

2026 GROUP OVERVIEW

emeis.com



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On 26 June 2025, at its Annual General Meeting, **emeis** adopted the status of a mission-driven company.

This is an important step for the Group, which is embarking on a profoundly human-focused and ever more sustainable journey: a project for society involving all our employees.

**IN 2025,
WE BECAME
A MISSION-
DRIVEN
COMPANY**

Over the past three years, *emeis* has embarked on a profound transformation, leading it to once again place its main stakeholders at the heart of its corporate purpose – on the one hand, by continuously improving the quality of care provided to patients, residents and their families; and on the other hand, by rebuilding constructive employee relations and implementing a human resources policy focused on health, safety, attentiveness and development for the teams.

In parallel, the Company has worked to re-establish its balance sheet structure and economic performance, all while deeply reflecting on its values and identity.

This transformation is rooted in its mission statement: “Together, let’s stand as a strength for the vulnerable among us”. It reflects the commitment of a profoundly human company and is embodied in its new identity, *emeis*, which means “we” in ancient Greek. This mission statement also laid the foundation of the Impacting Together CSR roadmap, which aims to go above and beyond expectations and set an example in terms of corporate social responsibility.

Now a mission-driven company, *emeis* is leveraging this momentum and proactively transforming its sector in a sustainable way and contributing to a fairer, more human and more committed society. The four mission commitments extend into the long term, addressing all stakeholders: patients, residents, beneficiaries, employees, local communities and the planet.

Our 4 mission commitments

1. Firstly, we commit to working to change the way we look at the most vulnerable members of society and those close to them to ensure they are truly included. We support and care for people of all ages, affected by all types of illness. We have a real role to play in reducing the stigma around vulnerabilities.
2. Secondly, we seek to contribute to the fair recognition and attractiveness of our care professions. Our strength lies in our caregivers and support staff, and we must take action to ensure that their professions, skills and commitment are better recognised and valued.



Mission Committee

The Mission Committee has seven members. Didier Pittet, the Chairman, Professor of Medicine, infectious diseases specialist and epidemiologist, is the Director of the Infection Prevention and Control Programme at Geneva University Hospitals and Director of the WHO Collaborating Centre for Patient Safety Solutions.

Members:

- **Henri Bergeron**, Director of Research at the CNRS. Dean of the School of Public Affairs at Sciences Po
- **Jean-Victor Blanc**, AP-HP psychiatrist (Greater Paris University Hospitals)
- **Chiara Celentano**, nursing home director in Italy
- **Romain Ganneau**, Chief Executive Officer of Silver Valley
- **Mélanie Heard**, General Representative of the Evidences think tank
- **Emilie Huet**, nursing home director in the Paris region
- **Sibylle Le Maire**, founder of Club Landoy. Executive Director of Bayard. A director of *emeis* and a member of the Board's Ethics, Quality and CSR Committee

emeis' Mission Committee will deliver its first report to the Annual General Meeting called to approve the 2026 financial statements (June 2027 AGM).



The forecast for our core markets is promising, and I am very confident in our ability to seize these opportunities.”



LAURENT GUILLOT
Chief Executive Officer

In 2025, we stayed the course, focusing on three priorities: caring for our teams; improving care and support for our residents, patients, beneficiaries and their families; and continuing to restore our economic and financial performance.

In each of these areas, the 2025 results confirm *emeis*’ positive trajectory, and they are the fruit of the efforts undertaken as part of the 2022 Refoundation Plan.

In February 2025, we launched our social programme promoting solidarity, *emeis & moi* (*emeis & me*). This initiative rounded out the Group’s commitment to caring for its teams, centred in particular on the “toit garanti” (guaranteed home) initiative in the event of an emergency, providing support when coping with illness and difficult situations, and assisting with parenthood. With a reduction of more than two points in our staff turnover rate compared with 2024, our teams continue to stabilise.

The increase in satisfaction and quality indicators represents a great achievement in 2025 and is a source of pride for the Group. The satisfaction rate among our residents now stands at 93.4%, up 3 points since 2022. This growth reflects the day-to-day commitment of our teams, both in facilities and at headquarters, to serving the most vulnerable.



When we improve our quality indicators, this has a positive effect on our economic performance. Our average occupancy rate, across all core activities and geographical areas, climbed 1.8 points in 2025, and 2 points in nursing homes, while revenue was up 6.1% on a like-for-like basis.

Our operating margins continue to improve, with EBITDAR coming in at €872 million, up 19.2% on a like-for-like basis, exceeding our targets.

Major advances have resulted in a financial structure that has never been stronger. The announcement of the creation of our real estate company, Isemia, the completion of our disposal plan and the strengthening of our balance sheet structure enabled an exit from the Safeguard Plan in record time.

Bolstered by an improved financial position, a return to our fundamental values and our new status as a mission-driven company, enshrined in our Articles of Association in 2025, now is the time for us to look to the future with confidence. We expect last year's positive trend to continue in 2026, through the combined effects of recovered occupancy rates, the capture of favourable price effects supported by upscaling and differentiation strategies, and better control of operating expenses supported by digital solutions and AI.

The forecast for our core markets is promising, and I am very confident in our ability to seize these opportunities.

Beyond that, I am confident in our ability to promote more open and participative care models, to work towards a more preventive approach to health and old age, and to improve the health, safety and attractiveness of our professions, as part of a long-term, inclusive, sustainable and profoundly human project for society.



The 2025 results confirm the Group's positive trajectory. The increase in satisfaction and quality indicators represents a great achievement and is a source of pride for *emeis*."

At emeis, our nearly 84,600 employees around the world are driven by a common mission: to dedicate their skills to those who, at some point in their lives, find themselves vulnerable. We draw on our capacity for innovation to support them and inspire them to regain or maintain their strength and their ability to live life to the fullest. In some 20 countries and more than 1,000 facilities, we are a force of life for the most vulnerable.

30+ YEARS
of expertise

€5,895M
in revenue in 2025

84,600
employees
worldwide

5

Complementary activities

Mental health clinics
Medical care and rehabilitation clinics
Nursing homes
Home care services
Assisted-living facilities

1989

The Group's story began in 1989 when a neuropsychiatrist opened a first nursing home in Saujon, in France's Charente-Maritime region. Today, the Group operates mainly in Europe, and offers comprehensive care through clinics, nursing homes, assisted-living facilities and home care solutions with a network of over 1,000 facilities and some 84,600 employees.

Our values

A COMMITMENT TO HUMANITY

Because it is by caring for the most vulnerable that our humanity is revealed.

TASTE FOR LIFE

Because caring for others nurtures a desire to live.

THIRST TO LEARN

Because the more we learn, the better we care.

SPIRIT OF MUTUAL AID

Because caring starts with knowing how to support one another.

Present in

19 countries

Europe:

Austria
Belgium
Croatia
France
Germany

Ireland
Italy
Luxembourg
Netherlands
Poland

Portugal
Slovenia
Spain
Switzerland
United Kingdom



1,044

facilities
worldwide

92.5%

satisfied beneficiaries
worldwide

Nearly
290,000
patients and residents cared for
and supported in 2025

Board of Directors

13

members, including 2 directors
representing employees

2

non-voting advisor

45.4%

of women

60.82

years average age

2 years

average seniority

3

independent directors

4

Working
Committees:

- Audit and Risks Committee
- Appointments and Remuneration Committee
- Ethics, Quality and CSR Committee
- Investment Committee

Directors

OLIVIER DUSSOPT,
President

LAURENT GUILLOT,
Board Director, Group CEO

MAY ANTOUN,
Director representing employees

MÉKA BRUNEL,
Independent Director

NORIA CHAREF,
Director representing employees

**CAISSE DES DÉPÔTS
ET CONSIGNATIONS,**
represented by Audrey GIRARD, Director

CNP ASSURANCES,
represented by Stéphane DEDEYAN,
Director

MAIF, represented by Pascal DEMURGER,
Director

MACSF ÉPARGNE RETRAITE,
represented by Stéphane DESSIRIER,
Director

MIREILLE FAUGÈRE,
Independent Director

PHILIPPE GRANGEON, Director
nominated by Caisse des Dépôts
et Consignations

SIBYLLE LE MAIRE, Director appointed
on the recommendation of
Caisse des Dépôts et Consignations

FRÉDÉRIQUE MOZZICONACCI,
Director nominated by MAIF

PASCALE PRADAT,
Non-voting Advisor

Executive Committee

Management Committee

Executive Committee

19

members, including

8

on the Management Committee

52.6%

of women

LAURENT GUILLOT

Board Director, Group CEO

JEAN-MARC BOURSIER

Deputy CEO, in charge of France, Group COO

SYLVIE BRISSON

Group EVP Human Resources

JULIA CLAVEL

Group CFO

MARIA DE LA MOTA

Group EVP Medical

GUILLAUME DUNIS

Group EVP, Quality, Internal Control, Risk & Insurance, and Compliance

FRÉDÉRIQUE RAOULT

Group EVP Communications & CSR

GÉRY ROBERT-AMBROIX

Group EVP Real Estate

Group Directors and Country CEOs

AULDE COURTOIS

Corporate Governance Director and Secretary to the Board of Directors

BÉRENGÈRE DEMOULIN

Group Legal Affairs Director

GÖTZ LESCHONSKY

CEO Germany

ANTON KELLNER

CEO Central and Eastern Europe

INES VAN KLOOSTER

CEO Netherlands

BEATA LESZCZYNSKA

CEO Poland

NEAL MCGROARTY

CEO Ireland & UK

ALESSANDRA TAVERI

CEO Italy

OLIVIER VAN HOUTTE

CEO Belgium and Luxembourg

YEN WANG

CEO Latin America

ASUNCIÓN ZARAGOZA

CEO Spain and Portugal

RESOURCES

→ COMMITTED EMPLOYEES

- **Nearly 84,600 employees**, 60% of whom are healthcare and support professionals
- Strong recruitment capacity: **18,711 new permanent hires** in 2025
- **Labour relations**: a European Works Council has been in operation since 2021. In France, there are 19 Social and Economic Committees and over 600 employee representatives
- **Nearly 50% women** on the Group Executive Committee

→ OUR EXPERTISE: MEDICAL AND ETHICAL

- **Over 30 years' experience** in caring for and supporting vulnerable people
- **Four families of expertise**: neurodegenerative diseases, rehabilitation, post-acute care and mental health, supported by 20 types of specialisation (for example, neurodegenerative disorders, behavioural addictions, child psychiatry, obesity, diabetes, etc.)
- **Three consultative bodies for the Group's Medical department**: a Group Medical Committee, an International and Interdisciplinary Scientific Council and an Ethics Advisory Board
- **99% of facilities** in each country have set up research partnerships with universities
- **69% of employees** in exposed functions trained in the anti-corruption management system

→ GOVERNANCE SUPPORT TO RESTORE FINANCIAL BALANCE

- **Solid governance** supported by long-term, reference shareholders (the "Groupement" which owns 50.2% of *emeis* S.A.: Caisse des Dépôts et Consignations, CNP Assurances, MAIF and MACSF Épargne Retraite)

"Together, let's stand as a strength for the vulnerable among us."

