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Residential Settings and Support for Older Adults with Loss of Autonomy: The Challenges of Aging-in-Place Policies

Feeling at Home, Wherever You Are

Report

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SUMMARY

According to demographic and epidemiological projections, the number of older adults experiencing a loss of autonomy is expected to rise by 16% by 2030, 36% by 2040, and 46% by 2050 compared to 2020, reaching nearly 4 million people—a major societal challenge. These individuals, who require assistance with activities of daily living (such as bathing, getting up, eating, dressing, moving about, or going outside), can be supported in various ways depending on their needs, circumstances, and preferences: in private homes, in alternative forms of housing (such as senior residences, service residences, or inclusive housing), or in long-term care facilities (Établissements d'hébergement pour personnes âgées dépendantes, or EHPADs).

Public opinion surveys consistently show that an increasing number of French people strongly reject the idea of entering a long-term care facility and overwhelmingly wish to grow old at home, regardless of their condition. Public authorities have responded to this aspiration by promoting an aging-in-place policy, with the goal of reducing by 4 to 5 percentage points by 2030 the share of individuals receiving the personalized autonomy allowance (APA) while living in an institution.

In practice, this policy has two main objectives: to strengthen the capacity of home-based care so that more people can remain at home in good conditions, and to correspondingly reduce admissions to EHPADs. Achieving this "shift toward home care" will require a significant expansion of home care services to meet the dual challenge of a growing elderly population and a rising proportion of those aging at home. At the same time, EHPADs must adopt a more home-like approach while also enhancing their healthcare capabilities—serving as both a place of care and a place to live. These two roles are not mutually exclusive.

As part of its work program, France's General Inspectorate of Social Affairs (IGAS) sought to evaluate how the goals of the aging-in-place policy could be met with the aging of the baby boomer generation (2030–2050), and how housing and support services should be structured to better meet the needs and preferences of older adults with declining autonomy. The mission aimed to understand how individuals who would currently enter a care facility could instead, in a comparable situation, continue to be supported at home, in another suitable living environment, or in transformed EHPADs where they could feel at home.

The mission conducted over 400 interviews (with government agencies, facilities, service providers, beneficiaries, researchers, associations, unions, and federations), **visited 12 departments, carried out an in-depth study of Denmark's decades-long aging-in-place policy, and developed statistical models to project future demand and supply in 2030, 2040, and 2050** at national and local levels.

Despite significant progress since the 2015 law adapting society to an aging population, the mission concludes that current conditions are insufficient to successfully implement an aging-in-place strategy for the next 20 years, regardless of where adults with loss of autonomy live. Achieving this goal requires swift and substantial investment in home- and community-based care as well as in EHPADs, with a major focus on capacity and workforce development.

During field visits, the mission observed high-stress situations where overburdened facilities and fragile home care services resulted in older adults being kept at home in poor conditions—shifting the burden onto hospitals and families.

Without an ambitious public response—both in funding and workforce—the consequences could be severe: deteriorating quality of life and care for older adults, overextended EHPADs[1], increased strain on families, worsening work conditions in eldercare, proliferation of unregulated caregiving arrangements (such as informal or direct employment), heightened risks of abuse and neglect at home and in institutions, deepening social inequalities (especially affecting women, who are more often caregivers), added pressure on the healthcare system, unsustainable cost growth, and increased labor force withdrawal among adults aged 55–64 who need to care for aging parents.

Preventing such systemic breakdowns must be a top priority given the high risks: declining quality of life for older adults and their families, destabilization of the hospital system, and the **steep public costs of hospitalizations—which are significantly higher than quality care provided at home or in EHPADs.** Underinvestment in social and medical support services will directly, and expensively, shift costs onto the healthcare system.

Territorial disparities will compound the challenge. The share of older adults with loss of autonomy, and the growth rate of this group, vary widely across departments. Local supply of health and social care services—both at home and in facilities—is also uneven, with the most underserved areas often facing the greatest need. Aging-in-place policies must therefore account for these geographic inequalities to avoid worsening already stark regional imbalances.

Moreover, the commonly used term "shift toward home care" is misleading and based on shaky assumptions. Despite long-standing public policy intentions, the proportion of older adults receiving care at home has not changed significantly since the introduction of the APA in 2001. While important measures have been taken—such as expanding in-home nursing care (SSIAD), introducing a minimum hourly wage for home care, creating integrated home care services (SAD), launching the fifth branch of social protection dedicated to autonomy, and raising wages in the home care sector—these efforts have not reversed the trend of chronic underfunding and lack of prioritization. They merely lay the groundwork for the more ambitious reform that is needed.

