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## **Report from France on the implementation of the Council Recommendation on access to affordable and high-quality long-term care**

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In accordance with the Council Recommendation on access to affordable and high-quality long-term care (2022/C 476/01) adopted on December 8, 2022, Member States are required to inform the Commission within eighteen months of all the measures taken or planned to implement it.

In this report, France provides an account of the follow-up to the recommendation in its national context (1) as well as the progress of the measures planned for its implementation as of June 15, 2024 (2). The report concludes with the challenges that remain in achieving the full implementation of the recommendation and the support that the European Union can provide in this regard (3).

## 1. Context and baseline

### a) General overview of the French long-term care system

In France, as in most European countries, there is a trend towards increased life expectancy, highlighting the continual improvement in living conditions and the health of the population. This progress, made possible by advances in medicine and the social model, nevertheless presents new demographic challenges.

Indeed, one in three French people will be over 60 years old by 2030, and 92% of French citizens wish to age at home. To address this challenge and as part of the implementation of the Council Recommendation on access to affordable and high-quality long-term care, the French authorities have embarked on various initiatives. The government has established public policies to enhance home care and support for older people, improve working conditions for long-term care workers, and better adapt society to the aging population.

Older people are, above all, citizens like any other and therefore enjoy all the rights guaranteed to French citizens, including the constitutional right to health protection. In France, older people thus access care within the framework of common law:

- On the one hand, in cities, through the liberal system or through salaried professionals in medical structures (nurses, general practitioners, specialists) who provide ongoing care for older people;
- On the other hand, through the hospital system, within a framework of graduated care: community-based care, specialized care, and highly specialized care.

Financial accessibility to care is ensured through the national health insurance coverage, which has very limited out-of-pocket costs. It is generally supplemented by private supplementary insurance. Specific provisions exist for vulnerable populations to ensure they also have access to care, as recommended in point 4.c) of the recommendation. This financial support for access to care for older people is crucial, given that individuals over 80, who make up only 5% of the population, account for 17% of hospital care in France.

In France, the long-term care sector, particularly the medico-social field, is organized around two pillars: institutional care and home care.

#### ***Institutional long-term care***

Today, more than 600,000 people in France receive care in medico-social establishments (*EHPAD* : Accommodation Establishments for Dependent Elderly Persons) or hospital services (Long-Term Care Units).

Within *EHPAD*, highly dependent older people receive both medical and nursing care as well as social support (activities). Care expenses are fully covered by health insurance through the Regional Health Agencies (*ARS*). Expenses related to dependency are generally covered by the departmental councils, with some out-of-pocket costs for certain individuals.

Residents in *EHPAD* must cover the costs of accommodation and meals, with an average cost of just under €2,000 per month. Various mechanisms for financial support and assistance exist to reduce out-of-pocket expenses. Social housing assistance (*ASH*) enables the department to pay all or part of the accommodation fees charged by the facility (*EHPAD*, assisted living residence, Long-Term Care Unit) or family care to older people. *ASH* covers the difference between the accommodation costs and what the older person can afford to pay.

#### ***Enhancing home-based long-term care***

However, in response to the strong desire of a vast majority of French people to remain at home for as long as possible, the system has undergone a "home-based shift," aimed at supporting individuals with loss of autonomy while they stay at home. The state has implemented numerous solutions and funding mechanisms to ensure that older people who wish to remain at home do not do so at the expense of their health.

Home care services, which underwent significant reform in 2023, provide support services (such as meal preparation, housekeeping, etc.) and medical care directly at home. Older people largely finance these services through specific allowances such as the *PCH* (disability compensation benefit) and the *APA* (personalized autonomy allowance).

Assistance has also been established to finance the adaptation of housing to loss of autonomy, such as installing stairlifts or modifying bathrooms to make them more accessible (see dedicated section below).

Finally, for older people whose loss of autonomy is too significant, intermediate solutions between home care and institutionalization are available. These include assisted living residences, where older people live independently within a facility that provides various services, and inclusive housing, where older people live autonomously while benefiting from shared spaces and a social engagement program.

Thus, beyond the general health protection available to the entire population in France, there are specific measures for older people. The state aims to address the particular needs of older individuals, as well as their preferences, to provide the most suitable solutions for maintaining autonomy in old age. As much as possible, France strives to view older people as rights holders, not merely as care recipients.

To implement recommendation **4 a) “Access to long-term care that is timely, allowing people in need of long-term care to receive the necessary care as soon as, and for as long as, needed”**, France has established numerous measures aimed at ensuring affordable and high-quality long-term care at individuals’ residences:

- Home nursing services (*SSIAD*), which cater to both older people and individuals with disabilities. These services aim to prevent loss of autonomy, avoid hospitalization, facilitate return home after hospitalization, and delay entry into a care facility.
- The reform implemented in 2023 to adjust the pricing of these services based on the characteristics of the individuals being cared for, allowing for support in cases with higher care needs.