OUR MISSION STATEMENT

We are committed to mobilising our innovative strength to give those who find themselves in a vulnerable state the desire and the ability to live life to the fullest, and to give their loved ones peace of mind.

OUR GLOBAL PRESENCE

Network outside Europe

- Mexico
- Brazil
- Uruguay
- China

OUR VALUES

- A commitment to humanity
- Thirst to learn
- Spirit of mutual aid
- Taste for life

OUR FIVE CORE ACTIVITIES

- Nursing homes
- Rehabilitation clinics
- Mental health clinics
- Home care and services
- Assisted-living facilities



SHARED VALUE

→ FOR OUR EMPLOYEES

- **1.097 million hours of training** provided in 2025
- **13 hours of training** per employee on average in 2025
- **7% reduction** in the turnover rate in 2025 compared to 2024

→ FOR OUR PATIENTS, RESIDENTS, OTHER BENEFICIARIES AND THEIR FAMILIES

- **289,920 patients and residents** cared for in 2025
- **92.5%** resident satisfaction rate (elderly care activities)
- **NPS: 39** (Net Promoter Score) in 2025 for residents (vs. 35 in 2024)
- **91% of facilities certified** ISO 9001 or equivalent by an external body in 2025 (vs. 89% in 2024)
- **90% of facilities** had an ethics/positive treatment correspondent in 2025 (vs. 84% in 2024)

→ FINANCIAL PERFORMANCE

- **Return to good financial performance** in transparency with all stakeholders
- **Aligning steering models** with managerial responsibilities

→ REAL ESTATE TO SUPPORT OPERATIONS

- **1,044 facilities** in operation at the end of 2025 (vs. 1,051 in 2024)
- **Cutting-edge technological equipment**, particularly in psychiatric and post-acute and rehabilitation care, for example: exoskeletons and hypoxia chamber in France, cryotherapy chamber in Austria
- **Around €140 million spent** each year on maintaining, refurbishing and improving our real estate portfolio

→ A STRUCTURED ENVIRONMENTAL POLICY

- **Improving Together CSR roadmap deployed since 2025, with ambitions in three areas**
- *emeis* became a **mission-driven company in 2025**
- **The Green Building strategy:** controlling energy consumption and associated greenhouse gas emissions
- **92% of the Group's main listed suppliers** signed the Group's Responsible Procurement Charter in 2025 (vs. 96% in 2024)
- **50% of the Management Team's bonus** tied to non-financial objectives

→ A LOCAL NETWORK IN EACH HOST COMMUNITY

- **91,995 beds** in operation at the heart of communities in 19 countries
- **Governance** (Group, countries, facilities) that **fosters accountability and is updated** as part of the Refoundation Plan

GEOGRAPHICAL BREAKDOWN OF 2025 REVENUE

Group revenue: €5,895m

41%
France

- **360** facilities
- **33,402** beds

30%

Northern Europe:
Germany, Belgium,
Luxembourg, Netherlands

- **383** facilities
- **27,340** beds

8%

Southern Europe + LATAM:
Spain, Italy, Portugal, Brazil,
Mexico, Uruguay

- **121** facilities
- **14,275** beds

17%

Central Europe:
Austria, Croatia,
Slovenia, Switzerland

- **137** facilities
- **12,667** beds

4%

Other countries:
United Kingdom, Ireland,
Poland, China

- **43** facilities
- **4,311** beds

CHALLENGES

Keeping up with the
demographic transition
and lifestyle diseases

Attracting and retaining
talented employees

Meeting the challenges
of regional coverage
and accessibility to
healthcare

Taking action to combat
the depletion of the
planet's resources
and climate change

STRATEGY

Give employees the means
to do their job well
while protecting their
health

Provide better care
and support to
patients, residents
and their families

Have a positive
economic
and social impact

Build a transparent
and efficient model

→ SUPPORTING THE REGIONS

- **More than 84,600** local jobs
- **74% of the Group's facilities** involved in community engagement initiatives in 2025 (vs. 79% in 2024)
- **Over 50%** of food products purchased from domestic suppliers

→ A SOCIETAL ROLE

- **Specific expertise on key issues:** increasing life expectancy, growing number of neurodegenerative diseases, mental health issues (eating disorders, mental health of young people)

→ FOR THE PLANET

- **100% of construction or major renovation projects** are certified HQE, LEED, BREEAM, DGNB or GPR, and the 2025 projects were subject to a prospective climate resilience analysis and an adaptation plan
- **24.29 kgCO₂eq./sq.m.** in annual energy-related carbon intensity (Scopes 1 and 2)
- **122,944 tCO₂eq.** in potential Scope 1 and 2 GHG reductions by 2030

Our mental health clinics

To support our patients and help them regain balance in their mental health, we offer a variety of care approaches in psychiatric facilities to treat a wide range of mental health conditions.



Restoring balanced mental health

Teams in our 82 clinics worldwide are equipped to treat a broad spectrum of psychiatric conditions, including:

- mood disorders (depression, bipolar disorder);
- personality disorders;
- schizophrenic disorders;
- anxiety disorders (panic disorder, simple phobias, social phobia, generalised anxiety disorder);
- post-traumatic stress disorder (PTSD);
- obsessive-compulsive disorder;
- eating disorders;
- addictions;
- sleep disorders (insomnia, hypersomnia, parasomnia);
- burn-out;
- perinatal psychiatry;
- child psychiatry;
- adolescent and young adult psychiatry;
- geriatric psychiatry;
- neurodegenerative diseases;
- autism spectrum disorders.

Our facilities house specialised units unique in Europe, including centres for adolescents and young adults, geriatric psychiatry units, units for women who have experienced violence, units dedicated to sleep disorders and care units for caregivers. We also offer privileged access to innovative therapies through our network of technical platforms, which include electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS) and light therapy. Our models of care are changing in response to the evolving expectations and needs of patients. Most of our clinics now offer both outpatient and inpatient care, alongside a growing range of telehealth services. For some patients, we believe that returning home or transitioning out of institutional care – combined with outpatient care – helps to consolidate progress and promote social and professional reintegration.

A tailored and personalised approach

Personalised care is *emeis'* hallmark. Patients are at the heart of our approach, actively involved in their own care and treatment pathway, which is defined in collaboration with the multidisciplinary teams in our clinics. Each patient's pathway includes psychiatric, somatic and psychological care, as well as therapeutic workshops. While each pathway is unique, the overriding aim for all patients is to restore their physical and psychological well-being. There can be no physical health without mental health.

Should social media be banned for minors?

Anxiety, sleep disorders, isolation, cyberbullying, loss of self-esteem: warnings about young people's mental health are on the rise. Faced with this concern, public authorities are seeking quick answers by targeting social media.

A simple solution to a complex problem?

Since December 2025, Australia has banned access to major platforms for children under 16. In France, a bill passed on first reading provides for a ban for children under 15 from the start of the 2026 school year. A simple solution to a complex problem? Not so sure. «Social media is not the only problem, but it amplifies existing vulnerabilities,» says Dr. Frédéric Kochman, a child psychiatrist at the *emeis* Lautréamont clinic.

In public debate, platforms are often held responsible for a general decline in adolescent well-being, but the scientific reality is more nuanced. In practice, the impact depends mainly on the young person's profile: «Adolescents who are mentally healthy can use social media without major consequences. On the other hand, those who are vulnerable are much more susceptible. « In other words, social media does not necessarily cause suffering, but it can exacerbate it.

- **76%**
of children under the age of 13 already use social media (Born Social, 2025)
- **10 à 15%**
Each additional hour per day increases the risk of anxiety or depression symptoms by 10 to 15% (Liu et al., 2022)
- **Nearly 75%**
of young French and Belgian people aged 13 to 25 say they have already sent an intimate image (Blécot et al., 2022)

15 years old: a symbolic boundary

Why ban it at 15? The answer is more political than scientific, since the brain only reaches full maturity around the age of 25. It is accepted that the need for recognition, fear of judgement and social comparison remain active well beyond this arbitrary age limit.

One of the most harmful effects is related to the social universe created by these platforms:

«Teenagers feel that others are always more beautiful, happier and more popular. This illusion is extremely harmful to developing personalities.»
Social comparison, already intense at this age, becomes permanent. And public.

Cyberbullying has emerged as a major risk: «When we ask 15-year-olds, very few have never been confronted, directly or indirectly, with a situation of cyberbullying.»

Finally, there are other less visible effects: night-time smartphone use disrupts sleep and attention, and sexual abuse (blackmail or dissemination of intimate images) is very common. In addition, all the negative spirals fuelled by algorithms can expose young people who are already very vulnerable to repeated content about self-harm, eating disorders or suicide.

Banning social media will not be enough

For Dr Kochman, this ban is primarily a way of sending a message to parents, making them aware of the preventive and educational role they have to play in their children's use of social media. The most effective measures to implement at home are often the simplest: no phones in bedrooms at night, enforcing screen-free times, and setting clear and consistent boundaries.

The challenge is not so much to eliminate social media, but to learn how to use it wisely so that it does not become the only source of stimulation. *«What worries me most is not just the time spent on social media, but what we are no longer doing instead. Moments of boredom must be preserved: they are essential for imagining, creating and building one's identity,»* insists the child psychiatrist.

If time is freed up, the specialist believes it should be reinvested in activities that promote adolescent development. Off-screen activities, such as sports, artistic pursuits, theatre or music, act as powerful emotional regulators. They boost self-esteem and foster real connections.

For Dr. Frédéric Kochman, the issue is societal: *«A civilisation that does not invest in developing young people's creativity runs the risk of producing generations that are less critical and less inventive.»*

emeis: supporting rather than demonising

At the *emeis* Lautréamont clinic in Lille, teams observe the effects of excessive use on sleep, self-esteem and relationships. The approach aims for balance: clear rules (mobile phone use limited to 1.5 hours per day), educational support and concrete alternatives (sport, theatre, chess, discussion groups) to rebuild connections and create spaces for expression.

Our post-acute and rehabilitation clinics

Following surgery, an accident or in the event of a chronic illness, our post-acute and rehabilitation care clinics help patients regain their vitality. They are a key stage in their care and treatment pathway, bridging the gap between home, outpatient care and the hospital.



Comprehensive, multidisciplinary care

We provide care for patients of all ages (children, the elderly) and all fitness levels (active, non-active). Medical and rehabilitation treatment may be recommended in many situations, including:

- following illness or surgery;
- following an accident, trauma or amputation;
- following a stroke or another acute neurological event;
- during the course of a chronic neurological disease (multiple sclerosis, Parkinson's disease, etc.);
- in cases of acute or chronic cardio-respiratory disease (cardio-respiratory failure);
- in cases of sleep respiratory disorders;
- during or after cancer treatment;
- in cases of disability related to chronic pain;
- in cases of language disorders, motor delays, etc.

Personalised pathways

Our teams of medical and non-medical health professionals provide a wide range of care, from physical medicine to prevention and therapeutic education. Based on the medical records provided by the doctor and the medical and non-medical health assessment carried out at admission, the clinic's multidisciplinary team, coordinated by the referring physician, defines a personalised care plan according to the patient's condition and the therapeutic goals agreed with them.

