FONDATION
croix-rouge française
Pour la recherche humanitaire et sociale

Enhanced home support arrangements: what contribution to reducing isolation?

Louis BRAVERMAN
Doctor in sociology
IRIS, Université Sorbonne Paris Nord

INSTITUT DE RECHERCHE
INTERDISCIPLINAIRE
SUR LES ENJEUX SOCIAUX
SCIENCES SOCIALES,
POLITIQUE, SANTÉ

Les Papiers de la Fondation n° 39
July 2022

This research was completed in response to a call for research fellowships by the French Red Cross Foundation and with funding from its partners Agirc-Arrco and Groupe VYV.

The vocation of the French Red Cross Foundation, created on the initiative of the National Society of the French Red Cross, is to initiate, support and reward research projects which put in perspective the principles, practices and aims of humanitarian action in transition.

By means of calls for postdoctoral fellowships, awarding research prizes and organising scientific events, the French Red Cross Foundation aims to determine the challenges facing future humanitarian action, to accompany actors and individuals engaged in international solidarity, and to disseminate knowledge gained through critical cross-examination, while stimulating debate.

The arguments and opinions expressed in this article are those of the author(s) and do not necessarily reflect those of the French Red Cross Foundation.

With the support of

RETRAITE COMPLEMENTAIRE agirc-arrco

GROUPE VYV

To cite this article:

BRAVERMAN Louis “Enhanced home support arrangements: what contribution to reducing isolation?”, French Red Cross Foundation, *Les Papiers de la Fondation*, n° 39, July 2022, 17 p.

Résumé

Entre l’accompagnement des personnes âgées en établissement et celui à domicile, des solutions intermédiaires sont expérimentées sur le territoire français. Parmi elles, les dispositifs renforcés de soutien à domicile (DRAD) renouvellent la promesse du maintien à domicile. Ces expérimentations, bien qu’hétérogènes, s’appuient souvent sur l’EHPAD pour proposer des services externalisés et assurer la sécurité, la continuité ainsi que la qualité des aides et des soins à domicile. À partir d’une enquête auprès de professionnels de DRAD et d’usagers, cet article rend compte et discute de l’apport de cette innovation sociale à la lutte contre l’isolement. L’analyse nous amène tout d’abord à considérer ce dispositif comme un moyen efficace pour renforcer et soutenir l’ancrage des personnes âgées dans leur environnement. Nous montrons ensuite l’intérêt du continuum de services qui est proposé par l’expérimentation pour promouvoir la santé et lutter contre l’isolement. Enfin, la discussion propose une mise en perspective et met en lumière les principaux défis qui restent à relever par ce type de dispositifs pour prévenir l’isolement social et combattre le sentiment de solitude.

Mots-clés : DRAD**,** EHPAD, innovation sociale, isolement social, maintien à domicile.

Abstract

Intermediate solutions between nursing home and home care are being tested in France. Targeted at older adults, they have been implemented by the French Red Cross in seven regions. They include Enhanced Home Support Arrangements (DRAD), which renew the promise of ageing in place. This solution relies on nursing homes and provides enhanced support for older adults facing loss of autonomy at home. Based on interviews with professionals and older adults, this paper outlines and discusses the contribution of this social innovation to reducing social isolation. The analysis leads us to consider this solution as an effective means of strengthening and supporting the attachment of older adults to their environment. We then demonstrate the advantages of the services continuum offered by this solution in promoting health and tackling isolation. Finally, the discussion highlights the main limitations of these innovations in reducing social isolation and loneliness.

Keywords: nursing home, social innovation, social isolation, home care, loneliness

Enhanced home support arrangements: what contribution to reducing isolation?

Introduction

In recent months, the COVID-19 crisis has stimulated media interest in the isolation experienced by older adults. Isolation, loneliness and social contact have not received this level of attention in France since the heatwave of 2003. The problems experienced by older adults as a result of the lockdowns and social distancing rules more generally were an opportunity to underline the importance of relationships between individuals and social participation in old age. Social interaction and social capital are now widely considered to have a positive impact on physical and mental health[1].

The impact of isolation is nevertheless often downplayed and remains unclear. Many studies distinguish between social isolation and loneliness in order to advance understanding of these complex issues[2]. Social isolation is most often described as a condition in which an individual lacks social relations — in number, frequency, duration and quality. Loneliness places an emphasis on feelings about a lack of connection with others or the experience of deprivation resulting from a discrepancy between desired and achieved levels of social interaction. An individual can live alone and have very little interaction without feeling lonely.

Situations of social isolation and loneliness are the result of multiple and mutually reinforcing factors[3]. Studies show that social isolation and loneliness are better understood as the result of interaction between environmental factors including poor district planning, ageism and insecurity, and individual factors such as age, disability, poverty, cognitive disorders, the absence of children or contact with family members, and biographical

---

[1] FINDLAY R. Interventions to reduce social isolation amongst older people: where is the evidence?*. Ageing and Society,* 2003, 23, 5, p. 647-58. HOLT-LUNSTAD J. The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors*. Public Policy & Aging Report*, 2017, vol. 27, n°4, p. 127-30. LEIGH-HUNT N. BAGGULEY D., BASH K., TURNER V. TURNBULL S., VALTORATA N, CAAN W. An overview of systematic reviews on the public health consequences of social isolation and loneliness, *Public Health*, 2017, 152, p. 157-71. D'HOMBRES B., ROCCO L., SUHRCKE M., McKEE M. Does social capital determine health? Evidence from eight transition countries. *Health Economics*, 2010, vol. 19, n°1, p. 56-74.

