

COUNCIL RECOMMENDATION ON ACCESS TO AFFORDABLE, HIGH- QUALITY LONG-TERM CARE

BELGIAN REPORT 2024



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Belgian report

Council Recommendation on access to affordable, high-quality long-term care

1. Context and baseline

1.1. Introduction

As a result of the different State reforms that have taken place in Belgium, responsibility for long-term care has been divided between different entities. The Sixth Belgian State Reform, which focused largely on care and personal assistance issues, was adopted in 2014¹. The transfer of competencies was fully effective from 2019².

Responsibilities and policy-making powers related to health and social care are shared between the Federal State and the federated entities. The Federal government is competent for matters such as the national compulsory health insurance, the setting of the hospital budget and of 'organic' hospital regulatory standards, the regulation of health products and activities, the regulation of health care professionals, and patients' rights. The communities are the main competent authorities in the fields of long term care, including care for the elderly and disabled, rehabilitation, home care, mental health care and primary care, rehabilitation hospitals. They are also the competent authorities for health promotion and disease prevention.

The Belgian institutional bodies consulted as part of the implementation of the European Recommendation on Affordable and High-Quality Long-Term Care are:

- the federal authority³;
- the Flemish Community;
- the Walloon Region;
- the German-speaking Community;
- the French Community Commission;
- the Common Community Commission⁴.

¹ For more details, see Belgium, *Sixth State Reform*, https://www.belgium.be/en/about_belgium/country/history/belgium_from_1830/formation_federal_state/sixth_state_reform; specifically concerning the distribution of competences in the field of long-term care, see Appendix 1 of this document (Social Protection Committee (SPC) & European Commission (DG EMPL), "Long-term care report. Trends, challenges and opportunities in an ageing society", Fiche Belgique, vol. 2, 2021, <https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>.

² Social Protection Committee (SPC), "SPC Multilateral Implementation Reviews (MIRs) of the 2023 Country Specific Recommendations (CSRs) - Reporting and Reviewing Template: Belgium", 2024, p. 4.

³ Mainly in the fields of social security, public health, employment and labour.

⁴ Active in the Brussels Capital Region

In terms of long-term care, Belgium has a well-developed social protection system for (elderly) people requiring such care. However, differences may arise between federated entities due to the division of powers⁵.

As in many other European countries, the deinstitutionalisation of long-term care is underway. As a result, initiatives to better organise long-term care at home have developed.

In recent years, Belgium has launched the process of reforming the practice of healthcare professionals, implemented the BelRAI assessment tool and reformed integrated care for better health to improve the management of people with chronic diseases. At the end of 2023, the federal government and the federated entities signed a memorandum of understanding on integrated care, which aims to guarantee patients "continuity of care within the service package". This memorandum of understanding brings together all the entities responsible for healthcare policies, notably by defining a common base.

In addition, to better integrate non-professional caregivers into the care of people requiring long-term care, the Federal Parliament adopted changes to the status of close caregivers in 2019⁶. These legislative changes are part of a wider international dynamic. Belgium has ratified the United Nations Convention on the Rights of Persons with Disabilities⁷, Article 19 of which specifically concerns the right to independent living and inclusion in society. Furthermore, these changes are important because, as already highlighted in various reports and publications, informal help will be increasingly necessary in the coming years, particularly given the number of assistance and care professionals in the light of demographic trends.

In 2023, 2.3 million people were aged 65 and over in Belgium, representing 19.75 % of the country's population⁸. 9.32 % of the whole population is aged 75 and over⁹.

The rate of people 65 and over is expected to increase to 22.12 % by 2030 and to 25.10 % by 2050. For those aged 75 and over this rate is expected to increase to 10.75 % by 2030 and to 14.72 % by 2050. These rates can differ across the federated entities of Belgium.

⁵ This division of competences is the result of successive government reforms.

⁶ Law of 17 May 2019 establishing recognition for informal caregivers (amending the Law of 12 May 2014 on recognition of informal caregivers). For a list of changes to caregiver status, see Droits quotidiens, "Protection sociale - Nouveau congé pour les aidants proches," 1 October 2019, <https://www.droitsquotidiens.be/fr/actualites/nouveau-conge-pour-les-aidants-proches>.

⁷ United Nations Convention on the Rights of Persons with Disabilities, adopted in New York on 13/12/2006 and ratified by the Law of 13 May 2009 assenting to the following International Acts: Convention on the Rights of Persons with Disabilities, Optional Protocol to the Convention on the Rights of Persons with Disabilities, adopted in New York on 13 December 2006.

⁸ Federaal Planbureau, « Bevolkingsvooruitzichten 2023-2070 – update 13/02/2024 », https://www.plan.be/databases/data-35-nl-bevolkingsvooruitzichten_2022_2070.

⁹ Federaal Planbureau, « Bevolkingsvooruitzichten 2023-2070 – update 13/02/2024 », https://www.plan.be/databases/data-35-nl-bevolkingsvooruitzichten_2022_2070.

According to the 2021 Ageing Report, the number of potential dependent people/people in need of LTC in Belgium in 2025 is estimated to be 1,054 million and 1,227 million in 2050¹⁰.

