# Policies on old age, in France and around the world

**Coordinated by**

**Philippe MARTIN**

Jurist, CNRS Research Director, Director of COMPTRASEC, UMR 5114, University of Bordeaux

**Olivier LIPARI-GIRAUD**

Political scientist, CNRS Research Director, Member of the Lise-CNRS-Cnam (UMR 3320), Paris

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The topic of old age and, in particular, the issue of population ageing occupies a fairly central place in the current public debate and is regularly on the political agenda. In France, in recent years and with a certain recurrence, it has been a question of reforming pensions, promoting active ageing and the employment of seniors, taking into account arduousness and wear and tear at work, responding to the considerable challenges of loss of autonomy (the "Old Age" law announced in 2018 and since postponed), and addressing the thorny issue of the "end of life". These current themes should not obscure the fact that the issues or "problems of old age" have occupied the field of public action for more than a century and have been part of the process of emergence and construction of the welfare state and social policies of industrialised countries. Becoming aware of this long-time frame allows us to observe the diversity policies covered by the action of the public authorities in this area: from pro-natalist policies to those of assistance to older people, through work (and therefore retirement) and housing, not to mention public health. This diversity is found in the very organisation of the state. In France, the issues of old age are the responsibility of various ministries: solidarity and autonomy; work and equality between women and men; health and access to care. This administrative organisation suggests that there is in fact not one, but *several* public policies for old age and that the question of possible articulations and coordination between the sectors of public action and the institutional levels is important.

As a preliminary to this call for papers, we recall a few points that allow us to examine the unity or otherwise of old age policy, at least in the French context. This question can put into perspective from an international point of view.

### *What is meant by the term "old age policy"?*

According to the philosopher Michel Philibert, "*the public authorities probably did not wait for the second half of the twentieth century to take measures that had the effect, and sometimes the aim, of modifying the living conditions of some of the elderly. These institutions of care and accommodation, intended for the sick and infirm, institutions of relief and assistance, intended for the destitute, the unemployed, the homeless, have been developed for centuries, on the initiative of churches or religious communities, charitable or philanthropic associations, municipalities and mutual societies, and have been gradually regulated, monitored or fought, supported and financed by the public authorities*" (Philibert, 1981, p. 41). But for all that, we cannot really speak of an "old age policy" because this broad use of the word "policy" does not make it possible to distinguish between spontaneous reactions or regulations of the social body and concerted actions. We can then call old age policy "*the collection of*

*measures adopted and applied at a given time to improve the lot of the elderly. That is to say, an organized set of measures deliberately aimed at improving the lot of the elderly*" (Ibid, p. 10).

### *The Laroque report and the idea of a global policy*

In 1962, an expert report was published in France chaired by Pierre Laroque, the first director of Social Security, a report entitled "Politics of Old Age" (High Consultative Committee on Population and the Family, 1962). *"This report affirmed the need for a global policy aimed at defining the place of the elderly in society (...). Indeed, there was a general tendency in public opinion to reject these elderly people from economic life, first and foremost, and even from social life and the family"* (Udiage, 1988, p. 16). One of the main recommendations of this report was to enable older people to keep their place in society: "*the emphasis must be placed, as a matter of priority, on the need to integrate older people into society (...). In this way, we will be able to respect the need they feel to maintain their place in a normal society, to be constantly mixed with adults and children*" (Laroque report, 1962, p. 9). It is to this objective that the implementation of the finalised programme for the home care of the elderly was met within the framework of the VIth Economic and Social Development Plan (1971). This facet of old-age policy, which aims to promote the integration of older people into society by allowing them to remain social actors in their own right, can be described as a "finalist" policy. Tracing the history of policies related to incapacity for work (disability) and everyday life (loss of autonomy), Christophe Capuano and Florence Weber have distinguished, since 1905, "*the hesitations of the French legislator between a causalist regime (where benefits depend on the causes of disabilities) and a finalist regime (where they depend on needs*)" (Capuano & Weber, 2015, p. 106)

### *The shift in the policy of old age*

With the establishment in 1981 of a Secretariat of State for the Elderly, this finalist policy on home care became a "causalist" policy consisting of responding, as best as possible, to the difficulties of so-called "dependent" elderly people, particularly from 1988 onwards (Braun and Stourm report, 1988). The policy of old age was narrowed down, in a way, to the medico-social field with a strong "welfare" connotation centred on the oldest people (the over 85s, already). The management of this policy was entrusted to the geriatric world (Cassou, 1998, p. 154), with the rise of a biomedical reference framework (the AGGIR grid for Gerontological Autonomy and Iso Resources Group) seeing old age as an inevitably deficit state, whereas in a finalist approach it can be considered as the result of a social construction and a life course in a given social organisation (Ennui, 2006). From this turning point in the 1980s, there was no longer an old-age policy as the Laroque report had hoped, as Laroque himself testified: " in *the end, there was no real global policy on old age, there was again a series of initiatives that were much more important and much better coordinated than in the past, but which did not lead to the desired global policy* (Udiage, 1988, 9-33).