[2] WIGFIELD A, TURNER R, ALDEN S, GREEN M, KARANIA VK. Developing a new conceptual framework of meaningful interaction for understanding social isolation and loneliness*. Social Policy and Society,* 2020, p. 1-22. CAMPÉON A. Vieillesses isolées, vieillesses esseulées ? Regards sur l’isolement et la solitude des personnes âgées*. Gérontologie et société*, 2016, vol. 38, n°149, p. 11-23.

[3] NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System,* 2020, Washington: National Academies Press. PETITS FRÈRES DES PAUVRES. *Solitude et isolement des personnes âgées en France. Quels liens avec les territoires ?.* 2019, Rapport Petits Frères des Pauvres n°3. PITAUD P. (dir.) *Solitude et isolement des personnes âgées. L’environnement solidaire*. Toulouse : Érès, 2010. Fondation de France, *Les solitudes en France.* 2014. TRABUT L., GAYMU J. Habiter seul ou avec des proches après 85 ans en France : de fortes disparités selon les départements, *Population & Sociétés*, 2016, n° 539, vol. 11, p.1-4. AOUICI S., PEYRACHE M. Le sentiment de solitude dans la vieillesse. Une analyse des effets de la précarité sociale et économique. *Retraite et société*, 2019, n° 82, vol. 2, p. 15-35.

disruption. Reducing the isolation and loneliness of older adults covers a broad range of actions, from the most general, such as national strategies to prevent and combat poverty, campaigns on ageism, and district and urban planning policies, to individual actions including home visits by volunteers, mobility support, and Meals on Wheels.

Multiple initiatives to reduce isolation and loneliness are paradoxically seldom the subject of empirical research. This is nevertheless an essential exercise if we are to build and capitalise on existing practices. Focusing on enhanced home support arrangements (DRAD), this paper aims to better document the unique approach of this innovative solution to ageing in place. We set out to answer the following question: how do enhanced home support arrangements address the challenges of reducing isolation in older adults?

Box no. 1. Enhanced home support arrangements (DRAD)

Enhanced home support arrangements aim to provide innovative responses to older adults who wish to continue living at home despite a loss of autonomy.
“Enhanced home support arrangement” or DRAD is not a fixed term in French and is used alongside other descriptions including “extramural nursing homes”, “home-based nursing homes”, “service platforms”, “local authority establishments” and “service clusters”. The practical means of organising these initiatives vary and are broadly reliant on the initiating parties and their resources. Nevertheless they all make direct reference to the process of deinstitutionalisation driving the development of this support method. These arrangements often rely on a nursing home with a scope of action no longer limited to the institution itself.

Ordinary rules of law seldom accommodate the funding of innovative schemes which as a consequence focus their actions on calls for proposals. Article 51 of the French Social Security Financing Act introduced the option of support to innovations in healthcare through exemptions from the ordinary rules of law. Within this framework, leaders of three separate schemes (the Croix-Rouge française, the Groupe Hospitalité Saint-Thomas de Villeneuve, and the Fédération Nationale de la Mutualité Française) were, for example, awarded a grant of €20 million spread over three years to implement enhanced home support arrangements in 19 areas.

Services provided under enhanced home support arrangements vary from one experimental scheme to another. Nevertheless, all projects promote closer coordination between professionals to guarantee safe and quality support for older adults with loss of autonomy and to allow them to age in place. Additional services include home care, such as daily living assistance, nursing care and administrative support, and institutional services such as day care, emergency accommodation and activities. Technology including home automation and remote care are also often used, chiefly to improve home security.

Methodology

This paper draws on research completed between September 2020 and August 2021 with support from the French Red Cross Foundation. An in-depth study was made of two separate experimental schemes. The services supplied by these experimental schemes are similar but differ in specific ways, including location. To ensure the anonymity of the professionals and users interviewed, details of how these arrangements work and their location are not provided in this paper. Our aim is to draw general conclusions about our research object. We do not discuss the originality of the arrangements under study or compare them as part of this analysis.

We performed a total of 17 semi-structured interviews with professionals, beneficiaries and relatives. The professionals interviewed intervene at different stages of the schemes, including design, monitoring and general coordination (three project managers/policy officers); management (three senior managers of nursing homes, home nursing care services and geriatric centres); and support (one nurse care coordinator, three nurses, two geriatric care assistants and one psychologist). We also interviewed two users and two of their relatives. The beneficiaries, both women, wished to continue living at home but had significantly reduced physical or cognitive abilities. Both admitted to feeling very lonely.

The interviews were recorded and then transcribed in full. We then coded the interviews through a themed content analysis. In practice, we analysed the words of the interviewees to determine key points and themes in each interview and across the interview corpus. We used the Nvivo software package to organise, code and analyse qualitative data at each stage.

