

## AIM's Views on the EU Care Strategy

### According to AIM:

1. The EU Care Strategy should put **solidarity** at its core:
  - Supporting the development of solidarity-based social protection systems and actors, such as mutuals;
  - Fostering intergenerational solidarity and cohesion across all sectors of society;
  - Defining and promoting the concept of solidarity in a changing world.
2. The EU Care Strategy should follow a **human-rights** approach:
  - Ensuring fundamental rights and setting targets for formal long-term care;
  - Setting concrete and measurable goals to monitor progress on social ambitions.
3. The EU Care Strategy should contribute to **guaranteeing access to high-quality long-term care across the EU**:
  - Establishing EU indicators for LTC on accessibility, sustainability and quality;
  - Setting concrete and measurable goals to monitor progress on social ambitions;
  - adopting a quality framework for long-term care services;
  - establishing an EU Observatory for Care for Older People;
  - better integrating of LTC in the European Semester;
  - setting up a Steering Group on LTC;
  - lead to the publication of EU guidelines on needs assessment and eligibility criteria for LTC.
4. The EU Care Strategy should help ensure the **sufficiency, efficiency, and well-being of the care workforce**:
  - Proposing an updated Action Plan for the EU Health and LTC Workforce
  - Establishing a new EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning.
5. The EU Care Strategy should aim at the **better support and proper recognition of informal carers**:
  - Ensuring a better recognition of carers and their rights across the EU;
  - Achieving more flexibility in the exercise of carers rights in cross-border situations.
6. The EU Care Strategy should integrate **mental health** as a key concern;
  - Taking into account the impact of all the measures it will propose on the mental health of carers (both formal and informal) and care recipients.
7. The EU Care Strategy should seek to unleash **the potential of new technologies** for care:
  - Developing innovative solutions in collaboration with formal and informal carers as well as care recipients and with the involvement of payers;
  - Improving levels of Digital literacy.
8. The EU Care Strategy should **ensure better preparedness for future health crises**:
  - Proposing guidance for professions at risk on how to ensure proper working conditions and high levels of health protection in times of crisis;
  - Promoting the identification and exchange of best practices at European level (that should feed into the guidance);
  - Establishing networks of professionals and use existing networks to step up collaboration on the development of such guidance and contribute to its implementation;
  - Providing financial and technical support to Member States on the implementation of that guidance.

## *1. The EU Care Strategy should put solidarity at its core.*

*Support the development of solidarity-based social protection systems and actors, such as mutuals.*

The model of mutuals based on the principles of solidarity, democracy and not-for-profit, is an asset for social protection systems (health, long-term care, pensions, etc.). A clear role of the European Union is to promote systems based on solidarity and social economy actors like mutuals.<sup>1</sup> [See Annex 1 – the added value of mutuals for LTC]

It is vital for the EU to ensure a balance between public and private service providers of care, while supporting social economy actors. **Ensuring access to high-quality care for all requires strong social protection systems based on solidarity and not for profit.** Yet, private for-profit providers are increasingly contracted to deliver care services. Experts detect a clear trend towards privatisation and a market-driven approach to LTC in Europe. Such a trend could exacerbate inequities, leaving the most vulnerable groups with unmet needs due to a lack of affordability and the potential implementation of systems which rely on risk selection, and which put profit above the well-being of individuals.

*Fostering intergenerational solidarity and cohesion across all sectors of society*

The EU Care strategy should look at intergenerational solidarity and start the discussion on the development of a fair and sustainable social model based on this concept.

The COVID-19 pandemic has put intergenerational solidarity in the spotlight and underlined its value. It also revealed the deep societal impact that the lack of it can cause. Beyond the family sphere, it is at the level of society that intergenerational solidarity should be mainstreamed. Solidarity between generations should be boosted in order to avoid a ‘generational split’, prevent further causes of inequality and fight loneliness in old age. Fostering intergenerational solidarity requires a whole-of-society approach, involving all sectors from labour market to health and social protection systems.

## *2. The EU Care Strategy should follow a human-rights approach.*

*Ensuring fundamental rights and setting targets for formal long-term care*

When it comes to LTC, **AIM would encourage the EU to establish targets such as the ones for childcare (Barcelona targets) in order to encourage Member States to work towards improving access to formal LTC services.**

The Strategy should aim at ensuring non-discriminatory and equal access to care for all. The actions it will propose should contribute to secure the human rights and dignity of all, including older people, disabled individuals, women and vulnerable groups.

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<sup>1</sup> Mutuals make no risk selection on basis of age, gender or health status; they empower their members and adapt to the needs of their affiliates, who are also part of their governance. Their members are from all income groups, gender types, generations and age. Through participation in their governance, a higher degree of trust of the affiliates in the mutual model is achieved. The mutual model is highly resilient and faithful to the principles of the Pillar of Social Rights. Mutuals seek to provide access to healthcare and LTC for all, tackling inequities at their root and carrying out their social mission within and from communities.

AIM encourages the European Commission to establish clear links between the EU Care Strategy, the Strategy on the Implementation of the Charter of Fundamental Rights and the Gender Equality Strategy.

