people

[31] https://www.ars.sante.fr/quest-ce-quune-agence-regionale-de-sante
[32] https://solidarites-sante.gouv.fr/ministere/documentation-et-publications-officielles/rapports/personnes-agees/article/adaptation-des-logements-pour-l-autonomie-des-personnes-agees

wish to live as long as they can in their own house[33]and where all public administrations aim at strengthening autonomy at home.

In order to achieve this goal, a range of measures has been implemented, related to housing for ageing people and led by different levels of public decision-makers. The most developed are aids for housing renovation, domestic equipment or house moves (retirement homes, shared residences).

Furthermore, different laws contribute to build better housing for the "weakest" people.

For example, the ALUR law[34], enacted in 2014, aims at encouraging access to proper housing. By a range of measures, this law created a legal framework for:

- Promoting energetic renovation by the creation of third-party financing[35];
- Simplifying applications for accessing social housing, such as the creation of a digital platform for easier and faster requests and replies and fiscal measures to encourage municipalities to extend social housing offer;
- Preventing and reducing unhealthy housing: For example each landlord that rents an accommodation has to comply with specific norms to assure appropriate housing conditions.

This law, that affects all people of the society, is particularly relevant for ageing people. Indeed, rural regions that count an important share of ageing people are particularly impacted by energy leaks or housing deteriorations. For example, around 10% of house owners aged over 60 years old live under the poverty line (*Nathalie Augris & Catherine BAC, 2008, p.14*) and don't have the resources to renovate their house.

These housing defects are directly responsible for bad living conditions and, consequently, direct causes of diseases and deaths. For instance, each year, France counts 450,000 falls (including 62% at home) that cause around 9,300 deaths (*Frédéric Trevidy & al., 2017, p.2*).

But this law is not the only public measure to promote housing inclusion for ageing people.

The law for the adaptation of the society to ageing[10]also includes measures to promote access to social housing [for ageing people], housing renovations or the development of alternative housings.

3.1.6 ICT literacy

With the number of ageing people constantly increasing, digital innovation is identified as one of the keys to deal with autonomy challenges.

Caring for the elderly not only has a cost, but also entails having sufficient and appropriate resources. In rural areas particularly, resources, particularly human, to ensure assistance and care to ageing and disabled people are lacking[36].

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[33]https://www.nouvelobs.com/logement/20130320.OBS2509/j-y-suis-j-y-reste-ces-personnes-agees-qui-disent-non-aux-maisons-de-retraites.html
[34]https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000028772256&categorieLien=id
[35]Third-party financing consists in offering renovation work that will be paid by the benefit made from the energy savings. Concretely, the individual who uses this system starts to pay the renovation work only once he observes a decrease in his energy bills.
[36]https://www.caissedesdepots.fr/lacces-la-sante-dans-les-territoires-ruraux-quels-apports-du-numerique

This situation led different stakeholders, both public and private (non-profit organizations, public institutions but also private companies), to consider ICT as an interesting mean to fill the gaps.

Marc-Eric Bobollier-Chaumon and Raluca Oprea Ciobanu (Marc-Eric Bobollier-Chaumon& Raluca Oprea Ciobanu, 2009) identify different types of technologies that contribute to ageing well, particularly:

- "Compensatory" technologies, designed to help ageing people to overcome specific difficulties;
- "Reinforcement" technologies, designed to boost and improve ageing people's abilities.

These two aspects, filling the gaps and improving what still works well, both need to be taken into account for ageing well and underly ICT measures for aged and disabled people.

To this end, since the beginning of 2010, French governments have developed a range of measures to embed better ICT literacy in our society[38].

Over the years, the main ICT policies implemented by different French governments have aimed at achieving a digital access for everyone[37]. As previously stated, many ageing people live in countryside and isolated territories [from services]. Therefore, they are the most subject to digital gaps. To overcome this social divide that is detrimental to ageing well, national policies on ICT aim at reaching:

- A top-quality internet connexion for everyone in all territories;
- Widespread mobile network access;
- Improved skills for usage of digital tools.

For this last point the state government elaborated, in 2018, a national plan for digital inclusion[38]. This program aims at supporting everyone who needs to acquire and develop digital skills, especially the "weakest" publics. The main challenges raised by this plan are:

- Identifying and supporting the target publics (and their informal caregivers) in need of digital skills improvement;
- Guiding these publics and their caregivers towards appropriate places [in order to improve their digital skills];
- Strengthening and organizing the offers for fostering and improving ICT literacy;
- Supporting local territories in their initiatives for fostering and improving ICT literacy.

In order to meet these challenges, the plan includes a multitude of actions like:

- "10,000 places where to develop ICT literacy[39]": it consists of listing and supporting public spaces for digital mediation. In these places, people in need of digital support are helped for a range of different purposes like fulfilling online administrative processes, developing digital skills (using a tablet or a laptop, searching for information on the internet…), making online purchases, passing online certificates (MOOCs).

[37]https://www.cohesion-territoires.gouv.fr/acces-au-numerique-pour-tous
[38]https://societenumerique.gouv.fr/wp-content/uploads/2018/09/DP_SNNIVDEF2.pdf
[39]https://www.economie.gouv.fr/particuliers/mieux-comprendre-et-maitriser-technologies-numeriques-10-000-lieux-mediation-numerique

- The digital pass[40]: Around 200,000 persons should benefit from this pass that is designed for funding a set of training packages for improving ICT literacy. Every people in need that benefit from this pass could use it to follow 5 or 10 trainings. These trainings take place in the 10 000 places for developing ICT literacy mentioned above.

3.1.7 Governance and funding of SHAFE measures

Measures for a better ageing are funded by different public funds. The two main ones are:

The APA (individualized allowance for autonomy)

The APA is a state benefit for people in a situation of loss of autonomy.

This allowance, paid by the departments, helps ageing people to pay some of the necessary expenses to continue living at their own house OR to move to a retirement home[41].

The APA for living at home

Each person who is 60 years old or more in a situation of loss of autonomy can benefit from the APA for paying expenses necessary to keep living at home.

The loss of autonomy is measured by the “AGGIR” scale based on 6 levels of autonomy loss. The scale “GIR 1” is the highest degree of autonomy loss and the “GIR 6” is the lowest.

According to the degree of autonomy loss, the nature (amount?) of the APA is different. For instance only people whose loss of autonomy is ranked from GIR 1 to GIR 4 may benefit from the APA[42].

The degree of autonomy loss is assessed by a professional that works for the department. Following his/her assessment, the professional suggests a help plan that details the nature of the aids for reducing loss of autonomy.

The APA for better living at home may help ageing people for purchasing: technological materials related to autonomy (remote assistance, grab bar…), hygiene equipment (e.g. nappies), transport expenses (cab, bus), renovation work for their home, food delivery services.

The APA for living in specific establishments

APA for living in an establishment aims at paying part of the expenses of a retirement home or a long-term care facility.

Just like the APA for living at home, the amount of this aid is determined by the degree of loss of autonomy whatever the financial situation of the ageing person.

Household helps

People who don’t benefit from the APA (people whose loss of autonomy is ranked as degree 5 or 6 for instance) may benefit from a household help, paid by the department, like the APA[43].

A number of requirements need to be met for the attribution of this help:

- Being 65 years old or more;

[40] https://www.banquedesterritoires.fr/le-pass-numerique-adopte-par-48-territoires
[41] https://www.pour-les-personnes-agees.gouv.fr/vivre-a-domicile/aides-financieres/lapa-domicile
[42] https://www.pour-les-personnes-agees.gouv.fr/vivre-a-domicile/aides-financieres/lapa-domicile
[43] https://www.pour-les-personnes-agees.gouv.fr/beneficier-daides/les-aides-domicile/laide-menagere-domicile

- Having trouble doing household tasks;
- Not benefiting from the APA;
- Having an income lower than 868€ per month (for a single person).