The old-age dependency ratio¹¹ is expected to increase from 30.95 % (2022)¹² to 49.2 % (2050)^{13,4}. However, this increase is expected to be lower than the European average (56.9 % in 2050)¹⁴.⁵ Given the differences stated across Belgium, the share of the population in need of LTC is likely different between the federated entities.

1.2. Diagnosis of the gaps and remaining challenges¹⁵

1.2.1. Introduction

The gaps and challenges to be overcome have already been identified on numerous occasions, notably in the 'country' sheet of the European "long-term care" report (see Appendix 1)¹⁶, in the Social Protection Committee's¹⁷ 2023 annual report and in the KCE's 2024 report on the performance of the healthcare system (see Appendix 2)¹⁸.

The challenges to be met can be summarised as follows:

- the impact of an ageing population on public finances;
- increase in multiple long-term care needs;
- shortage of care personnel;

¹⁰ European Commission and Economic Policy Committee, "The 2021 Ageing Report Economic and budgetary projections for the 27 EU Member States (2019-2070)", 2021, p. 264, https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en.

¹¹ This is the population aged 65+ as a % of the population aged 20-64.

¹² The World Bank, "Age dependency ratio, old (% of working-age population) - Belgium, 2022", <https://data.worldbank.org/indicator/SP.POP.DPND.OL?end=2022&locations=BE&start=1960&view=chart>.

¹³ European Commission and Economic Policy Committee, "The 2021 Ageing Report Economic and budgetary projections for the 27 EU Member States (2019-2070)", 2021, p. 276, https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en.

¹⁴ European Commission and Economic Policy Committee, "The 2021 Ageing Report Economic and budgetary projections for the 27 EU Member States (2019-2070)", 2021, p. 363, https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en.

¹⁵ The title is that given in the European model received for reporting. However, it should be made clear that some consider this title to be inadequate.

¹⁶ Social Protection Committee (SPC) & European Commission (DG EMPL), "Long-term care report. Trends, challenges and opportunities in an ageing society", vol. 2, 2021, <https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>.

¹⁷ Social Protection Committee, Annual Report 2023, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8565&furtherPubs=yes>.

¹⁸ Gerken, S., Lefèvre, M., Bouckaert, N. et al, "Performance of the Belgian health system: Report 2024", Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2024. KCE Reports 376C, https://kce.fgov.be/sites/default/files/2024-01/KCE376C_HSPA2024_Report.pdf.

- protecting the health and well-being of professional¹⁹ and non-professional caregivers;
- support for the transition from institutional to community-based long-term care;
- provision of quality care in a cost-effective manner;
- matching supply of and demand for care;
- support for integrating informal caregivers;
- development of integrated care networks;
- comprehensive and harmonised health data collection and management;
- digitisation and computerisation to improve the quality of care and assistance.

As requested by the European authorities, this part of the report is presented in the order of the different points of the Recommendation on long-term care, with systematic reference to the numbers of the points in the Recommendation.

1.2.2. Recommendation - adequacy, availability and quality (points 4, 5 and 6)

RECOMMENDATION - POINT 4 - IMPROVING THE ADEQUACY OF SOCIAL PROTECTION

Recommendation - point 4. a) - Timely care

Ensuring that care is provided at the right time is essentially a matter for the federated entities. In this respect, Flanders has made the concept of integrated, targeted care the core of its different regulations, to ensure that the right care is provided for everyone, at the right time²⁰. Wallonia has set up Locoregional Health Organisations (LHOs) to involve all the players concerned (beneficiaries, professionals, neighbours, families, caregivers, etc.) by strengthening social cohesion and solidarity²¹.

The geographical fabric and needs of the population differ from one federated entity to another.

Two challenges are extremely important here: on the one hand, to ensure that supply is adequate and sufficient, in each entity, to meet care and health needs; on the other, to guarantee that everyone receives adequate care at the right time.

Recommendation - point 4. b) - Comprehensive care - assessment based on clear and objective criteria

¹⁹ Fedris statistics on accidents at work show an increase between 2021 and 2022 in accidents at work in the public sector, for 'medicosocial and social activities with accommodation'; see Fedris, "Statistiques accidents du travail - secteur public", statistical tables 2022, <https://fedris.be/fr/professionnel/secteur-public/statistiques>.

²⁰ See measure 60.

²¹ See measure 107.

To objectivise the need for care and provide a clear and transparent assessment, several entities have opted to use BelRAI²² (Flanders, the German-speaking Community and Wallonia). BelRAI is "a tool that brings together several assessment instruments designed to improve the quality of care for vulnerable people requiring complex care"²³. The aim of BelRAI is to provide a uniform, holistic (biopsychosocial) assessment tool to express the degree of dependence of vulnerable people. Furthermore, while this tool enables professionals to assess loss of autonomy in a harmonised way and thus create a care plan adapted to needs, it also allows beneficiaries to consult their assessments in clear, understandable and accessible language, thanks to the 'My BelRAI' portal.

BelRAI is undoubtedly a good practice in Belgium²⁴. The current challenge is to continue to develop it and make it more widely available and used, to evaluate the autonomy.

Recommendation - point 4. c) - Affordable care - maintaining a decent standard of living

In addition to the financial support provided by the federal social security system, Brussels, Wallonia, Flanders and the German-speaking Community have established pricing²⁵ and financing policies for their own healthcare provision²⁶. The combination of these different instruments is designed to offer affordable care.