According to AIM, access to care is a fundamental right of all EU citizens. Care services like mental healthcare, rehabilitation, long-term care, palliative, end-of life care, but also assistive technologies should be available to all without discrimination, regardless of individual financial means. Given that a majority of informal carers are women<sup>2</sup>, those targets should also play a key role in European Commission's strategy to ensure women can participate fully in the labour market. In addition, the care strategy should also tackle role models in which care for the elderly is seen as women's responsibility.<sup>3</sup>

*Setting concrete and measurable goals to monitor progress on social ambitions.*

A strong care strategy is a strategy that does not only focus on labour market participation, silver economy or work-life balance. While those aspects are important and should not be neglected, it is key for the strategy to also include concrete and measurable goals and clear deadlines that allow to monitor its implementation and contribute to the implementation of the pillar of social rights. The aim should be to achieve a more social Europe, by tackling inequities and enabling the genuine inclusion of all its citizens.

### **3. The EU Care Strategy should contribute to guaranteeing universal access to high-quality long-term care across the EU.**

The EU Care Strategy is the opportunity for the European Commission to give a push to its works in the field of long-term care.

*Establishing EU indicators for LTC on accessibility, sustainability and quality*

First of all, ensuring the collection of comparable data on LTC to support the strategy and monitor its implementation is key. An initial measure in achieving comparable data is the **establishment of EU indicators for LTC on accessibility, sustainability and quality**. Developing outcome indicators [see our [position paper](#)] at European level could indeed encourage objective and standardised assessment of LTC, which in turn would allow the collection of comparable data across MS. Those indicators would also allow to better integrate the monitoring of LTC systems within the European Semester process.

AIM also encourages **the adoption of a quality framework for long-term care services**, in line with the principles put forward by the WeDo project. [see our [position paper](#)]

AIM would also welcome the establishment of an **EU Observatory for Care for Older People**, as proposed by the EESC in its [own-initiative report](#) "*Towards a New Care Model for the Elderly: learning from the Covid-19 pandemic*". The observatory could ensure the collection of quality and comparable data; favour the exchange of best practices between Member States, contribute to the implementation of the Pillar of Social Rights and of the Care Strategy.

*A better integration of LTC in the European Semester*

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<sup>2</sup> <https://eurocarers.org/publications/the-gender-dimension-of-informal-care/>

<sup>3</sup> [Think Tank européen Pour la Solidarité, Active Ageing and Intergenerational Solidarity: findings, issues and perspectives, p. 101.](#)

AIM encourages a better integration of LTC in the European Semester. There is no one-size-fits-all solution when it comes to the organisation and financing of LTC systems. In addition, LTC is a competence of Member States. However, countries are often facing similar challenges. There is a clear added value in discussing possible solutions at European level, sharing information and experience. Based thereon, the EC could issue **tailor made recommendations, via the EU Semester**.

#### *Exchanging Best Practices*

AIM invites the European Commission to set up a **Steering Group on LTC** (similar to the existing one on prevention). AIM also calls on the European Commission to encourage the exchange of best practices between Member States regarding innovative care roles or LTC governance systems.

#### *EU guidelines on needs assessment and eligibility criteria for LTC*

The Care Strategy should lead to the **publication of EU guidelines on needs assessment and eligibility criteria for LTC**. They could support Member States in the establishment of national targets. Such an initiative is key, in our view, to fight inequities between and within Member States.

More information on AIM's views on LTC can be found in its [position paper](#).

#### *4. The EU Care Strategy should help ensure the sufficiency, efficiency, and well-being of the care workforce*

##### *An updated Action Plan for the EU Health and LTC Workforce*

AIM calls for an **updated Action Plan for the EU Health & Care Workforce**. An updated plan could adapt the ambitions of the previous one to the European Commission programme and to the new realities which sustain it.

The European Commission published in 2012 an Action Plan for the EU Health Workforce. The EU Care Strategy is the opportunity to update that action plan and include both health and long-term care workforce concerns in it. The Action Plan should have a clear link to the Updated Skills Agenda and establish an EU-wide collaboration on updating skills of both the health and LTC workforce. The workforce must be properly trained in order to acquire skills which might not be traditionally offered in their current curriculum (e.g. geriatric, ICT, etc.). Interdisciplinary education, which puts different specialisations into contact from the very beginning, as well as innovative curriculum design offer a golden opportunity.

##### *A new EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning*

AIM would also welcome the establishment of an **EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning**.<sup>4</sup> The Joint Action could ensure better data collection across the EU and develop methodologies for better forecasting of workforce and skills needs. It could also allow the exchange of best practices on recruitment and retention measures.<sup>5</sup>

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<sup>4</sup> The [previous JA](#) covered only health workforce and ended in 2015.

<sup>5</sup> More information in our [recommendations](#) to the Green Paper on Ageing.

## *5. The EU Care Strategy should aim at the better support and proper recognition of informal carers.*

### *Ensuring a better recognition of carers and their rights across the EU*

The EU Care Strategy could play a decisive role in improving the situation of informal carers across the EU. One of its core objectives should be to gather data on the economic value of informal care. Those concrete figures will help make the case for the proper recognition of informal carers and their improved access to social protection.