At the opposite from the APA, this help is not calculated regarding the degree of loss of autonomy but according to the income of the person who asks for it.

Generally, this aid is directly allocated to the homecare services companies that intervene directly at the house of the ageing person (provided that the company is entitled by the department).

By the presentation of the two main aids for a better autonomy, the APA and the household help, we've seen that the departments play a crucial part in the implementation of SHAFE measures.

The governance of SHAFE measures is vertical. To simplify a complex organization, it could be said that the government (the different ministries) set the global orientations (the national strategy)[44] and the departments are in charge of their implementation at the local scale (with an important degree of freedom in the measures executed). The municipalities support the implementation of the department's orientations and also develop their own ranges of aids and initiatives.

In addition to the measures implemented by the departments and the municipalities, a multitude of non public stakeholders intervene on SHAFE measures. Concretely, a lot of the actions carried out by the departments and municipalities involve different services providers like non-profit organizations (particularly local volunteers) or private businesses.

In fact, the departments and municipalities have employees that work directly on ageing well measures (operational role) but their role consists also in organizing and coordinating the initiatives undertaken within the territory, most of the time by volunteers and family circles of the ageing people (leading role).

[44] https://solidarites-sante.gouv.fr/IMG/pdf/rapport_grand_age_autonomie.pdf

3.2 SMART: ICT for BUILT and HEALTHY

3.2.1 SMART measures and their target groups

The SMART measures identified can be split into 3 different categories:

- Measures that aim at improving and spreading digital literacy for low-skilled people;
- Measures that aim at increasing the offer and the development of apps and other digital tools;
- Measures that aim at generalizing the uses of ICT for BUILT and HEALTH: safety sensors or wristbands, stair lifts, hearing aids.

Measures that aim at generalizing the uses of ICT for BUILT and HEALTH (safety sensors or wristbands, stair lifts, hearing aids…)

As described in section "*3.4.1 BUILT measures and their target groups*" (equipment purchasing paragraph), the ICT offer for BUILT and HEALTH is broad and seems to fulfil the main end-users' needs.

This offer comes from private companies and the APA, which is the main financial support for ageing people, is, inter alia, meant to pay these assistive technologies for better home and better health/well being.

Measures that aim at improving and spreading digital literacy for low-skilled people

Since the beginning of 2010' and particularly in 2016 with the French budget act of 2016[45], administrative procedures have increasingly started to be dematerialized. Tax payment, identity documents renewal, social security information… every year more and more administrative procedures become digital.

To close the gap between these sudden changes that require, at least, a regular internet connection as well as basic digital skills and a large part of the society who was not (and still not) skilled enough or motivated to adapt to these new uses, state authority created, in 2017, hundreds of digital centres[46][47] throughout the country.

These centres are public places that freely make available computers with internet access, scanners and printers and digital "guides" that help people in their use of internet (administrative procedures, online purchasing, emails writing/sending…).

Nevertheless, every year, more and more public digital centres are closing because of the low attendance.

According to the head of a digital centre interviewed, the majority of people that come to these places generally use the equipment (scanner/printer or internet connexion) because they don't have it at home (especially scanner/printer) or their own equipment is out of order. Furthermore, the targeted low-skilled people (especially ageing people and some particular socio-professional categories as farmers for instance) generally don't visit these places.

Additionally to these centres, throughout France, numerous municipal social centres offer free digital workshops and classes to handle the basics of computing and digital uses.

[45] https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000031732865&categorieLien=id
[46] https://www.demarches.interieur.gouv.fr/points-numeriques
[47] https://www.service-public.fr/particuliers/actualites/A12544

According to some ageing people interviewed and the head of a digital centre, there are barriers that limit the potential numbers of beneficiaries: mobility, time issues but also lack of information (about the offer in these centres) and/or lack of motivation of the potential beneficiaries.

Measures that aim at increasing the offer and the development of apps and digital tools

Every month new apps for ageing well emerge besides the important offer. Apps for improving memory and brain functions, apps for doing the food shopping (and get it delivered at home), communicate with one's close relations by video call, medicine intake reminder…

Digital tools for ageing well are not lacking, quite the reverse given that every issue seems to have a digital solution.

Nevertheless, the main challenge identified is the lack of use of these solutions by the end-users.

Some informal caregivers questioned assured having tried to initiate their ageing relations to the use of digital apps, but most of them admitted limited results, because:

- they implemented the wrong "teaching method" to explain how to use the apps (and feel not skilled enough to teach the use of digital tools),
- and/or they succeeded in teaching how to use them [the ageing person mastered the apps] but either they [the ageing person] didn't use them or they stopped using them after a short period of time.

Some of them claimed that if the ageing person(s) they take care of is/are able to deal with basic digital uses (online administrative declarations or online purchasing for instance), their wellbeing would be better because they would have more time for them. It implies that a better autonomy of the ageing people [related to digital uses] would be a gain of comfort for their informal caregivers.

Nonetheless, the caregivers that tried to initiate their ageing relations to digital solutions are a minority and represent a specific category: generally people born after 1970-1975. The majority of the caregivers questioned, claimed not being themselves sensitive to the use of digital tools even though an important part of them are skilled enough to use them.

3.2.2 Challenges in implementation and gaps between availability and usage

Regarding what has been said previously, the main challenge for ICT for BUILT and HEALTH is related to digital culture.

The ICT solutions for HEALTH and BUILT seem to be numerous and complete. Non-profit organizations as well as private companies offer a lot of various solutions (apps, devices, workshops/classes for improving literacy…).

Regarding socioeconomic characteristics, ICT literacy trouble could be an issue, especially for ageing people. Nonetheless, according the different experts interviewed, if a part of the population [ageing ones] is not skilled enough to deal with digital uses, it's mainly because:

- They are not able to participate in digital training (because of mobility and health limitations particularly);
- And/or they don't consider ICT tools as useful or they are not interested in using them.

Regarding the facilitators, the challenges could be:

- Giving them the methodologic/pedagogic tools to “teach” ageing people why and how to use ICT solutions;
- Encourage them to be more involved and interested by ICT solutions.

3.2.3 Available implementation support offers by stakeholders

The department of Correze signed a public service delegation contract[48] with *Correze Téléassistance*.

Correze teleassistance is an organization whose main missions are:

- Home monitoring services (and/or mobile monitoring);
- Taking charge of administrative processes;
- Giving advice about aids for ageing well.

Correze teleassistance implements different offers with different services (friendly phone calls, ambulance phone calls in case of emergencies…) and ICT devices (from the classic safety wristband to gas/carbon monoxide or temperature detector).

This service can partially or entirely be funded by the APA. Furthermore, each person that subscribes to Correze teleassistance can benefit from tax incentives.

3.2.4 Funding opportunities for implementation support

[See 3.1.7.Governance and funding of SHAFE measures].

In France, different financial supports for encouraging the creation of innovative services and products (especially technological) are implemented.

For all of the stages of producing the product, from the technical feasibility study to the research and development plan, the test of the prototype and commercialization of the final product, different financial aids from different stakeholders, public as private ones, are available[49].

These financial aids are widely different: no interest loans, tax exemptions, bank guarantees.

3.2.5 Example/s of good practice in implementation support

Tréguier Hospital, France

Objectives

Tréguier hospital developed an innovative laboratory where dozens of ICT initiatives [for BUILT and HEALTH] are implemented[50][51].

The main goal of the project consists in providing innovative solutions for meeting the challenges raised by ageing in a context where patients of the hospital were experiencing specific HEALTH and BUILT troubles: falls in the corridors/bathrooms, insufficient daily water intakes etc.

