

Ageing tomorrow in institutions

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N°184, to be published in winter 2027

Deadline for submission: 5th October 2026

For several years, long-term care facilities dedicated to the most dependent elderly people have been at the heart of public debates, marked by many criticisms, the peak of which was undoubtedly reached during the Covid-19 pandemic. In France, the mediated revelations of Victor Castanet's book (2022), reporting on the deteriorating living conditions of residents of a group of for-profit private establishments, have also renewed reflections on the limits of the institutional model. These accommodation structures, far from attracting support, are frequently perceived as solutions of last resort, which are entered more by constraint than by choice, when home care – an option generally favoured both by older people themselves and by public policies – is no longer possible. Residential establishments for dependent elderly people (France), nursing homes (United States, United Kingdom and other English-speaking countries), retirement and care homes (Belgium), medico-social establishments (Switzerland) and residential and long-term care centres (Quebec), beyond their organisational, legal or cultural differences, share the difficult task of reconciling living and care (Loffeier, 2015). Their primary vocation is to meet all the needs of the residents and to protect them from the consequences of the loss of independence. However, the risk remains that they contribute to their marginalisation, or even their exclusion from society. These establishments are also now confronted with multiple dynamics that are contributing to a questioning of the model: health crisis (Covid-19), crisis in the care professions, increasingly important demographic ageing, budgetary constraints, technological innovations, calls for deinstitutionalisation, etc. These are all challenges that raise the question of the evolution of the model of residential facilities for older people with a loss of independence.

Asking the question of the future of these structures, as this issue of *Gérontologie et société* intends to do, does not mean ignoring these tensions, but rather recognising that residential and long-term care facilities for older people have already undergone profound transformations over the past thirty years. In France, for example, the category of "EHPAD" introduced with the aim of homogenising a field marked by strong inequalities, remains contested, as evidenced by its partial appropriation by older people, and society through the use in the media of the expression "retirement home». Many

reforms have redefined the organisation of structures and the care of older people in institutions: humanisation, medicalisation, pricing, individualisation (Argoud, 2014; Brami, 2013; Feller, 2017; Villez, 2007). Residential and long-term care facilities are thus moving institutional objects, caught up in systems of standards, evaluation mechanisms and funding mechanisms that are constantly being restructured.

This issue does not so much aim to propose a normative model of the establishment of tomorrow as to analyse its tensions as well as the transformations already at work and the emerging alternatives. The objective is to go beyond the discourse of the "EHPAD crisis" (Villez, 2007) or "deinstitutionalisation" (Henckes, 2024) to highlight the changes underway and the perspectives opened up by scientific, professional and civic reflection. To ask the question of the future of residential and long-term care facilities for older people is therefore to accept the uncertainty that surrounds these institutions. Some argue that the institutional model is doomed to disappear as it is ¹ unable to overcome the criticism levelled at it and the increasing budgetary constraints that are suffocating it (CNSA, 2024). Others, on the contrary, believe that it can reinvent itself, provided that its organisation, financing, architecture, or territorial inscription is thoroughly rethought (Broussy *et al.*, 2021; Grenier *et al.*, 2011). However, the literature on innovations in the medico-social field remains limited or often confined to the presentation and description of experiments, devices qualified as intermediaries, or even alternatives, which do not question in depth the dynamics of transformation of the entire sector for older people.

What can be offered to older people who can no longer stay at home, despite public policies promoting this option? Are existing solutions – inclusive housing, independent living residences, *co-living*, intergenerational housing, Alzheimer's villages and innovations of all kinds – called upon to redesign the landscape of housing for older people? To what extent are these alternatives still accessible and financially sustainable, and for whom?

Reflections on institutions and support systems for older people with loss of independence have historically been at the heart of the *Gérontologie et société* project. In the journal's recent issues, it is worth mentioning in particular "*Spaces to live in the light of ageing*" (2023) and "*Ageing in place: Contribution of foreign experiences and international comparisons*" (2021), both of which help to mark out a field of research that is constantly renewing itself. However, *Gérontologie et société* has never devoted a single issue to residential and long-term care facilities. At a time when the loss of independence is often no longer a distant horizon for the baby boomer generation but rather a tangible or soon inevitable reality, taking the time to discuss the future of the institutions that occupy a central place in gerontological action is timely. Four thematic areas will help us to put the question of the future of nursing homes for older people on the agenda.

¹ For example, several articles have appeared in the national press: ASH, article by Alexandra Marquet (21 February 2024); La Nouvelle République (with AFP), (19 September 2024); Ouest France, article by Samuel Nohra (March 6, 2021)

Axis 1: The evolution of audiences and establishments: new needs, new expectations?