Results

The primary aim of enhanced home support arrangements is to provide home support to older adults living with a loss of autonomy. Reducing isolation is not its primary or only purpose. This approach to support, which breaks with the home/nursing home dichotomy, helps reduce social isolation and loneliness in multiple ways. We begin by demonstrating how this solution strengthens the attachment of beneficiaries to their environment. We then discuss the benefits of the services continuum provided by the experimental schemes to promote health and reduce isolation.

A solution that strengthens the attachment of beneficiaries to their environment

For professionals and users, the primary aim of enhanced home support arrangements is to provide advanced home-based support to people living with a loss of autonomy. It aims to ensure continuity of home-based care and support while providing older adults with loss of autonomy with a range of services additional to those provided as part of a conventional approach to organising ageing in place. This reflects the firm resolve of the vast majority of people to age in their own home. It is also presented as an alternative to entering a nursing

home, which often happens under duress[4]. The manager of a home nursing care service describes this innovation as a solution that opens up new possibilities to older adults unable to live in their own homes:

> “What we noticed [before the launch of the enhanced home support arrangement], at least in my experience, was that we provided home support to people for quite a long time and once we had done everything we could - and it really wasn’t possible to do any more - all of a sudden we would say to them, “that’s enough, we can’t carry on like this”, and there was an abrupt break, because the person was either sent to hospital and never came back or entered an institution and never back from there either, so it was a very harsh experience. […] Now when someone becomes very dependent, with us, they have three solutions to choose from in the sector [nursing homes, home nursing care services and enhanced home support arrangements], and the idea is to be agile enough to move from one to the other.”

Home-based action which aims to prevent sudden breaks in life pathways is especially useful in reducing social isolation and loneliness. More than simply a residence, the home plays a central role in social inclusion, wellbeing and our sense of security[5]. Ageing in place is often seen by older adults as the best way to stay in contact with their family, friends and communities. In contrast, when a person enters a nursing home they must rebuild their social ties, which can sometimes increase the feeling of loneliness[6].

The professionals and users we met for the purposes of this study repeatedly cited ageing in place as a primary enabler of reduced social isolation and loneliness. On returning home after being treated in hospital for serious stomach problems, Mrs. Collin[7] did not wish, for example, to enter a nursing home despite needing extensive daily support and care. Her daughter, who lives in Switzerland and cannot provide her with direct support, opted for an enhanced home support arrangement in order to respect her choice and avoid “placing” her in a home. Thanks to this solution, she benefited from coordination between care providers who visited her home (including private nurses, home helps and physiotherapists), medication delivery and regular home support by a hospital service worker which turned out to be an essential resource due to the severe loneliness-related anxiety suffered by the beneficiary.

To prevent sudden breaks in lifepaths, monitoring and home security are often cited by beneficiaries and care providers as important drivers of the arrangement. Technology such as 24/7 remote care and home automation are generally seen as beneficial. As part of a service package, technology makes it possible to provide remote services (fall detection, relational support and so on) and holds out the promise of ageing in place.

---

[4] MALLON I. *Vivre en maison de retraite : le dernier chez-soi*. Rennes : Presses universitaires de Rennes, 2004. LEFEBVRE DES NOËTTES V. Enjeux éthiques du consentement à l’entrée en Ehpad. *Rhizome*, 2019, vol. 74, no. 4, p. 7-9.

[5] ENNUYER B. L’accompagnement à domicile : mission impossible ?. *Vie sociale*, 2017, vol. 17, p. 71-80. LEFEBVRE DES NOËTTES V. *Du consentement dans la maladie d’Alzheimer : dessiner pour penser l’institutionnalisation*. Saint-Denis : Connaissance et savoirs, 2017.

[6] TRÉPIED V. Solitude en EHPAD. L’expérience vécue de la relation soignante par les personnes âgées dépendantes. *Gérontologie et société*, 2016, vol. 38, n°149, p. 91-104.

[7] The names used in this paper are pseudonyms.

The unique strength of enhanced home support arrangements in reducing isolation is their ability to strengthen and support the attachment of older adults to their environment. According to interviewees, this is primarily because the service package transcends the home/nursing home dichotomy and includes home security and the use of technical devices. However, to increase the involvement of older adults in activities that are meaningful to them and prevent the weakening of their social ties, it is also necessary to provide a general service package that includes health promotion, advanced technical care and prevention actions.