However, as this objective is not necessarily being met for all the care and services offered, or for all categories of the population, some entities have gone further by offering financial assistance directly to the care beneficiary (Flanders, Wallonia and German-speaking Community)²⁷. This not only makes certain care and services more affordable, but also gives the beneficiary freedom of choice in how to allocate this amount. It is therefore a way of preserving the beneficiary's autonomy and freedom of choice.

Guaranteeing the affordability of care and services and maintaining a decent standard of living for beneficiaries are undoubtedly ongoing challenges. Public budgets are limited, and the constant evolution of needs and technologies has a significant impact on the allocation of public resources. In addition, changes in purchasing power in recent years have reduced the financial options of many households.

RECOMMENDATION - POINT 5 - MORE SERVICES, A BALANCED MIX OF SOLUTIONS AND FREEDOM OF CHOICE

²² See measures 72, 129 and 148.

²³ Belgium.be, "Qu'est-ce que BelRAI – MyBelRAI ?", <https://www.belrai.org/fr>.

²⁴ For more information, visit the Belgian website <https://www.belrai.org/fr>.

²⁵ See in particular measures 23, 24, 25 and 26.

²⁶ See measures 27, 28, 29, 30, 31, 32, 140 and 141.

²⁷ See in particular measures 32, 33 and 143.

Recommendation - point 5. a) Developing and/or improving home care and community-based care

All the federated entities responsible for home care have developed policies to strengthen the supply and coordination of home care services, whether through locoregional health organisations (Wallonia), local service centres (lokale dienstencentra in Flanders), home care services (Flanders, Wallonia, Brussels and also the German-speaking Community), daycare centres (Flanders, German-speaking Community), etc. These policies have also been implemented by the local authorities²⁸. These services aim to offer providers and beneficiaries the information and support they need to help them live in their own homes. As a result, the focus is on coordinating and strengthening solidarity and social ties.

A major challenge in the development of home care is to guarantee a sufficient supply of care and services, taking into account the geographical fabric and habits of the population concerned. Regional disparities are relatively significant, as are environment-based needs (rural or urban).

In this respect, the 'Zorgzame buurten' (Caring Neighbourhoods) initiative of Flanders is a good practice worth highlighting. One of its main aims is to strengthen solidarity and social networks, as well as connecting informal and formal care in order to deliver appropriate care, as close as possible to the beneficiaries, so as to create a coordinated network of assistance and care while respecting local needs²⁹.

Another good practice worth highlighting was initiated by Wallonia. Wallonia has set up community care homes with local authorities to provide places for social cohesion and solidarity, complementing the range of day centres and day care centres where elderly citizens can receive care and comfort services³⁰.

Recommendation - point 5. b) - Closing territorial gaps

The federated entities have set up action plans to reduce the territorial gaps mentioned in the previous point. These plans are implemented through initiatives such as care councils (Flanders (zorgraden), Wallonia, German-speaking Community), networking (German-speaking Community), reorganisation of support and care services (Wallonia) and the 2030 health promotion plan (Wallonia)³¹.

These initiatives take the form of legislation, funding, etc., and all aim to better integrate existing care and services, enhance coordination between players and better programme supply by identifying gaps, shortfalls and surpluses of available places.

²⁸ See measures 34, 35, 36, 37, 107 and 144 among others.

²⁹ See measure 77.

³⁰ See measure 149.

³¹ See measures 40, 41, 42, 43, 133 and 134.

With regard to the surplus of places available in care facilities for the elderly, Brussels has introduced a system of automatic loss of approval and/or specific authorisation for commissioning and operation, as well as a ban on the transfer of care places between establishments³².

The key challenge concerns financial and human resources. It is important that the stakeholders involved are able to continue the work they have started, and that the gaps and shortcomings identified can be remedied. Given that the need for healthcare providers is significant and difficult to meet, and that some geographical areas are less attractive to providers than others, giving substance to the strengthening of the supply of care and services is likely to prove extremely difficult in some areas.

Recommendation - point 5. c) Innovative technologies and digital solutions in the provision of care services

In line with the inter-federal e-health action plan³³, both the federal government and the federated entities are investing in innovation, implementing technologies and digital solutions³⁴.

In summary, the action plan aims to³⁵:

1. a move towards demand-driven, person- and population-based care in which well-being and quality of life are central;
2. empowerment, self-management and active participation of the individual, including joint management of health data;
3. support for care professionals working in multidisciplinary teams as part of a continuum of care;
4. standardisation of data sets and individual data to promote data exchange and interoperability;
5. integration of digital medical technologies, a move towards personalised medicines and the introduction of decision systems based on augmented intelligence;
6. facilitation of the use of processes, primary data and secondary health data.

Among the innovative initiatives, Alivia (Flanders) is a good practice worth highlighting. Alivia's aim is to provide digital support for cooperation and communication between care providers, whether professional or non-professional (family, caregivers, etc.). The system

³² On this subject, see in particular the Ordinance of 24 April 2008 on Establishments for the Elderly, <http://www.ejustice.just.fgov.be/eli/ordonnance/2008/04/24/2008031213/justel>.