Long-term care facilities dedicated to older people of tomorrow cannot be designed independently of the demographic, social and economic transformations that are reshaping the field of old age today. The ageing of the population, the diversification of life trajectories, the increase in life expectancy with or without disability and social inequalities in health are all factors that question the adequacy of the current model to the needs of older people. In France, demographic projections suggest an increased tension on supply: 21 million people aged 60 years and above will live in the country in 2030, 3 million more than in 2019. Maintaining current practices of admission to institutions would mean doubling the rate of opening of places observed since 2012; otherwise, the establishments may not be able to accommodate the 108,000 additional residents expected between 2019 and 2030, nor the additional 211,000 between 2030 and 2050 (Miron de l'Espinay & Roy, 2020). This risk of a shortage of places is not unique to the French context. In Japan, the proportion of people aged 75 years and above represents 16.1% of the total population in 2023 and projections place this figure around 25% in 2070 (Cabinet Office Japan, 2024). Given current policies, the impossibility of providing home support until the end of life raises questions about the adaptability of structures that accommodate people with significant nursing needs. Demographic challenges are also combined with a profound transformation of the characteristics of the residents, which is pushing institutions towards increasing specialisation. The ageing of people with disabilities (Delporte & Chamahian, 2019), as well as the increasingly frequent reception of older people with psychiatric or psycho-behavioural disorders, requires adapted skills, organisations and environments. Thinking about the support of these groups in the future renews the dilemmas worked on by the ethics of care: how to meet the needs and expectations of older people while guaranteeing their ability to act in a highly medicalised environment and situations of interdependence with professionals? How can the experience of the residents, their wishes, and their priorities influence the choices to be made to adapt these "establishments"?

The nursing homes dedicated to older people of tomorrow therefore raise the question of professional practices, their evolution and the training that supports them. Demographic projections and the intensification of support needs lead to questions about the sector's ability to have a sufficient number of professionals in the future. Will they want to work in establishments that are often perceived as marginal to society, for a salary that is still largely undervalued in relation to the work carried out and in working conditions that are durably trying? Particularly, in view of the proximity of the end of life and the political and ethical questions that this raises? How, then, can we think about the future of careers in this field? Beyond the care and support given by professionals, the future place of a plurality of actors remains to be defined in the organisation and daily life of these structures: residents, caregivers, management, volunteers, associations, communities, not to mention "non-human actors" such as technologies, connected objects, animals involved in support or the built environments that structure daily practices. How are they redesigning the gerontological institution? With what resources and in the face of what constraints?

Axis 2: What innovations are we talking about?

The future of residential and long-term care facilities is also at stake in the way we perceive the innovations that question and transform everyday life into institutions. The institutions themselves are transforming, profoundly redefining the contours of "living in an institution". In several countries, the boundaries between home and institution are thus tending to blur under the effect of initiatives seeking to go beyond the traditional model of accommodation. In France, for example, in recent years, mechanisms such as Territorial Resource Centres have emerged, the gradual transformation of establishments into "service platforms" (Braverman *et al.*, 2021; Broussy *et al.*, 2021) or the development of third places intended to open up structures to their environment in order to reduce their self-sufficiency. This dynamic of openness is not unique to the French context: in Switzerland too, recent recommendations encourage the closer integration of medico-social establishments into the life of neighbourhoods, in order to strengthen their community anchoring and their social role (Fegems, 2024).

These experiments are part of a broader landscape of innovations, often conceived above all from a technological perspective through the mobilisation of sensors, home automation devices, digital monitoring tools or artificial intelligence applications, but also from an organisational perspective, whether it is a question of new forms of governance, increased involvement of relatives or devices that promote the decompartmentalisation between home and institution. Other innovations are philosophical and ethical, for example mobilising residential approaches, Montessori models or renewed reflections on autonomy and citizenship in institutions.

However, reducing innovation to a technological or organisational dimension does not allow us to grasp its full depth. Studies on the spatial and architectural dimensions remind us that the built environment deeply structures daily practices (Nedelec *et al.*, 2023). The closed and self-sufficient functioning of many establishments has been widely criticised (Cérèse & Eynard, 2014), and innovative architectural projects, such as Alzheimer's villages, inclusive housing or spaces that promote social life, explicitly aim to break with the connotations of asylums or penitentiaries inscribed in the history of these places (Labarchède, 2023).

Also, these innovations can promise a paradigm shift or support model in its entirety or be deployed at the level of an institution, through practices that break with traditional codes. The objective of this axis is therefore to document and analyse these experiments, whether emblematic or modest, in order to grasp their real scope: do they constitute a break or an incremental adaptation? Are they the result of real structural changes or simple local adaptations? Are they a response to current crises or a long-term horizon for transformation? How do the innovations experienced by these institutions reflect broader dynamics? Does researching them provide evidence for a more general reflection on the medico-social sector? Do they really redefine the place of the people concerned? Are they faithful to the needs and expectations expressed by the various users?