Regarding recommendation **4 b) “Access to long-term care that is comprehensive, covering all long-term care needs, arising from mental and/or physical decline in functional ability identified through an assessment based on clear and objective eligibility criteria, and in coordination with other support and welfare services”**, France launched territorial resource centers in 2023. These centers are designed to provide enhanced home support for older people, thereby delaying their admission to a medico-social facility (500 are planned by 2028). The goal of these centers is to enable older individuals to remain at home for as long as possible when basic support already provided by home care services is no longer sufficient.

To implement **recommendations 5 a) and b) “developing and/or improving home care and community-based care and closing territorial gaps in availability of and access to long-term care, in particular in rural and depopulating areas”**, the year 2023 saw a strengthening of the current home care provision with improvements to the territorial distribution of care places. By 2030, 25,000 new care places are to be created, with a focus on areas that are underserved in terms of care availability.

Nonetheless, there are multiple challenges due to demographic transition. On one hand, several recent reforms need to be fully implemented to assess their effects and ensure the proper calibration of the changes made. On the other hand, the implementation of these measures must be accompanied by responses to challenges such as the shortage of human resources in the long-term care sector and the underutilization of individual benefits (*APA* and *PCH*). Finally, one of the challenges is also to ensure good coordination among the various stakeholders to avoid gaps in care pathways and minimize unnecessary hospitalizations.

## **b) Stakeholder participation**

As beneficiaries of long-term care are fully recognized as rights holders, public policies must ensure their participation in all projects and decisions affecting them, both individually and collectively.

Several bodies are consulted in the development and monitoring of national policies for the autonomy of older and disabled individuals in France. The Economic, Social, and Environmental Council (*CESE*), in particular, is tasked with advising the Government and Parliament on the formulation of laws and public policies; it includes 175 members (associations, labor unions, employer organizations, etc.). Since 2021, the *CESE* has also been given responsibilities to allow for citizen participation to enrich its work.

In the field of autonomy and aging, the *CESE* recently published an opinion titled “Supporting Autonomy: Needs and Their Financing.” This opinion makes several recommendations to address the challenges of population aging and the funding required to manage the increasing loss of autonomy that will affect a growing segment of the population in the coming decades. The *CESE* particularly recommends the development of a multi-year programming law on loss of autonomy, funding for training and improving working conditions for professionals, limiting out-of-pocket expenses for individuals and their families, establishing a common legal definition for caregivers, and allocating additional resources to the autonomy branch of Social Security, which relies on national solidarity to cover the risk.

The High Council for Family, Children, and Aging (*HCFEA*) also plays a crucial role in consultations on age-related and autonomy issues. Reporting to the Prime Minister, this body provides prospective and cross-cutting expertise on matters related to family and childhood, aging, societal adaptation to aging, and the prevention of abuse, within an intergenerational approach. The *HCFEA* is composed of representatives from the state and social security funds, family movement representatives, associations involved in policies for vulnerable families and disabled individuals, social security beneficiaries and employers, as well as other qualified individuals appointed by the Prime Minister. The *HCFEA* is responsible for issuing opinions and making recommendations on priority objectives related to policies for older people and autonomy. It can be consulted by the Prime Minister or ministers responsible for family and aging on any matter related to adapting society to aging. The Age Council conducts work on policies related to aging and autonomy, and has notably adopted a report in February 2024 titled “Living Well and Aging in Autonomy at Home,” addressing the conditions necessary for older people to receive responses tailored to their needs and aspirations.

Stakeholder consultation occurs at several levels. Firstly, in the preparatory phase, during the development of regulatory work on strengthening home support by establishing working groups that bring together associations and federations representing service management organizations (*UNA, FEHAP, ADMR, FNADEPA, FESP*, as well as the public sector, non-profit private sector, and for-profit private sector) or through citizen participation workshops held across France.

This was notably the case with the National Refoundation Council on “Aging Well” (*Bien Vieillir*). The National Refoundation Council on “Aging Well” (*CNR*) was launched in October 2022 and is structured around three main themes:

- Adapting society to aging: adjusting cities and territories, adapting housing and living environments, and modifying individual behaviors;
- Citizenship and social connections: participation and representation of older people, combating violence and abuse, engagement of older people, and intergenerational links;
- Attractiveness of professions: enhancing home care jobs, training, qualifications, career paths, and improving workplace quality of life.