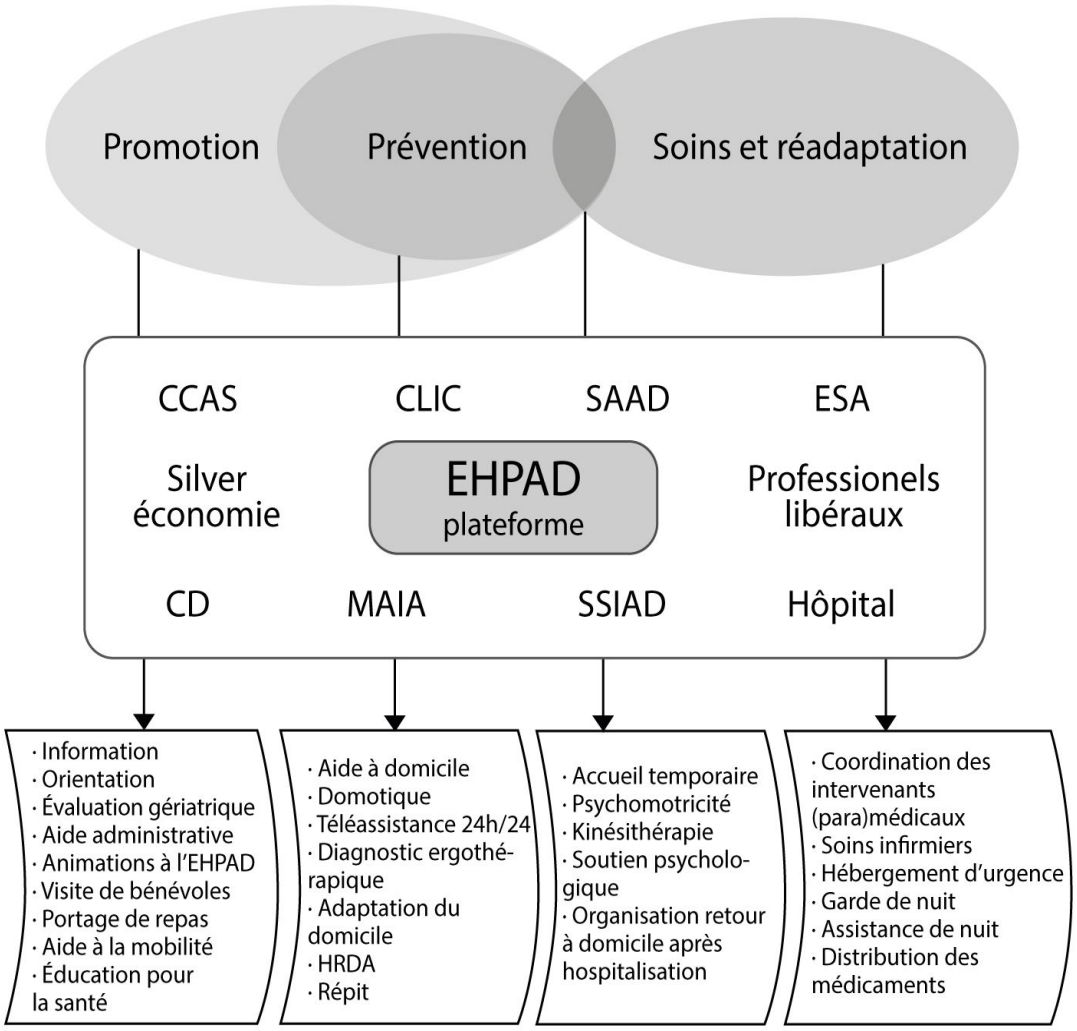
A services continuum to promote health and reduce isolation

Enhanced home support arrangements to promote health and reduce isolation can be described as being part of a healthcare and rehabilitation, prevention and health promotion continuum[8] (figure no.1). According to this model, action on each of the three levels of the continuum provides for a range of support measures that address determinants of health and strengthen social participation. Health promotion aims to provide individuals and groups with more resources to control and improve their health and to change with their environment or adapt to it. Prevention aims to prevent the emergence of a health problem or mitigate its effects, primarily by addressing risk factors. Health and rehabilitation care include some prevention actions while far exceeding them by providing curative care aimed at restoring autonomy and building capacities.

To implement such an action continuum, enhanced home support arrangements rely on the resources of a nursing home and the expertise of the professionals who work in it. A broad range of home and institutional services are also made available through partnerships and coordination with local actors: Home Assistance and Support Services (SAAD), Home Nursing Care Services (SSIAD), Alzheimer Specialised Teams (ESA), professionals (nurses, physiotherapists, occupational therapists, psychologists and so on), Method of Action for the Inclusion of Care and Support Services in Autonomy Activities (MAIA), District Social Action Centres (CCAS), Local Information and Coordination Centres (CLIC), silver economy businesses (including for home automation and remote care), non-profit organisations, hospitals, Departmental Councils, and so on. It is important to note that an enhanced home support arrangement is occasionally led by a home nursing care service or multi-actor gerontological centre, in addition to a nursing home platform. In these cases, the enhanced home support arrangement feeds into the pathway approach[9].

[8] Model adapted from the reference framework for fall prevention in Quebec: SERGERIE D., BÉGIN C., BOUDREAULT V. La prévention des chutes chez les aînés : Intervention multifactorielle personnalisée (volet soutien à domicile). Institut national de santé publique du Québec; Québec (Canada), 2007.
[9] BLOCH M-A, HÉNAUT L. *Coordination et parcours. La dynamique du monde sanitaire, social et médico-social*. Malakoff: Dunod, 2014.