³³ One of the aims of the inter-federal e-health action plan is to prepare for entry into the European Health Data Space. The 2022-2024 e-health action plan can be consulted on the FPS Public Health website, <https://www.health.belgium.be/en/node/43130>.

³⁴ See measures 44, 45, 46, 47, 48, 49, 50 and 116 specifically on this subject.

³⁵ Memorandum of understanding of the Interministerial Public Health Conference on the e-Health action plan 2022-2024, "Objectif stratégique du plan d'action/Fiche de route pour la eSanté," p. 7-8, <https://www.health.belgium.be/en/node/43130>.

therefore integrates the three types of players in the care plan: beneficiaries, professional care and health providers, and family caregivers. The care plan, centred on the person with complex or long-term care and support needs, the "beneficiary", sets out the objectives, the division of tasks and the exchange of information, to support integrated care in the home context³⁶.

More generally, the challenges to be met in terms of digital technologies and solutions are (1) to ensure that all Belgian entities make progress in this area, to avoid digital disparities and ensure internal coordination, (2) to find and guarantee funding for the actions contained in the e-health plan, (3) to offer all the players concerned the opportunity to acquire or strengthen the necessary technological skills (combating the digital divide).

Recommendation - point 5. d) - Accessibility for people with specific needs and disabilities

The accessibility of care and services for people with specific needs or disabilities is undoubtedly a priority for all entities. Within their sphere of competence, the federated entities are implementing a number of measures to make infrastructures and buildings accessible to people with reduced mobility, disabilities and specific needs. Furthermore, in terms of service accessibility, each entity implements differentiated measures to ensure the inclusion of people with disabilities or specific needs. These measures range from information and awareness campaigns to working with local players³⁷, for instance to ensure access to healthcare.

Compliance with anti-discrimination legislation and the Convention on the Rights of Persons with Disabilities is a priority at all levels of government. In 2023, Belgium amended its federal anti-discrimination legislation³⁸ to bring it into line with the case law of the Court of Justice of the European Union. These changes have also had an impact on legislation on well-being in the workplace (combating violence and moral or sexual harassment in the workplace)³⁹. Both workers and direct or indirect witnesses of discriminatory acts are now better protected.

Nevertheless, beyond this legislative arsenal, challenges remain in the field. In some regions more than others, the reception of people with mental or psychological disabilities

³⁶ For more information about Alivia, see Vlaanderen, Alivia: uw digitaal zorg- en ondersteuningsplan, <https://www.zorg-en-gezondheid.be/alivia-uw-digitaal-zorg-en-ondersteuningsplan>.

³⁷ See measures 51, 52, 53, 54, 55, 56, 57, 58, 117 and 118.

³⁸ Law of 28 June 2023 amending the Law of 30 July 1981 to suppress certain acts inspired by racism or xenophobia, the Law of 10 May 2007 to combat certain forms of discrimination and the Law of 10 May 2007 to combat gender-based discrimination, effective 30 July 2023.

³⁹ Law of 4 August 1996 on the well-being of workers at work.

is a challenge, due to the lack of suitable facilities⁴⁰ or the difficulties created by the beneficiary's "multi criteria" situation⁴¹.

Recommendation - point 5. e) – Coordination LTC with prevention, healthy and active aging and health services to support autonomy and independent living

The different entities have taken several measures that contribute to offer long-term care services according to long-term care needs. They support the freedom of choice and the participation in decision-making of people in need of care. They ensure that long-term care services are well-coordinated with prevention, healthy and active aging and health services and that they support autonomy and independent living.

This is the case, for example, of the social and health plan implemented in Brussels⁴² also of the program of continuity of care and the reorganisation of support and care services in Wallonia⁴³. Flanders has also taken different measures to ensure the coordination and integration of care services⁴⁴ and the German-speaking community is implementing a case management system⁴⁵.

RECOMMENDATION - POINT 6 - HIGH QUALITY CRITERIA AND STANDARDS

Recommendation - point 6. a) - Compliance with quality criteria and standards

The bodies responsible for setting quality criteria and standards for long-term care and services have developed an extensive legislative arsenal to ensure that every beneficiary receives high-quality care and services. The different legal provisions are regularly evaluated and their implementation is subject to inspections and controls to ensure compliance and enforcement (German-speaking Community, Flanders, Wallonia and Brussels)⁴⁶.

Brussels has set up a partnership with the King Baudouin Foundation to support the cultural change caused by the implementation of new accreditation standards for care facilities for the elderly. This 'It takes a village'⁴⁷ initiative, which can best be described as good practice,

⁴⁰ See measure 118, for example.

⁴¹ Caring for people with disabilities as they age is a major social challenge, whatever the type of disability (physical, mental or psychological).

⁴² See measures 42 and 62.

⁴³ See particularly measures 43 and 63, also measures 55, 56 and 114.

⁴⁴ See a.o. measures 51, 52, 61, 72 and 99.

⁴⁵ See measure 59.

⁴⁶ See measures 64, 65, 66, 135 and 136.

⁴⁷ For more information, see Iriscare, "It takes a village: le dispositif de soutien au changement de culture des maisons de repos bruxelloises est lancé", April 2024, <https://www.iriscare.brussels/fr/2024/04/03/it-takes-a-village-le-dispositif-de-soutien-au-changement-de-culture-des-maisons-de-repos-bruxelloises-est-lance/>.

enables staff members to take part in free training, coaching and exchanges of best practice. An online platform is available for staff and institutions⁴⁸.