We provide personalised care pathways tailored to individual needs: inpatient and outpatient care, external consultations and follow-up, at home and via telehealth services (remote monitoring and rehabilitation).

State-of-the-art technical platforms

Our clinics are equipped with modern technical platforms adapted to rehabilitation needs – whether functional, neurological, cardiovascular, respiratory or post-operative – and to the expertise of each facility. Many of our clinics also feature hydrotherapy pools. In France, we operate around 30 specialised technical platforms (STPs) covering needs across the entire country and equipped with advanced technologies, including upper and lower limb motorisation and exoskeletons.

The Les Lilas cardio-nutritional rehabilitation centre is also equipped with an hypoxic chamber that replicates high-altitude oxygen conditions in a controlled environment, stimulating the body's natural adaptation capacities, as if it were on a high-altitude expedition. This can trigger certain adaptation mechanisms in the body that benefit circulation, improve endurance and support recovery.

Neuroplasticity: how the brain reinvents itself after a stroke

At *emeis*, neurological rehabilitation is not just about learning to walk or speak again. It helps people to find a new balance in their lives, thanks to the brain's incredible ability to reinvent itself. Here's how it works.

The brain, an organ capable of reorganising itself

When a patient suffers a stroke, cranial trauma or other brain injury, the brain enters a phase of increased plasticity, which favours learning and compensation. *«A dead neuron will never live again. But its neighbours can learn to do the work for it,»* explains Cynthia Van As, *emeis* regional referent and coordinator of seven rehabilitation centres in the South of France.

Neurological rehabilitation relies on the brain's ability to reactivate its neuronal networks. Thanks to functional MRI, we now know that brain functions are not confined to fixed areas, but activate multiple circuits.

A 100% personalised *emeis* approach

Neurological rehabilitation cannot be a standardised protocol. At *emeis*, each therapist draws up a made-to-measure treatment plan based on the patient's actual functional needs, preferences and current abilities, in order to work with the doctor in charge to develop a personalised, tailored therapeutic plan.

«There is no miracle cure. There's no exercise or therapy that can be ruled out if it's proven to be effective,» admits Cynthia. This approach requires a great deal of analysis and adaptation on the part of the teams. Caregivers are specifically trained in complex clinical reasoning, as well as in protocols proven effective by clinical research.

Motivation, family and environment: decisive levers

In a rehabilitation programme where motivation and resilience are key, the people around the patient play an essential role in helping them to progress. Occupational therapists assess and adapt patients' environments before they return home, in the presence of their carers, and a transition week is often set aside on discharge to encourage patients' self-education, with the support of their families. *«Patients who are well looked after make better progress. The carer is often the essential link between care and home,»* admits Cynthia.

But the personal motivation of each patient is crucial. That's why the teams provide objective feedback and offer group activities and fun sessions. Psychological support can also be offered. Every effort is made to support morale, which can sometimes be sorely tested, particularly when hospitalisation is prolonged: *«Sometimes I tell them: take a break. Take two days to do what makes you happy. Reconnect with yourself and come back with a new state of mind,»* says Cynthia.

Regaining maximum capacity

A patient in her fifties arrived five days after a stroke with a limp left arm and impaired sensation. Thanks to her extraordinary motivation and daily use of mirror therapy - in addition to all the appointments scheduled by the care teams - she was able to recover almost 80% of the mobility and motor control in her arm.

Another patient, a former singer and vocal coach with speech difficulties, told the *emeis* teams that regaining his voice and ability to communicate was more important to him than walking. The team adapted the entire programme to prioritise speech therapy. The result: significant progress... and great satisfaction, as he was able to regain the maximum functional capacity required for day to day activities.

«We always start rehabilitation with the same question: what's most important to you?» adds Cynthia.

Rehabilitate or rehabilitate: the two paths to functional rehabilitation

When recovery is not possible, rehabilitation seeks to compensate by finding different solutions: changing the dominant hand, reorganising the living space to adapt it to the patient's abilities, or relearning in a different way using technical aids. In all cases, the patient remains the central player in his or her progress.

Being active, curious, intellectually and/or physically engaged makes you more likely to recover. Some patients already arrive very mentally 'trained', which makes the team's work much easier. *«One patient who was an expert in neurolinguistic programming almost completely carried out his own rehabilitation. I was just there to guide him,»* Cynthia readily admits.

In fact, only the patient can have the deep desire to progress. The patient's therapeutic plan is therefore at the heart of rehabilitation. It's not up to the carers to decide for them what's most important, but it is their duty to listen to them, understand them and help them set their priorities. The aim is to help them rediscover what gives meaning to their daily lives.

«Our job is to create the best possible conditions for their rehabilitation and recovery. Their job is to believe,» concludes Cynthia.

Our nursing homes

Dependency, loss of autonomy and the vulnerabilities associated with ageing require special care and attention. In our “homes for the elderly”, our support is adapted to the needs, abilities and stage of life of each resident.



Caring for dependent elderly people

emeis nursing homes have a multidisciplinary team of trained and qualified staff to assist residents with all aspects of daily life, provide care essential to their health and ensure their safety. Each of our residents benefits from a personalised care plan tailored to their life history and state of health, and respectful of their needs and preferences. Within our various communities, we have developed local networks to meet specialised care needs, from hospitalisation to psychological support, pain management and palliative care. This commitment to a culture of positive treatment and adapting to residents is reflected in our organisation. In France, all our nursing homes have a trained positive treatment correspondent responsible for ensuring residents are treated with dignity and respect. A network of ambassadors is available to facilities to raise awareness and train teams on the challenges of medical ethics.

A place to live that feels like home

Above all, we want our residents to feel at home. In addition to options for designing personal spaces, we offer a range of personalised services tailored to residents' tastes and preferences. Warmth and social connection are central to plans in our facilities: each nursing home offers a range of activities, social gatherings, outings and festive or cultural events that help maintain social bonds and a taste for life, while stimulating cognitive and motor functions. In some of our French and Spanish facilities, residents are invited to bake bread for everyone or help with the upkeep of the therapeutic garden. At every meal, our chefs prepare fresh, delicious and balanced menus on-site, developed in collaboration with the Group's dietitians. They are trained in all dietary and texture modifications. Mealtimes are essential moments in the day, combining good health and conviviality. More broadly, we design our facilities as open living spaces, forming partnerships with local stakeholders such as day cares and schools, and opening our premises up to the outside community whenever possible.

Supporting caregivers and their inclusion

We pay special attention to relatives and caregivers, ensuring that their needs are met in a way that respects the wishes of our residents. In addition to providing support with administrative and health-related matters, we offer dedicated services to ensure caregivers feel heard and supported and are able to enjoy quality time with the residents. Residents and their families also have access to a mediation unit if they feel the need.



The pleasure of eating: an essential part of life

In care homes, but also in the wider context of care, eating is an essential activity in which pleasure becomes a source of stimulation and social interaction...

Nutritional and Hedonic Needs

For older people, eating is a key aspect of 'ageing well'. It is therefore essential to meet both nutritional and hedonistic needs. As people age, they often have to delegate all or part of their cooking to someone else, which makes it harder to enjoy food. However, this enjoyment shapes our eating behaviour, as it influences energy intake and the choice of macronutrients.

The recommended dietary allowances (RDAs) for energy intake range from 25 to 30 kcal/kg/day. Protein requirements range from 1 to 1.2 g/kg/day and are higher than those of adults (0.83 g/kg/day). With age, anabolic resistance sets in and the bioavailability of dietary amino acids decreases.

Consequently, the stimulation of muscle protein synthesis through dietary intake is reduced. This physiological phenomenon leads to sarcopenia (loss of muscle mass), which is predominantly observed in older people. To tailor the diet to specific nutritional needs, the menus offered in care homes follow the recommendations of the Study Group on Collective Catering and Nutrition Markets (GEM-RCN).

What is the enjoyment of food?

Pleasure is a 'state of contentment created in a person by the fulfilment of a tendency, a need or a desire'. Beyond this definition, pleasure can be approached from various angles.

- **From a philosophical perspective**, Blaise Pascal asserts that 'man is born for pleasure; he feels it; no further proof is needed'. Pleasure is a fundamental element of the human experience.
- **From a physiological perspective**, the pleasure derived from food is a fleeting state of well-being triggered by the anticipation – or otherwise – of consuming a food.

Certain regions of the brain are responsible for rewarding the performance of vital functions (e.g. eating, drinking) by inducing a sensation of pleasure. This is known as the reward circuit. Information is transmitted in the form of nerve impulses. To pass from one neuron to another, the nerve impulse is converted into a chemical message: the neuron releases substances known as neurotransmitters (dopamine, serotonin). Once released into the synapse, the neurotransmitter binds, on the neuron receiving the message, to a receptor specific to it. This 'reuptake' therefore removes the neurotransmitter from the synapse. **In practical terms, in response to a sensory stimulus, our brain prompts us to take action to satisfy a need or desire** (for example: hunger prompts us to eat when blood glucose levels fall). Subsequently, this action is rewarded with a sensation of pleasure. A feeling of satisfaction brings the action to an end.

Food-related pleasure and institutional constraints

During a discussion held in December 2023 at the Bellevue care home in Villiers-le-Bel, residents, families, relatives and healthcare professionals were unanimous in highlighting the limitations on the enjoyment of food brought about by institutionalisation. Indeed, in institutional catering, the number of diners and food safety requirements necessitate compliance with strict hygiene standards, which prevent catering professionals from offering a culinary experience 'just like at home'. Given these constraints, it seems essential to find alternatives so that people can continue to enjoy their meals.

- **Social dimension:** meals provide structure to the day and represent one of the last pleasures of daily life. Regardless of the level of dependency, the enjoyment of food remains the same. However, the enjoyment of meals diminishes with the loss of independence. This enjoyment is determined 20 per cent by the contents of the plate and 80 per cent by the environment: table setting, rapport with those at the table, conviviality, a serene atmosphere, and interaction with the chef and waiting staff. Shared meals are an important ritual to preserve, as the social function of food is inseparable from the desire to eat.
- **Temporal dimension:** furthermore, pleasure can also be evoked by the recall of a memory. The expression 'Proust's madeleine' describes any phenomenon that triggers a sense of reminiscence, reactivating a memory in a person's mind. For example, when a dish is mentioned, the person recalls mental images stored in their memory (smell, taste, sharing). Thus, to stimulate appetite, the menus on offer must take culinary preferences into account. Consequently, familiar, traditional and regional recipes should be prioritised, and efforts should be made to optimise the sensory experience of the dishes served.
- **Sensory dimension:** ageing is accompanied by a decline in sensory abilities, particularly taste and smell, which is exacerbated by the use of certain medicines. The thresholds for perceiving flavours and smells are altered. It is therefore advisable to enhance the flavour of the dishes served by providing a variety of condiments: salt, pepper, chilli, herbs, lemon, ginger and sauces. This also allows diners to personalise their meal to their own liking. Furthermore, for the elderly, sweet taste is of particular importance due to the role it plays in the enjoyment of food.