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[48] A public service delegation contract is a contract by which a public entity entrusts the management of a public service for which it is responsible to another public or private operator.
[49] https://bpifrance-creation.fr/encyclopedie/aides-a-creation-a-reprise-dentreprise/aides-a-linnovation/recapitulatif-principales
[50] http://www.ch-treguier.fr/spip.php?article184
[51] https://www.ladn.eu/tech-a-suivre/fabrique-des-futurs/technologie-aidera-bien-vieillir/

Key facts

This laboratory is a cross-disciplinary initiative that involves different actors (businesses and particularly start-ups, doctors, health professionals, scientific researchers, end-users…) that work on using technologies to close the gap between ageing well and health issues.

All of the stakeholders constantly exchange about the ICT solutions. What ICT solutions are needed? What are the effects of the ICT implemented on ageing people's issues? What is the scope for improvements?

The central theme of these initiatives is autonomy extension and the safety of ageing people.

Implementation

Some of the initiatives implemented by the hospital are:

Fall prevention: This experimentation consists in preventing falls with a SMART light system of light markings on the ground. Concretely, by placing lighting "diodes" alongside the corridors and at strategic spots of the rooms (bed, night table, bathroom door…), this package reduces falls.

Dehydration: The hospital works with SMART glasses able to recognize its users and then recording the daily quantity drunk by each patient. With these glasses, each patient (and their caregivers) is able to track the daily hydric dose.

Familéo: Familéo is a personalized gazette. Concretely, the near relations of the patient regularly leave news on the digital app "Familéo". Then, news is turned into a paper gazette delivered to each patient in their bedroom.

These types of initiatives emerge by a complex combination of interdependent factors. But we can, at least, mention:

- The willingness and the resources (financial, human, organizational…) of an organization to extend and enhance ICT solutions for BUILT and HEALTH;
- The appropriate meeting of supply and demand that occurs by numerous characteristics: prices, needs, geographic proximity, collaboration between complementary economic agents.

Nonetheless, the circumstances that create this type of initiative are too much intricate to be fully approached and refer to the numerous research studies about business clusters.

The purpose of taking this good practice as an example is showing that the ICT solutions that are effectively used by low-skilled people for a better ageing are ICT solutions that are "naturally" embedded in the users' environment. In other words, they are using ICT solutions without changing so much their habits (example of the SMART glass).

According to some of the experts interviewed, society has to adapt ICT solutions to ageing people' habits [like it's done in Tréguier hospital] as much as, or even more than, adapting ageing people to ICT culture and literacy.

Results

No evaluation has been carried out for the moment.

More information

- http://www.ch-treguier.fr/spip.php?article184

3.3 HEALTHY

3.3.1 HEALTHY measures and their target groups

Besides the measures related to the French Health system described in chapter *3.1.4 Health*, other HEALTHY measures are implemented by different actors.

Adapted physical activities

Since 2017, general practitioners are able to prescribe adapted physical activities for their patients that are suffering from chronic diseases[52].

This new practice, called "non-medical therapy", widely generalizes physical activities for millions of people and especially those who are ageing.

The main goal of the adapted physical activities policy is to prevent the outbreak or aggravation of chronic diseases, to improve autonomy and well-being of the beneficiaries and to foster their insertion in social activities.

The adapted physical activities are taught by entitled professionals such as physiotherapists, ergotherapists or state graduated sports teachers[53]. These professionals practise within healthcare facilities (hospitals, retirement homes) but also within non-profit organizations or sports associations.

Concretely, general practitioners prescribe a plan with suggestions of physical activities and the goals of the program. Then, the qualified professional makes a diagnosis of the physical abilities of the patient and suggests a physical program based of the recommendations of the general practitioner.

The cost of the adapted physical activities program is not yet funded by the public social security insurance. Nonetheless, additional healthcare insurances, pension funds and especially public institutions (particularly municipalities) can provide financial aids to the people that have a medical prescription for an adapted physical activity[53].

Home care nursing services

The SSIAD[54] (qualified home care nursing services) help ageing and disabled people to preserve and improve their autonomy at home[55].

The SSIAD intervene on medical prescription for:

- ageing people (60 years old and more);
- disabled people or people that suffer from a chronic disease.

Their actions have different objectives:

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[52]https://www.legifrance.gouv.fr/affichCodeArticle.do?cidTexte=LEGITEXT000006072665&idArticle=LEGIARTI000031920541&dateTexte=29990101&categorieLien=cid
[53]https://www.france-assos-sante.org/2018/12/03/activite-physique-adaptee-conseils-pratiques-pour-lintegrer-dans-son-parcours-de-soins/
[54]S.S.I.A.D. : services de soins infirmiers à domicile
[55]https://www.pour-les-personnes-agees.gouv.fr/vivre-domicile/etre-soigne-domicile/les-ssiad-services-de-soins-infirmiers-domicile

- preventing loss of autonomy;
- avoiding/postponing hospitalization;
- making easier the return at home after a hospital stay;
- postponing an admission to a social/medical establishment (retirement home for instance).

The SSIAD services are mainly composed of nurses and nursing assistants and their principal tasks are body wash, making bandages, injections.

Besides providing basic advice and body care through nurses and nursing assistants, the SSIAD insure the coordination between the ageing people who use their services and other healthcare providers (physiotherapists, GPs, ergotherapists) that take care of them.

For the people who meet the requirements, SSIAD services are completely funded by social security insurance.

Social and cultural activities

Social action centres (CCAS) are public institutions at the municipal scale but are independent from the municipalities. They organize social actions such as:

- Cultural and social activities: painting workshops, film projections, debates, concerts, board games, trips and walks (in France but also abroad);
- Intellectual and physical activities: gym classes, chess games, gardening, bridge competitions;
- Social activities: common meals, epiphany cake, Christmas Eve.

There is no legal obligation about the duties of the social centres. Each social centre decides on the types of actions to implement (generally in agreement with municipality and department policies).

The social action centres are funded by different organizations, both public and private, for instance departments, municipalities/intermunicipalities, insurance funds but also income generated by their activities[56] (self-financing).

Furthermore, numerous non-profit organizations, including international NGOs also implement various HEALTH and well-being measures. For instance, free workshops and conferences on HEALTH measures (food, sleep or physical activities habits for instance) are organized by many organizations such as the Red Cross, Caritas, Secours Populaire, Petits frères des Pauvres or other local organizations.

In fact, these organizations implement measures similar to those of the social action centres.

3.3.2 Challenges in implementation and gaps between availability and usage

Apart from all of the measures related to the French health system, healthy and well-being measures are particularly implemented by social action centres, SSIAD and different non-profit organizations.

[56] http://www.e-ressources.cnfpt.fr/documents/042011/220411105715DossierCCAS.pdf

A lot of these programmes are designed to convey practical information and instil (preventive) good practices about food, sleep or physical activities habits for instance as well as enhancing social insertion (fight against isolation).

The main gap between availability, with a quite broad and “complete” offer, and usage, is the lack of information about the offers available, the potential health limitations by end-users and/or their difficulty of mobility (transportation issues) to benefit from the measures available.

As a result, the main challenge for the actors and stakeholders that implement these measures consists in improving the visibility and the territorial coverage of their offer as well as working on other issues (particularly related to BUILT area) like mobility problems [of the potential beneficiaries] that represent a major barrier in rural areas.

Within the scope of Hands-on SHAFE training packages, regarding this context of a large and varied offer [at least in the areas studied], no relevant recommendations seem needed to be mentioned.

3.3.3 Available implementation support offers by stakeholders

[See 3.3.1 Healthy measures and their target groups].