Figure no. 1: Enhanced home support arrangements: a services continuum to promote health and reduce isolation



Legend in Figure no. 1 :

Promotion	Prevention	Care and rehabilitation	
CCAS : Municipal and Social Action Centre	CLIC : Local Information and Coordination Centre	SAAD : Home Help and Support Service	ESA : The Alzheimer Specialized Team
Silver economy	Nursing home platform	Liberal professionals	
CD : health centre	MAIA : Method of action for the integration of care services in the field of autonomy	SSIAD : Nursing Service at Home	Hospital
- information -orientation -Geriatric assessment -administrative assistance -Animations at health centre -Visit by volunteers -Carry meals -Mobility assistance -Health education	-Home help -Home automation -24/7 teleassistance -occupational therapy diagnosis -Home adaptations - HRDA : Alzheimer’s Rest Break -Respite	- Temporary reception -Psychomotor skills -Physiotherapy -Psychological support -Organization return home after hospitalization	- Coordination of medical and paramedics responders -nursing -Emergency shelter -Night watch -Night Assistance -Drug distribution

By involving a nursing home, beneficiaries gain access to services and activities that strengthen their social relationships, such as taking part in events, group psychomotor sessions, prevention and health education workshops, meals, and the like. A coordinating nurse insisted on this point during an interview in a nursing home: “When they [assisted older adults] come here to do group activities, it’s the same - they get to meet people!”.

Users of temporary accommodation in nursing homes benefit from a bedroom for short stays of a week or month, for example. This helps address the health frailties of the assisted individual and provides respite for tired relatives or fills in for their temporary absence. Emergency accommodation prevents an abrupt break in their lifepath if ageing in place is suddenly no longer possible. Temporary or emergency accommodation in a nursing home can therefore be described as a way to prevent a situation of social isolation and a timely means of addressing a health problem.

The home-based services provided by enhanced home support arrangements also prevent social isolation and reduce the feeling of loneliness. Besides home monitoring, the experimental schemes also often organise medication deliveries and assistance taking medication. This service ensures the continuity and safety of medication management and is a valuable resource for people unable to reach a pharmacy or who cannot rely on help from relatives. More directly, a visit from a volunteer can play a significant role in reducing isolation. The arrangement generally includes mobility assistance, notably for journeys between home and the nursing home, which strengthens social participation.

More generally, care providers are called upon to assist beneficiaries in their homes, maintain contact and build relationships with them. Nursing auxiliaries, nurses and geriatric care assistants do not perform a simple caring role, in the sense of providing a “cure”; they also “take care” of patients by engaging in a wide range of activities. By focusing on the inter-relational dimension of care, home care providers help combat the social isolation of older adults.

More than simply the sum of home and nursing home services or the regular presence of care providers, service coordination as part of a general personalised support package is a prime enabler of reduced isolation. A nurse care coordinator who plays a pivotal role in an enhanced home support arrangement highlights this benefit:

“We and [*name of the enhanced home support arrangement*] visit with a geriatric care assistant, but rather than simply saying “may you need a carer,” I get on the phone and look for home helps and we don’t ask them to come over while we’re there, so they’re not alone. You get the feeling the big downside is that people want someone there at night. But it’s already something to feel reassured, not completely alone during the day, and the fact that I’m available and they can call me and say “I’m not doing so well, could you make an extra visit this week?”: no problem, we can make an extra visit. They already feel they have support during the day, so they are no longer left all alone and abandoned. And they know at night there will soon be someone who can call on them, and that makes them feel better, because there’s a lot of anxiety, there aren’t many falls or those sorts of things. I’d also say the whole point is to keep an eye on them. Once we notice something, we can immediately transfer them to a nurse, or tell the doctor straightaway.”

The ultimate advantage of enhanced home support arrangements lies in the coordination of a series of services on the promotion/prevention/care continuum that can directly or indirectly strengthen the social participation of older adults and reduce the feeling of loneliness. These experimental schemes nevertheless experienced multiple barriers, as we see below.

Discussion

This study is the first to focus on the impact of enhanced home support arrangements on isolation rather than the usual analysis of its economic and organisational dimensions. Nevertheless ageing in place cannot be considered separately from efforts to reduce isolation and loneliness. As the study by Christian Lalive d’Epinay and Stefano Cavalli demonstrates, the entry of older adults into a care institution is attributable to two sets of factors: physical

or cognitive frailty, and social isolation or the feeling of loneliness[10]. The death of a partner, the remoteness of friends and relatives, the end of trips outside the home, withdrawal from community life and distance from medical and social facilities are significant factors that frequently determine entry into a care facility and should be studied alongside biomedical factors.

The study revealed two ways in which enhanced home support arrangements reduce isolation. Firstly, they offer an alternative to care provided exclusively in the home or nursing homes, strengthening and supporting the attachment of older adults to their environment. Secondly, they provide a continuum of services that adjusts to the health or social inclusion needs of beneficiaries. Despite these benefits, enhanced home support arrangements are subject to multiple barriers. These barriers can be divided into three categories which correspond to three separate macro-, meso- and micro-barriers.

Environmental barriers

Only a small number of experimental schemes involving a limited pool of individuals were studied. The action taken under these arrangements is limited to certain geographic areas. In addition, experimental schemes do not address environmental factors identified in studies as partly responsible for social isolation and the feeling of loneliness. Strengthening public policies in aid of older adults remains a central goal in reducing isolation. Less poverty, improved quality of accommodation, access to public spaces, and more equal access to care are measures with positive impacts on the social participation of older adults.