Finally, the presentation on the plate is also essential. In the case of puréed food, the use of specific moulds (e.g. cauliflower, chicken thigh) is key to stimulating the enjoyment of food.

At emeis, nutrition is not limited to simply following dietary guidelines. It is an essential part of our residents' lives.

Our home care and services

Reduced mobility, temporary incapacity, advanced age or a state of moderate dependency are all situations that may require personalised home support.



A range of services to meet the needs of our beneficiaries and their caregivers

Our services are extensive and vary from country to country. Whether for temporary or longer-term help, we tailor our support to the needs of our beneficiaries and their caregivers, whose fatigue and burn-out we aim to prevent: help with washing or meals, housework, accompanying them to medical appointments or for shopping, or administrative assistance, such as letter writing. In some countries, our teams are also authorised to provide nursing care. In the Netherlands, for example, we provide oncology care and care during a newborn's first 100 days.

Home as a place of prevention and early detection of vulnerability

The reassuring, compassionate and regular presence of *emeis* teams at home goes beyond medical care – it fosters invaluable social bonds. Our beneficiaries are supported by attentive staff, who care about their well-being and comfort. Together, caregivers and beneficiaries build bonds of trust that enable better support and create a space for dialogue conducive to cognitive stimulation and improved mood. We also use the home setting as a prime location for the early detection of vulnerability, to prevent loss of autonomy and promote healthier ageing. We are rolling out the ICOPE (Integrated Care for Older People) programme, based on the monitoring of six key functions for healthy ageing (memory, nutrition, vision, hearing, psychology, mobility) and the implementation of a personalised care plan that can be integrated with our other care services when possible. Early detection is one of the Group's key development priorities as it seeks to fully embrace its role in prevention.

Enjoying life to the full, at home

Our services are designed to preserve and extend quality of life at home, enabling vulnerable people to remain in a familiar setting for as long as possible, whether this vulnerability results from advancing age or an accident that has caused temporary or permanent disability. We are equipped to address the following health issues:

- neurocognitive disorders;
- care needs following an accident;
- temporary or permanent disability;
- dependency;
- post-hospitalisation care.

Our senior assisted-living facilities

In comfortable and secure accommodation, our independent residents of senior assisted-living facilities enjoy the services, regular activities and rich social life on offer to the full.

Just like home... with added security

Most older people want to remain at home, independent and autonomous, for as long as possible. But this is not always feasible in their current home environment (due to isolation, layout, safety concerns, etc.). This is what inspired the development of our senior assisted-living facilities. We offer older people a safe and friendly environment, with comfortable accommodation and services tailored to their needs.

To ensure safety and efficient assistance, our qualified staff are available on site 24/7 and our facilities are also equipped with remote monitoring systems for added peace of mind for our residents.

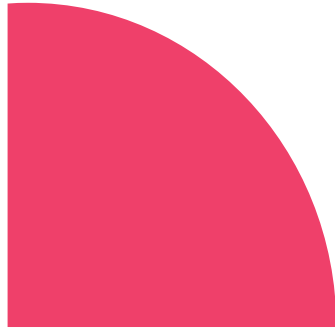
The art of living together... in complete independence

To foster the social ties that are so vital to maintaining a fulfilling quality of life, each assisted-living facility includes communal living areas, leisure activities and solutions tailored to the needs, level of autonomy and habits of its residents. A wide range of services (inclusive or customised) is also available to make life easier for elderly people and their carers: concierge services, cleaning and ironing, IT help or handyman services, beauty and wellness treatments or shuttle services to get around town.

Living arrangements in these assisted-living facilities vary and may include long-term or short-term rentals, as well as trial stays.







CSR ESSENTIALS

Our CSR roadmap

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2025 CSRD-audited indicators

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Together, let's stand as a strength for the vulnerable among us



By its very nature and through its mission to provide healthcare and support for people in a state of extreme vulnerability, *emeis* is at the heart of a dynamic ecosystem dedicated to serving people. *emeis* aims for this ecosystem to be open, adaptable and transparent, by facilitating and strengthening interactions with its stakeholders, both locally and globally.

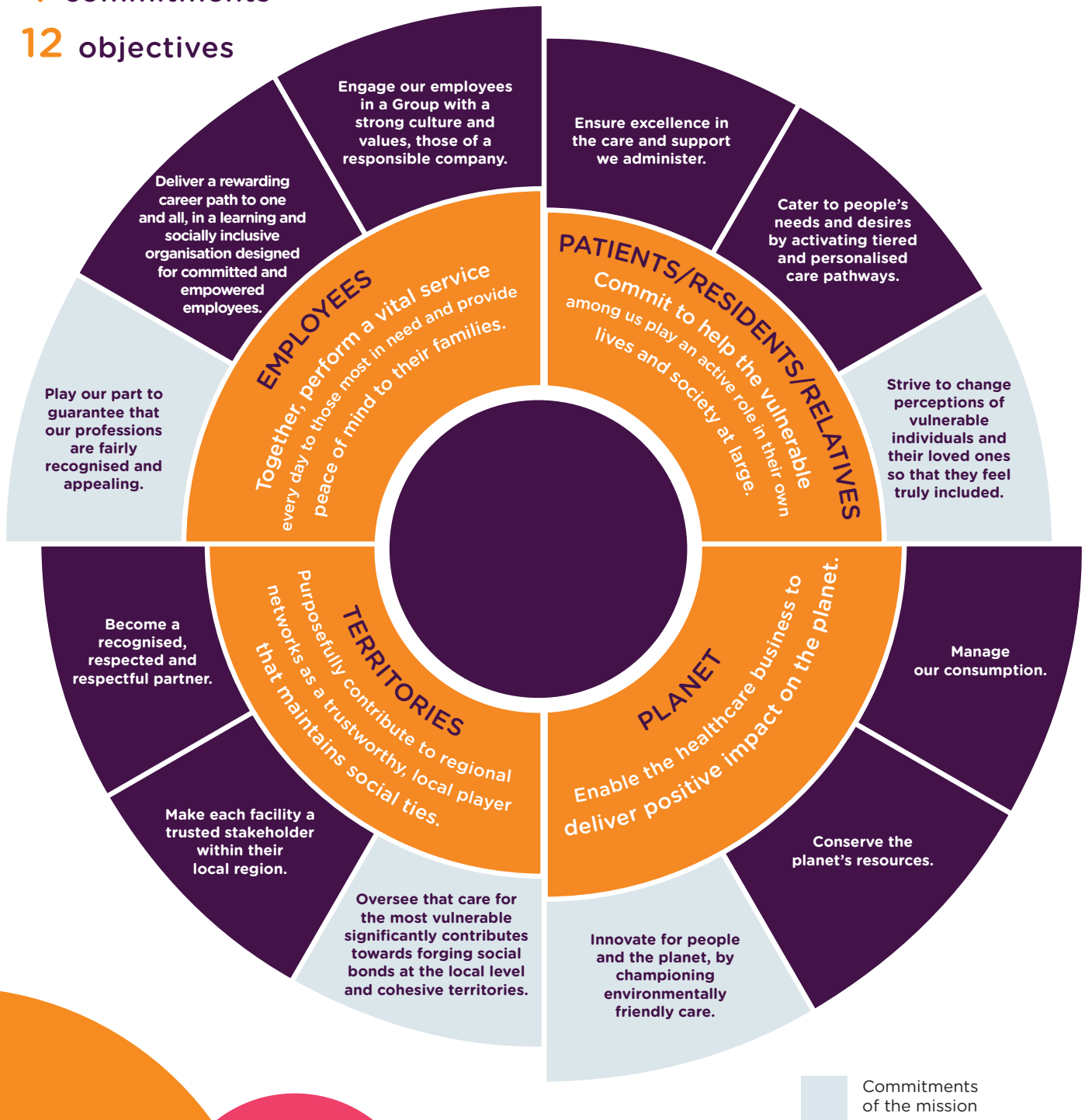
Our CSR roadmap

Impacting Together, the emeis CSR roadmap, is rooted in our values and developed around four major stakeholders: our employees, our residents, patients and their loved ones, the territories we serve, and the planet. It forms the fundamental basis for guiding the transformation of our Group into a 'Mission-Driven' company.

1 ambition

4 commitments

12 objectives



2025 CSRD-audited indicators



TEAMS

Goal	KPI name	2024	2025	Variation
Committing to a strong collective shaped by the culture and values of a responsible company	Lost-time injury frequency rate	21.19	23.1	+1.9 pts
	Absenteeism rate	8.7%	9.19%	+0.5 pt
	Turnover	28.4%	26.2%	-2.2 pts
	% of women on the Group Executive Committee	50%	50%	-
	Annual training hours per employee	15.1	13.0	-14%



PATIENTS / RESIDENTS / RELATIVES

Goal	KPI name	2024	2025	Variation
Ensure excellence in care and support	Serious adverse event rate	2.08	2.11	+0.3 pt
	Rate of critical complaints	0.54	0.64	+0.10 pt
	Satisfaction rate (Activities for Older Adults)	91.8%	92.5%	+0.7 pt
	Net Promoter Score (Activities for Older Adults)	35	39	+4 pts
	% of facilities certified to ISO9001 or equivalent standards	89%	91%	+2 pts
	% of facilities with an Ethics and Quality of Care Coordinator	84%	90%	+6 pts



TERRITORIES

Goal	KPI name	2024	2025	Variation
Become a recognised, respected and respectful partner	% of facilities within a country that have established a research/recruitment partnership with a university or a higher education institution	87%	99.6%	+12.6 pts
	% of facilities that have implemented a local community engagement initiative	79%	74%	-5 pts
	% of eligible employees trained in the anti-corruption management scheme	69% 100% Group ExCo	69% 100% Group ExCo	-
	% of national listed suppliers that have signed the Responsible Procurement Charter	96%	92%	-4 pts
	% of the Group's major calls for tender incorporating CSR selection criteria	97%	100%	+3 pts



PLANET

Goal	KPI name	2024	2025	Variation
Managing our consumption	Energy consumption in MWh (including the vehicle fleet, renewable energy and self-generated energy in 2025)	899,258	906,679	1%
	Annual energy-related carbon intensity (Scopes 1 & 2) - kgCO ₂ e/m ²	26.71	24.29	-9%
	Proportion of facilities that have conducted a climate risk exposure analysis	8%	100%	+92 pts
	% of facilities that have implemented separate collection of infectious healthcare waste	n/a	94%	-
	Satisfaction rate with catering services (Activities for Older Adults)	87%	88%	+1 pt





APPENDIX

ALL

OUR CSR DATA

FOR OUR TEAMS

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Health and safety at work
Quality of life at work
Diversity and inclusion
Training and skills development

FOR OUR PATIENTS / RESIDENTS / BENEFICIARIES

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Quality and safety approach
Listening and personalising life pathways

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Local footprint
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FOR THE PLANET

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Carbon footprint
Water and waste
Catering

OUR COMMITMENT:

OTHERS ARE BEST PLACED TO TALK ABOUT IT

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FOR OUR TEAMS...