3.3.4 Funding opportunities for implementation support

Healthy measures are funded by different actors:

- Heathy measures from non-profit organizations: voluntary work (within non-profit organizations for instance), donations, self-financing (sale of goods), public subsidies.
- Healthy measures from Social Action Centres: financial support by State, Department and municipalities, additional health care covers and insurances, donations.
- Majority of other healthy measures: Public institutions (State, Department and municipalities), social security system, health insurances and personal funding of end-users.

3.3.5 Example/s of good practice in implementation support

[See 3.3.1 Healthy measures and their target groups for different examples of good practice].

3.4 BUILT: Housing, public spaces, buildings and mobility

3.4.1 BUILT measures and their target groups

Different BUILT measures are implemented across the country:

Equipment purchasing

Equipping ageing people's houses adequately is meant to respond to a double objective: to ensure security and prevent accidents, and to prolong/improve autonomy at home.

Equipment for a better and more secured autonomy at home is developed around 4 fields[57]:

- Better mobility (lifting systems, grab bar, presence detector…);
- Better communication (hearing devices, emergency wristband…);
- Better hygiene (sanitary towels for instance);
- Better space control (roller blind and lighting control for instance).

Some of these types of equipment are funded, at least partially by the social security system, provided that there is a medical prescription. Otherwise, the APA can be used for funding part of this equipment (under conditions).

Moreover, in some French cities the CICATs (information centres about technical aids for better autonomy)[58] offer free advice and test of equipment (wheel chairs, earing devices).

People in need of information about devices for better ageing can also get advice from specialized call centres about equipment-purchase and physical places for further information. For example, the CENTICH[59] (the national ICT expertise centre) is an information centre about ICT for autonomy that can be called by everyone for information.

Home renovation and adjustment

Ageing house owners who need to perform renovation works and home adjustments to keep living at home may benefit from different aids from various organizations.

For instance, under conditions, the ANAH (national agency for housing) can grant financial support for owners with modest incomes that need to adapt their home to their loss of autonomy[60].

For owners with the lowest incomes, the amount of the financial support may reach up to 50% of the total cost of the renovation work.

Some municipalities signed a partnership with the ANAH to provide for free [to all people who ask for it]: a diagnosis of the potential renovation work and, where applicable, administrative help for requesting financial support. Furthermore, other organizations that can support

[57]https://www.pour-les-personnes-agees.gouv.fr/vivre-domicile/sequiper-de-materiel-adapte
[58]https://info-handicap.com/centre-dinformation-conseil-les-aides-techniques-cicat/
[59]Centre d'Expertise National des Technologies de l'Information et la Communication pour l'Autonomie http://www.centich.fr/
[60]https://www.anah.fr/proprietaires/proprietaires-occupants/bien-vieillir-chez-vous-avec-habiter-facile/

renovation work for a better autonomy at home are pension funds, municipalities, and the tax administration (in the form of tax credit for instance).

Mobility

Some municipalities and departments offer mobility solutions for ageing and disabled people like individual or collective taxis or shuttles on demand at reduced prices.

Furthermore, a large number of municipalities provide cheap (or free) public transport tickets for all people with mobility issues.

Moreover, the CMI (card for mobility and inclusion)[61] offers some benefits to ageing and disabled people like:

- The priority to have a seat in public transports or any other public places;
- The right to having priority on lines (in a public space or a shop for instance);
- The right to park, freely and without time limit, in all parking spaces in free access.

Apart from public institutions, many non-profit organizations implement BUILT measures in the realm of mobility. Free and voluntary taxi services, mainly implemented by volunteers, are the main measures developed by these non-profit organizations.

3.4.2 Challenges in implementation and gaps between availability and usage

The main BUILT measures identified are implemented by public institutions (particularly municipalities and departments) and are oriented mainly towards financial support measures.

Except the CMI card that gives non-financial benefits to its beneficiaries, no other non-financial public measures have been identified.

Regarding the BUILT measures implemented by private organizations and particularly non-profit organizations, those identified are mainly centred on mobility services (voluntary taxi for instance) even though some organizations offer other BUILT measures such as free diagnoses for renovation work at home or for better home adjustments.

Nevertheless, it’s not a coincidence if BUILT measures [public as well as private] are mainly focused on house improvements and mobility solutions. The majority of the studies carried out by these same stakeholders (departments, observatories of autonomy…) in rural territories raised these two issues as the most highlighted by ageing people and their caregivers (Schéma départemental de l’autonomie de Corrèze, p.8).

The measures approached above focused directly on the end-users (ageing people) because BUILT measures for facilitators have not been identified.

It is precisely because the training of informal caregivers and other facilitators (entrepreneurs, volunteers of non-profit organizations etc.) on the basics of BUILT seems to be unusual that the BUILT training module of Hands-on SHAFE seemed to be of particular interest among some of the experts interviewed. .

[61] https://handicap.gouv.fr/les-aides-et-les-prestations/prestations/article/la-carte-mobilite-inclusion-cmi

3.4.3 Available implementation support offers by stakeholders

[See 3.4.1 BUILT measures and their target groups].

3.4.4 Funding opportunities for implementation support

The majority of BUILT measures are financed by the APA (public aids from the state, the departments and social security funds). In other words, they are funded by public institutions.

Other BUILT measures are funded by insurance funds, public as well as private ones.

Finally, a third part of BUILT measures is globally paid directly by end-users (which represents a real issue) or are part of unpaid work (by volunteers in non-profit organizations for instance).

3.4.5 Example/s of good practice in implementation support

National Retirement Insurance, France

Objectives

Make ageing people live a better life at home with tips and grants for home layout improvements.

Key facts

The national retirement insurance launched, in 2013, a series of advice (https://www.lassuranceretraite.fr/) and YouTube videos about home layout improvements.

Implementation

Mentioned below, 3 different videos about making simple home layout improvements:

- Basic improvements for the living room: https://www.youtube.com/watch?v=KYIdjLapPpE
- Basic improvements for the bathroom: https://www.youtube.com/watch?v=CGTOpE3VZg4
- Basic improvements for the bedroom: https://www.youtube.com/watch?v=4bDJI3gNjvY

Furthermore, the national retirement insurance can provide (under certain conditions) financial support for home diagnosis and renovation works.

The ceiling amount of this support is 3500€ and represents between 35% and 63% of the total cost of the renovation work[62].

[62]https://www.carsat-pl.fr/home/retraites/votre-logement/aide-pour-adapter-votre-logement.html

To decide on this support, the insurance appoints an expert, an "*ergotherapist*" (occupational therapist) to carry out the home diagnosis in accordance with the ageing person's characteristics and lifestyle. The expert then gives some basic advice and, where appropriate, elaborates a renovation plan to send to the insurance.

If the national insurance approves the renovation plan, it is in charge of the renovation work order and the means of intervention (appointing the service providers for instance).

Instead of or in addition to the renovation work, the national retirement insurance can also provide free kits with basic equipment like non-slip mats, bath seats, WC booster seats etc.

Focus on the emerging function of Ergotherapist/Occupational Therapist

An ergotherapist is a healthcare provider whose profession consists in evaluating and treating people with physical or psychomotor disabilities. The objective is preserving and improving ageing/disabled people's autonomy and independence for personal, family and professional activities.

An ergotherapist works with different publics:

-Injured people,

-Diseased people (chronic diseases, tumors…),

-People with deficiencies (mental, sensory…),

-Disabled people,

-Ageing.

In other words, an ergotherapist is a kind of "mediator" between the adaptation needs of a disabled/ageing person and what is required by everyday life.

In this way, the ergotherapist:

-Evaluates the difficulties of the disabled/ageing people in their daily life,

-Suggests new adjustments for better autonomy: physical or cognitive exercises, adapted leisure or social activities…,

-Works if useful on a rehabilitation plan: functional physiotherapy, spatial-temporal models…

-Prevents troubles and risks of accidents,

-Works on physical environments (home layout for instance),

If some ergotherapists work as freelances, the majority of these professionals work in medical/social facilities (hospitals, physiotherapy centers, medical institutes for children…).