Organisational barriers

“Public authorities, local authorities and service-funded aid packages alone cannot reduce isolation: they are only effective if institutional players and practitioners take complementary actions[11].” This remark by Albert Lautman highlights the need to build synergies between institutional channels for gerontological policies such as the French Independent-Living Support Fund (CNSA), Communal Social Welfare Centres (CCAS), Departmental Councils and pension funds, and field actors responsible for the social and health support of older adults. Enhanced home support arrangements are consistent with this goal: their action relies on the coordination of local actors and the decompartmentalisation of the social action, medical-social and health sectors. Coordinating actors in the field of gerontology in order to increase social inclusion and prevent isolation remains a challenge for gerontological action.

Research into “extramural” facilities for older adults points to the high level of instability of experimental schemes, in other words, the fragility of their business models[12]. This instability

[10] LALIVE D’EPINAY C., CAVALLI S. *Le quatrième âge ou la dernière étape de la vie*, Lausanne : Presses Polytechniques et Universitaires Romandes, 2013.
[11] LAUTMAN A. La lutte contre l’isolement social des personnes âgées. Laboratoire d’innovation pour les politiques publiques de préservation de l’autonomie. *Gérontologie et société,* 2016, vol. 38, n°149, p. 170.
[12] BERTILLOT H., RAPÉGNO N. *Transformer l’offre médico-sociale ? Habitats "inclusifs" et établissements "hors les murs" : l’émergence d’accompagnements alternatifs pour personnes âgées et personnes handicapées*. CNSA research report, 2018. BRAVERMAN L., DUFOUR-KIPPELEN S., FERMON B. *Évaluation de l’expérimentation Ehpad@dom Croix-Rouge française. op. cit.*

carries with it a lack of visibility for leaders of this type of scheme, although heavily involved in their organisation and coordination[13].

Professionals also experience daily cooperation issues, even when coordination is central to the model. These issues can result from the coexistence of diverging professional cultures in the fields of health and ageing[14]. They can also arise from competition – real or imagined – between actors in the same geographic area[15]. Lastly, technical compartmentalisation can also impact on cooperation between actors. Studies highlight the need to improve the compatibility of computer systems in order to make it easier for all home care providers to monitor support as part of a lifepath approach[16].

Approaches reliant on nursing homes to successfully implement isolation prevention actions are also hampered by the negative image of these facilities. A focus of media and political criticism, nursing homes are regularly described as places of segregation[17] where residents are dehumanised or subjected to institutional abuse. Nursing homes suffer from a degraded image in the eyes of most older adults who often associate them with a negative vision of end-of-life care or regard them as places where people go to die. To thrive, the proposal to turn nursing homes into service platforms must break with prevailing social representations of the institution.

Personal barriers

Enhanced home support arrangements also experience individual-related barriers to reducing social isolation. These include frail health. Pain, severe fatigue, mobility problems, cognitive disorders and so on can drastically reduce social contact. Although professionals active in enhanced home support arrangements take steps to prevent social isolation, health issues are undeniable barriers to their success.

Social participation of older adults can also be hampered by poor access to accommodation. People with reduced mobility who need to climb steps between two floors may occasionally no longer be able to leave their home. The case of Mrs Brunet, an interviewee who lives on the first floor of a house and who is no longer able to move around without assistance, reflects a common situation in which individuals are prevented from fulfilling the need for social participation outside the home. Round-the-clock daily remote

---

[13] BERTILLOT H., RAPEGNO N. *Transformer l’offre médico-sociale ? Habitats "inclusifs" et établissements "hors les murs" : l’émergence d’accompagnements alternatifs pour personnes âgées et personnes handicapées*. CNSA research report, 2018.

[14] BLOCH M-A, HÉNAUT L., *Coordination et parcours. La dynamique du monde sanitaire, social et médico-social*, *op. cit.*

[15] Note that multiple coordination bodies can coexist within a single geographic area: CCAS, MAIA, CLIC, healthcare networks, etc. For an analysis of competition within the French home-help market, see Djamel Messaoudi (2009).

[16] CREAI PAYS DE LA LOIRE, L’EHPAD de demain : vers la création de pôles ressources gérontologiques locaux, Rapport du CREAI Pays de la Loire, 2018. LACHERAY M. Quand l’EHPAD cherche à se réinventer. *EHPA*, 2021. BANQUE DES TERRITOIRES. *Maintien à domicile : vers des plateformes numériques de services*, *op. cit.*

[17] CCNE. Enjeux éthiques du vieillissement. Quel sens à la concentration des personnes âgées entre elles, dans des établissements dits d’hébergement ? Quels leviers pour une société inclusive pour les personnes âgées ?. s.l. 2018.

assistance is one of the services designed to enhance safety at home and reduce isolation. However, its use can sometimes be poorly adapted to the home[18]. More generally, studies show that technological devices designed to reduce isolation fail to live up to all their promises in light of their actual usage[19].