Flanders has opted for framework legislation on quality, around which all long-term care services are organised, whatever their form. This legislation (known as the 'Kwaliteitsdecreet' - Quality Decree)⁴⁹ is not limited to setting criteria but also enables public authorities to financially support providers who carry out tasks in support of quality of care and to grant financial incentives to providers who implement innovative ideas regarding quality. To best meet the needs of each sector, this framework legislation is broken down into sector-specific implementing legislation. While this approach may be considered good practice, the implementation of quality of care remains a challenge.

High-quality care requires not only a clear legislative framework but also the involvement of all players in the field and sufficient (care and inspection) staff.

Recommendation - point 6. b) - Quality improvement - beyond minimum standards

The competent bodies ensure that quality is constantly improved beyond minimum standards.

As mentioned in the previous point, the Quality Decree of Flanders (Kwaliteitsdecreet) aims to stimulate innovative ideas in this field. In addition, awareness campaigns, quality training sessions and exchanges of best practices are organised on a regular basis⁵⁰. Lastly, Wallonia is even developing quality labels, targeting certain sectors or practices, to encourage service providers to invest more in quality⁵¹.

In 2022, the federal government passed the Law on the Quality of Healthcare Practice⁵², which is relatively broad in scope and directly in line with the European recommendations⁵³.

The federated entities (German-speaking Community, Flanders and Wallonia) are also taking specific action to combat abuse⁵⁴. These actions contribute to improving the quality of care and the well-being of beneficiaries.

⁴⁸ Online platform: <https://itav.brussels/>.

⁴⁹ Decreet 5 mei 2023 over de kwaliteit van zorg in het beleidsdomein Welzijn, Volksgezondheid en Gezin (Decree of 5 May 2023 on the quality of care in the policy area of Welfare, Public Health and Family).

⁵⁰ See measures 67, 68, 69 and 136.

⁵¹ One federated body, for example, has developed a 'quality-food-nutrition' label for nursing homes and care homes (measure 69).

⁵² Law of 22 April 2019 on the Quality of Healthcare Practice, effective 1 July 2022.

⁵³ European Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (Cross Border Healthcare) and Council Recommendation 2009/C151/01 of 9 June 2009 on patient safety, including the prevention and control of healthcare associated infections.

⁵⁴ See measures 82, 83 and 84.

Over and above regulatory and standard-setting initiatives, the challenge is above all to put into practice and apply, in the field, measures designed to improve the quality of the care and services provided to beneficiaries.

Recommendation - point 6. c) - Adequate resources and quality funds

All federated entities allocate resources to quality, through a range of initiatives⁵⁵.

Minimum staffing standards, which must be met to obtain financial assistance from the public authorities, are a mechanism present in all entities that aims not only to ensure the sound management of available resources but also to provide financial support for the quality of care and services.

Mobilising sufficient financial and human resources to carry out the different projects and measures underway or planned remains a challenge.

Recommendation - point 6. d) - Quality requirements in public procurement

While all tenderers must comply with legal quality requirements, regardless of the entity (German-speaking Community and Flanders)⁵⁶, there are not necessarily any additional requirements that are systematically included in the specifications. Legislation on public procurement is the responsibility of the federal government⁵⁷.

Recommendation - point 6. e) - Autonomy and inclusion

In addition to recent amendments to federal anti-discrimination laws⁵⁸, which aim to enhance the inclusion of vulnerable people, a number of initiatives in each entity are designed to promote autonomy and inclusion and generally involve the local relational fabric (district, neighbours, families, etc.) as much as possible⁵⁹. Strengthening solidarity and collaboration between professional and non-professional service providers is generally at the heart of all the schemes implemented. It is essential for the beneficiary to be a real stakeholder and retain as much autonomy as possible.

Above all, the challenge is to ensure that this type of initiative continues over the long term and that collaboration between professional and non-professional players develops harmoniously and effectively.

⁵⁵ See measures 68, 70, 71, 72, 73, 135 and 136.

⁵⁶ See measures 74 and 119.

⁵⁷ Law of 17 June 2016 on public procurement.

⁵⁸ See measure 138.

⁵⁹ See measures 75, 76, 77, 78, 79, 80, 55 and 137.

1.2.3. Recommendation - caregivers (points 7, 8 and 9)

RECOMMENDATION - POINT 7 - WORKING CONDITIONS

In terms of working conditions, the European Recommendation essentially targets three sub-areas:

- collective bargaining and social dialogue; (point 7. a))
- occupational health and safety; (point 7. b))
- vulnerable workers. (point 7. c))

These issues fall mainly under federal jurisdiction. Nevertheless, the federated entities are also involved, either as employers or as the political authorities responsible for certain areas (housing for the elderly, home care and services, agreement the non profit sector, etc.).

Recommendation - point 7.a) - Collective bargaining and social dialogue

In Belgium, social consultation and collective bargaining take place on three levels:

- intersectoral level;
- sectoral level;
- company level.

While all three are important, the sectoral level is undoubtedly central to the issues being discussed here.