Building on dedicated reports from recent years, proposals for areas and/or actions were discussed during 11 citizen workshops (November – March 2022-2023) across various regions. These workshops brought together stakeholders in elderly care (healthcare, social services, and medico-social professionals, associations, young people in civic service, caregivers, etc.) and older citizens. Among these 11 workshops, two were specifically focused on aging policies in overseas territories and those supporting aging individuals with disabilities. The insights from these *CNR* efforts have significantly contributed to the “Aging Well” strategy.

Similarly, when consulting advisory bodies, the High Council for Family, Children, and Aging (HCFEA) is tasked with providing opinions on draft regulations under development. Among the HCFEA members responsible for drafting these opinions are representatives of retirees and older people.

Stakeholders are also consulted after the development of public policies. Representatives of service management organizations are invited to participate in the committee overseeing the implementation of these policies. Additionally, the HCFEA regularly publishes reports to contribute to the ongoing discussion about the evolution of public policies for elderly care.

## **2. Objectives and measures taken or to be taken**

### **a) Comprehensive response from public authorities**

Among long-term care beneficiaries, the most frequently expressed wish regarding their life project is to age at home. To meet the desire of 9 out of 10 French people, France is implementing a home-based care policy, allowing individuals to either remain in their own homes or have a personalized residential pathway. Consequently, several tools have been developed.

#### ***The “Aging Well” strategy<sup>1</sup>, an interministerial approach to addressing the challenge of aging***

Adopted in November 2023, the “Aging Well” Strategy proposes an interministerial approach with the implementation of 50 measures divided into four key areas. The primary objective is to address new needs and recognize the role of older people in society (1), by adapting territories to the aging population through measures such as making buildings accessible and strengthening support for local authorities, who are directly in contact with citizens. This area also aims to foster innovation in the elderly care sector through investments in aging research and autonomy prevention. In this regard, the French government has participated in the ICOPE program of the World Health Organization (WHO), which aims to delay dependency by early detection of frailty factors in older individuals.

The second focus of the “Aging Well” Strategy aims to give citizens the choice of where they want to age (2). Nearly all French citizens wish to age at home. To meet this desire, the Strategy plans to adapt housing to prevent loss of autonomy (through the “*Ma Prime Adapt*” program) and to modify social housing stock to accommodate the aging of tenants. The goal is also to diversify care options by strengthening home care services and developing intermediate housing solutions. In 2023, 7,000 people were living in inclusive housing. This type of housing is suitable for individuals with disabilities or older people who wish to live independently without being alone. It serves as an alternative to both living at home and institutional care. In addition to housing, support for professionals is also central to this strategy, with plans to recruit 50,000 professionals for nursing homes (EHPAD) and to enhance the qualifications of care professionals. This addresses the recommendations related to supporting professionals in the long-term care sector.

The third focus of the “Aging Well” Strategy aims to prevent social isolation among seniors and to support intergenerational solidarity (3), which is crucial for social cohesion and the well-being of older people. The strategy seeks to enhance senior engagement through activities such as mentoring or volunteering, and to foster more intergenerational connections.

Finally, the last focus aims to ensure the rights and participation of older citizens (4). In terms of health and prevention, physical activity and nutrition contribute to extending disability-free life expectancy. Preventing loss of autonomy is crucial; thus, French authorities have established preventive health assessments for key stages in life at ages 60-65 and 70-75.

#### ***Support for caregivers***

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<sup>1</sup> See **Appendix 1**: “Aging Well” Strategy, November 2023

In France, between 8 and 11 million people support a relative who has a disability, is losing autonomy, or suffers from a chronic or debilitating illness. The second strategy for mobilization and support, "Acting for Caregivers" (2023-2027)<sup>2</sup>, introduces new measures to assist caregivers, including the deployment of 5,000 new respite care solutions and the creation of a single point of contact for caregivers in every department. This initiative is part of the implementation of the Council recommendation (see point 9 of the recommendation). The goal of these respite care platforms is to ensure that all caregivers across the country have access to services, including orientation and a variety of support options (respite, psychological support, etc.). This platform is an integral component of the Departmental Public Autonomy Service (*SPDA*), established in collaboration with the departments.

The strategy also includes the strengthening of new rights for caregivers, particularly through the introduction of the caregiver leave (*Congé Proche Aidant, CPA*) and the daily caregiver allowance (*Allocation Journalière Proche Aidant, AJPA*). These measures are part of both the implementation of the Council recommendation and the continuity of the implementation of the Directive on work-life balance for parents and carers (2019). Additionally, the recent pension reform has established the Caregiver Retirement Insurance (*Assurance Vieillesse des Aidants, AVA*) ([Article 25 of the LFRSS No. 2023-270 for 2023](#)). Recipients of the *AJPA* will thus automatically accumulate pension credits with the general social security system.