Sociocultural assumptions that baby boomers will be more determined than previous generations to "live life on their own terms" and avoid institutionalization are speculative. They ignore the reality that for individuals who can no longer move, go outside, or feed themselves without help, home can become a site of isolation, confinement, and vulnerability—particularly when support is insufficient in quality and quantity.

Additionally, public discourse often misrepresents the reasons people enter long-term care. It's not just about the degree of autonomy lost, but a complex combination of factors: how the individual and their family perceive the situation, their emotional and financial capacity to provide or pay for help, the person's age, their sense of vulnerability, the accessibility of their

[1] The low occupancy rate observed today in some nursing homes not only masks the fact that this observation is not true everywhere, but also that changes in the demographic structure of the French population will result in a sharp increase in the number of elderly people losing their independence in the future.

home and neighborhood (e.g., buildings without elevators), the availability of health and social care professionals…

Today, many people with significant loss of autonomy still live at home—one-third of APA recipients classified in the most dependent groups (GIR 1 and 2) remain in private housing. Therefore, it is not self-evident that EHPADs should focus solely on the most complex care needs (GIR 1–3), as some stakeholders propose.

The drive to reduce the number of people in long-term care facilities has often translated into a near-total halt in the creation of new EHPAD beds. Yet fewer admissions can only be achieved if demand itself decreases and borderline home care situations are better managed. The State must avoid repeating the errors of psychiatric deinstitutionalization, where insufficient investment in community-based care and reductions in inpatient capacity led to disorganized care and deteriorated outcomes.

Significant risk factors are now emerging that threaten the development of effective home-based care:

- **The number of potential caregivers is expected to decline for the baby boom generation.** Baby boomers are more likely to be single, have fewer children, and live farther from them. This trend will increase the number of older adults living alone and place more pressure on a shrinking pool of family caregivers, heightening the risk of burnout and health issues for those who do provide care. The inability of families to continue providing help is one of the main triggers for institutionalization;
- **Professional assistance is already under strain due to the low attractiveness of careers in elderly care.** The home care sector already struggles with low job attractiveness and widespread staffing shortages. These challenges will intensify as the active workforce stabilizes (from 2020) and then shrinks (after 2040), fueling competition for workers across sectors. Home care, by nature, requires more staff than institutional settings, due to lack of service pooling and travel time between clients;
- **The administration's budget projections for the "home care shift" are fragile.** Aging-in-place is often wrongly assumed to be more cost-effective for public budgets. In fact, supporting a larger number of people at home—many with high and ongoing care needs—is typically more expensive than institutional care due to the lack of economies of scale. Countries with the most advanced home care systems devote a much higher share of GDP to long-term care than France. Clear financing strategies are essential;
- **The place of alternative homes (residences and inclusive housing) in the offering is ambiguous.** It is unclear who these housing options are truly meant for. While originally designed for relatively independent seniors (aged 70–80) seeking more social interaction, these units are increasingly inhabited by vulnerable individuals leaving their homes due to safety concerns or loss of autonomy. These residences are not equipped to handle high dependency cases, but the profile of their residents is shifting toward that of EHPAD residents—without the necessary resources in place.

To build a meaningful response to the needs of older adults experiencing loss of autonomy—and with the broader goal of a comprehensive home-based care policy, as opposed to the narrower notion of a mere "shift to home care"—the mission presents six strategic recommendations:

Axis 1 – Favor a "strengthened home support policy" over a "shift to home care"

The strategy implemented must be based on the explicit goal of meeting individuals' needs for assistance and their desire to live at home through better-funded, higher-quality home care, including when needs are significant, and through renewed models of home support.

A policy of strengthening home support will notably require resolving the issues linked to the assessment of care needs through the AGGIR scale (Autonomy, Gerontology, Iso-Resources Group), better aligning funding for home help and care with the actual service costs and reaffirming the role of Home Autonomy Services (SAD) as pillars of at-home support. The conditions that would allow for the funding of in-home care for individuals with very high daily support needs will also require reconsidering current aid ceilings.

Axis 2 – Preserve and renovate the existing stock of independent senior residences and launch a construction plan for 100,000 new housing units in such residences by 2030

The overall increase in the number of people experiencing a loss of autonomy will by itself lead to a rise of several tens of thousands in the demand for independent senior residences by 2030, to which will be added the effects of the declining proportion of people in nursing homes (EHPAD). The development of independent senior residences offers the advantage of expanding a home-based option that is financially accessible for most of the population and can be flexibly adapted according to future demographic changes.

In this respect, the mission recommends preserving the existing stock, increasing the renovation efforts launched under the Ségur health plan, and expanding this housing segment, for which the mission estimates the need for 100,000 additional housing units, co-located with nursing homes (Ephad) wherever possible. Moreover, their economic model is fragile and must be rethought by granting residents eligibility for a tailored version of the Shared Living Support Allowance.