Lastly, arranging assistance and care by professionals as part of experimental schemes does not in general substitute the coordination work of carers, which is still required for daily support. This finding brings the arrangements studied closer to other approaches to home-based care, the coordination of which, according to research, is predominantly performed by relatives[20]. Relatives often play a central role in the continuity of support and its quality. They make appointments with health and social professionals, facilitate the circulation of information between various actors, complete administrative formalities to ensure quality and continuity of care, and so on. The complete absence of relatives increases the complexity of care and limits levers of action, themselves intended to reduce isolation.

Conclusion

This paper aimed to shed light on the contribution of enhanced home support arrangements to reducing isolation. It demonstrated the value of an alternative solution to care provided exclusively in homes or nursing homes in strengthening the attachment of older adults to their environment. It also underlined the uniqueness of these experimental schemes in providing a services continuum that adjusts to the health or social participation needs of beneficiaries. Reducing social isolation and loneliness nevertheless remains complex and requires action on multiple levels. This discussion was therefore an opportunity to highlight the primary limitations of this type of arrangement in reducing isolation. This study will inform discussion on social innovation in the field of ageing and the future development of nursing homes. Given their diversity and scalability, innovative ageing-in-place arrangements would benefit from further research into this topic.

[18] BRAVERMAN L., DUFOUR-KIPPELEN S., FERMON B. *Évaluation de l’expérimentation Ehpad@dom Croix-Rouge française. op. cit.*

[19] LIE M., BRITTAIN K. Technologie et confiance. *Retraite et société*, 2016, vol. 75, n° 3, p. 47-72. CHIRIE V. Apport des nouvelles technologies en résidence seniors: promesse ou réalité?. *Gérontologie & Société*, 2017 vol. 39, n°152, p. 221-235.

[20] MALLON I., LE BIHAN-YOUINOU B. Le poids des émotions. Une réflexion sur les variations de l’intensité de l’(entr)aide familiale auprès de proches dépendants. *Sociologie,* 2017, vol. 8, n°2, p. 121-138. ENNUYER B. *Repenser le maintien à domicile. Enjeux, acteurs, organisation*. Paris : Dunod. 2014. CAMPÉON A., LE BIHAN B., MALLON I. ROBINEAU-FAUCHON I. « Le moindre grain de sel, et c’est la pagaille » : retour sur la condition des proches aidants. *Gérontologie et société*, 2020, vol. 42, n° 161, p. 13-29.

Bibliography

AOUICI, Sabrina, PEYRACHE, Malorie. Le sentiment de solitude dans la vieillesse. Une analyse des effets de la précarité sociale et économique. *Retraite et société*, 2019, n° 82, vol. 2, p. 15-35.

BANQUE DES TERRITOIRES. *Maintien à domicile : vers des plateformes numériques de services*, 2020. [En ligne : https://www.banquedesterritoires.fr/maintien-domicile-vers-des-plateformes-numeriques-de-services]

BERTILLOT, Hugo, RAPÉGNO Noémie *Transformer l’offre médico-sociale ? Habitats "inclusifs" et établissements "hors les murs" : l’émergence d’accompagnements alternatifs pour personnes âgées et personnes handicapées*. rapport de recherche pour la CNSA, 2018.

BLOCH, Marie-Aline, HÉNAUT, Léonie. *Coordination et parcours. La dynamique du monde sanitaire, social et médico-social*. Malakoff : Dunod, 2014.

BRAVERMAN, Louis, DUFOUR-KIPPELEN, Sandrine, FERMON, Béatrice. *Évaluation de l’expérimentation Ehpad@dom Croix-Rouge française.* Rapport pour la Croix-Rouge française, 2020.

CAMPÉON, Arnaud. Vieillesses isolées, vieillesses esseulées ? Regards sur l’isolement et la solitude des personnes âgées*. Gérontologie et société*, 2016, vol. 38, n°149, p. 11-23.

CAPUANO Christophe, 2021, *Le maintien à domicile. Une histoire transversale (France, XIXe XXIe s.)*, s.l., Rue d’Ulm.

CAMPÉON Arnaud, LE BIHAN Blanche, MALLON, Isabelle. ROBINEAU-FAUCHON Isabelle. « Le moindre grain de sel, et c’est la pagaille » : retour sur la condition des proches aidants. *Gérontologie et société*, 2020, vol. 42, n° 161, p. 13-29.

CCNE. Enjeux éthiques du vieillissement. Quel sens à la concentration des personnes âgées entre elles, dans des établissements dits d’hébergement ? Quels leviers pour une société inclusive pour les personnes âgées ?. s.l. 2018.

CHIRIÉ Véronique. Apport des nouvelles technologies en résidence seniors: promesse ou réalité?. *Gérontologie & Société*, 2017 vol. 39, n°152, p. 221-235.

CREAI Pays de la Loire (2018), L’EHPAD de demain: vers la création de pôles ressources gérontologiques locaux, Rapport du CREAI Pays de la Loire [en ligne : https://ancreai.org/wp-content/uploads/2018/12/Etude_EHPAD_de_demain_CREAIPaysdelaLoire.pdf]

D'HOMBRES, Béatrice, ROCCO, Lorenzo, SUHRCKE, Marc, McKEE, Martin. Does social capital determine health? Evidence from eight transition countries. *Health Economics*, 2010, vol. 19, n°1, p. 56-74.