Axis 3: A category in question

Questioning the future of residential and long-term care facilities necessarily means confronting the categories that have structured the gerontological field over time. The history of public policies on ageing, the legal and administrative structure of the sector, and past budgetary choices constrain the capacity for transformation. In France, while 60.3% of nursing homes were in deficit in 2022 (Fortin & Reynaud, 2024), the question of the ability to imagine a new model of establishment is particularly

topical. Solutions seem to be developing, particularly in the public sector, with the implementation of the Groupement de Coopération Sociale et Médico-Sociale (GCSMS), with a view to streamlining management methods and implementing a common strategy for supporting older people in a pathway approach. In Quebec, the category of residential and long-term care centres is itself being challenged in favour of the Seniors' Homes model, which is designed to offer a more residential, smaller-scale environment and break with the traditional institutional image (Gouvernement du Québec, 2025). These transformations reflect a broader movement, where the administrative categories that define residential and long-term care facilities are themselves becoming objects of debate: can they evolve to support emerging needs, or do they constitute a structural impediment to innovation?

Are the changes made profound enough to transform the institutional model? Is it still possible to change the system of support for older people with a loss of independence while maintaining the rules and constraints imposed by the legal and institutional context of these categories?

In this sense, the comparison with alternative housing - independent living residences, inclusive housing, assisted living facilities, long-term care units, etc. - allows us to question the contours of the institutional model in more detail. Not to oppose these systems but to understand how their development highlights the limits of traditional establishments and invites us to rethink what it means to "inhabit" and "support" dependent old age today.

The issue is also economic and social. The transformations underway question the methods of financing: who will bear the cost of any new architectural, organisational or relational models? Are these developments likely to accentuate inequalities in access, by reserving the most innovative establishments for the wealthiest households? Will the establishment of tomorrow be an establishment for all, or only for the best-endowed social categories?

Questioning the future of the institution therefore implies taking an interest in its future as a category: can it disappear in favour of other forms of support (independent living residences, seniors' residences, long-term care units, inclusive housing, homes for older people, etc.)? Is it a deterrent and an impediment to innovation? This axis invites us to analyse how the legal, historical, territorial and social dimensions frame and constrain the evolution of these establishments, and to ask ourselves whether we can transform the support system for older people by preserving these categories, or whether we should consider redefining, overcoming, or even abandoning it.

Axis 4: Learning from international comparisons

Thinking about the future of residential and long-term care facilities therefore requires placing them in an international perspective, as this call for papers as a whole invites it to do. More specifically, this axis invites us to analyse circulations, hybridisations, but also the limits of international comparison, by observing how several models of gerontological institutions confront and dialogue. It is a question of understanding what these comparisons reveal, the blind spots, the possibilities, the unthought-of, and how they allow us to imagine, beyond any strictly national reference, the institutions of tomorrow. Contributions will be particularly expected to offer a comparative analysis that mobilise several countries, models or institutional contexts, in order to highlight the convergences, gaps and tensions that cross residential and long-term care facilities at the international level.

Seen from France, for example, foreign models are regularly presented by those involved in gerontological action as alternatives to nursing homes. Common sense points to the Nordic countries,

the Netherlands and Quebec as examples to follow in renewing institutions. However, foreign studies on institutional support models for old age have a limited reception in the French-speaking world. Of course, there are difficulties in translating between the models: EHPAD (France), nursing homes (United Kingdom), retirement and care homes (Belgium) or residential and long-term care centres (Quebec) do not refer to exactly the same organisational, legal or cultural realities. These differences make the comparison delicate, but precisely fruitful: they allow a decentring on one's own practices, a critical distancing from the French framework, and an openness to other ways of conceiving "taking care" and "inhabiting" it in a situation of dependence. It also makes it possible to imagine the institutions of tomorrow.

It is precisely with a view to innovation that the National Solidarity Fund for Autonomy launched a call for projects in 2017 entitled "*And our European neighbours, how do they do it?*". But here again, the movement is limited: only one project on the lives of dependent elderly people in institutions has been funded. This low investment illustrates the paradox of a strong interest in foreign models, but still little reflected in research, training or public policies.

In this context, the question is no longer just whether residential and long-term care facilities could be inspired by foreign models, but rather to examine the extent to which different countries are affected by similar innovation dynamics, comparable constraints or, on the contrary, profoundly divergent inflections. Does what is presented as an innovative alternative model in a national context not also face criticism or difficulties abroad? Conversely, can certain local experiences serve as a model for renewing institutions for older people abroad?

This axis invites us to reflect on the innovation of institutions in the field of old age based on comparison, by questioning the circulations, hybridisations and limits of international models.

Contributions from all disciplines are invited to be situated in relation to the four axes that make up this issue. Proposals that do not explicitly fall within one of the axes are welcome, but it is expected that they articulate the analysis of the institutional model of residential establishments for older people with a loss of independence with its present changes, past constraints and future prospects. Furthermore, taking as its subject the future of nursing homes dedicated to older people does not settle the question of what the future holds. Contributions may thus focus on a future that refers to transformations that are already there, a dynamic in the heart of realisation, of the medium term, or a more distant ideal.

Debates, controversies, as well as contributions aimed at reporting on experiments carried out and/or to come are welcome and can feed into the "free remarks" and "perspectives and feedback" sections of the journal.

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