To find out more, see page 127 of the 2025 URD

"Together, perform a vital service every day to those most in need and provide peace of mind to their families"

With nearly 84,600 committed professionals, we consider our teams to be our greatest asset in supporting the most vulnerable people. At a time when vulnerability-related challenges are on the rise, care professions are called on to play a key role in our future, embodying the values of empathy and solidarity that are essential to our society on a daily basis. Aware of the challenges that come with these jobs and of the crucial need for employees to be recognised, we have set ourselves an ambitious goal: to care for our teams, promote care professions and attract and retain tomorrow's talents to provide the best possible support for our patients, residents and beneficiaries.

Key challenges

-  Health and safety
-  Social dialogue and quality of life at work
-  Training and skills development
-  Diversity and inclusion

Our Policies and actions

- Health and Safety Policy
- Team Development Policy
- Training Policy
- Women's Policy
- Diversity and Inclusion Policy



Health and safety at work

Team health and safety is a priority for emeis. In line with its mission to support the most vulnerable people, the Group seeks to ensure that all its teams have a safe working environment that respects their physical and psychological health and enables them to carry out their tasks in the best possible conditions.

This approach is based on compliance with regulatory requirements, the identification and prevention of occupational risks, the continuous improvement of working conditions and active social dialogue with employee representatives. The Group also rolls out awareness-raising, training and prevention initiatives to sustainably reduce workplace accidents and strengthen the safety culture across all its activities.

Lost-time injury frequency rate

Number of workplace accidents involving at least one day of absence /
Number of hours worked

	2022	2023	2024	2025	Change	2026 (target)
Group total	27.0	24.8	21.2	23	+1.9 pts	21.9
France	39.0	34.3	33.8	37.1	+3.4 pts	n/a

This indicator, monitored monthly by Executive Management and the Board of Directors, remains closely managed in all Group countries. The initiatives undertaken in prevention, awareness-raising, improving the monitoring of health and safety data and its analysis will continue in order to support the frequency-rate reduction target set for 2028.

Absenteeism rate

Number of hours absent due to illness or workplace accident /
Number of hours worked

	2022	2023	2024	2025	Change	2026 (target)
Group total	9.4%	9.0%	8.7%	9.2%	+0.5 pt	8.9%
France	9.2%	8.0%	8.2%	9.7%	+1.5 pts	n/a

The change in the absenteeism rate is part of a trend observed more broadly at French and European level, marked by an increase in absenteeism across many sectors of activity. This indicator is regularly monitored by the Group, which remains fully committed to challenges relating to quality of life at work, occupational risk prevention and team support. The initiatives undertaken in these areas will continue in order to help control absenteeism.

Focus on France

In 2025, the France scope began the operational implementation of its prevention guidelines through several key initiatives. Frameworks were strengthened (revision of the Single Occupational Risk Assessment Document (DUERP) and of the Annual Programme for Preventing Occupational Risks and Improving Working Conditions (PAPRI Pact), document harmonisation), with an extension to clinics planned for 2026. A new range of PPE was rolled out following a trial period, supported by educational tools and "mascots" to facilitate uptake and self-monitoring. Lone-worker alert systems were introduced to secure at-risk situations, particularly at night. At the same time, prevention culture was strengthened through management routines (health and safety feedback, accident monitoring, regular discussions, post-accident interviews). Lastly, targeted support was put in place for the most exposed facilities, including training and enhanced support. As such, 2025 represents a first practical move forward in the 2025–2028 roadmap, with measures being progressively integrated into practices.



Quality of life at work - indicators

It is vital to monitor these indicators to assess the effectiveness of quality of life at work, team retention and team engagement initiatives. With this in mind, the *emeis*&MOI programme was integrated into the "*emeis* 2030" strategic plan to ensure its consistency and gradual rollout across the Group. This programme aims to sustainably strengthen the Group's social commitment and promote a more inclusive and protective working environment (see next page). *emeis*&MOI, already rolled out in France and in several countries through various initiatives, is intended to be progressively extended across the entire Group.

Turnover

Number of hours absent due to illness or workplace accident / Number of hours worked

	2022	2023	2024	2025	Change	2026 (target)
Group total	32.9%	29.0%	28.4%	26.2%	-2,2 pts	25.4%
France	28.3%	25.2%	24.9%	21.9%	-3.0 pts	n/a

The decrease in turnover is part of the continuation of the initiatives undertaken by the Group since 2023 to retain teams.

These initiatives confirm the continuation of a positive path aimed at strengthening team retention and securing career paths.

Rate of employees on permanent contracts

Number of permanent employees / Number of employees

	2022	2023	2024	2025	Change	2026 (target)
Group total	82.5%	86.0%	83.4%	83.2%	-0.2 pt	n/a
France	83.6%	84.6%	82.3%	81.6%	-0.7 pt	n/a

In a sector context marked by persistent employment pressures, the path observed since 2022 continues to be favourable and reflects the efforts made by the Group to promote sustainable employment, strengthen team retention and secure career paths.

The Group remains fully committed to pursuing this initiative.

Team engagement rate

Indicator based on several key questions from the "Your Voice" team survey

	2025	2026
Group total	62%	65%
France	54%	56%

In 2025, the Group launched the first edition of its annual team survey "Your Voice @emeis – your voice matters!" across all its countries and entities (48% participation). This survey, carried out with the support of a specialist institute and external benchmarks, and repeated in 2026, measures team engagement, consideration, satisfaction and expectations.

The survey highlights results above external benchmarks in several key areas, including recognition, leadership quality, team spirit, as well as training and development. All results were shared with teams and served as the basis for developing action plans using a "bottom-up" approach, as close as possible to the teams' experience. In France, more than 750 initiatives were rolled out.



Quality of life at work - emeis&MOI

Budget:

Debt and over-indebtedness, support with unexpected expenses or reduced income (retirement planning), applications for aid, interest-free loans, social welfare fund



Relatives and family life:

Parenting support, homework assistance programme, prevention and support in cases of domestic violence, support for carers, paid leave for family carers, etc.



Health:

assistance with care pathway formalities, second medical opinions, the French scheme for recognising disabled worker status (RQTH), emotional and psychological support



Housing:

help in accessing social housing, emergency accommodation through the French "toit garanti" (guaranteed home) initiative, support with the employer's contribution under the French "1% logement" (1% housing) scheme, energy debt, aid for renovation



Diversity and inclusion

The Group is committed to ensuring a safe environment where everyone is valued for their individuality and protected from all forms of discrimination. The nature of the company's activities and business model, which is aimed at vulnerable people, make diversity and inclusion a key factor in performance, purpose and societal impact for all its stakeholders.

Promoting diversity, inclusion and equity in our company, which is made up of over 80% women, enables complementary profiles and better representation of society in teams.

As part of the "Your Voice@emeis - Your voice matters!" survey, 2025, 76% of teams considered that diversity and differences were respected in the Group, a result 5 points above our provider's benchmark.

Team consideration index

Indicator based on several key questions from the "Your Voice" team survey, covering 5 aspects: mutual respect, active and empathetic listening, recognition, consideration for others and purpose

	2024	2025	2026
Group total	n/a	58.9%	60%
France	n/a	51%	n/a

Team satisfaction rate regarding work-life balance

Based on the "Your Voice" survey

	2024	2025	2026
Group total	n/a	62%	63.2%
France	n/a	51%	n/a

The Human Resources Department set this target following the first YourVoice survey. The action plans defined on the basis of the results of the 2025 edition are intended to support the gradual improvement of team engagement levels.

Percentage of women on the MC / EXCOM

	2022	2023	2024	2025	Change	2026
EXCOM	27%	42%	50%	50%	=	50%
MC	33%	50%	57%	43%	-14 pts	50%

Gender Equality Index (Pénicaud index)

	2024	2025	2026 (target)
France	92	94.2	98

Rate of teams covered by an employee support programme

Percentage of employees benefiting from at least one measure under an employee support programme in relation to the Group's total workforce

	2024	2025
Group total	n/a	78%
France	n/a	100%



Training and skills development

Developing skills and broadening knowledge throughout an employee's career is a major challenge. Everyone is therefore encouraged to take an active role in shaping their own career path by identifying their ambitions, developing their skills and making the most of the training and development opportunities available to them. With this in mind, the Group's transformation plan has placed the focus on two key priorities. Firstly, to make *emeis* a learning company by promoting the upskilling of teams through training initiatives aligned with their jobs and career ambitions. Secondly, to roll out an ambitious talent management policy aimed at attracting, retaining and developing the highest-performing profiles in the Group.

Number of training hours

The total reported volume takes into account the hours provided to employees during the baseline year

	2022	2023	2024	2025
Group total	913,972	1,015,155	1,273,895	1,097,133
Female	n/a	n/a	1,065,605	893,072
Male	n/a	n/a	206,855	203,994
Other	n/a	n/a	68	68
Not declared	n/a	n/a	406	406



Monitoring of training hours was strengthened in 2025, notably through monthly audits and streamlining the training catalogue. The initiatives undertaken as regards skills development, access to training and optimising the monitoring of training hours are being pursued, in order to support the goal of strengthening team skills.

Average number of training hours per employee per year

The total reported volume takes into account the hours provided to employees during the baseline year

	2024	2025
Group total	15.3	13.0
Female	15.8	13.1
Male	13.2	12.6
Other	4.5	6.1
Not declared	5.6	5.3



FOR OUR PATIENTS / RESIDENTS / BENEFICIARIES...

To find out more, see page 166 of the 2025 URD 

"Commit to help the vulnerable among us play an active role in their own lives and society at large"

Our vulnerabilities are moments in our lives that can and must be supported. Overcoming our own vulnerability means growing. Helping others overcome theirs means growing with them. We are committed to supporting all vulnerabilities (physical, mental and cognitive), at every stage of life, by helping everyone continue to forge the human and social ties that are essential to them.

Key challenges



Transparency



Quality standards



Personalised listening



Care and support

Our Policies and actions

- Medical Policy (Mandatories and Fundamentals)
- Quality Culture
- Medical Ethics and Care Policy
- Excellence and Kindness Programme
- Nature and Care Policy (biodiversity)



Quality and safety approach – the foundation of our activity

"Ensure excellence in the care and support we administer"

Transparency and a Just Culture

Managing adverse events (AEs) & serious adverse events (SAEs)

$SAE \text{ ratio} = (\text{Number of SAEs} / \text{Number of patient-resident days}) \times 10,000$

	2023	2024	2025	Δ 2024	2026 (target)
Group SAE ratio	1.41	2.08	2.11	1.4%	2.11
France	2.12	2.58	3	16%	n/a
Number of SAEs	3,998	5,895	5,904	n/a	n/a
Number of AEs	54,965	77,675	89,775	15.6%	n/a
Percentage of SAEs among all AEs	7.3%	7.6%	6.6%	-13.2%	n/a

The Group recorded a 15.6% increase in incident reports, rising from 77,675 in 2024 to 89,775 in 2025, with no significant increase in serious incidents, which remained stable at around 5,900. This reflects better risk detection and improved practices to ensure patients' and residents' safety.