ENNUYER, Bernard. *Repenser le maintien à domicile. Enjeux, acteurs, organisation*. Paris : Dunod. 2014.

ENNUYER Bernard. L’accompagnement à domicile : mission impossible ?. *Vie sociale*, 2017, vol. 17, p. 71-80. LEFEBVRE DES NOËTTES V. Du consentement dans la maladie d’Alzheimer : dessiner pour penser l’institutionnalisation. Saint-Denis : Connaissance et savoirs, 2017.

FINDLAY, Robyn A. Interventions to reduce social isolation amongst older people: where is the evidence ?*. Ageing and Society,* 2003, 23, 5, p. 647-58.

FONDATION DE FRANCE. *Les solitudes en France.* 2014.

GENERACIO & MIXING GENERATIONS. *Les enjeux du vieillissement de la population. EHPAD hors les murs et domicile connecté*, 2018, Rapport de recherche pour la Mutualité Française.

HOLT-LUNSTAD, Julianne. The Potential Public Health Relevance of Social Isolation and Loneliness: Prevalence, Epidemiology, and Risk Factors*. Public Policy & Aging Report*, 2017, *27* (4) p. 127-30.

LACHERAY, Manon. Quand l’EHPAD cherche à se réinventer. *EHPA*, 2021. [https://www.ehpa.fr/actualite/quand-lehpad-cherche-a-se-reinventer/].

LALIVE D’ÉPINAY, Christian, CAVALLI Stefano. *Le quatrième âge ou la dernière étape de la vie*, Lausanne : Presses Polytechniques et Universitaires Romandes, 2013.

LAUTMAN, Albert. La lutte contre l’isolement social des personnes âgées. Laboratoire d’innovation pour les politiques publiques de préservation de l’autonomie. *Gérontologie et société,* 2016, vol. 38, n°149, p. 170.

LAUTMAN, Albert. L’avenir de l’Ehpad est au domicile : expérimentation d’un dispositif d’accompagnement renforcé au domicile dans le cadre de l’article 51. *Regards,* 2020, n°57, p. 187-194.

LEFEBVRE DES NOËTTES V. *Du consentement dans la maladie d’Alzheimer : dessiner pour penser l’institutionnalisation*. Saint-Denis : Connaissance et savoirs, 2017.

LEFEBVRE DES NOËTTES V. Enjeux éthiques du consentement à l’entrée en Ehpad. *Rhizome*, 2019, vol. 74, no. 4, p. 7-9.

LEIGH-HUNT, Nicolas, BAGGULEY, David, BASH Kristin, TURNER Victoria. TURNBULL Stephen., VALTORATA Nicole, CAAN Woody. An overview of systematic reviews on the public health consequences of social isolation and loneliness, *Public Health*, 2017, 152, p. 157-71.

LIE, Mabel, BRITTAIN, Katie. Technologie et confiance. Le point de vue des personnes âgées sur un système de télésurveillance à domicile. *Retraite et société*, 2016, vol. 75, n° 3, p. 47-72.

MALLON, Isabelle. *Vivre en maison de retraite : le dernier chez-soi*. Rennes : Presses universitaires de Rennes, 2004.

MALLON, Isabelle, LE BIHAN-YOUINOU Blanche. Le poids des émotions. Une réflexion sur les variations de l’intensité de l’(entr)aide familiale auprès de proches dépendants. *Sociologie,* 2017, vol. 8, n°2, p. 121-138.

MESSAOUDI, Djamel. *Le fonctionnement du marché de l'aide à domicile en situation d'incertitude sur la qualité : Approche théorique et empirique : Le cas de l'aide aux personnes agées*. Thèse de doctorat en sciences économiques, Université Lille 1, 2009.

NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System,* 2020, Washington: National Academies Press.

PETITS FRÈRES DES PAUVRES. *Solitude et isolement des personnes âgées en France. Quels liens avec les territoires ?.* 2019, Rapport Petits Frères des Pauvres n°3.

PITAUD, Philippe. (dir.) *Solitude et isolement des personnes âgées. L’environnement solidaire*. Toulouse : Érès, 2010.

SERGERIE, Diane, BÉGIN, Claude, BOUDREAULT, Valois. La prévention des chutes chez les aînés : Intervention multifactorielle personnalisée (volet soutien à domicile). Institut national de santé publique du Québec; Québec (Canada), 2007.

http://www.inspq.qc.ca/pdf/publications/643-LaPreventionChutesServicesAinesVivantDomicile.pdf

TRABUT, Loïc., GAYMU, Joëlle. Habiter seul ou avec des proches après 85 ans en France : de fortes disparités selon les départements, *Population & Sociétés*, 2016, n° 539, vol. 11, p.1-4.

TRÉPIED, Valentine. Solitude en EHPAD. L’expérience vécue de la relation soignante par les personnes âgées dépendantes. *Gérontologie et société*, 2016, vol. 38, n°149, p. 91-104.

WIGFIELD, Andrea, TURNER Royce, ALDEN Sarah, GREEN Marcus, KARANIA Vinal K. Developing a new conceptual framework of meaningful interaction for understanding social isolation and loneliness*. Social Policy and Society,* 2020, p. 1-22.