From the 2000s onwards, multiple "old-age policies" were deployed, in particular because of the responsibility given to the territorial departments in 2004 in the implementation of local gerontological action, with more specific objectives: the personalised autonomy allowance - APA - (2001), coordination with the Local Information and Coordination Centres in 2001 (CLIC), Alzheimer's plan (2008-2012), creation in 2012 of the Francophone Network of Age-Friendly Cities on the model of the WHO protocol created in 2006, reflection on new forms of alternative housing for people with disabilities or "dependents" (ELAN law 2018), etc. In a sense, one might wonder whether these policies and initiatives, by focusing on the age-related loss of autonomy or its flip side, "ageing well", have not contributed to reinforcing the stigma of old age, or even ageism, by giving precedence to an external perspective: that of caregivers, medico-social professionals, and people who are not yet old.

With the 2015 law on adapting society to ageing and in particular the recognition of "family caregivers", then the law of 8 April 2024 on measures to build a society of ageing well and autonomy, we seem to be maintaining the causalist approach focused globally on the prevention of loss of autonomy and responses to it. The latest report of the High Committee for the Family, Children and Age also questions the permanence of this approach: *"over the last thirty years, France has taken a*

*relatively restrictive causalist approach to "dependence" based on physical and cognitive disabilities, rather than on a social approach to ageing, and segmented according to age between dependent elderly people and non-autonomous disabled people"* (HCFEA, 2024, p. 19).

The creation in 2020 of the Autonomy branch of the Social Security entrusted to the CNSA (National Solidarity Fund for Autonomy) could, however, open up new perspectives. Without focusing on old age, the law amending the Social Security Code now affirms that the Nation, via Social Security, takes charge of supporting autonomy, *regardless of the age and state of health* of the people.

It is therefore in a reading of the multiple variations of the policies of old age that this new issue of Gerontology and Society intends to situate itself, making room for research from the different disciplines of the social sciences, without excluding the professional world, and with an international and comparative openness. Proposals should fit into one or more of the themes or themes suggested below. They will focus on addressing the major issues of old age and ageing that are emerging behind public policies. Questions around retirement are not excluded but must be part of a more general reflection on life courses and the way in which old age or ageing is conceived in policies and the structuring of social rights.

This call for papers is structured around 4 axes:
Axis 1. General architecture: policies of old age or policies of ageing?
Axis 2. Paradigmatic changes in old age policies
Axis 3. Governance of systems to support the autonomy of older adults
Axis 4. Old age policies in action

## Axis 1. General architecture: policies of old age or policies of ageing?

Are and should old age policies still be conceived as social policies in the classic sense of the term, i.e. essentially focused on repairing situations such as disability, poverty, illness, dependency, or thought of in societal terms, from the perspective of adapting our societies to ageing, which was the ambition of the French law of 28 December 2015? This refers in particular to the criticism of the French approach to old age, which is too "causalist" and to the pervasiveness of a deliberately "finalist" approach (cf. Report of the High Council for the Family, Children and Age of 2024). The challenge is to move away from a purely biomedical vision of old age, which stigmatises or even frightens (the notions of dependence/loss of autonomy), while making room for the preventive aspect of health throughout life. We are therefore interested in the manifestations and signs of a change of perspective leading to an understanding of ageing as a process and to the design of policies and measures in terms of the life course. These perspectives were outlined by British gerontology as early as the 1980s, notably Chris Philipson and Alan Walker (1987).

How are the different facets of these ageing policies, which are conceived as more global, articulated and organised: which labour and employment policies (occupational health ensuring the conditions for ageing well, adaptation of jobs to technological developments, the fight against ageism and discrimination (Ennuyer, 2020) *versus* targeted measures for "employment of seniors" aimed simply at maintaining employment in order to ensure the viability of pension systems); what place should be given to prevention in the face of the risk of loss of autonomy and social isolation; what degree of integration of the issue of ageing into policies on transport, urban planning, access to culture, political and social citizenship (voting, participation of older people)? Different disciplines may be mobilised here, including, but not limited to, sociology, political science, economics, law or spatial sciences such as planning or geography. In the field of the sociology of public action, for example, research may explore the strategies for articulating the different sectors of public intervention (health, animation, social protection, transport, cultural life, etc.), but also between the different levels of intervention (European, national, different territorial levels). If, from both a horizontal and vertical perspective, the diversity of public interventions can be perceived as a positive plurality of services from a democratic

perspective, many voices and reports have been criticising for years both the lack of coherence of political objectives, but also the fragmentation of resources, redundancies and competition between mechanisms.