Axis 3 – Secure the conditions for development and operation of alternative housing models and prepare them to accommodate older adults with higher support needs

The mission anticipates a gradual rise in the level of loss of autonomy among people living in residences and inclusive housing for older adults[2]. For all such alternative housing models, the mission recommends establishing a requirement to have either an integrated Home Autonomy Service (SAD) or formal agreements with one or more SADs (including a nursing care component),

[2] The term "alternative residence" refers to all dwellings that are neither the usual residence (often referred to as the historical residence of individuals) nor nursing homes: residences, inclusive housing, family care, etc. "Inclusive" housing, a type of housing that brings together several people, particularly elderly people (usually in small numbers), was created by the law on housing, development, and digital transition, known as the ELAN law, of November 23, 2018.

as well as an agreement with a Home Hospitalization Team (HAD), and to introduce an annual joint declaration requirement by the SAD and the facility director, confirming that the housing remains in line with its purpose and capable of meeting the needs of its residents. In independent senior residences, accommodating a growing number of more vulnerable individuals in satisfactory conditions also requires reinstating the allocation of the standard outpatient care package.

Given their characteristics (family-sized scale, secure and calming environment, continuity of routines, ability to move within a safe space), inclusive housing may offer advantages for individuals with neurocognitive disorders ("Alzheimer's shared housing"). In this regard, the mission recommends defining the organizational, financial, and human resource conditions (reviewing French and international experiences, regulating practices, preventing abuse, securing care and settings) with the goal of developing a safe and accessible supply of Alzheimer's shared housing in France.

Regarding senior service residences, which will see an increase in residents experiencing loss of autonomy, the mission recommends their integration into the Social Action and Family Code, in the same way as independent senior residences, which are currently recognized as medical-social establishments.

Axis 4 – Launch a national plan to transform nursing homes into home-like environments and target new capacity creation plans in potentially thirty departments

Dependency policy cannot promote home-based care while being content with nursing homes (EHPAD), which house more than 600,000 people, remaining a symbolic deterrent, disconnected from home care strategy. The principles for a domiciliary transformation of nursing homes—making them a home tailored to individual needs—are well known and varied: private rooms, freedom to receive visitors, the option to have a pet, personal mailboxes, small residential units with family-sized dining rooms, the use of traditional home materials and décor, the personalized delivery of services, etc. Structural issues (e.g., shared rooms, lack of in-room bathrooms) exist but are only one aspect of this broader home-like transformation of nursing homes. Some facilities are already working in this direction, with support from the CNSA (National Solidarity Fund for Autonomy), but no national-scale plan has yet been launched.

The mission's analysis also leads to the conclusion that, due to faster growth in the elderly population with a loss of autonomy and/or weaker availability of facilities, many departments will require the creation of new nursing home places to avoid saturation by the 2030s. These new places should not only align with the domiciliary transformation logic described above but must also be based on a localized, forward-looking assessment of needs and pressures.

Axis 5 – Structure local and national governance to oversee the housing offer by type

The pressure on the care system is likely to increase, especially during the 2030s, which means public authorities must closely monitor the diagnosis, planning, and use of care and housing resources. In addition to creating a national and localized dashboard tracking facility occupancy rates, frozen beds, waitlists, and staffing shortages, this objective requires consolidating the

various territorial planning frameworks for housing and services into a single plan jointly developed by the Regional Health Agencies (ARS) and the departments. This would support the development of a shared strategy built on a common diagnosis and shared objectives with municipalities and intermunicipal authorities. To prepare for a future programming law or major aging reform, it will be necessary to clearly redefine the allocation of public and private funding to cover the additional care expenditures expected over the next twenty years.

Axis 6 – Strengthen prevention to ensure long-lasting quality of life

La prévention de la perte d'autonomie permet d'améliorer la qualité de vie des personnes qui, Preventing the loss of autonomy improves the quality of life of individuals who, thanks to it, can reduce or even eliminate certain functional impairments in daily life, and it reduces the number of people facing a loss of autonomy. It is essential to pair the service offer strategy with an ambitious policy to prevent loss of autonomy, by training health, social, and long-term care professionals on the specifics of aging, the prevention of dependency, and the maintenance of functional abilities in older adults.

Other recommendations are made by the mission, concerning support for economically vulnerable elderly people, prevention of in-home abuse, maintenance of functional abilities in hospitals, and support for older adults living in public housing. This report sets out major policy directions, some of which will require further work, particularly in terms of financial assessment.

The quality of care for older adults experiencing a loss of autonomy requires a change in how society views old age and vulnerability. The issue is not only political and financial—it is also ethical and anthropological.