The consultations with an ergotherapist are partially or totally (depending on various parameters) funded by the social security if they take place in a medical establishment or if the patient is hospitalized at home.

In the case where the ergotherapist is freelance, consultations are at the expense of the

patient. Nonetheless, some retirement funds, private insurances or some public administrations (departments and even the municipalities) can support the cost of freelance ergotherapists.

The ergotherapists pursue a 3 years training. Ergotherapy is a state certificate accessible by an entrance test.

The content of the 3 years training course includes theoretical learnings completed by several internship periods. Among the disciplines studied[63]:

-Anatomy,

-Psychology,

-Nervous and sensory systems,

-Cognitive, mental and physical dysfunctions,

-Emergency life-saving skills,

-Ergonomics,

-Physical environments analysis.

Results

In 2020, France counts 21 professional ergotherapy training centers and from 2009 to 2019, the number of ergotherapists (employees and entrepreneurs) increased from 7,349 to 12,765 (+ 4. 5% in a decade). There is around 1 ergotherapist for 5235 inhabitants, a density that is constantly increasing.

-Year after year, the French national retirement insurance finances more and more ergotherapy services but no precise data have been provided.

-The video for living room improvements has been watched by over 63,000 people.

More information

- https://www.lassuranceretraite.fr/
- https://ergotherapie.u-pec.fr/medias/fichier/livret-de-formation-2014-2017_1410165942746-pdf?INLINE=FALSE
- https://www.anfe.fr/demographie

[63] https://ergotherapie.u-pec.fr/medias/fichier/livret-de-formation-2014-2017_1410165942746-pdf?INLINE=FALSE

3.5 BUSINESS: Business opportunities and planning

3.5.1 Silver economy market and potential areas for starting a SHAFE business

The growing demographic increase of ageing people requires our society to change and adapt to their needs. Products and services that meet ageing people's needs are part of what we call "silver economy".

Challenges resulting of this new market are as many opportunities for entrepreneurs to innovate, create jobs and boost local economy.

This new economy is an incentive for the creation of new products (gerontechnology[64] expansion) as well as new services (particularly personal care services). Health, housing, transport/mobility or tourism are as many industries that could (should) be more fit to ageing people's needs.

Considering ageing as a resource, and not as a burden and as an opportunity for improving lives, is the spirit of entrepreneurship within the silver economy. In this way, the French State created, in 2013, "le contrat de filière silver economy"[65] that could be translated as "National pact about Silver economy industries".

This pact, carried out by French government "*Ayrault II*" that had worked in tandem with many different stakeholders (various trade unions, industrials, public authorities, business funders) aimed at defining goals and actions in order to develop silver economy industry and improve ageing people's autonomy and quality of life.

In 2016, the pact was revised[66] and defined six priorities:

- Fostering the development of the silver economy market;
- Fostering a competitive offer [between heterogeneous economic agents] in the silver economy market;
- Increasing the exportations of French products and services related to the silver economy;
- Heightening the professionalization of the silver economy agents and stakeholders;
- Implementing a national communication campaign about ageing well;
- Encouraging innovations in all industries related to the silver economy (by different types of supports: financial, technical, methodological, and commercial).

These 6 priorities were declined in 49 concrete actions like:

- The creation and the deployment of labels for ageing-well oriented products and services that meet specific requirements;
- The creation of venture capital funds for supporting the growing businesses of the silver economy;
- The launching of different entrepreneurship competitions (for young entrepreneurs, emerging start-ups);

[64]The gerontechnology is the adaptation of ICT solutions to ageing well.
[65]https://solidarites-sante.gouv.fr/IMG/pdf/Contrat_Silver_economie-MEP-9-12-2013-v6.pdf
[66]https://silver-normandie.fr/wp-content/uploads/sites/2/2017/01/Feuille-de-Route-Silver-Economie-12-Decembre-2016.pdf

- The organization [in France] of an international exhibition around the Silver economy market;
- Developing the subject “Silver economy” in different university curriculums;
- Creation of a “code” for ageing people;
- Launching of several “calls for proposals” about gerontechnology products and services.

All of these actions are regularly assessed by special committees that gather experts from different sectors (public, private, non-profit organizations).

Since the beginning of this national pact, some actions have been successful and reached great results, others experienced or are experiencing a slow start. Nonetheless, silver economy-oriented businesses are growing year after year and some of them have significant impact on ageing people’s daily life.

Regarding statistics and silver economy market potential, according to an article in the newspaper *l’Express* (*Le business doré de la silver économie*, 2016)[67] based on a study led by the CREDOC (research centre and observatory of life conditions), in 2012[68], ageing people spend more money on health, food and other services (insurances, personal cares…) than people under 50 years old.

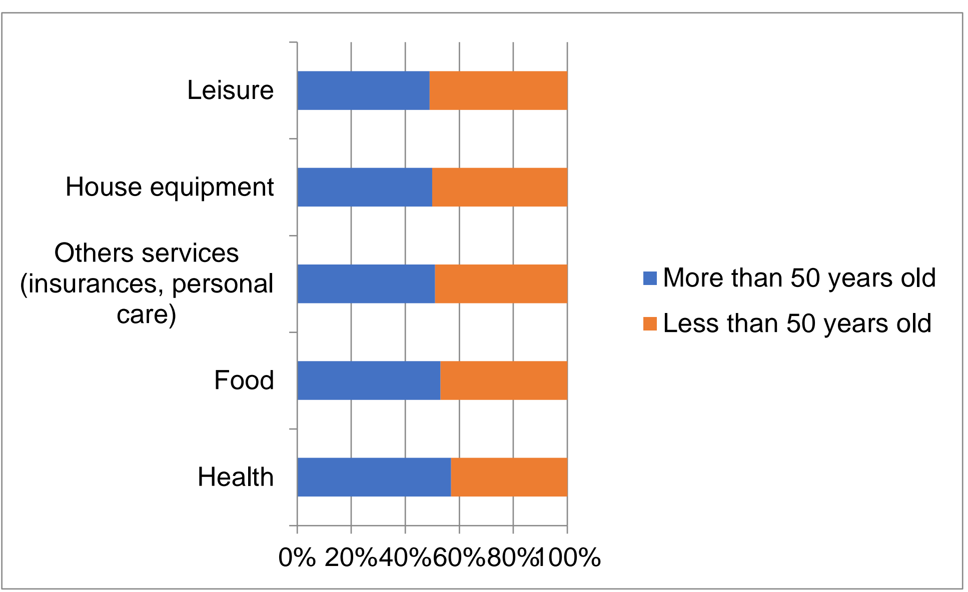


FIGURE 5*: DISTRIBUTION OF THE EXPENSES IN 2010 IN FRANCE BETWEEN AGEING PEOPLE AND LESS THAN 50 YEARS OLD PEOPLE (GRAPH MADE FROM THE DATA OF THE INSEE AND THE CREDOC)68*

In correlation with the ageing population tendency [*see chapter 3.2.1. Population by age groups*], over the years, these consumption habits should highly increase and the expenses of ageing people are expected to be more and more consequent.

In this way, the French ministry of economy evaluated in 2016[69] the creation of 300,000 jobs between 2016 and 2020 in the realm of silver economy. It also forecast that the silver economy market could represent, in 2020 in France, more than 130 billion of euros.