Managing issues, complaints and critical complaints

$\text{Critical complaint ratio} = (\text{Number of critical complaints} / \text{Number of patient-resident days}) \times 10,000$

	2023	2024	2025	Δ 2024	2026 (target)
Total number of complaints	5,911	9,255	11,166	20.7%	n/a
Percentage of critical complaints among all Group complaints	9%	16.5%	16%	-3%	n/a
France	n/a	20.9%	23%	+10%	n/a

At the end of 2023, an ambitious action plan was rolled out to ensure that complaints are recorded in a fully comprehensive and transparent manner. Since 2024, significant progress has been made in integrating the requests of our patients and residents into the core processes used to manage the company.

Quality standard – Monitoring, risk prevention and external certifications

Integrating recommendations and risk prevention measures

Mandatory: % of countries that have integrated mandatory medical recommendations into their quality management system / Suicide risk: % of facilities compliant with the mandatory recommendation relating to suicide risk assessment

	2023	2024	2025	Δ 2024	2026 (target)
Group Mandatory	n/a	92%	93%	1.1%	n/a
France	n/a	100%	100%	=	n/a
Group suicide risk	n/a	18%	45%	150%	n/a
France	n/a	50.7%	53.02%	5%	n/a

emeis is strengthening its commitment to tackling mood disorders and suicide by rolling out an integrated approach across its facilities. The Group has implemented systematic screening, secured care spaces and has called on psychologists and psychiatrists to provide personalised support and prevention initiatives.

External certification results

	2023	2024	2025	Δ 2024	2026 (target)
ISO certification	71%	89%	91%	7%	95%
HAS certification (France MDR)	n/a	99%	99%	=	n/a

emeis HAS assessment results are significantly higher than those of the sector in France. This gap illustrates the soundness of the quality system implemented by the Group, as well as the rigour and professionalism of the teams in applying procedures for the benefit of residents. This performance reflects the Group's commitment to ensuring a safe, respectful environment tailored to the needs of those cared for and supported.



Listening and personalising life journeys

"Cater to people's needs and desires by activating tiered and personalised care pathways, while prioritising their satisfaction"

Satisfaction of patients, residents and their relatives

CSAT: measures the satisfaction of patients, residents and relatives with the support they receive.

NPS: measures the likelihood that patients, residents and families will recommend the facility to a relative

	2023	2024	2025	Change	2026 (target)
CSAT (Elderly P.) Group	92.4%	91.8%	92.5%	0.8%	92.7%
France	91.5%	90.1%	90.7%	1%	n/a
NPS (Elderly P.) Group	33	35	39	11.4%	n/a
France	21	20	23	15%	n/a
CSAT (Clinics) Group	91%	91%	92%	1.1%	n/a
France	95.5%	96.3%	95.3%	-1%	n/a
NPS (Clinics) Group	36	35	40	14.3%	n/a
France	30	32	35	9%	n/a

In 2025, the Group recorded an increase in satisfaction levels, rising from 91.8% in 2024 to 92.5% for residents and families. This positive trend is also reflected in the increase in NPS, for both nursing homes and clinics. These results confirm the tangible impact of the actions undertaken in 2024, encouraging the continuation of continuous improvement plans for the benefit of patients and residents.

Excellence & kindness

Number of facilities with at least one trained Ethics and Quality of Care Coordinator / number of facilities in the scope for more than one year

	2023	2024	2025	Change	2026 (target)
% of facilities with a Group Ethics and Quality of Care Coordinator	72%	84%	90%	+6 pts	n/a
France	59%	79%	80%	+1 pt	n/a

The introduction of ethics and quality of care coordinators and ethics committees in *emeis* Group nursing homes and clinics strengthens its commitment to caring and respectful practices. Specially-trained ethics and quality of care coordinators play a key role in raising teams' awareness of the rights of vulnerable people, actively contributing to the coordination of respectful and caring professional practices, and promoting a culture of quality of care.

Care and support

See appendices for details of calculation methods

	2023	2024	2025	Δ 2024	2026 (target)
Satisfaction rate with care (residents)	92.8%	92.9%	93.6%	+0.7 pt	2.11
Satisfaction rate with the activities offered and events organised (residents)	90.1%	90.9%	91.3%	+0.4 pt	n/a
Quality of care – Group restraint	n/a	13.1%	11.2%	-1.9 pts	n/a
France	n/a	12.1%	8.4%	-3.6 pts	n/a
Quality of care – Group serious falls	n/a	4.03	3.15	-0.9 pt	n/a
France	n/a	9.92	5.76	-4.2 pts	n/a
Quality of care – Group new pressure sores	n/a	2.20%	1.85%	-0.3 pt	n/a
France	-	1.93%	1.70%	-0.23 pt	n/a

Quality of care, as measured by restraint, serious fall and new pressure sore rates, has seen a very marked improvement. Changes in residents' satisfaction rates with regard to care bear this out. Beyond the provision of care itself, the Medical Policy and the company as a whole already embrace the aim of ensuring high-quality activities and events organised and offered to residents.

Innovation focus

Pure Food is a culinary innovation rolled out at *emeis* and honoured at the 2025 SilverEco Awards. It offers next-generation textured meals that retain the shape, colour and taste of food yet are tailored to swallowing disorders. This project combines nutritional quality, safety and the pleasure of eating. To help facilities reduce physical restraint rates, the Group provides a strategy along with a Group-created communication tool in the shape of a **ruler guide**, enabling discussion of freedom of movement and the joint definition of a personalised strategy included in the care plan. This ruler guide is currently being assessed in nursing homes in several of the Group's countries before a final version is distributed to all facilities.

emeis clinic is a digital app for patients during their stay in a clinic. It centralises useful information: schedules, activities, news and personalised advice. A real digital companion to improve communication, engagement and patient experience.

Composite score: this is an overall care quality score designed to reflect, in a single score, the safety and quality of medical and nursing care across the Group's various activities (nursing homes, clinics, etc.). The score components for nursing homes are: serious falls, restraints, pressure sores acquired in the facility, use of hand sanitiser and suicide risk assessment. Its purpose is to provide a rapid annual overview of the level of care quality at country and Group level, as well as to monitor annually changes in the quality of care in each country.



FOR LOCAL COMMUNITIES...

To find out more, see page 156 of the 2025 URD 

"Purposefully contribute to regional networks as a trustworthy, local player that maintains social ties"

Caring for a patient requires the involvement of a whole community. Carers play a vital role in providing the necessary care; their work is supported by relatives who accompany them, healthcare professionals who refer them, and local businesses and associations that facilitate access to essential needs such as work, food and leisure. All these players help revitalize local communities. That is why we are firmly establishing our activities at the heart of every local community where we work.

Key challenges



Local impact and footprint



Openness, social value and local partnerships



Responsible and ethical business conduct

Our Policies and actions

- Local Relations Policy
- Responsible Procurement Policy
- Responsible Procurement Charter
- Anti-corruption Code of Conduct
- Ethics and CSR Code
- Business Conduct Policies (prevention of conflicts of interest, competition law, business ethics and compliance, etc.)
- Anti-corruption training programmes



Local footprint

"Make each facility a trusted stakeholder within their region"

Our facilities work to strengthen collective well-being and consolidate social, economic and environmental ties, as such establishing themselves as key partners in ensuring local communities are run efficiently. As economic players, our facilities are actively involved in local life: by creating jobs, supporting professional integration, fostering social ties and contributing to economic and social life.

Rate of facilities that have rolled out at least one initiative to strengthen local ties

Number of facilities that have implemented at least one initiative to strengthen local ties. Intergenerational initiatives, opening up the facility to the outside world, health prevention and sharing medical expertise.

	2024	2025	Change	2026 (target)
Group total	79%	73.8%	0.8%	80%
France	54%	65%	11.4%	n/a

Rate of facilities that have implemented an intergenerational exchange programme*

Number of facilities that have implemented an intergenerational exchange programme including at least two initiatives during the year (examples of activities: sport, writing workshops, gardening, activities involving nursing home residents and nurseries, schools or local associations)

	2024	2025	Change	2026 (target)
Group total	n/a	56.4%	n/a	60%
France	n/a	51%	n/a	60%

(*) Applies only to nursing home activities

Rate of facilities in a country that have established research partnerships with universities and/or higher education institutions

Number of countries that have established partnerships with universities and/or higher education institutions. This partnership may relate to training, recruitment, innovation or research (for example, creating a new qualification or a new profession; creating and developing a prototype; publishing scientific articles; organising training symposia or medical conferences; testing an innovation in a laboratory or in vivo in the Group's facilities).

	2024	2025	Change	2026 (target)
Group total	89.9%	99.6%	+9.7 pts	100%
France	100%	100%	n/a	100%



Supplier relations and business conduct

"Become a recognised, respected and respectful partner"

emeis is committed to promoting balanced, trust-based partnership relationships. The Group has rolled out a responsible procurement approach that supports local communities, ensuring that its suppliers respect fundamental rights and decent working conditions. The Group also prioritises suppliers that create jobs and are committed to the professional integration of disadvantaged areas, as well as partnerships with Establishments and Services providing assistance through work (ESAT) and sheltered workshops (EA) to boost inclusion. Lastly, **emeis** employees concerned are trained in anti-corruption measures to ensure ethical business conduct.

Rate of strategic suppliers that have signed the Responsible Procurement Charter

Percentage of strategic suppliers by country that have signed the Responsible Procurement Charter (mutual commitments by emeis and its suppliers)

	2023	2024	2025	Change	2026 (target)
Group total	75%	96%	92%	-4 pts	100%
France	100%	100%	98%	-2 pts	100%

The Group continues to roll out the Responsible Procurement Charter for signing in its countries. The 2025 results should be interpreted bearing in mind that the list of strategic suppliers is reviewed every year in every country, which may lead to differences in signatures from one year to the next, namely due to the addition of new suppliers or ongoing renewals.

Rate of strategic suppliers with an EcoVadis rating (or equivalent)

Percentage of strategic suppliers by country committed to a CSR approach (via an EcoVadis rating or via an equivalent third-party body)

	2023	2024	2025	Change	2026 (target)
Group total	n/a	46%	41%	-5 pts	90%
France	n/a	52%	89%	+37 pts	95%

Since 2023, the Group's strategic suppliers have been invited to obtain a CSR rating from a third-party body. The Group plans to roll out an acceleration plan in 2026, with EcoVadis support, with the ultimate aim of listing suppliers on EcoVadis or equivalent platforms.

Inclusive procurement

Percentage of facilities with at least one active contract with an establishment or service providing assistance through work (ESAT) or a social and solidarity economy establishment (ESS) for service provision in our facilities (e.g. upkeep of green spaces, waste management, laundry, activities, etc.).

	% of facilities with at least one active contract with an establishment or service providing assistance through work (ESAT) or a social and solidarity economy organisation (ESS) in 2025
Group total	27%
France	31%

Indicator rolled out and monitored in the countries since 2025. The Group is gradually gaining improving in this respect.

Rate of teams trained in anti-corruption measures

Number of employees concerned who have been trained in anti-corruption measures / Number of employees concerned

	No. of employees concerned trained	% of employees concerned trained in 2025
Group total	2,655	69%
France	1,027	69%

Training is an essential tool in the Group for preventing corruption and any other breach of integrity. The employees concerned by this prevention measure are identified using the corruption risk map. 100% of members of the Group MC have been trained in anti-corruption measures.



