

Policy Profile for Compensating Family Caregivers

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Introduction and Overview

'Hidden Costs/Invisible Contributions: The Marginalization of "Dependent" Adults' (HCIC) is an international, collaborative program of research designed to create a deeper understanding of the place of those characterized as "dependent" in society, specifically, older adults and those persons with disabilities or chronic illness.

The research is divided into four Themes. Theme 3 – Impact of Public Policy on Costs and Contributions – includes a critical examination of national level policies and programs aimed at financially compensating caregivers of dependent adults in ten countries. Policy Profiles have been developed for Australia, Canada, France, Germany, Israel, Netherlands, Norway, Sweden, United Kingdom, and the United States.

These Policy Profiles describe national level direct compensation (e.g. allowances) and indirect compensation (e.g. tax relief) policies for family caregivers. National labour policies that support employed caregivers are also included. Information presented is the result of a systematic review of articles, reports, and websites. The Profiles were reviewed by decision makers and researchers familiar with the country's public policy.

This Profile describes national level policies and programs that offer compensation for family caregivers in France, and summarizes the social policy context for supporting family caregivers.

Home Care in France

France is a democratic republic divided into 22 regions. The official language is French. France has a multiethnic population of over 61 million.

Since 1962, the year of the "Rapport Laroque", which launched policy for the elderly in France, emphasis has been placed on professional care. Home help and nursing services are managed mainly by not-for-profit associations, and less commonly by local authorities and community social action centres. A "rediscovery" of informal care emerged in the 1980s. Programs to help these caregivers were introduced in the 1990s. A caregiver strategy appeared in recent years as part of a larger program fueled by the increasing number of elderly and disabled peoples in France.

Two policies provide personal assistance services, depending on the person's age: the Compensatory Third Person Payment (ACTP) for those under 60, and the Personalized Allowance of Autonomy (APA) for those over 60 years of age. Monies from these programs can be used to pay formal and informal caregivers, as well as for institutional care.



Highlights

- % 65 years and older – 16.3% (2003)
- % of 65+ institutionalized – 6.5% (1998)
- % of disabled persons – 26.4% (2002)
- % of women in labour force – 45% (2000)
- % of people requiring daily care – 4.5% (2000)
- % gdp for long term care - 0.5% (1992-95)

Caregiver Highlights

- Data collected between 1998 and 2001 indicates that:
- 25% of people aged 60 and over received help.
 - 50% of people aged 75 and over received help.
- Among people receiving help:
- 50% received help from an informal caregiver.
 - 21% received help from a formal caregiver.
 - 29% received help from both informal and formal caregivers.
- Among informal caregivers:
- 50% were spouses (among whom 60% were women).
 - 33% were offspring (among whom 70% were women).

National Compensation Initiatives for Caregivers

Direct Compensation

Initiative	Compensatory Allocation For Third Person Benefits (ACTP)
Target Group	<ul style="list-style-type: none"> Persons with disabilities who are under 60 years of age.
Eligibility Criteria	<ul style="list-style-type: none"> Care receiver has a level of disability assessed at 80% or higher. Care receiver must be between 20 and 60 years of age. Care receiver must not be in receipt of similar payments such as the Increase for Third Person Benefit (MTP). The allowance may be used to compensate a relative (not a spouse), neighbour, or friend caregiver.
Income Tested	<ul style="list-style-type: none"> Yes, the care receiver's annual resources cannot exceed a ceiling equal to the amount of the allowance plus 7 102 € (\$11,278 CAD) for a single person or 14 205 € (\$22,550 CAD) for a couple, plus 3 551 € (\$5,637 CAD) for each dependent child. Only ¼ of income from the care receiver's work is included in calculating eligibility.
Entitlement	<ul style="list-style-type: none"> The allowance amount is based on the level of care required and how it is provided. The allowance ranges between 40% [378 € (\$605 CAD)] and 80% [756 € (\$1210 CAD)] of the social security rate for the Increase for Third Person Benefit (MTP) per month.