Finally, a key initiative of the strategy is the extension of the Recognition of Prior Learning (*Validation des Acquis de l'Expérience, VAE*) to family caregivers. This aims to acknowledge their experience with a view to employment and is fully aligned with the implementation of the recommendation (see point 9.b)).

### ***The Law of April 8, 2024, on Measures to Build a Society for Aging Well and Autonomy*<sup>3</sup>**

To strengthen societal adaptation to aging well, the Law of April 8, 2024, enhances visiting rights in *EHPAD*. It introduces a professional card for home care workers, an annual grant to support the mobility of home care professionals, an annual grant for practice analysis time (exchange time between home care professionals), the experimentation of a fixed allocation for home autonomy services to better account for unproductive time (travel between homes), and the deployment of territorial resource centers to complement the services provided by *EHPAD* at home.

As part of the care and medical support for individuals, targeted measures have also been developed regarding neurodegenerative diseases (with a strategy planned for 2024), including the development of Adapted Activity and Care Units (*PASA*) and Specialized *MND* Teams in all *EHPAD*. Additionally, for end-of-life and palliative care, a decade-long strategy was published in February 2024, and a draft law is currently under parliamentary review. This includes the establishment of care homes designed to "welcome and support individuals at the end of life and their families," for those in advanced or terminal stages of a serious and incurable illness, whose general condition does not require hospital care but is incompatible with remaining at home or returning home.

Similarly, the roadmap "EHPAD-USLD 2021-2023: Towards More Medicalized Establishments to Address the Challenge of Severe Dependence," published in March 2022, includes an ongoing axis aimed at evolving the offer by creating Complex Long-Term Care Units (*USPC*) with a strictly medical focus and consolidating the provision of medicalized accommodation for older people.

## **b) Detailed description of the measures**

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<sup>2</sup>See **Annex 2**, "Acting for Caregivers: 2nd Strategy for Mobilization and Support" (2023-2027)

<sup>3</sup> The law is available [here](#)

Objective of the recommendation	National measure	Objectives	Target	Budget	Schedule and progress
<b>Healthcare financing / governance</b>	<b>Reform of nursing care service pricing</b>	Adjust the pricing of services based on the characteristics of the individuals being supported	Population of older people and individuals with disabilities	€229 million over 5 years (2023 to 2027)	Implementation of the reform began on January 1, 2023, and will proceed gradually until 2027, when the funding package will be calculated according to the new financial arrangements.
<b>Adequacy</b>	<b>Establishment of autonomy services</b>	Require that each home care service offers both care and assistance at home	All services	N/A	By December 31, 2025
<b>Funding for care</b>	<b>Funding for home nursing care place</b>	Strengthen the current home care services by improving the geographical coverage of care places	Population of older people and individuals with disabilities	€400 million between 2023 and 2030	Funds allocated to the ARS since 2023
<b>Professionals</b>	<b>Professional card for home care professionals</b>	Establish a professional card modeled after the medical caduceus	Workforce of home care professionals		Regulatory text published by the end of 2024
<b>Funding for care</b>	<b>Annual assistance for mobility support</b>	Financial assistance provided to departments to support the travel of home care workers	Autonomy services	Not finalized	Financial assistance to be established under the LFSS 2025
<b>Professionals</b>	<b>Annual aid for Practice Analysis Time</b>	Financial assistance provided to departments that promote collective exchange sessions among home care professionals	Autonomy services	Not finalized	Financial assistance to be established under the LFSS 2025

<b>Funding for care</b>	<b>Pilot of a flat-rate funding allocation for home autonomy services</b>	Pilot in 10 departments of a global funding allocation to replace hourly rates	Autonomy services providing assistance	Without additional funding	Regulatory text to be published and pilot to begin on January 1, 2025
<b>Governance</b>	<b>Ongoing mission assigned to the General Inspectorate of Social Affairs and Health (IGAS) regarding the evolution of long-term care units (USLD) in alignment with the development of the field of elderly care</b>	Study of the following two scenarios regarding the evolution of the 583 long-term care units (USLD), considering the social, financial, and governance impacts of each: 1) maintaining a distinct category separate from nursing homes (EHPAD) 2) transforming these units within the medico-social sector	Older people	N/A	Upcoming submission of a report with recommendations.

### 3. Remaining challenges and EU support needs

#### a) Addressing the remaining challenges

The many advances in the deployment of affordable, high-quality long-term care services, for both recipients and those providing the care—whether they are healthcare professionals or informal caregivers—are still subject to the challenges of time and practical implementation within the territories.