[67] https://lentreprise.lexpress.fr/evoluer-optimiser/services-facteur/en-chiffres-le-business-dore-de-la-silver-economie_1776871.html
[68] https://www.credoc.fr/download/pdf/Rech/C296.pdf
[69] https://www.economie.gouv.fr/entreprises/silver-economie-definition

Types of seniors	Annual income (€)	Annual consumption expense (€)
Working seniors	37,564	31,919
Newly retired people (less than 70 years old)	26,318	24,213
Households of "fragile" retired people	33,447	23,334
Alone and dependent retired people	17,308	13,054

FIGURE 6*: ANNUAL INCOME AND EXPENSES OF DIFFERENT CATEGORIES OF AGEING PEOPLE IN 2017 IN FRANCE* 70 *(TRANSLATION FROM INSEE AND CREDOC DATA68).*

3.5.2 Main regulations for starting a business

Starting an activity in France (lucrative or non-profit organisation) is ruled by many different regulations regarding financing, hygiene, trade relations, security norms…

According to the type of business (lucrative/non-profit, sole entrepreneur or partners in collective-company) and the sector (handicraft, trade, agricultural, built), entrepreneurs are likely to be involved in a multitude of processes and with the need to make strategic choices.

Below is a non-exhaustive list of main regulations for creating a business in France:

<u>Qualification requirements</u>

Some activities are regulated by the obligation [for the entrepreneur] of owning a specific certificate/diploma.

For instance, electricians need to possess a state certificate or to have worked at least 3 years as an electrician employee before registering their own electricity business.

In the realm of health and social activities, these qualification requirements are unavoidable. In most of the cases, every health/social worker has to hold a state diploma.

At the opposite, other industries are not regulated by qualification requirements. It is particularly the case of activities related to well-being. For instance, everyone can register a business in sophrology or hypnotherapy without having to prove any professional experience or having followed any professional training in these fields.

<u>Hygiene and security regulations</u>

To start as a personal care services provider, open a restaurant or create technological products, the norms to respect are widely different.

For example, in France, places that receive public (like shops or bars and restaurants) need to comply with accessibility norms.

[70] https://www.insee.fr/fr/statistiques/4127596 and https://www.credoc.fr/download/pdf/Rech/C296.pdf

Since 2005 (law n°2005-102)[71], every business facility has to be able to receive disabled people. This principle is ruled by different indicators[72], for instance:

- Every infrastructure [receiving public] that has stairs must install handrails alongside the stairs;
- Every parking lot that counts at least 50 parking spaces must include special ones for disabled people;
- Toilets must be adapted for wheelchairs (the width of the door to the toilet and the size of the toilet are, for example, strictly normed).

Regarding hygiene norms every entrepreneur who wants to cook food has to hold a state hygiene certificate and comply with numbers of specific rules about the installation and layout of the kitchen, the material to be used for cooking, temperature of the refrigerators, and time of conservation of the food.

Moreover, there are hundreds of rules that regulate work with ageing people, with babies, with animals, activities that create noise or smells… In fact, there are almost as many rules as situations.

Tax system

Creating alone, with friends or with family, creating an agricultural, a trade or an artistic activity, each type of activity has its own tax system.

Furthermore, very often, entrepreneurs have the responsibility to choose a tax system among several "available". Of course, each tax system has different consequences.

Concretely, an entrepreneur who wants to open a shop has to choose his taxations system among more than 5 different ones. Each of these systems has its own characteristics (tax rate, way of taxing, rights and obligations of the entrepreneur/company, administrative processes).

The French tax system on businesses is considered as one of the heaviest in Europe. Bad cash flow management due to unanticipated tax payments is an important cause of business failures. For this reason being able to identify the appropriate tax system for each type of business is a very important step in the business creation process.

All of these rules about hygiene, security, tax system, administrative declarations or qualification requirements can be numerous and complex according to the entrepreneur and the type of activity considered.

The most important, for starting a business and dealing with the various regulations is being able to identify the appropriate stakeholders (particularly informational stakeholders) who are able to support the entrepreneurs in each step of their creation process.

[71] https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000809647
[72] https://www.ecologique-solidaire.gouv.fr/laccessibilite-des-etablissements-recevant-du-public-erp

3.5.3 Support offers and stakeholders for starting a business

Different stakeholders, both public and private, intervene in most of the steps that an entrepreneur goes through when creating a business.

Some stakeholders are "optional", meaning that they give facultative help; others are a key part of the creating process and are indispensable for creating/running an activity.

Business support organizations – Advisers and counselors

Market study, funding plan or business trading strategy; creating a business can turn out to be an obstacle course. It takes time, energy, money, and entrepreneurs are constantly involved in decision-making processes that often create stress and anxiety.

Business support organizations aim at supporting entrepreneurs in all of the steps that precede a business creation: market research and business plan, marketing strategies, corporate legal forms, grants and loans requests…

The support offered by these organizations is mainly informational. Generally, these business counselors don't make things (like developing the business plan) for entrepreneurs but help them to do it by themselves. In fact, counsellors should give principally methodological advice in order to get entrepreneurs to develop their own entrepreneurial skills.

In all of the French regions, business support is funded completely by public institutions (regional authorities especially) provided that the entrepreneur meets the eligibility criteria. Among these criteria, the entrepreneur generally has to:

- be a job seeker;
- or, be between 18 and 25 years old;
- or, be employed in a company in receivership;

Nonetheless, each region or each funder has their own eligibility criteria.

Additionally to the business creation support, entrepreneurs can also generally be supported during the first three years of running their business. This supporting phase is, according to the eligibility criteria, also funded completely by public services.

The support is mainly individual but most of the business counselling organizations also offer group training packages on various themes about entrepreneurship.

To benefit from a business support, entrepreneurs have to choose an organization or a personal counsellor certified by the State to perform this activity.

Each region can provide a list of the certified organizations to the entrepreneurs who ask for it.

Local chambers of business

Local chambers (of commerce, agriculture or crafting) are very important stakeholders in business creation. There are three chambers (one for commerce, one for agriculture and the other for handcrafting) in each of the 101 French departments.

Not only do they help entrepreneurs to deal with the regulations related to the nature of the activity they want to run but they mainly support entrepreneurs in the administrative processes/declarations related to a business creation.

Creating a business implies being registered in many public institutions: tax services, social security insurance, retirement funds.

Local chambers are unique places that make the connection between the entrepreneur and all of the public services where he/she needs to be registered. More concretely, entrepreneurs bring their required documents to the chamber of business which, then, sends them to the different public institutions.

As well as their key role in the administrative process of the creation, chambers of business also provide business support, (alongside many other business support organizations), and produce economic and business local studies (economic observatory).

Certified accountants and legal experts

According to the type of business, entrepreneurs may need with the expertise of a certified accountant and/or a legal expert (notary, bailiff).

These legal professionals are the only ones able and entitled to perform certain mandatory procedures that could be a key part of business creation/running: writing the articles of association, lease agreement procedures, employment contracts …

These services are charged and represent, sometimes, an important part of the creation cost.

Nevertheless, certain public institutions (regional or municipal authorities) have started to implement policies that aim at giving citizens free legal advice. But these initiatives are developing only slowly and are not substitutes to legal experts in the way they are related to general advice and do not come into details.

Public institutions

Public authorities, whatever the territorial scale (municipal, regional…) can intervene in the process of creation in different ways.

The two main local institutions that manage economic and entrepreneurial growth are the regions and the municipalities.

One of their priority scopes of work is, for both institutions, subsidies policy.

The regions manage global economic orientations and particularly innovation (technological, environmental and social like fair economy) and export policies.

Regions implement a lot of different funding programs (national and European ones) to reach their economical goals.

For instance, the Region Nouvelle-Aquitaine has a program for boosting economies of the rural territories and working-class districts[73]. This program is oriented towards businesses (especially commerce businesses) that have the potential of having a strong social impact for the “weakest” and most remote populations.