The Care Strategy should ensure that those who decide to be carers have access to proper training and information, so as to guarantee qualitative care and ease the psychological and physical burden care responsibilities can represent. Carers often lack preparation and take over the task on top of other family or employment obligations. Such a situation can generate stress and lead to poverty, isolation, employment-related issues, and financial problems.<sup>6</sup> Ultimately, the Care Strategy should guarantee that caring is and remains a choice easier to assume.

### *Achieving more flexibility in the exercise of carers rights in cross-border situations*

The EU should contribute to achieving the necessary **flexibility when it comes to access to carers' rights, especially in cross-border situations.**

More and more Europeans decide to cross borders and work and live outside of their country of origin, far from their families. That can constitute a problem when having a relative in need of care. For example, current rights are not flexible enough to allow people to exercise their right to carers' leave in order to look after their relatives in other countries.

This is especially necessary in times of a pandemic or other 'force majeure' where the borders can be closed. Informal carers should be recognised as a special category in all European countries and should not be subjected to major barriers such as quarantining or isolation when they took all the precaution needed to execute the care and provided it is proven that they are informal carers.

## *6. The EU Care Strategy should integrate mental health care as a key concern.*

**Taking into account the impact of all the measures it will propose on the mental health of carers (both formal and informal) and care recipients.**

The pandemic has had an unprecedented impact on the mental health of all generations, highlighting it as a key priority for health and social policies for the years to come. COVID19 heavily impacted the mental health of young, old, carers, care recipients, healthcare professionals, children, parents, ... The upcoming wave of mental health ailments, which already starts to show in many Member States, will need to be addressed. Combined with the growing incidence of mental health problems linked to the ageing of population, such as dementia, they will constitute one of the greatest challenges to be tackled.

The Care Strategy should establish links with the initiative on mental health announced in the updated EU Framework on Health and Safety at Work. The latter announces an initiative on mental health, as well as an OSH overview of the health and care sector and the establishment of emergency procedures and guidelines for future crises that will definitely contribute to the above-mentioned objective. Yet,

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<sup>6</sup> See Eurocarers' [What do informal carers need?](#)

mental ill-health cannot be cured through labour policies only. It touches people of all ages, inside and outside the labour market. It affects formal and informal carers, as well as care recipients. AIM strongly believes that the strategy should include mental health as a key concern, contributing to tackle stigma, prevent mental ill-health, while ensuring timely access to quality mental health care for all.

### *7. The EU Care Strategy should seek to unleash the potential of new technologies for care.*

*Developing innovative solutions in collaboration with formal and informal carers as well as care recipients and with the involvement of payers*

The European Commission and other stakeholders, including industry, should involve carers, care recipients and payers in the development of innovative solutions in the care sector.

Innovative solutions can help ensure sustainable LTC by improving prevention, rehabilitation, allowing individuals to live healthier and longer lives at home should they wish so, while supporting both formal and informal carers in their tasks. Information and technology services can contribute to strengthen prevention interventions, reach more efficient LTC delivery, improve the coordination of care, and provide support to LTC users and their carers and families. Yet, to be a real added value to people's lives, those solutions are to be developed together with users. Payers should also be included in the process. Not only will they bear the costs, but they are also aware of the needs of their affiliates. They can help set priorities which would contribute to guaranteeing the sustainability and accessibility of services.

*Improving levels of Digital literacy*

In addition, the EU Care Strategy should establish links with the announced Skills Agenda for Europe and Digital Education Action Plan with the aim to achieve high levels of digital and health literacy and foster inclusion.

High levels of digital literacy are necessary to enable societal barrier-free participation and inclusion of older generations. No matter the services which are made available, people do need the necessary skills to use them adequately and in a timely manner. Technology should also be designed so as to take into account the needs and skills of older people.

Innovative tools can also contribute to timely access to care, support carers and informal carers in their tasks, etc. For that potential to be reached, it is key to improve levels of digital literacy among carers, care recipients and informal carers, but also to bridge the digital divide. It is also a key challenge raised by the European Commission in its Report on the Impact of Demographic Change.

### *8. The EU Care Strategy should ensure the better preparedness of the care sector for future crises.*

While the EU has other initiatives on the way, aiming at ensuring better preparedness for future pandemics<sup>7</sup>, AIM believes that the Strategy should **propose guidance for professions at risk on how to ensure proper working conditions and high levels of health protection in times of crisis; promote the identification and exchange of best practices at European level** (that should feed into the

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<sup>7</sup> Communication on Building a European Health Union, Proposal for a Regulation on serious cross-border threats to health, Proposal to extend the mandate of the ECDC and of EMA, the creation of HERA...

guidance); **establish networks of professionals and use existing networks to step up collaboration on the development of such guidance and contribute to its implementation;** and to **provide financial and technical support to Member States on the implementation of that guidance.** The implementation of the EU Framework for Health and Safety at Work can also contribute to turn those commitments into action.

Carers were particularly at risk during the pandemic. The EU Care Strategy should ensure that steady occupational health and safety measures are put in place to ensure high levels of health protection. Workers' as well as patients' and care recipients' health and well-being should be in the centre of those policies. The efficiency of those measures in time of crisis needs to be reviewed and ensured.