One of the primary upcoming challenges will be to **ensure the alignment between needs and supply**<sup>4</sup>, so as to allow for the effective adaptation of services to the various needs (age, dependency, geography) of the recipients. Given the ongoing demographic transition, it will be necessary to find a balance between home-based care and institutional care, tailored to the wishes of individuals as well as the capacity to accommodate these profiles. There is currently significant variability in the availability of services across France, which affects the ability to enable dependent individuals to remain at home. This issue also sometimes overlaps with disparities in institutional care availability. Some areas thus face a dual challenge: they lack services that support the home care of older people with declining autonomy and cannot address this challenge through increased institutionalization.

Among other challenges, **ensuring that homes can genuinely accommodate all those who wish to remain there**, particularly in terms of their level of dependency and their practical and financial care needs is essential. Since January 1, 2024, a new aid has been introduced to fund home adaptation work. Subject to eligibility conditions, this aid aims to simplify the process and allow people with disabilities or those experiencing loss of autonomy to continue living in their

<sup>4</sup> See [Appendix 4](#): Note, 'Alignment between territorial home care objectives and needs.



homes. Additional measures are also planned, including technical and material assistance (equipment, software, etc.) to help people with disabilities or older adults manage daily difficulties. This support facilitates mobility, meals, personal hygiene, dressing, and care, and promotes independence.

Technical assistance can also support caregivers or professionals. In this regard, the April 8, 2024 law on Well Aging provides for the expansion of local support teams for technical aids (*EqLAAT*). These teams are tasked with providing close support to individuals in choosing and using technical aids, regardless of their age, difficulties, or living situations. This aligns with point 5.c) of the recommendation on rolling-out accessible innovative technology and digital solutions in the provision of care services, including to support autonomy and independent living, while addressing potential challenges of digitalisation.

### ***Human resources challenges***

#### ***Growing needs in a context of professional shortage***

According to national statistical services (*INSEE*), metropolitan France is projected to have 73.6 million inhabitants as of January 1, 2060, an increase of 11.8 million from 2007. In 2015, in France (excluding Mayotte), there were 2.5 million older people experiencing loss of autonomy, representing 15.3% of those aged 60 and over. Among them, 700,000 can be considered as having severe loss of autonomy. If demographic trends and improvements in health continue, France would have 4 million older people with loss of autonomy by 2050, accounting for 16.4% of seniors. People over 65 will make up 30% of the French population by 2050, while those under 20 will represent 20%.

This trend results in an increased need for long-term care services. By 2030, it will be necessary to create an additional 9,000 places in nursing homes (*EHPAD*), 5,000 places in assisted living facilities, 25,000 places in home care services (*SSIAD*), and 10,500 places for supported home care (*CRT* modality for territorial resource centers).

A study by “*France Stratégie*”, the government foresight service, estimated that by 2030 the healthcare and medico-social sectors will need to attract, train, qualify, and retain over one million professionals. The same study specifically estimates that 305,000 home care aides, 290,000 nursing assistants, 256,000 nurses and midwives, and 160,000 doctors and similar professionals will need to be recruited.

However, 5% to 10% of positions are vacant in the medico-social sector. The turnover rate of professionals is higher than the national average and is estimated at 20%.

#### ***Working conditions***

A large part of the professions face difficult working conditions. The medico-social sector is characterized by a number of workdays lost due to work accidents or occupational diseases (*AT-MP*) that is three times higher than the average for all sectors in France. This number reached 3.5 million days in 2019, an increase of 41% compared to 2016, corresponding to 17,000 full-time equivalent (FTE) positions per year. These working conditions can explain the high absenteeism rates in the sector: 21 million days of absence (for all causes) recorded in 2019 in social and medico-social establishments (+17% absenteeism compared to 2016).

A national strategy to improve quality of life at work (QVT) was launched in 2018, supported by increased funding to the Regional Health Agencies (*ARS*). Nearly 50 million euros per year have since been mobilized to fund various actions aimed at improving working conditions, such as organizational advice, equipment, training, and support platforms for professionals. This specifically addresses point 7.b) of the recommendation on standards for occupational health and safety.

#### ***Improve salaries through a comprehensive extended collective bargaining agreement (CCNUE).***

Job insecurity for some long-term care professionals is exacerbated by the prevalence of involuntary part-time work. In fields such as home care, schedules are often fragmented to meet the specific needs of users (e.g., getting up, midday break, going to bed), leading to a fragmentation of working hours and significant discontinuity if the employee seeks to maintain a full working volume. For example, in the home care sector, nearly 79% of employees work part-time. This

precarious economic reality exposes these workers to financial difficulties and complicates the balance between professional and personal life.

The French government has launched a comprehensive strategy to enhance the value of sector professionals by improving their working conditions and salaries. In 2021, an additional monthly net allowance of 183 euros was granted to staff in healthcare establishments and nursing homes (EHPAD). Additionally, a revision of the public service index point was implemented in July 2022, and since 2023, negotiations have been encouraged to introduce a similar measure in the public health and social care sector.