The sectoral level is made up of joint committees and sub-committees⁶⁰ (i.e. committees made up of equal numbers of employee and employer representatives from the sector concerned)⁶¹. There are around 150⁶² of these committees, which are responsible for issuing opinions (on request or on their own initiative) and for concluding collective bargaining agreements⁶³.

These collective labour agreements occupy a special place in the hierarchy of social law standards and are therefore by definition regulatory in nature⁶⁴. In addition, most sectoral collective bargaining agreements are generally made binding by Royal Decree, which gives them additional legal force and has the effect of tacitly modifying or supplementing the

⁶⁰ Joint sub-committees are set up based on a sub-sector of activity and/or a specific geographical area. In a number of cases, the geographical scope of application corresponds to the federated entities institutionally competent for the subject or subjects concerned.

⁶¹ On 1 January 2023, FPS Employment, Labour and Social Dialogue had 100 joint committees and 64 joint sub-committees, <https://emploi.belgique.be/fr/themes/commissions-paritaires-et-conventions-collectives-de-travail-cct/commissions-paritaires-1>.

⁶² See the list of competent joint committees in Appendix 1.

⁶³ Law of 5 December 1968 on collective labour agreements and joint committees.

⁶⁴ Art. 50, Law of 5 December 1968 on collective labour agreements and joint committees.

individual employment contract or even nullifying provisions that would be contrary to the provisions of a sectoral collective bargaining agreement.

Social dialogue leading to collective agreements generally takes place at federal level, with the conclusion of a two-year Interprofessional Agreement (AIP). Such an agreement does not, strictly speaking, fall within the hierarchy of standards, since its implementation must be given form through the adoption of laws, royal decrees, collective agreements (national, sectoral or company), etc. Nevertheless, in the tradition of social dialogue, this agreement is important because it was concluded by the Group of Ten, a group composed equally of employer and employee representatives and chaired by the Head of the Federation of Belgian Enterprises (FEB)⁶⁵. The agreements reached are framework agreements which constitute a kind of social programming for the two years covered. Although the government is not a party to the agreement, it is heavily involved, since the fruits of the agreement closely concern the public authorities.

For long term care, it is namely the social consultation mechanisms developed by the federated entities that are relevant. In Flanders for example, the Social Agreement for Care and welfare contains the latest measures.⁶⁶ The social partners are therefore involved in the political decisions taken⁶⁷.

⁶⁵ For more information on the Group of Ten, see FPS Employment, Labour and Social Dialogue, *Interprofessional Agreement (AIP)*, <https://emploi.belgique.be/fr/themes/concertation-sociale/niveau-interprofessionnel/accord-interprofessionnel-aip>.

⁶⁶ The latest agreement - VIA6 - was concluded on March 30, 2021, and runs from January 1, 2021, to December 31, 2025. The implementation of the agreed measures is carried out in phases. Important agreements in this regard are:

- the (phased) rollout of the new job classification system with the corresponding salary structure (IF.IC);
- measures to improve the quality of work and attract additional staff (separate from the expansion policy). The focus here is mainly on the action plan for (re)entry. Additionally, agreements have been made on, among other things, homeworking/teleworking, training, work organization, and the right to three consecutive weeks of vacation.

For more information on this agreement, see “Sociaal akkoord zorg- en welzijnssector met maatregelen” (www.zorg-en-gezondheid.be)

⁶⁷ See measures 3, 4, 5, 6, 7, 88, 93, 95 and 125.

The Flemish Government and the representatives of employees and employers from the Flemish social/non-profit sectors in the private and public sectors conclude multi-year intersectoral social agreements (“VIA”, Flemish Intersectoral Agreement). These intersectoral agreements include measures on:

- increasing the purchasing power of staff;
- improving the quality of work (feasible and flexible work);
- and expanding the offer (as part of the expansion policy). The agreements allow employers to attract sufficient and (sufficiently) qualified personnel, which is a basic requirement for quality service delivery.

The measures agreed upon in the VIA must be translated into:

- regulations by the competent administrations of the relevant policy areas;
- and collective labor agreements (CAOs) and protocols/agreements by the social partners of the Flemish social/non-profit sectors. The Department of Care oversees these translations and the

In this area, the challenge is to reconcile sometimes divergent interests (employers, employees, population concerned, beneficiaries and providers).

Recommendation - point 7.b) - Occupational health and safety

Legislation on well-being in the workplace is primarily a matter for the federal government⁶⁸. It has adopted the Law of 4 August 1996 on the well-being of workers at work. This law was recently amended to strengthen the prevention and management of violence and moral and sexual harassment in the workplace, in conjunction with the new version of the anti-discrimination laws⁶⁹. As part of the Federal Action Plan for Mental Well-being at Work, the presence of trusted people in the workplace is mandatory in companies with at least 50 employees⁷⁰. In companies with fewer than 50 employees, it is compulsory if requested by the union delegation or the employees. In addition, both workers and witnesses or third parties involved in cases of violence or harassment are normally better protected against possible reprisals⁷¹.

The federated entities are taking a range of measures to support the improvement of infrastructural safety, inform and train those involved in the sector, combat the mistreatment of care providers, etc.⁷²

The challenge for players in the sector is to fully embrace a dynamic risk management policy (as prescribed by legislation) in order to best guarantee health and safety in the workplace.