[73]https://les-aides.nouvelle-aquitaine.fr/amenagement-du-territoire/dispositif-regional-daccompagnement-la-creation-reprise-de-tpe-entreprendre-la-region-vos-cotes

The program grants subsidies (from 4000€ to 1000€) to entrepreneurs that meet its requirements (about age, employment situation, own funds brought to the business…).

The municipalities (or groups of municipalities) manage municipal economic growth and especially town-centre services and tourism.

Each municipality has its own range of supportive actions. For instance, in order to develop city centre services, many municipalities provide different grants like:

- Free loans or free rent (for shops or warehouse for instance),
- Financial subsidies for the first financial expenses (stock buying, rent, accountant fees…),
- Communication support (ad in the municipal journal, on internet website…).

	Businesses created in 2018 in Corrèze	
	Number	%
Total	**1 590**	**100**
Industry	121	7,6
Built	167	10,5
Commerce, transport, accommodation and catering	389	24,5
Market services for businesses	478	30,1
Market services for individuals	435	27,4

FIGURE 7: TYPES OF BUSINESSES CREATED IN CORREZE IN 2018 (TRANSLATION FROM THE INSEE DATA)[74]

3.5.4 Available training concepts

Incubators are facilities that support business creation in different stages by offering a range of (personalized) services.

Each incubator has its own policy and develops its own services and ways of supporting businesses. For instance, some incubators are specialized in supporting digital products and services, other in supporting students, some are private, others public (led by a university, a municipality).

The services offered by incubators are different from one to another. Nonetheless, in most of the cases, incubators offer:

- Physical offices/desk,
- Mail and appointments management (by common secretaries),
- Access to printers, information resources (books, subscriptions to specific websites…) and various materials,
- Sharing of technical services: accountant, lawyer etc.

[74] https://www.insee.fr/fr/statistiques/2011101?geo=DEP-19#chiffre-cle-11

- Linking to different stakeholders: suppliers, potential customers, communications agency.
- A professional network between the members of the incubator (cluster effects).

Besides these “practical” services, most incubators aim at supporting their members in all of the steps of a business creation/management. In this way, some incubators include business counselors.

Furthermore, some incubators buy shares into the businesses of their members and become, besides all of the services described previously, a financing option for entrepreneurs.

To sum up, there are hundreds of incubators in France and each of them has its own specialization as well as its own range of services.

Anyhow, incubators represent important stakeholders in business training concepts and their increasing number over the years shows that they will probably be part of the future of business creation.

3.5.5 Example/s of good training practice

M.I.M.E®, France

Objectives

M.I.M.E.® was created (with European funding) with the goal of disseminating the learning of entrepreneurial skills for everyone. According to Luc DUQUENNE, the creator of the method, basic entrepreneurial knowledge and skills should be learned at school just like mathematics and languages.

Key facts

Among the themes approached during the training:

- How a business works -> the different roles between the company and the entrepreneur;
- The interdependence between entrepreneurs and their environment (stakeholders, customers, public institutions, competitors, regulations…);
- Negotiation process with stakeholders and win-win mind-set;
- Decision-making process: coherence, rationality, risk management etc.

Implementation

Concretely, M.I.M.E. is a role-playing concept that aims at giving [to the participants] basic insights on how a business works.

The most important business fundamentals are part of the training: trade and bank negotiations, cash-flow and stock management, basics of accountability, administrative procedures…

This concept is very concrete because most of the role-playing is based on decisions similar to the ones entrepreneurs need to deal with in a real business management.

For instance, during the training, participants are engaged on various decisions about making investments, fixing price policy, selling their products locally or exporting them internationally, negotiating with suppliers or banks and even making deals with other companies, stocks management.

The training is characterized by different stages that are supposed to follow the natural development of the company. Each stage is split into two phases:

1. Instructions by the trainers and action (group thinking and decision-making process).
2. Pedagogic lecture about the theme (investment, cash flow management, bank negotiation…) the groups just went through.

For instance, if the groups are told to take a decision about investment, the stage is followed by a lecture about the mechanisms of investment.

The lectures always follow the group decision-making processes and never come before because debriefing and analysis of the participants' behaviours is a key part of the training.

More than learning technical and specific business knowledge, the MIME method is conceived to help would-be entrepreneurs acquire or develop entrepreneurial soft skills like:

- Ability to deal (quickly) with unanticipated new situations;
- Questioning oneself, taking a step back and learning from mistakes;
- Anticipating mind-set;
- Dealing with emotions (stress and anxiety linked with risky situations for instance).

M.I.M.E.® is an innovative pedagogic method that uses case studies, debriefings, analysis and group discussions and tests of hypotheses (deductive learning).

The pedagogic fundamentals of M.I.M.E.® are:

- Creating problems to involve the participants in a solving and solutions research mind-set;
- Highlighting global, complex and dynamic approach of the problems and the solutions;
- Always associating learning with pleasure and dynamism.

The method is implemented like a board game. Only paper sheets, pen, calculator and board game items (cards, board, Legos®…) are used. It means that computers are excluded in order to enhance group discussions and collective thinking.

The training is generally implemented with 4 groups composed by 4 or 5 people (16 to 20 participants) and 3 trainers.

All the teams are competitors (even though they can make alliances during the game) and each team represents a company. The type of industry and the product they sell are not defined by the training in order to get the participants understand that the mechanisms of business management are universal whatever the industry.

The training lasts 2 or 3 days during which approximatively 2 years of a life company are simulated.

At the beginning, M.I.M.E.® was created for jobless, low-skilled people planning to create and manage a business.

Since then, the method has been adapted for all types of public:

- Students (university and technical schools);
- Entrepreneurs who want to improve their skills;
- Employees (low as well as high skilled);
- Teachers;
- Young people and fragile public living in deprived areas.

Results

The method is borderless, and many sessions have been organized in different countries: Romania, Italy, Spain, Benin and Switzerland for instance. The method was translated into different languages and a number of European trainers were trained to deliver it

Every year in the world, around 2000 people, from all social conditions, participate in a M.I.M.E. session.

More information

- http://www.delphic-consulting.com/

4 Recommendations for training packages

4.1 Needs of the end-users and role of facilitators

First of all, on the territories analysed for this report (Corrèze mainly but also bordering departments like Haute-Vienne and Creuse) end-users tend to be highly scattered and isolated. Their main needs are related to housing (insulation, heating system, house adjustments) and ICT devices for ageing better (like stairs lift), to transportation (to access basic services like supermarket or pharmacy) and to home care services (ready-cooked dishes delivery or house cleaning services for instance).

Informal caregivers that could seem the most obvious facilitators of SHAFE products and services encounter huge personal time management issues. Most of them spend the majority of their time taking care of ageing people and don't have the time and/or energy for something else as, for instance, participating in support networks for caregivers. The most important need that they state (to social workers who work with them for instance) is a need for rest, in other words, time to take care of themselves. For this reason, national as local policies for ageing well focus, importantly, on giving more rest to informal caregivers [by giving subsidies for paying professional home care services for example]. Hands-on SHAFE training packages should aim, at least, to help them save time by providing information or skills that would lead to a lightening of their schedule (devoted to ageing people care).

As well as public institutions, **non-profit organizations** represent another main group of facilitators in ageing measures. These organizations provide a major part of the SHAFE offer (with public institutions, health/social services and private businesses) and encounter, often, time and human resources issues. Here again, Hands-on SHAFE training packages should contribute, through better knowledge and/or skills, to increasing the efficiency of their actions.

Nevertheless, the people from non-profit organizations interviewed did not make any suggestion about any specific needs for training.

When questioned about their potential needs for training, all of them assured that:

- either they don't have time or don't want to undertake any training;
- or they can't think of any needs they would have for training, or they don't think any training would be useful regarding their needs;
- or they don't think that they need any training.