Since 2023, the government has been working to establish a Comprehensive Extended National Collective Bargaining Agreement (CCNUE) for the entire social and medico-social associative sector. This initiative aims to create a uniform regulatory framework for all actors in this field. The goal is to raise salaries across the sector, whether employees are covered by a collective bargaining agreement or not (coverage rate is 80%), through a single extended collective agreement. Therefore, there is ongoing national social dialogue to improve working conditions for sector professionals, in accordance with point 7.a) of the recommendation.

Aware of the social urgency and the need to value all affected workers, the government held a wage conference on February 29, 2024. Social partners were asked to resume negotiations on the CCNUE with the aim of reaching two distinct agreements. First, an interim agreement is expected by the end of June 2024, focusing on raising low wages. This agreement could also address the situation of workers who do not benefit from the 'Séjour' bonus (a wage enhancement policy implemented following the Covid-19 pandemic). It is crucial that this document includes a commitment to continue the comprehensive CCNUE negotiations within the established timeline. Second, another agreement is planned before the end of November 2024, which will address at a minimum classifications, salaries, and leave. These concrete steps aim to significantly improve the working conditions and well-being of workers in the social and medico-social sector.

#### *The attractiveness of long-term care professions: a gender equality issue*

In a sector that is particularly female-dominated and characterized by difficult working conditions, there is also a need to better value the professions related to aging and support. Indeed, improving working conditions in long-term care professions is also a gender equality issue: enhancing these professions helps to strengthen the economic and financial independence of women in the sector, attract new profiles, including male ones, thus promoting diversity and addressing the sector's growing human resource needs. This issue is also part of the implementation of the European Commission's Care Strategy, published in September 2022. On this occasion, French authorities were able to share a note with the European Commission services, reaffirming France's support and the importance of acting to improve gender equality in this sector.

#### *Recruitment and professional mobility*

To support recruitment efforts, an emergency campaign has been launched and has been ongoing since 2022. It is coordinated at the regional level. Additionally, the Employment and Skills Development Commitment (EDEC) and the call for projects with the CNSA (National Solidarity Fund for Autonomy) for platforms in autonomy professions support recruitment. Currently, 19 platforms facilitate localized mediation between supply and demand in long-term care, with an annual budget commitment from the CNSA of 10 million euros. These specialized and localized recruitment platforms are currently undergoing an evaluation, with results expected in September 2024. The evaluation should help define the conditions for expanding the system, both geographically (more platforms) and thematically (expanding to early childhood and child protection), while ensuring the budgetary stability of the 19 current platforms for several years.

France Travail employment agencies will gradually be equipped with a recruitment advisor specialized in long-term care. This will involve 3,200 agencies, with one advisor for each employment area. The measure could be piloted in about a hundred employment areas starting January 2025, before being widely implemented in 2026.

Two national communication campaigns on job opportunities in the long-term care sector were conducted in September 2021 and March 2022, and a new campaign is expected to be launched in the summer of 2024.

### *Training of professionals*

Periodic consultations among stakeholders help identify training needs. The regions (local authorities) develop a regional scheme for health and social training every five years, in collaboration with numerous partners: the State, training providers, students and student representatives, employers, etc. Together, they determine the number of training slots to be created, funding, and the procedures for opening new places, closely aligned with the anticipated recruitment needs.

To improve professional mobility, ministries and private certifiers identify pathways and equivalencies between diplomas. Since 2019, following a reform of professional training, a joint committee, the Professional Consultative Commission on Social Cohesion and Health (*Commission Professionnelle Consultative cohésion sociale et santé*), has been convening, including representatives from the sector (employers and employees).

Competent in the fields of social, health, medico-social, and integration services, this professional commission brings together over sixty certifications from various certifying ministries. The commission issues advisory opinions on projects for revising, creating, and abolishing certifications in the sector. The role of social partners is therefore essential.

During the periodic revisions every five years, public certifiers initiate a systematic interministerial analysis of possible pathways and equivalencies between certifications, as well as potential training reductions for holders of similar certifications. Without eliminating the differences, we can identify transferable skills used by professionals in similar job situations. The goal is to streamline professionals' career paths, recognize their qualifications by making them more visible, and thereby enhance the attractiveness of careers within a broad scope of related fields, including work in adjacent sectors such as social cohesion, health, early childhood, and community activities.

A significant effort is being made to strengthen training in the sector, particularly for nursing assistants, nurses, and social care workers (*AES*, or *Accompagnants Éducatifs et Sociaux*, who are social workers specializing in long-term care). To this end, over 13,600 additional training places will be opened by 2025, funded by the State as part of a dedicated protocol with the Regions. As the responsibility for health and social care training lies with the Regions, this State funding is considered "voluntary." This protocol represents an investment of €140 million per year in training, with the State adding an additional €50 million per year for the renovation and construction of training facilities.