For the public authorities, the main challenge is to ensure that their inspection services are adequately staffed, so that they can effectively carry out their advisory and control missions.

Recommendation - point 7.c) - Vulnerable workers

There are many groups of vulnerable workers, and this issue concerns both the federal government and the federated entities. The measures currently in place are many and

evaluation. Additionally, structural data collection and monitoring of the implementation of VIA are further operationalized.

⁶⁸ See measure 85.

⁶⁹ Law of 7 April 2023 amending the Law of 10 May 2007 combating gender-based discrimination ('Gender' Law), Law of 30 July 2007 to suppress certain acts inspired by racism or xenophobia ('Racism' Law), Law of 10 May 2007 to combat certain forms of discrimination (General Anti-discrimination Law) and Law of 4 August 1996 on the well-being of workers at work. See also measure 138.

⁷⁰ Art. 10, Law of 5 November 2023 containing Miscellaneous Labour Provisions, amending the Well-being Law; see Measure 12.

⁷¹ See measures 130 and 12.

⁷² See measures 8, 9, 10, 11, 13, 81 and 115.

varied. Some measures are aimed specifically at workers with specific needs or disabilities⁷³, others at informal caregivers⁷⁴ and still others at service providers in general⁷⁵, as well as workers of foreign origin⁷⁶.

As vulnerability is generally multi-factorial, it is important that the various measures taken are coherent and complementary so that they offer sufficient support to vulnerable workers. This issue of complementarity is fundamental for public authorities.

RECOMMENDATION - POINT 8 - BRIDGING SKILLS NEEDS AND WORKER SHORTAGES

Recommendation - point 8. a) - Education and training

The federated entities responsible for education and training have taken a number of initiatives to ensure ongoing, high-quality training for service providers.

These initiatives can take the form of financial support for training (German-speaking Community, French Community Commission, Flanders)⁷⁷, or legal provisions that impose continuing training mechanisms on service providers (Flanders, Wallonia)⁷⁸. In addition, the federated entities work closely with the social partners to guarantee staff training and to develop and encourage training for young people, career-changers and job-seekers (e.g. Flanders)⁷⁹.

Over and above the efforts already made, a key challenge is to ensure that service providers take part in these training courses. Certain categories of staff seem to find it more difficult either to make the necessary time available or to accept that training could be useful to them.

Another challenge is undoubtedly to ensure that the curricula of young trainees match the needs in the field. The skills required are evolving, whether as a result of changes in technology and scientific progress, or changes in the population of beneficiaries. The curricula of training centres and educational institutions therefore need to be regularly evaluated, adapted and improved.

Recommendation - point 8. b) - Career pathways

⁷³ See measures 17, 18 and 19 in particular.

⁷⁴ See measures 7, 21 and 22 in particular.

⁷⁵ See measures 13, 14, 15, 16, 120, 121, 135 and 136.

⁷⁶ See measures 11 and 20.

⁷⁷ See measures 13, 86, 87 and 120.

⁷⁸ See measures 89, 90, 91 and 92.

⁷⁹ See measure 88 in particular.

Flanders has opted for an action plan, in consultation with the social partners, to promote the integration of students and new workers, whether retraining or seeking employment⁸⁰. Career offers and opportunities are accessible via a web portal⁸¹.

The German-speaking Community has launched a process of reflection with different experts and partners, but the outputs have yet to be developed and implemented⁸², while Wallonia has adopted legal provisions aimed at valorising the skills acquired to gain access to the profession of family caregiver⁸³.

The 'care-er.be' web portal initiative of Flanders is certainly a good practice to promote, as is the valorisation of skills (acquired outside the 'classic' apprenticeship and training circuits) to obtain a title of knowledge linked to the profession⁸⁴.

The major challenge is to have enough personal care and support staff. This means that career pathway projects need to be developed and implemented in all geographical areas of the country.

Recommendation - point 8. c) - Integration of undeclared workers

The issue of undeclared workers is essentially a matter for the federal government, which is responsible for monitoring and combating these workers.

Nevertheless, Wallonia is planning to develop collaboration between the different bodies responsible for training, monitoring, etc., to improve the integration of undeclared workers⁸⁵.

Recommendation - point 8. d) - Legal migration for service providers

Flanders has launched a think tank aimed at "attracting foreign talent"⁸⁶. The ultimate aim is to provide the political authorities with a list of proposals and recommendations, enabling them to adopt appropriate measures.

The challenge here is for the public authorities to tackle this issue and develop an appropriate policy.

⁸⁰ See measure 93.

⁸¹ Career pathways and other information are available at www.care-er.be.

⁸² See measure 122.

⁸³ See measure 92.

⁸⁴ To find out more about the value of personal assistance skills, see <https://www.validatiedescompetences.be/metiers/aide-menagerere-5>.

⁸⁵ See measure 110.

⁸⁶ See measure 94.

Recommendation - point 8. e) - Professional standards

The federal government is responsible for issuing visas for the healthcare professions⁸⁷. The aim of the visa procedure is to guarantee the quality of service providers and thus compliance with professional standards.

The accreditation of healthcare professions is the responsibility of the federated entities⁸⁸.