Work on experiences external to France - not to say "foreign models" - and comparative studies will also be particularly appreciated. What approaches are currently being developed in Northern Europe, Germany, Italy, North America (USA, Canada) but also in Asian countries (Japan, South Korea, China, etc.), and even in other regions of the world? Are there tendencies to approach ageing in a more global way, from the perspective of equal rights, civic participation, quality of life, or do we remain in a more segmented approach to the "problems of ageing" (viability of pension systems on the one hand; long-term care needs on the other)? The case of Japan may prove to be particularly interesting here, with an approach to the problems of ageing that still seems to be very much anchored in the health prism, also very marked by an acceptance of demographic decline, but with a desire to commit to a more global approach (Nakatani, 2019). From a more instrumental perspective, we also seek to observe the tools of public action which, such as cognitive tools for example, make it possible to effectively coordinate actions, both public and private, and to fight against the incoherence of public interventions. The case of Germany could be enlightening here, due to the adoption of the 17 Sustainable Development Goals of the 2030 Agenda, which is based on a holistic approach, aimed at strengthening intergenerational links and solidarity but also at articulating the different levels of territorial action (regions, municipalities) and bridging the gaps between rural and urban areas.

## Axis 2. Paradigmatic changes in old age policies

Policies on old age, and particularly the so-called policies of autonomy in French jargon, are today subject to an in-depth renewal of the normative register that has long prevailed. The human rights approach (Piveteau, 2022), the concept of personal autonomy supported in particular by the European Court of Human Rights, the concept of self-determination, and the register of social inclusion seem to want to impose themselves. In this dynamic, the deinstitutionalisation movement initiated in the field of disability is also manifested in the support of older people, especially since the Covid crisis which has seen an increase in reluctance to enter EHPAD (Residential Establishment for Dependent Elderly People). As a result, since the ELAN law of 2018, we have seen the development of so-called "inclusive" or intermediate housing methods, neither a singular home nor a nursing home, but rather housing communities that now receive the consent of many ageing people or people with disabilities. This is the very recent observation of the CNSA Council, which calls for the development of 500,000 housing units in intermediate housing by 2050 (Opinion of the CNSA Council, 17 October 2025). Still on a legal level, the place and treatment of older people tend to be understood through the prism of concepts such as discrimination and ageism, with all the difficulties that these approaches may encounter (Mercat-Bruns & Gründler, 2023).

It will undoubtedly be necessary to trace the genealogy of these concepts and notions, to show how and to what extent they penetrate the sphere of policies dedicated to older people today. The work of social historians can document and shed light on this movement to transform representations of old age and to recodify public action and social work. Sociology, philosophy and even political science could also be usefully called upon to question this kind of injunction to autonomy that is manifesting itself today (Giraud, Rist, 2025). Is the purpose of "autonomy policies" or "autonomy support" to allow people to freely exercise choices and not be dependent on external/imposed decisions (according to the Kantian conception of the autonomy of the will)? Is it a question, in a more prosaic way, of compensating for deficits? Should autonomy be conceived solely from the perspective of the individual's rational and intellectual capacity? To what extent do the so-called autonomy policies make room for interdependence, for the collective and social dimension? How, in this context, can we read and analyse what is called the turning point or the "residential turn"? Is it a question of respecting people's choice of life? Is it a question of making savings? To what extent does this transfer the burden to families and how can we analyse policies to "support caregivers"?

We will also be able to mobilise comparative legal and public policy work that takes the measure of these changes in legislative frameworks, public debates, and the various forms of regulation. Are we witnessing a general movement and what can international comparisons teach us here? What concrete translations in France and/or in other countries? We can focus on analysing significant legislative and regulatory reforms, changes in the administrative organisations in charge of these public policies, transformations in the so-called medico-social offer, professional practices to be linked to the appearance of new standards for authorisation, evaluation, financing of care activities or support. In this perspective, we can make room for the analysis of this kind *of infra-law* represented by the recommendations of the HAS (Haute Autorité de Santé), in France, which places respect for the rights of older patients at the heart of the evaluation procedures of health and medico-social establishments.