FOR THE PLANET...

To find out more, see page 99 of the 2025 URD

"Enable the healthcare business to deliver positive impact on the planet"

Climate change plays a direct role in the rise in physical and mental health conditions and, at the same time, puts pressure on biodiversity and the availability of resources. As part of our mission, we have the opportunity to take action to help society reduce its climate footprint. We are committed to innovating in the care of vulnerable people and to optimising the energy performance and comfort of our facilities. Thanks to our Responsible Procurement Policy, we strive to protect natural resources and place particular emphasis on reducing our waste.

Key challenges



Carbon footprint



Managing water



Managing waste



Catering

Our Policies and actions

- Energy Policy
- Water Conservation Policy
- Waste Management Policy
- Catering Policy
- "Hospitality by *emeis*" initiative



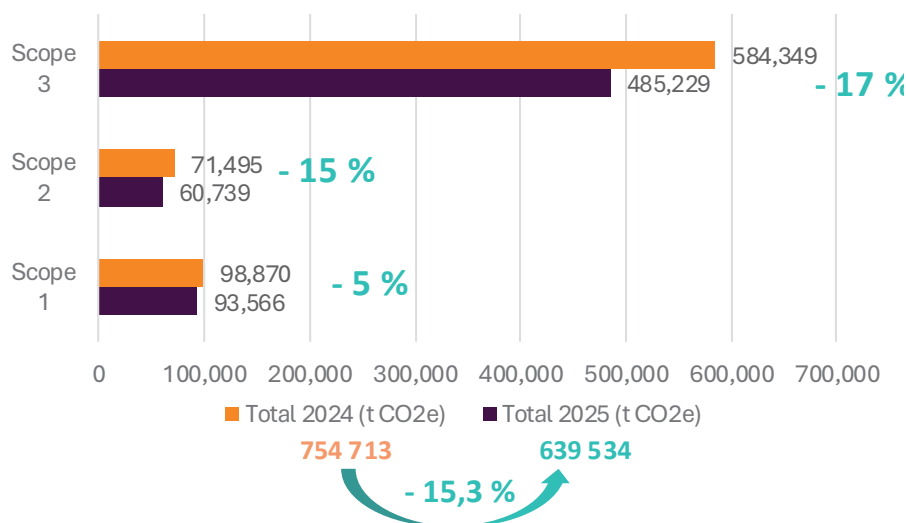
Carbon footprint

Control our consumption to limit our environmental impacts

Carbon footprint*

Location-based Greenhouse Gas emissions in tCO₂ eq.

To find out more



The Group has recorded a 15% reduction in CO₂ emissions, resulting from the contribution of all 3 scopes, including scope 3, which represents 76% of total emissions (22% of the Group's total emissions are mainly linked to catering and 20.9% to other procurement).

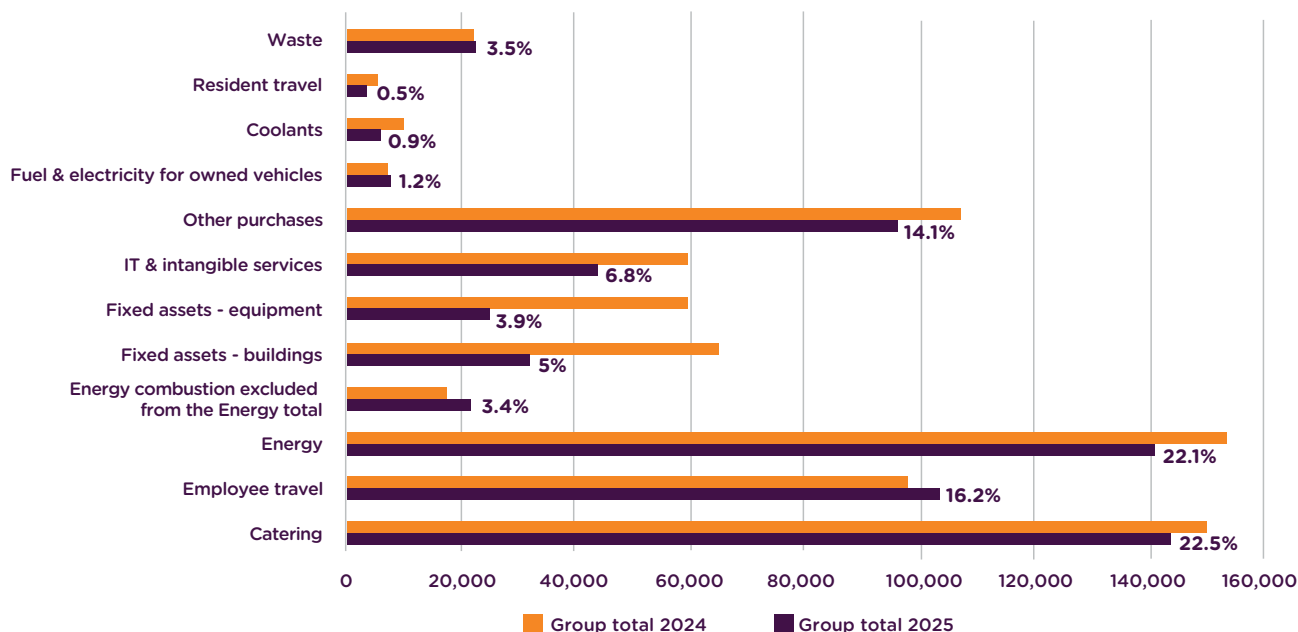
The improvement observed is the result of the rollout of Group policies (catering, energy, responsible procurement, etc.).

As regards intensity, the Group has recorded a reduction of more than 9% in scope 1 and 2 CO₂ emissions, including more than 3% thanks to efforts by facilities to reduce energy consumption.

* 2024 = baseline year

Breakdown of emissions by source

Location-based Greenhouse Gas emissions in tCO₂e.



Green taxonomy

	2024		2025	
	TURNOVER	Capex	TURNOVER	Capex
Eligibility	2.2%	70.1%	0% ¹	73.2%
Alignment	0%	2.2%	0% ¹	2.6%

¹ Non-tangible turnover in 2025 following the application of the new delegated regulation adopted on 4 July 2025

GHG emission intensity related to scopes 1 and 2 building energy

	2021	2024	2025	Δ 2021	Δ 2024
Group location-based CO ₂ emissions (in tCO ₂ e.)	170,579	153,384	141,089	-17%	-8%
France	n/a	37,742	35,722	n/a	-5%
Group location-based intensity (kgCO ₂ e)	37.7	26.7	24.3	-36%	-9%
France	n/a	18.6	17.7	n/a	-4.8%

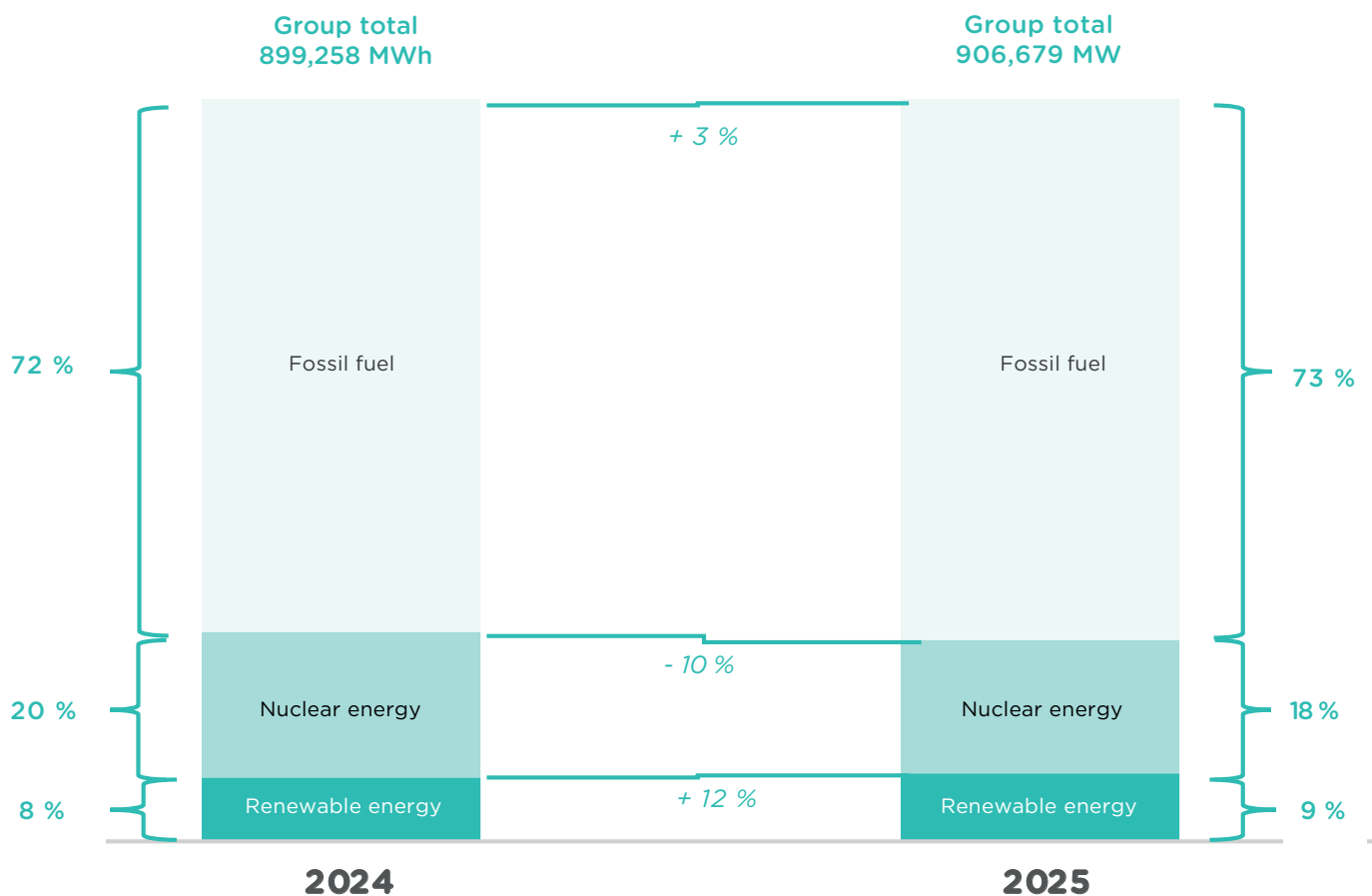
The Energy Policy, enhanced with monthly monitoring of facility consumption and action plans, is bearing fruit, resulting in reductions that go beyond targets.

Energy consumption & energy intensity

	2021	2024	2025	Δ 2021	Δ 2024
Energy consumption (MWh), excluding the Group vehicle fleet	843,546	871,604	874,962	+4%	0
France	n/a	324,873	320,907	n/a	-1.2%
Group energy intensity (kWh/m ² /year)	186.6	151.8	150.6	-19%	-1%
France	n/a	160	159	n/a	-0.6%

Note: total energy consumption for 2024 and 2025, including the vehicle fleet, was 899,258 MWh and 906,679 MWh respectively

Energy mix





Water and waste

Protect the planet's resources

Water conservation

Water consumption in water-risk areas

The Group has included a conservative assumption of 8% with regard to the percentage of extracted volumes that are consumed (through evaporation due to various uses in the facility and the watering of green spaces).