## The added value of mutuals for long-term care.

**Mutuals offer a better answer than other insurers and providers.**

### *Introduction*

Long-term care is one of the biggest challenges that our social protection systems are facing in the coming years. The ageing of the European population will have an impact on demand for care but also on the availability of the workforce. Of course, ageing is not the only determinant of LTC. Other aspects will affect dependence ratios and care needs, such as the proper implementation of healthy ageing policies, income levels, education, and quality of life, to cite but a few.

Driven by the solidarity principle, mutuals do much more than ensuring the coverage of LTC needs and the provision of high-quality services. Beyond quality, sustainability, accessibility and innovation, mutuals follow and call for a positive health approach, acting on the many determinants of health – like the social participation.<sup>8</sup>

Mutuals contribute to a ‘more social Europe’ and world. Social economy institutions like mutuals get more and more visibility in the European arena through the Social Economy Action Plan. Their value is recognised in many fields, including LTC. Recently, the European Commission mentioned mutuals as “(...) key actors in the delivery of health and long-term care services” in its Green Paper on Ageing. However, the role of mutuals goes way beyond. Starting with the definition of mutuals and a short overview of their role in long-term care, this paper summarises the different facets of the added value of mutuals in the field, exemplified by some concrete best practices from AIM members.

### *What is their role regarding LTC?*

Mutuals are fore and foremost payers of LTC services. In some countries, mutuals are also providers and manage nursing homes. In France for example, mutuals manage more than 460 establishments and services for the elderly or disabled, including 217 Ehpads (= nursing homes). In other countries, mutuals do not carry any of those functions. And yet, they do have a key role to play!

Indeed, the role of mutuals is not limited to the simple reimbursement of medical acts or LTC services. The mutual movement contributes to the development of social protection based on solidarity by adapting to the new needs of society. They are committed to finding solidarity-based solutions to support their members throughout their lives and ensure their good health and well-being. To do so, they follow the health in all policies approach.<sup>9</sup> Ensuring people are in good physical and mental health by providing access to affordable and qualitative services, but also acting on their broader environment so as to improve their quality of life by for example boosting social interaction, breaking isolation, promoting healthy habits throughout the life-course, or making the most of new technologies for the well-being of their affiliates.

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<sup>8</sup> See also AIM’s recommendations on the [Green Paper on Ageing](#).

<sup>9</sup> *Idem*



## *What is their added value compared to other types of providers and insurers?*

The added value of mutuals for the sector is to a great extent linked to the earlier mentioned values, which constitute their DNA.

### 1. Advantage one: Mutuals strengthen solidarity

As already mentioned, mutuals make no risk selection. They have no shareholders. Their funds are fed by the contributions of their members. Those contributions are either equal or proportional to income, but never calculated according to the risks covered.

Because of demographic change and the higher dependency ratios it will most probably entail<sup>10</sup>, long-term care insurance will increasingly differentiate their premiums on the basis of risk profiles. Maintaining sufficient coverage for those at risk (people with poor health, the unemployed, elderly people) will require from social protection systems to rely on social economy actors like mutuals in order to truly create a smart, sustainable and inclusive economy.

### 2. Sustainability

Mutuals are social economy enterprises which contribute to a sustainable economic development model that places people above capital.

As the European Parliament resolution from 2009 on social economy states: “an economic system in which social economy enterprises play a greater role would be less exposed to speculation in the financial markets, in which some private enterprises are not subject to the control of shareholders and regulators”.<sup>11</sup>

In 2011, a study entitled “The role of mutual societies in the 21st Century”<sup>12</sup> prepared by the company “Research voor Beleid, The Netherlands” for the European Parliament Research also stated: “[...] (S)ince mutuals only acquire capital through their members and not via capital markets, they appear to be more resilient to financial and credit crises and, hence, to demonstrate higher sustainability.

Mutuals are also committed to the achievement of the objectives stated in the European Commission’s Green Deal. Their environmental commitment is reflected in their communication to their members on the one hand, but also in the practices of the institutions that they managed (e.g. nursing homes) on the other. Mutuals indeed endorse the responsibility to raise levels of literacy of all their members on the environmental impact of their way of life. When it comes to the mutualist institutions, some favour “green catering”, which favours short circuits and organic and local food consumption (see the best practice examples for more information).

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<sup>10</sup> See [2021 Ageing Report](#) by the European Commission

<sup>11</sup> <https://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+TA+P6-TA-2009-0062+0+DOC+PDF+V0//FR>

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<https://www.europarl.europa.eu/document/activities/cont/201108/20110829ATT25422/20110829ATT25422-EN.pdf>

### 3. A societal commitment

If the EU is to maintain sustainable, affordable long-term care systems, there is a growing need for economic operators with social responsibility deeply rooted in their organisation.

Social economy and mutuals are based on a social paradigm that corresponds to the fundamental principles of the European social model, and to the ones stated in its Pillar of Social Rights. Their main driver is not financial but societal profitability. Mutuals play an essential role in safeguarding and strengthening this model by strengthening social, economic and territorial cohesion, generating social capital and promoting active citizenship. These are important qualities for the sustainability and affordability of long-term care systems. Mutuals indeed strengthen the social fabric, boosting individuals' sense of belonging to a community. Doing so, they nourish intergenerational solidarity, which is key in ensuring the well-being of older and younger populations.