Measures are also being implemented to promote apprenticeships in the health and social care sector, with the aim of attracting more young people. These measures include lifting quotas that limit apprenticeship placements and providing specific financial incentives, such as exceptional aid to reduce the cost of apprentice salaries.

Another significant challenge is the ability to develop a society that supports Well Aging beyond the home, focusing on the design of public spaces and transportation. In this regard, the *Bien Vieillir* Strategy includes measures to improve, among other things, the accessibility of transportation and the layout of public spaces.

### ***Better prevention of the risks of abuse in care facilities and at home***

The fight against abuse in care facilities and at home has become a top priority for the French government in its policies on aging and the care of dependent individuals. Discussed during the National Council for the Refoundation's "Aging Well" initiative and the 2023 General States on Abuse, the prevention of abuse in care settings is crucial to ensuring the well-being and dignity of people with disabilities, chronic illnesses, or dependency.

The French authorities aim to strengthen oversight by implementing a plan to inspect 7,500 *EHPAD* (nursing homes) over two years and recruiting 120 additional inspectors to ensure the quality of care provided in institutions and at home. Additionally, there will be stricter background checks on professionals, and a single point of contact will be established in each department to facilitate the reporting and handling of abuse cases. These measures are designed to create a safer and more accountable environment for vulnerable populations.

### ***Adaptation of the Sector to Climate Change***

The issue of adapting to climate change through the energy renovation of long-term care facilities is also crucial.

As part of the Recovery and Resilience Facility (RRF), France has launched an ambitious policy to promote the adaptation of residential facilities for dependent older people to climate change. Aware of the need to adapt buildings to increasingly frequent heatwaves, several actions have been undertaken, particularly within the framework of the *Ségur* medico-social reform:

- A fund of 250 million euros (spread over the years 2021/2022) has been made available to *EHPAD* to make concrete and rapid improvements for the benefit of both professionals and residents. These funds are intended, in particular, to finance investment expenditures aimed at enhancing quality, such as works and equipment purchases that improve summer comfort, limit exposure to heat, and prioritize natural ventilation. This includes measures like shading for openings, installation of air circulators, and insulation of roofs and walls. For the 2022 requests, nearly 40% of the applications focus on summer comfort.
- Also within the framework of the National Recovery and Resilience Plan (NRRP), support for real estate investment allows for the creation, renovation, or transformation of medico-social establishments, primarily *EHPAD*, but also including independent living residences or other solutions for supporting loss of autonomy, such as inclusive housing. Over one billion euros are dedicated to these actions. In addition to these large-scale rehabilitation or reconstruction projects, the plan also includes thermal renovation work to maintain a tolerable temperature in rooms during heatwaves. Among the projects already selected, some Regional Health Agencies (ARS) have provided additional funding bonuses if the sustainable development aspect was particularly impactful. While it is still a bit early to assess the results to date, thermal improvements are expected to lead to lower operating costs and improved financial ratios for the establishments. In the best cases, energy consumption reductions can reach up to 60%. Given the recent surge in energy costs, which can account for a quarter of the deficits observed in some *EHPAD*, this initiative represents a significant source of operating savings. For example, an *EHPAD* with 80 beds was able to save nearly €10,000 per year simply by changing the toilets;
- Finally, to help establishments reduce their carbon footprint and participate in the "Eco Energy Tertiary" program, the General Directorate of Social Cohesion (*DGCS*), the National Solidarity Fund for Autonomy (*CNSA*), and the National Agency for the Performance Support of Health and Medico-Social Establishments (*ANAP*) have launched a call for expressions of interest to fund positions for Energy and Ecological Transition Advisors and Coordinators in Health (*CTEES*). These advisors will support the establishments. The *CNSA* is funding over 50 positions that will assist more than 3,650 medico-social establishments, across all statuses, between 2021 and 2024, representing 20% of them. Within these structures, the advisors are tasked with conducting energy audits, initiating action plans to reduce energy consumption and improve air quality, and developing tools and recommendations to limit pollution. These advisors also help establishments improve summer comfort. The work of the *CTEES* has led to an average 13% reduction in the energy consumption of the establishments they support.

## **Governance**

Since 2017, the French government has been committed to reforming the organization and funding of the healthcare system. Currently, several funding models coexist: one for primary care, one for hospitals (partially based on activity-based funding or *T2A*), and one for the medico-social sector. As health pathways are gradually being implemented to ensure comprehensive patient care, regardless of the involved professional, this segmented approach is showing its limitations. This is why the Social Security Financing Law for 2018 introduced, in Article 51, a system allowing for the experimentation of new health organizations with innovative funding models. These new organizations are expected to contribute to improving patient pathways, the efficiency of the healthcare system, access to care, and the relevance of health product prescriptions.