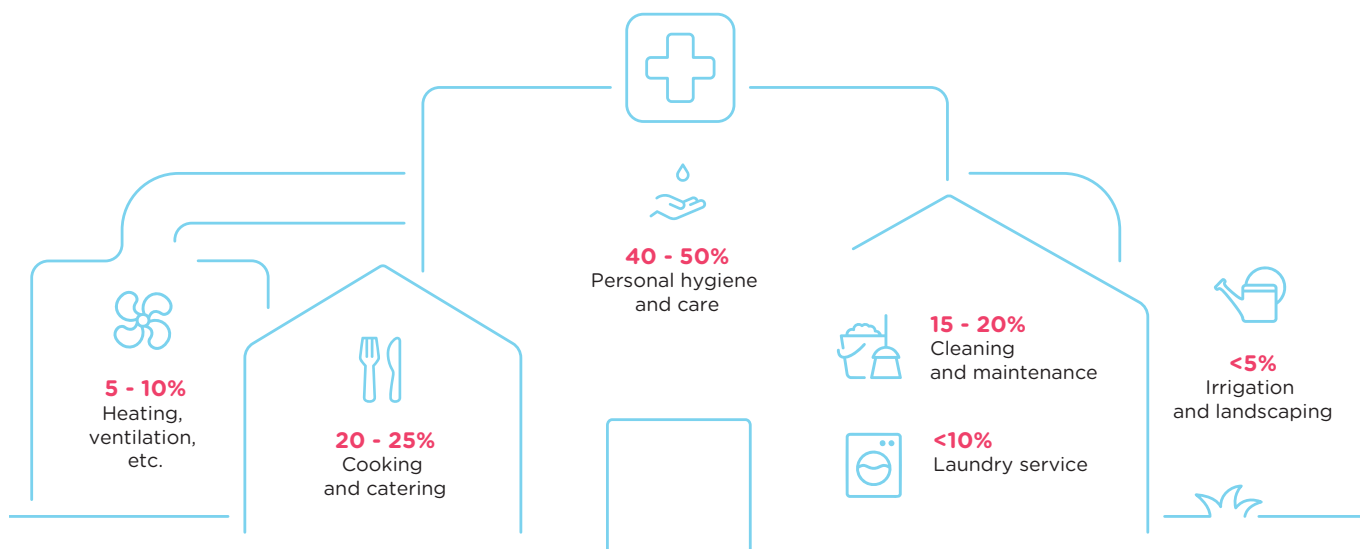
Water extraction and consumption	2025 extraction (m ³)	2025 water consumption (m ³)
Volumes in water-risk areas (moderate + high risk)	3,266,274	261,302
Volumes in areas of high water stress (high risk)	2,221,721	177,738
Total volume for the Group, across all areas	6,296,027	503,682

Indicator rolled out and monitored since 2025.

During 2025, all Group facilities underwent an analysis of their climate exposure risk. As the risk of water stress is the most significant, water conservation has become tangible in the Group's dual-materiality assessment. An ambitious Water Conservation Policy has been developed.

Water consumption in our business sector

For facilities with outsourced laundry services, the most water-intensive activities are, in descending order: 1. residents' hygiene and care; 2. cooking and catering; 3. cleaning and upkeep.



Managing waste

Rate of facilities that have implemented separate collection for IHW

IHW = infectious healthcare waste. This refers to waste arising from diagnostic, monitoring and preventive, curative or palliative treatment activities in the fields of human medicine (e.g. waste presenting an infectious risk, sharp or cutting equipment and materials, blood products, etc.).

	2025	2026 (target)
Group total	94%	100%
France	100%	100%

Indicator rolled out and monitored since 2025.

All countries manage infectious healthcare waste separately, with audited traceability of this management. Only one country still needs to include it in its monitoring procedures in 2026. The Group's goal is to avoid any adverse consequences for staff and the environment resulting from poor management of hazardous waste.

Percentage of residual waste in total domestic waste

Residual waste is non-recyclable waste from domestic and similar waste

	2024	2025	Δ 2024
Group total*	67%	66%	-1 pt
France	76%	76%	=

* Europe Total

Waste is one of the sector's main pressure points on the planet's resources. The topic of repairability and recycling is, as such, vital.

The Group is committed to a pathway to reduce residual waste, with stricter monitoring of the correct sorting of recyclable waste.



Catering

Protect the planet's resources and enhance our patients' / residents' life experience

Catering is one of the Group's pillars in two respects: responsible catering helps reduce the Group's impact on resources and the environment by reducing food waste and by reducing the percentage of meat-based menus for our patients/residents. Furthermore, catering is part of the Hospitality by emeis initiative and contributes to our patients' / residents' the well-being and pleasure.

Percentage of food waste per meal

Percentage of food waste in a meal served (as a % of plate weight)

	2024	2025	2026 (target)
Group total*	20%	11%	≤ 20%
France	19%	13.8%	≤ 20%

* Europe Total

New indicator since 2025.

Inspired by the French Egalim Act, the Group is committed to an approach to better protect resources, namely by measuring and then reducing its food waste.

In 2025, 10 of the largest countries measured their food waste and implemented reduction action plans, making it possible, in just one year, to achieve a waste percentage of only 11% of a served plate.

Vegetarian menu

Percentage of facilities offering at least the equivalent of one full day of vegetarian meals, including lunch and dinner every week

	2025	2026 (target)
Group total	48.4%	100%
France	0	100%

New indicator since 2025.

Increasing protein sources and diversifying menus contribute to greater satisfaction among residents and patients. In the case of vegetarian menus, this also helps reduce the Group's carbon footprint, as catering is the number one source of emissions. This initiative, introduced at the beginning of 2025 in the Catering Policy, was rolled out in one year by nearly half of the Group's facilities; France is preparing for rollout in 2026, in line with the targets set.

Percentage of service staff trained each year in the Hospitality by *emeis* initiative

	2025	2026 (target)
Group total	53%	100%
France	N/A	100%

New indicator since 2025.

As catering is a fundamental factor in residents' and patients' well-being and pleasure, a Hospitality initiative has been developed hand-in-hand with country experts. As one of *emeis*' distinctive features, its rollout exceeded the 2025 target set at 45%. In France, the Hospitality initiative was rolled out in the second half of 2025, with a target for 2026.

Group catering satisfaction rate

The catering satisfaction rate is calculated by adding together the "very satisfied" and "satisfied" responses to the questions on the catering topic, divided by the total number of responses from families and residents to these same questions, expressed as a %. The rate shown is that of elderly care facilities.

	2024	2025	Δ 2024	2030 (target)
Group total	87.1%	87.9%	+0.8 pt	>90%
France	88.0%	87.9%	-0.1 pt	>90%

Catering quality, promoted both in the Catering Policy and in the Hospitality initiative, is recognised by external stakeholders, with an increase in the catering satisfaction rate of +0.8 points vs 2024.

OUR COMMITMENT: OTHERS ARE BEST PLACED TO TALK ABOUT IT...

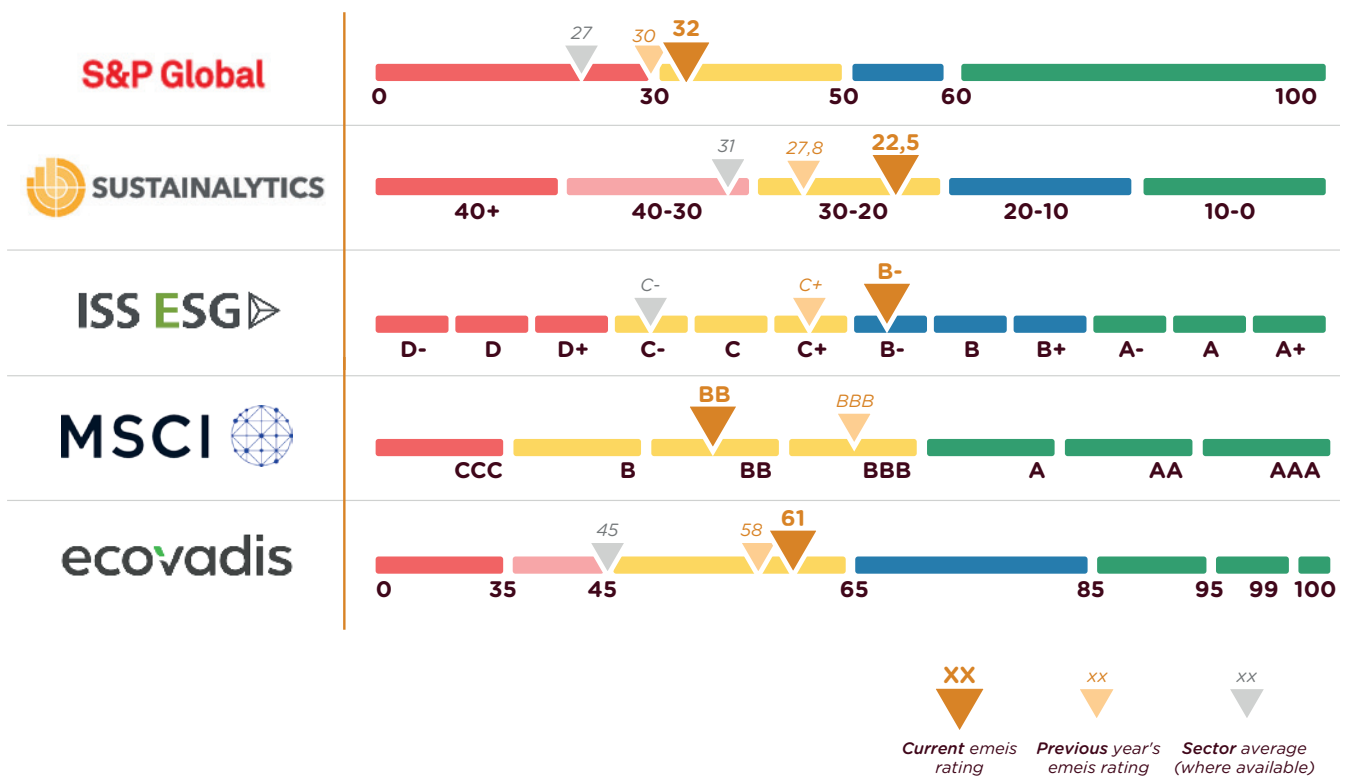
Recognition rate among teams of the Group's social and environmental commitment relating to key themes

Responses from the team engagement survey carried out in 2025 and 2026

	2025	2026	Change vs 2025
Group total	53%	59%	+6 pts
France	48%	53%	+5 pts

emeis 2025 rating by non-financial rating agencies

The ratings obtained by *emeis* have generally improved compared with the previous year and remain above the sector average. This reflects recognition of the CSR ambitions pursued by the Group since the transformation plan





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