Mutuals often create wide networks together with other important actors such as NGOs, volunteers, hospitals, for example. That network plays a key role not only in ensuring that everyone gets the care he/she needs but also that other important necessities of older people (amongst others) are fulfilled. Those networks allow them to offer comprehensive support and cover all their needs, following a wholistic vision of health. They do so always for the benefit of their affiliates, putting their well-being at the centre.

### 4. A greater financial accessibility

Recently, the development of market-based approaches to LTC delivery combined to the will to further empower users have led to the development of a strong consumerism focus. Private for-profit providers are increasingly contracted to deliver public services, replacing a more trust-based system. Such a trend could exacerbate inequities, leaving the most vulnerable groups with unmet needs due to a lack of affordability and the potential implementation of systems which rely on risk selection.

As mentioned above, the main aim of mutual insurance funds is not profit but the well-being of their affiliates, whose needs act as their steering wheel. Therefore, making long-term care services accessible to all is one of their key priorities. Care in mutualist institutions is more affordable than in private for-profit institutions. For example, the monthly out-of-pocket expenses in a French mutualist EHPAD (nursing home) amount to €1,730 on average compared to €2,260 in the private sector. The left out-of-pocket expenses in mutualist institutions are very close to those in the public sector, with an average €1,580.<sup>13</sup>

On top of the costs of services themselves, mutuals also strive to improve the social status of disadvantaged people, which in turn improves their access to services. That role is also recognised in the Parliament resolution on social economy.<sup>14</sup>

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<sup>13</sup> More information available here : <https://www.aladom.fr/actualites/secteur-service/9171/maisons-de-retraite-le-cout-moyen-franchit-la-barre-des-2000-euros-par-mois-en-ehpad/>

<sup>14</sup> <https://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P6-TA-2009-0062&language=FR>

## 5. Higher Trust

Social economy actors like mutuals are vital for strengthening economic democracy. Affiliates are indeed also members of the mutuals and their board. All generations are thus represented and involved in decision-making processes and empowered to steer the mutual. This is a key aspect in achieving Social Development Goal 16: stronger, more efficient and fairer institutions.

That governance structure also ensures that older generations feel empowered to be part of decision-making, as long as they can, guaranteeing a higher level of trust in the organisations. On top of that, it is what keeps mutuals close to the changing needs of the population. Decision making processes are quicker than for example in other public statutory healthcare funds. That governance structure thus gives them the power to quickly adapt their services if necessary and to be essential contributors to social innovation, which is very needed to face upcoming challenges in the field of long-term care and ageing.

## 6. Social innovation

Social economy constitutes a significant reservoir of social innovation. In the case of mutuals, that innovation is at the very root of the movement. Indeed, mutuals are the heirs to one of the greatest social innovations of the last two centuries, namely the coverage of loss of income following an illness. Strong from this experience, mutuals have continued, throughout centuries, to encourage people facing difficulties to find solutions to their own social problems, including when it comes to ageing.

Mutuals continuously invent and reinvent themselves in order to offer comprehensive long-term care and ambitious support throughout life. This includes challenges related to care for the elderly, the help for carers, etc. These innovations enable mutuals to keep pace with current social, societal and technological developments. Mutualist innovations concern service establishments (nursing homes, clinics, etc.), home adaptation and telemedicine, as well as insurance activities through new services covering the needs of a changing society.

## ***Best practices***

The following best practice examples are organised according to the above-listed aspects by way of illustration. However, many of those examples are related to several of those aspects (sometimes all).

### **1. Solidarity**

#### ***Vivagora: positive health and ageing***

Taking into account that housing and social ties are determinants of health, the Vivagora project by the Christian Mutuality (MC) aims to develop a non-institutional and non-medicalised place to live: an alternative to the classic formulas of accommodation for elderly people. The project also meets other expectations: accessible housing for families, people in precarious situations, disabled people, etc.

The Vivagora project implements the concept of positive health for the development of an intergenerational housing project. It aims to break the solitude in which many people find themselves after the age of sixty whether they are single or in a couple, the project aims to enable them to choose a new habitat in which they find a neighbourhood based on the sharing of activities, tasks and mutual support. It is part of an intergenerational housing complex that ensures a mix on several levels: age, social, cultural, disability, etc. The project allows, in addition to the objective relating to the elderly, to provide favourable and accessible housing solutions for families, single-parent families, young couples, disabled people (children and adults)... The housing offer developed in the form of cohabitation mixes private and common spaces, thus allowing each person to keep his or her self-determination and to participate in the community life (services, activities...) according to his or her own resources and commitments. It is a place where residents can have projects, participate in civic life independently, despite losses, dependencies and health problems that may arise, while preserving, until their last day of life, all their prerogatives of self-responsibility.

The concept aims to be integrated into the neighbourhood or village where it is harmoniously established. Wherever possible, the project develops spaces for social economy activities (leisure, shops, culture, health) representing an added value for the extended community.

### **2. Sustainability**

#### ***More sustainable nursing home - FNMF - France***

Several mutualist Ehpad (nursing homes), part of FNMF's network, favour short circuits: for example La Noë mutualist residence in Rennes (Mutualité Française Ille et Vilaine), the Résidence Le Village in Richwiller (Mutualité Française Alsace) and the Residence MBV Côté Canal in Aigues Mortes (MBV - Mutuelles du Bien Vieillir).