This system represents a genuine opportunity to test new approaches, as it allows for deviations from many traditional funding rules applicable to both primary care and hospital or medico-social settings, while maintaining a requirement for designing public policies based on evidence.

Currently, for the medico-social sector and the improvement of care for older people with loss of autonomy, eight experiments are underway:

- To prevent the loss of autonomy for individuals in their homes and thus ensure home care that is compatible with their needs (three experiments totaling €14.47 million)
- To better secure hospital discharges and ensure a safe return home, including planning for intensified home care (two experiments totaling €3.4 million)
- To improve access to dental care, a key issue in the prevention of malnutrition and thus loss of autonomy among older people (three experiments totaling €1 million)

In addition, some experiments are being conducted as a result of legislative initiatives. This is the case with the experiment stemming from the law of February 5, 2019, which allows opticians in certain regions to work in *EHPAD* to perform refraction exams and, without a medical prescription, provide new eyewear in the event of loss or breakage of glasses. This experiment aims to improve access to visual care, which is essential for a better quality of life for older people.

The generalization of these experiments represents a significant challenge for France, both in terms of evaluating their relevance for widespread implementation and assessing the financial sustainability of such a generalization. This is a key issue for the next three years, as the majority of these experiments are set to conclude within this period.

## **b) EU support**

The European Union has a key role to play in ensuring that long-term care, which is affordable and of high quality, is provided to equivalent standards across the entire European territory, in line with the principles of the European Pillar of Social Rights.

The EU should continue to encourage the exchange of lessons and best practices on the development of long-term care services through peer reviews, within the framework of the Open Method of Coordination, the collection of case studies, and support for networks of practitioners and providers. Member states should agree on a common set of indicators to assess access to and quality of long-term care.

The EU should also promote preventive policies to ensure that dependency occurs as late as possible in life. It is essential to encourage good mental health and advance prevention, early diagnosis, treatment, and de-stigmatization of mental disorders.

France supports the use of European Social Funds to enhance access to high-quality long-term care, particularly through pilot projects. Additionally, monitoring and reporting on the adequacy and quality of long-term care should be more fully integrated into the European Semester process, utilizing national reports and country-specific recommendations.

### **European Social Fund Plus (ESF+)**

The mobilization of the European Social Fund Plus (ESF+) could be particularly relevant for supporting projects in regions and addressing the challenges of assisting individuals with loss of autonomy, especially regarding recruitment, training, and retention of care and support staff, as well as adapting transportation services to an aging population. Given that public transportation falls under regional jurisdiction, ESF+ is well-suited to meet these needs. The total amount of ESF+

should evolve in parallel with the types of needs and issues identified to ensure that new allocations are adequately covered.

#### Horizon Europe support

Support from Horizon Europe, the European Union's research and innovation framework program, which oversees the "Social and Economic Transformation" research axis, could be beneficial. French authorities would indeed be interested in receiving EU support to better justify expenditures by documenting the efficiency of actions and the future gains from contemporary social investments (cost-efficiency / return on investment).

#### The Technical Support Instrument (TSI), a useful tool for supporting French reforms

To continue the implementation of national policies regarding long-term care and support for individuals with loss of autonomy, particularly for those with disabilities, French authorities wish to benefit from the European Commission's Technical Support Instrument (TSI). **The aim of this reform project is to transform the medico-social services provided to individuals with disabilities, in order to strengthen their rights and better meet their needs and expectations.**

In addition to this reform project for transforming medico-social services for individuals with disabilities, **French authorities are also encouraging the development of a project aimed at improving data collection in long-term care, modeled on the health data hub concept, to create a social data hub.** Indeed, there is currently significant fragmentation of data in the medical and social fields. The goal would be to establish a single entry point for medical data on a national or European scale and to standardize this data, with the ambition of including data on older people.

#### Legislative Initiatives of the Commission

To elevate long-term care policies, the European Commission could publish new standards covering:

- The recognition of informal caregiving work and its inclusion in the calculation of retirement pensions from one member state to another
- Combatting gender inequalities in the caregiving sector through large-scale awareness campaigns that promote occupational diversity

Long-term care must also address the challenge of an aging population that is increasingly isolated in a digitally connected society. Digitalization can be leveraged to assist older people, enabling them to live in their homes for longer and helping them maintain social connections with their communities. **The ecological and digital transition, central to European priorities, must address this challenge.** Encouraging and assisting seniors in developing their digital skills would have a dual positive impact: on one hand, it could help reduce social isolation and intergenerational divides; on the other hand, it could be beneficial from a health and care perspective.