The fact that they think they are skilled enough to take care of ageing people simply shows that the gap between what people think they need and what they might really need may be important. It's the paradox of training: very often, people aren't aware that they could use some learning.

So consequently, Hands-on SHAFE training modules should probably, in part, aim at deconstructing stereotypes and common preconceptions and raising awareness of facilitators.

Apart from possible needs for training or solutions to specific problems, the explicit needs that all the informal caregivers have clearly mentioned are the need to rest and take regularly a break and the need for financial means to take charge of [for the ageing people they take care of]:

- People/home care services (ready-cooked dishes delivery, housecleaning, food shopping…) provided by professional businesses;

- ICT devices for home or personal safety (safety wristbands, stair lifts…);
- House renovations/adjustments (to fight against humidity, cold, inappropriate layouts…);
- Training modules should include tips on how/where to get this type of help, if it exists.

Potential entrepreneurs targeting an ageing clientele could be users of SHAFE training packages for several reasons. First and foremost, they seem to be the main public to voluntarily ask for support because they usually chose to dedicate time to preparing their project and many consider support as an essential (and sometimes unavoidable) part of their business creation. Furthermore, they represent a public in direct contact with ageing people (and in some cases, the only one…).

Nevertheless, an interesting work of raising awareness about ageing could be done for all kinds of entrepreneurs (not only SHAFE-oriented entrepreneurs) and volunteers. In small rural villages, shopkeepers (bakeries, haberdasheries, hairdressers…) are also one of the only direct relations of ageing people.

Furthermore, the fostering of silver economy business creation, by public institutions as well as other private and no-profit stakeholders, can't be overlooked and represents a major part in the development of SHAFE measures.

4.2 Strategies to attract and address potential SHAFE facilitators

As already mentioned, the majority of public institutions as well as non-profit organizations approached deal with important resource management issues (time, money, human resources) and assured that, for the moment, being involved in disseminating and fostering SHAFE or Hands-on SHAFE training packages would be difficult. Nevertheless, in order to reach out to a large audience, these organizations are necessary partners and will need to see some benefit to be interested. Similar issues of time and money apply to caregivers, informal and formal.

For these reasons, it seems relevant to:

- Clearly focus, in Hands-on SHAFE SMART, HEALTHY and BUILT training and communication, on developing time-saving knowledge and skills and show that it will increase efficiency in facilitators' everyday work;
- Avoid the term "training". The modules could take the form of practical guides or kits;
- Make things seem easy, by being practical and fun;
- Generate interest in SHAFE oriented activities by showing the possibility of an intersection between public interest (with the SHAFE concept) and income-generating business within the silver economy.

Self-employed workers or companies (and their employees) in the personal services industry (this field excludes medical care but includes, for instance, house-keeping services) could also be usefully targeted by the training. This is all the more so because people care businesses that provide assistance (excluding medical care) to aged people have trouble recruiting qualified people, and their employees are very often low-skilled. Further than providing useful tools, Hands-on SHAFE trainings could contribute to increase their motivation and feeling of responsibility, which are some of the issues encountered in this field[75].

4.3 Appropriate training contents and methods

In addition to the general recommendations already formulated in the preceding section, here are a few observations specific to each package.

Regarding HEALTH training packages, many organizations (Social centres, non-profit organizations and NGOs especially) implement good practice training (about sleep or food habits for instance), free conferences or workshops, social activities…

Therefore, according to the experts questioned, HEALTH training packages have to be innovative compared to what already exists.

However, none of them expressed suggestions or proposals about the appropriate content of HEALTH training packages.

Regarding ICT training packages, despite some implementations, the main issue seems to be to extend numeric uses (digital culture realm) among the most isolated informal caregivers and/or ageing people. Nevertheless, excluding ICT for houses (stair lifts, safety sensors…) in which the offer seems to be wide, complete and visible, ICT solutions (apps for instance) could be more used by isolated and/or low skilled end-users (if they are easily and "naturally" used).

In conclusion, ICT for houses and safety is a developed and visible offer that benefits from public support (subsidies for end-users in particular) and no specific training packages in that field are suggested by the stakeholders questioned. ICT in the form of mobile apps or online/web training seems to have a limited impact on low-skilled end-users because, most often, they are not sensitized or willing to use such types of ICT.

Consequently, a cultural work of raising awareness about the benefit of digital solutions in ageing well could be interesting.

At the same time it must be stressed that ICT solutions should not become substitutes to basic human relations. Some experts interviewed pointed out that in some cases, facilitators may misunderstand the purpose of an ICT solution and substitute it to human/social activities. For instance, an informal caregiver could consider he doesn't have to visit every week the ageing person he takes care of because the house is equipped with monitoring devices. For this reason, every training module that aims at instilling new usages and practises has to be very careful about potential misunderstandings and highlighting the limits of its usages.

Regarding BUILT training packages, some of the experts interviewed mentioned an important increase of potential entrepreneurs in the realm of alternative housings.

According to various support organizations in project creation, a lot of potential entrepreneurs who want to create a business in alternative housings have mentioned an interest to be trained on good practices but also about basic regulations and norms for accommodations that fit best the needs of ageing people.

Furthermore, a lot of "social" organizations (non-profit organizations, third places, informal communities…) that receive different people with potential disabilities could be interested in benefiting from BUILT training packages and especially good practices about building appropriate layouts for ageing and disabled people.

4.4 Strategies to sustain the training outcomes

In order to sustain the training outcomes, it seems to be a necessity to work with local "influential" partners in the realm of SHAFE in order to implement and/or foster effectively Hands-on SHAFE training packages.

Organizations with an important territorial anchorage, whose activities are identified, well-known and effective (that meet the main needs of end-users and facilitators) should be the main stakeholders involved in the fostering and implementation of Hands-of SHAFE training packages.

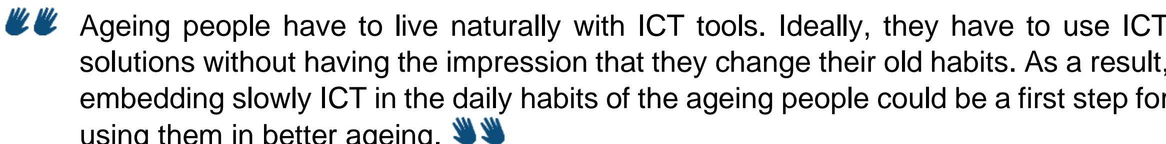
Furthermore, the training modules have to meet the needs identified on the territory in order to be used by facilitators but also for a better involvement of influential stakeholders. The more the contents of the training packages meet the gaps identified on the territory, the more SHAFE stakeholders will be prompted to promote and eventually fund the organization and the development (at a larger scale e.g.) of the training.

As it has been said previously, numerous potential facilitators (especially non-profit organizations) deal with time, financial and human resources issues. Involving them in Hands-on SHAFE training modules can hardly be done without incentives (financial but not only).

5 Quotes of experts and stakeholders

Ageing people want to be approached as responsible adults. Unfortunately, they are too often treated like children and it's highly counterproductive.

Entrepreneur in design thinking for ageing better



Ageing people have to live naturally with ICT tools. Ideally, they have to use ICT solutions without having the impression that they change their old habits. As a result, embedding slowly ICT in the daily habits of the ageing people could be a first step for using them in better ageing.

Head of an innovative laboratory about ageing well

ICT have to open people to the world, to offer them new possibilities. We have to be careful not making them even more alone because of ICT tools.

Head of a non-profit organization that implement numerous SHAFE measures

In the territory, the needs of ageing people are more/better social relations, appropriate housing conditions, transportation solutions and access to basic personal, housing and health care services at home.

Head of a public service that implement ageing policies

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