The FNMF also has its own labelling process which certifies that a medical-social establishment or service is effectively committed to a quality approach. This approach is based on an FNMF reference system which includes among its criteria the implementation of responsible purchasing and preferably short circuits.

### **3. A deep societal Commitment**

#### ***A.I.M.E.R – Bi-generational housing - FNMF - France***

The bi-generational A.I.M.E.R.© house, for Seniors-Nurses-Doctors-Students-Residence, is an innovative accommodation solution for students and seniors.

This residence, located in the centre of Limoges, combines adapted accommodation for the elderly and shared student accommodation within the same building complex in order to encourage intergenerational relations.

The cohabitation between the elderly and students in medical or paramedical studies (nurse, care assistant, medicine, pharmacy, rehabilitation professions, etc.) is done in a spirit of mutual aid, solidarity and sharing. The residence offers elderly people a secure and friendly environment. The students offer their help when needed: shopping, conversation, sharing meals, etc. In return, they are provided with accommodation at a lower cost. This initiative is a response to both the isolation of the elderly and the precariousness of the younger generation.

For mutuals, bringing generations together also means creating bridges between early childhood establishments and places for the elderly, and organising friendly visits for elderly and isolated members...

### *Organisations for older people - Belgian Mutuals*

Espace Seniors & S-Plus - Belgian socialist mutual health funds.

[Espace Seniors](#) is an association of the Solidaris network which represents and defends the rights of people over 55 since 1977.

Its mission: to fight against social inequalities and ageism in order to defend the interests of seniors and to ensure their self-determination and emancipation. They focus on different issues related to the well-being and social inclusion of older people: citizenship, ethics, health, social security and access to culture and leisure.

S-Plus is a pluralistic seniors' association. It aims to improve the health and wellbeing of people over the age of 65 and their full participation in social and political life. The focus is on feeling good, regardless of age. As an association for senior citizens, S-Plus focuses on senior citizens in Flanders and Brussels. The activities are carried out by volunteers with spirit who are supported by professional staff. Their objective is to enable everyone to age actively and to continue to participate fully in social life, with extra attention for vulnerable groups. They seek to create a bond by sharing and propagating common values and standards, meeting new people and relaxing and learning together. If necessary, they take social action to reinforce their demands. A healthy society is one where health care is accessible and affordable for all over the age of 65 and where well-being is more important than profit. S-plus identifies problems, creates spaces to learn from each other and let themselves be inspired by others, which enables them to come up with creative answers to society's issues and to think actively about policy.

OKRA : an Association of, for and by people over 55 – ANMC - Belgium

[OKRA](#) is an association of, for and by people over 55. It gives people opportunities to meet people of your own age and to participate in activities together, allowing them to develop their talents, remain active and be able to participate in the ever-changing world. The ultimate goal is to achieve a warmer society for all. OKRA (which stands for Open, Christian, Respectful and Active) is based on the following values: solidarity, justice, equality and solidarity. Vulnerable groups receive extra attention. Volunteers organise the majority of activities at OKRA.

Individuals can also come to OKRA for questions and advice about their pension and healthcare. It also provides information and support regarding mobility, et. It also ensures to make the voices of the 55-plussers heard in decision-making. The EESC awarded OKRA with the Citizens' Solidarity Prize for its original initiative "Resilience", designed to encourage older people during the COVID-19 pandemic and to ensure that they are not forgotten.

The Christelijke Mutualiteit is a partner of the Association.

### *Putting older people at the centre – FNMF - France*

The objective of this action is to fight against social isolation and improve the quality of life of seniors. Several surveys have highlighted the need for information on health protection factors related to ageing pathologies, but also and above all their need to be listened to and recognised, their need for self-esteem, their desire to feel useful and the importance of feeling free in their thoughts to improve their quality of life. With those challenges in mind, a participatory programme was set up, which encourages seniors to think about long-term actions around ageing well. In this respect, a "Lunch Quiz" is organised. During a meal, participants answer questions on health issues that interest them, and then workshops are offered to think about actions to improve their quality of life. These workshops also aim to empower seniors but also local stakeholders to sustain health projects.

### *MUTAC's foundation fights isolation – France*

In 2013, the [French MUTAC](#) (funeral insurance mutual) created a foundation under the aegis of the Fondation de l'Avenir, whose sole purpose is to fight against the loneliness and isolation of the elderly in two ways: by supporting on the one hand medico-social studies and research (public survey on the French perception of isolation of the elderly, identification of indicators of psychological fragility of the elderly in a situation of isolation) and on the other actions in the field (Mutac Foundation Prize). The idea is to support researchers, to enlighten society on the consideration of this societal issue, while promoting the active forces that lead this struggle on a daily basis.