Initiative	Personalized Allowance of Autonomy (APA)
Target Group	<ul style="list-style-type: none"> Persons with disabilities who are over 60 years of age.
Eligibility Criteria	<ul style="list-style-type: none"> Care receiver's level of dependency is evaluated and classified into one of six categories. Only those in the four highest categories of dependency are eligible. A plan for assistance is developed by the assessment team. The allowance can be used to compensate a relative (non-spouse/partner), neighbour, or friend caregiver.
Income Tested	<ul style="list-style-type: none"> No. No one is excluded from receiving the APA because of income, however, the care receiver's income is taken into account when determining the amount of allowance allocated.
Entitlement	<ul style="list-style-type: none"> The amount of the allowance is based on care needs outlined in the plan for assistance, as well as income. Amounts vary from a high of 1 125 € (\$1787 CAD) for Class 1 to a low of 482 € (\$766 CAD) for Class 4. Care receiver is not required to make a financial contribution to the care plan if monthly income is below 633 € (\$1,003 CAD). If monthly income is between 633 € (\$1,003 CAD) and 2 483 € (\$3,937 CAD), the care receiver must make a financial contribution based on a progressive scale. If the care receiver's income is higher than 2 483 € (\$3,937 CAD), the care receiver must pay for 90% of the cost of the plan of assistance. Personal income, spouse's income, and various forms of capital are included in the calculation. The allowance is paid in cash, but treated as a voucher directly intended to pay for help received at home. The care receiver must declare who has been engaged to provide care.

National Compensation Initiatives for Caregivers

Indirect Compensation

Initiative	Tax Deduction
Target Group	<ul style="list-style-type: none">• Family caregivers.
Eligibility Criteria	<ul style="list-style-type: none">• Caregivers assisting an elderly parent.• Available to households paying direct income tax.
Entitlement	<ul style="list-style-type: none">• Expenses linked with caregiving can be subtracted from income, or the parent can be included as belonging to the fiscal household to increase the family quotient which reduces the amount of tax to be paid by the household.

Initiative	Pension Benefit (Old Age Insurance)
Target Group	<ul style="list-style-type: none">• Family caregivers of a relative with a disability.
Eligibility Criteria	<ul style="list-style-type: none">• Caring for a care receiver at home.• Care receiver has been assessed as having at least 80% permanent disability.• The caregiver's home must be determined to be a desirable place for care to be given.• Income is under a ceiling that varies based on such factors as number of income earners and number of children in the household.
Entitlement	<ul style="list-style-type: none">• Government makes contributions to old age insurance during the period the family member is caregiving.

Current Issues and Debates

France has been slow to identify the needs of its the elderly and disabled, but is now attempting to better meet their needs. Currently, a new law is being considered that will allow recipients of the ACTP to compensate spouses and partners providing care. While this law would be of benefit to many family caregivers, it must also be noted that there is currently no social security payments for caregivers in their own right at the national level. While ACTP and APA can be used to pay informal caregivers, this only happens in 25% to 30% of cases. The monies are more commonly paid directly to formal caregivers and home care organizations, and are also being used for institutional care.

Along side policy changes, the availability and nature of informal caregiving is changing in France. Informal caregivers provide most of the home care in France, but demographics show that while the elderly population is increasing, the number of informal caregivers is decreasing slightly. A shift in family support patterns from direct caregiving to caregiving support management has also been identified.

An emerging issue in France is the cost of recent initiatives to support family caregivers. The take up of a new program (2003) that offers pension benefits to caregivers has been higher than anticipated and has raised concerns about the ability of the state to continue to fund this program over the long term.

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For additional information on the HCIC project, please visit

<http://www.hecol.ualberta.ca/rapp/mcri.htm>

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The author accepts full responsibility for any errors or omissions in the information presented in this profile.