We may also wonder to what extent this "rights-based" approach, which is strongly supported in the field of disability - we have in mind the role played by the International Convention on the Rights of Persons with Disabilities - plays in favour of a convergence of disability policies and dependency policies. More than ever, the question of the "age barrier" that has demarcated the boundary between these two areas of social action in France is in the hot seat. We are currently waiting for research on the discriminatory dimension of this age barrier, on the relevance of the adoption of an international convention on the rights of older persons currently under discussion, and on the issues surrounding the unification of the rights of older and disabled persons.

## Axis 3. Governance of systems to support the autonomy of older adults

In France, as in most countries that have set up benefits and services that meet the needs of long-term care, social policies have been designed in a decentralised manner. The idea is to build responses as close as possible to the citizens, in proximity, and with a guarantee of effectiveness. There is no doubt, too, that the choice of modes of action initially included in the sphere of assistance or social assistance has led to them being placed at the municipal, inter-communal and departmental levels. As a result, there are inequalities in treatment depending on the different regions of France, due to the departmentalisation of these public policies. We speak of territorial inequalities or "inequities", particularly regarding the level and configurations of aid granted (individual APA plans). What trade-offs and regulations are currently at work to correct this? In what way is the creation of the 5th branch of Social Security with an increased role for the CNSA significant of a form of recentralisation? How can we read and analyse the recent creation of departmental public services for autonomy? What about other foreign systems? We focus here on the problems induced by decentralisation and particularly on regional inequalities due to forms of legal autonomy but undoubtedly reinforced by the problems of financing autonomy policies. The case of Spain, for example, is emblematic of the distortions that can be induced by the construction of a multi-tiered system in which the regions have a high degree of autonomy, but at the same time offer social protection with a wide range of geometry (Diaz-Tendero *et al.*, 2024).

In addition, and beyond the issues of regional inequality/inequity, how is the question of the financing of the various public policies for old age posed today and in a historical perspective? In particular, research on the forms and modalities of local governance of these autonomy policies will be expected here: following national directives, local appropriation of the national framework (prevention, assistance to caregivers, etc.), innovations (such as the "Village Landais" or other actions mobilising communities), interplay between actors, tensions and resistance, etc.

Another aspect of this governance theme is the role of civil society and stakeholders in the development and implementation of old-age policies. The question now arises of an alternative to the top-down approach to public policies (mediators and ruling elites). Is there a possibility of a policy built "from below" in which the agents of execution and the recipients of this public policy have or would have the capacity to intervene in the implementation of concrete measures and to act to modify

or subvert the social order produced by a public policy imposed "from above"? Finally, how can the "target" audience be involved in decisions that concern them and what forms of participation can be observed today in the field of old age policies? Are the voices of certain groups of "elderly people", the Old Up movement, for example, or the self-proclaimed National Council for Old Age (CNaV) created in 2021, likely to bend old age policies towards more inclusion of the people concerned in their development?

## Axis 4. Old age policies "in action"

Here, contributions are particularly expected from actors in the political-administrative sphere, professionals, actors from the associative and citizen world, especially "elderly" people who wish to share a reflection, report on a debate, discuss a measure or a device by situating the subject in its context (political, administrative, professional, etc.).

In particular, we welcome points of view and analyses on the evolution of the registers of action mentioned above, such as on the adaptation of society to ageing or the "injunction" of autonomy.

Reflections on the experiences of social intervention professionals will also be welcome, such as documenting the difficulties encountered in the field when it comes to focusing on the person, ensuring their inclusion, committing to the path of "power to act", organising life paths, and decompartmentalising the modes of support built in silos. The contributions could show the co-production, rather than the reception, of existing public action mechanisms by organised or unorganised collectives (including housing, services, cultural actions) but also relate the trajectories of innovative actions in a given field running the risk of being poorly known because they have been trivialised or co-opted in the field of public action under the labels of social innovations. On the contrary, this call for papers proposes to take them seriously and to show their interest in describing and thinking about contemporary policies on old age and ageing.

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**Proposals for a full article**, in French or English (40,000 characters, including spaces) **accompanied by an abstract** in French and English **are expected by April 19, 2027.**

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**Coordinators of the issue**: Philippe MARTIN philippe.martin@u-bordeaux.fr ; Olivier LIPARI-GIRAUD olivier.lipari-giraud@cnrs.fr

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Cnav
Unité de recherche sur le vieillissement
Revue *Gérontologie et société*
22ter rue des Volontaires - 75015 Paris

**Contacts**

**Editorial secretary**: Valérie ZILLI - valerie.zilli@cnav.fr - +33 7 64 78 84 14

**Editorial manager**: Hélène TROUVÉ - helene.trouve@cnav.fr - + 33 6 47 47 29 31