### *"Trittsicher durchs Leben" (Surefooted through Life) – SVLFG - Germany*

SVLFG has a special offer for elderly in rural areas, which tens of thousands of senior citizens have already taken advantage of. Independence requires physical and mental mobility. The important prerequisites for mobility and safe walking in everyday life are physical fitness, strength and balance. During the training in the "Trittsicher durchs Leben" (Surefooted through Life), precisely these areas are strengthened by appropriate exercises. In addition, after the last course date, the participants are advised about safety around the house and company. Through this offer, the health and participation of older people in particular is to be preserved until old age. The programme was developed in cooperation with the *Deutscher LandFrauenverband* (German Rural Women's Association), the *Robert Bosch Krankenhaus* in Stuttgart and the *Deutscher Turner-Bund* (German Gymnastics Federation). The programme is sponsored by the Federal Ministry of Education and Research. It is scientifically evaluated.

### *Lifting the stigma – FNMF - France*

The "Seniors et alors? cafés" are meetings organised in a café, which aim to fight against the isolation of the elderly. In a friendly setting, seniors are invited to express themselves around readings proposed by an artist and to exchange on their experiences, their emotions linked to the texts read

A [3-minute film](#) produced by Mutualité Française Nouvelle-Aquitaine shows that local action, relayed by mutual health insurance companies in the territories, which can help combat the isolation of the elderly.

#### 4. A greater financial Accessibility

##### *Mutualist nursing homes more accessible - France*

As of 31 December 2019, 90% of accommodation establishments for dependent elderly people (EHPAD) had transmitted their 2019 prices to the “Caisse nationale de solidarité pour l'autonomie” (CNSA) for publication on the national [information portal](#) for the autonomy of elderly people and the support of their relatives.

The data gathered highlighted a worrying increase in the price of those establishments. At the end of 2019, the median price for permanent accommodation in a single room in an EHPAD, calculated from the data of the 6,751 EHPADs that submitted this information, was 2,004 euros per month, i.e. 27 euros more (+ 1.39%) than the median price recorded in 2018 (calculated from the data of 6,668 EHPADs).

The report also showed that mutualist EHPADs are more accessible than private ones, with prices that are close to those of public institutions. When it comes to the evolution of median prices for permanent accommodation in a single room in EHPADs (nursing homes) receiving beneficiaries of the social assistance for accommodation (ASH), prices have increased by 1.31% in the not-for-profit private sector, lower than the 1.54% increase observed in the public sector. The price per day for a single room in the private not-for-profit sector was 60.29€ in 2019, compared to 56.56€ in the public sector and 68.99€ in the private commercial sector.

For permanent accommodation in a single room in EHPADs not receiving ASH beneficiaries, the price per day was 68.69€ in the not-for-profit private sector for 88€ in the commercial sector, with, once again, a lower increase rate for mutualist establishments: 1.01% compared to 2.33% in the private commercial sector.<sup>15</sup>

##### *Vitaltel – Christian Mutuals - Belgium*

As part of the Mutualité Chrétienne's autonomy support network, Vitaltel began its activities with classic telemonitoring: a call button (a medallion) for the beneficiary and operators at the central office. In the event of an alert, an operator calls back immediately to check on the situation and, if necessary, contacts a relative or the emergency services. A significant proportion of subscribers are temporarily disabled. A difficult pregnancy, an incapacitating convalescence, a plaster cast that hinders mobility, the departure on holiday of relatives who are usually present... There are many reasons for using it.

The system is simple, efficient and, after 30 years, more than proven. Since 1991, the Vitaltel centre has made nearly 6.8 million calls in 262,000 hours of standby. Emergencies are dealt with and people are reassured. Vitaltel is also a human link, someone to talk to when daily life is too heavy. It is also more than 200,000 close carers to whom we have provided support in caring for a person losing their independence.

Telemonitoring is "passive". Vitaltel offers a medallion incorporating a fall detector. In the event of an accident, the central unit is automatically alerted. Connected smoke and CO detectors alert the home and the Vitaltel control centre if there is a risk of fire or poisoning. Telemonitoring is also becoming "smarter". The traditional medallion can now be replaced by a watch with a call button.

The Amount of the basic Vitaltel telemonitoring subscription is cheaper for people with lower income (“BIM”, beneficiaries of increased intervention pay 10€ per month instead of 17€). The subscription includes the provision of a classic call button and a fixed telephone line transmitter.

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<sup>15</sup> See : <https://www.cnsa.fr/documentation-et-donnees-statistiques/statistiques-des-etablissements-et-services-medico-sociaux/analyse-statistique-ndeg9-analyse-des-tarifs-des-ehpad-en-2019-accessible> (in French)

## 5. Higher Trust

### *Ageing well – FNMF – France*

Every year, the Mutualité Française devotes more than a third of its prevention activities to the elderly and to ageing well.

The main objectives of these awareness-raising and primary prevention actions are to keep ageing people in good health, to limit the consequences of loss of autonomy and to maintain social links. Their prevention network deploys several actions whose objective is to promote social ties in order to combat the isolation of the elderly. (Many examples are included in this paper)

In this context, the “Mutualité Française Occitanie’ ” has developed its action: “Tales and Lands”. This action is proposed in isolated territories (rural or white zone). The aspects of storytelling around culture and social ties are implemented during a walk. This "storytelling walk" format makes it possible to raise awareness of the benefits of walking among people with a profile other than that of hikers, or walkers who practise a regular physical activity. Finally, the context of a friendly meeting allows the promotion of a preventive discourse on physical activity (during the walk) and diet (during the snack). The objectives of that action are to promote social links and exchanges through the enhancement of the department's heritage, to develop the ability to construct psychosocial representations, and to promote the practice of physical activity for health.

### *Seminars on business handover – SVLFG - Germany*

For years, the SVLFG, a German “Krankenkasse” covering farmers, has been successfully conducting so-called business transfer seminars (now also as online events). With the handover of a business, the course is set for the future of a company, but also for the satisfaction and health for the older and younger generation. A poorly regulated business handover can lead to emotional stress for the whole family and, in the worst case, to illness. The seminars include legal information, family processes during the handover, expectations and communication, performance in old age, and answers to the question of how things could continue after the handover. It is also designed to be interactive. There is a dialogue with new handovers as well as a roundtable discussion with former seminar participants who have successfully completed their handover. There is also the opportunity for individual consultation with the speakers.

## 6. Social Innovation

### *Better care at home – FNMF - France*

Since September 2019, the “Fédération Nationale de la Mutualité Française” (FNMF), in cooperation with French Red Cross and *Hospitalité Saint Thomas de Villeneuve*, has developed a [project](#) aimed at providing adapted care to older people at home, in a safe environment and with the assistance of trained professionals. The project, developed with the various departments of the Ministry of Health, aims to experiment with enhanced home support services for the frail elderly. It is based on a common model which relies on three principles:

- Coordination of the actors and systems involved in home care: The operational coordination of the players working with the elderly (home help service, doctor, physiotherapist, nurse, etc.) is a major aspect of the system. This coordination very often relies on a carer, or even on the elderly person themselves. The aim is to reproduce what is done in EHPADs (nursing homes- by the professionals in charge.



- The contribution of geriatric expertise from the EHPAD to the home: Under the impetus of the coordinating doctor and with the support of a multidisciplinary team of experts from the EHPAD, a geriatric assessment is carried out. On that basis, an adaptation of the home is proposed and a care plan established, which focusses on the maintenance of the capacities (cognitive, motor, social, etc...) of the elderly person.
- Securing the elderly person at home: The lack of security at home is one of the main reasons for entering an EHPAD. The scheme therefore provides for the installation in the home of connected objects adapted to the person's needs. These tools can be used to alert people to unusual situations (which may be a sign of danger to the person) and to trigger an intervention in their home 7 days a week, 24 hours a day.

#### *Les centrales de service a domicile (CSD) – Solidaris - Belgium*

People in need of care prefer to stay at home... That is why the [CSD](#), Solidaris' social and health network, does everything in its power to organise home care for its patients. Its objective is to ensure, with the agreement of the doctor, that older, sick, disabled or injured people, or those with a loss of autonomy, remain in their living environment, in comfort, well-being and concern for their health. Professionals (nurses, home carers, care assistants, physiotherapists, domestic helpers, etc.) work in synergy. The CSD works 365 days a year, 7 days a week, 24 hours a day to ensure that its mission is fulfilled by a qualified, competent and organised staff and through digital solutions.

#### *Digital literacy and the digital divide – FNMF - France*

The project "En route vers le numérique!" is part of the general fight against the isolation of the elderly through a reduction of the digital divide. The workshop is divided into five 2-hour sessions with about ten participants. The objectives are to promote digital access for people aged 60 and over, to be able to carry out research on the Internet; to know the tools of exchange (messaging, social networks), their interests and their limits with a view to combating isolation; to know the institutional websites of the social sector, in particular those concerning prevention and ageing well (CARSAT, Retirement Insurance, CPAM, MSA, Departmental Council, etc.); to be initiated into the use of the Internet to carry out certain administrative procedures; to acquire vigilance reflexes on the potential risks linked to the Internet: Relative reliability of certain articles / sites, advertisements and commercial offers, personal data, purchases on the Internet...

#### *VyV: A service platform to tackle isolation and encourage intergenerational contact - France*

As part of the health crisis, the VYV group, a union of several French mutualist actors, has launched a service platform called "[Objectif Autonomie](#)", which aims to reduce isolation. It is not only dedicated to older people, but there are specific sections for them (e.g. COVID19 senior service) and the services offered are also adapted to life situations outside covid: isolation, mutual aid between neighbours, bereavement support, personal services, mobility (car accompaniment), etc.

#### *Mutuals and remote assistance - France*

Digital technologies, and in particular tele-assistance, are good tools for breaking the isolation and facilitating the maintenance of elderly people at home. It is, in fact, very useful for people leaving hospital, but also more generally for people losing their independence.

Tele-assistance aim is to enable a person living alone to benefit from a reassuring call system that works on two levels. First, in the event of an accident or sudden health problem, such as a fall, the person can

be helped or rescued after the alarm is triggered. Second, if the person feels lonely and needs contact, the system can offer a social listening role. Some service providers include a regular discussion time when an employee of the platform calls.

The service requires a subscription. The cost, which gives entitlement to a 50% tax reduction, is generally between €20 and €30/month depending on the scope of the services selected. The duration of contracts varies according to needs: when leaving hospital or in the event of illness, remote assistance can be set up for a few days or weeks.

Some mutual insurance companies work through partner assistance providers (e.g. IMA) while others create their own solutions (e.g. *Novaxès* created by Harmonie Mutuelle, RMA and Harmonie Services Mutualistes).