Insofar as these skills are complementary and designed to guarantee the professional competence of the service providers concerned, the application and the coordination of the different systems must be smooth and efficient.

Recommendation - point 8. f) - Combating gender stereotypes and making the profession attractive to both men and women

The federal government has strengthened its anti-discrimination legislation⁸⁹. In addition, Wallonia and Flanders have launched specific initiatives. Flanders is working on two fronts: firstly, to make the care and health professions more attractive to men, through the care-er label, which is part of the career pathway project (see above); secondly, with the help of a think-tank, to carry out an in-depth study of the childcare sector (currently dominated by women)⁹⁰. The aim of this think-tank is to produce ideas and proposals for action to attract more male workers.

Wallonia is focusing on public information and awareness campaigns. These campaigns use a variety of communication channels, including participation in trade fairs, the distribution of brochures and online information.⁹¹

In addition, Unia (a public institution dedicated to combating discrimination)⁹² also carries out awareness-raising actions with the different public authorities and regularly formulates recommendations for combating stereotypes. The Institute for the Equality of Women and Men actively contributes to gender mainstreaming. The aim of this strategy is to "strengthen the equality of women and men in society, by integrating the gender dimension into the content of public policies"⁹³. This federal institute also conducts a wide range of research and formulates opinions with a view to promoting gender equality.

⁸⁷ See measure 96.

⁸⁸ See measure 95 and 145, for example.

⁸⁹ See measure 138.

⁹⁰ See measures 97 and 98.

⁹¹ See measures 108 and 109.

⁹² Unia is an interfederal institution whose existence results from the Cooperation Agreement of 12 June 2013, between the Federal Authority, the Regions and the Communities aimed at creating an Interfederal Centre for Equal Opportunity and Opposition to Racism and Discrimination in the form of a joint institution, within the meaning of Article 92bis of the Special Law of Institutional Reform of 8 August 1980.

⁹³ Institute for the equality of women and men, "Gender mainstreaming", https://igvm-iefh.belgium.be/fr/activites/gender_mainstreaming.

The fight against gender stereotypes is undeniably a long-term undertaking. The aim is not only to strengthen the equitable presence of men and women in the different professions but also to work towards a change of mentality within society. The main challenge is to ensure that this work is carried out in parallel at all levels of power, in companies, in schools and training centres, etc. This requires time and resources.

RECOMMENDATION - POINT 9 - INFORMAL CAREGIVERS

Recommendation - point 9. a) - Cooperation with care providers

The cooperation with caregivers is an important part of the 2022-2024 e-health action plan⁹⁴.

The federated entities are developing systems to integrate informal caregivers into care networks and teams (e.g. Flanders and Wallonia)⁹⁵. The central objective is to ensure effective collaboration between professional providers and informal caregivers, for the benefit of the person requiring care. As mentioned above (Recommendation - point 5.e)), Flanders has already integrated informal caregivers into its online integrated care planning tool, Alivia⁹⁶. The care plan, centred on the main person, the "beneficiary", sets out the objectives, the division of tasks and the exchange of information between all the parties involved, including informal caregivers.

Lastly, informal caregivers are also involved in various councils, such as care councils (zorgraden) in Flanders and the informal caregivers' council in the German-speaking Community⁹⁷.

The integration of informal caregivers into care networks and teams, and into the different advisory boards, is a good practice that should be maintained and developed.

Another is the integration of informal caregivers into care planning using the Alivia IT tool.

While the aim is for integration and collaboration between professionals and informal caregivers to be as seamless and effective as possible, the challenge is certainly to ensure that professionals have sufficient time and resources to contribute.

Recommendation - point 9. b) - Access to training

⁹⁴ The 2022-2024 e-health action plan can be consulted on the FPS Public Health website, <https://www.health.belgium.be/en/node/43130>.

⁹⁵ See measures 77, 99 and 100.

⁹⁶ See measure 47.

⁹⁷ See measures 41 and 76.

Flanders and Wallonia are working to offer support, particularly psychological support, to caregivers and provide them with access to training⁹⁸. Training courses for informal caregivers are also offered to professional service providers to facilitate their collaboration.

Information sites⁹⁹ are also available for informal caregivers.

Recommendation - point 9. c) - Social protection and financial support

The federal government has passed a law on the recognition of informal caregivers¹⁰⁰, which offers recognition to caregivers of relatives in situations of high dependency.

In addition, federated entities (and local authorities) can take initiatives at their own level. Flanders, for example, has adopted an "informal caregiver" action plan (mantelzorgplan¹⁰¹), which aims to harmonise the status of informal caregivers between different levels of government, develop a suitable status for young informal caregivers or students, encourage the combination of the role of informal caregiver with another activity (work or studies), simplify the administrative circuit and move towards automatic recognition of the status of informal caregiver, etc.¹⁰² The intention is to implement a binding informal care policy, with the aim of developing synergies with other policy areas and levels¹⁰³. Wallonia, for example, allows carers to free up their time by giving them access to home help from family workers.

The main challenge is certainly to harmonise statutes and coordinate the different initiatives and existing (financial) assistance.

1.2.4. Recommendation - Governance, monitoring and reporting (point 10)

RECOMMENDATION - POINT 10 - SOUND POLICY GOVERNANCE AND COORDINATION MECHANISM

Recommendation - point 10. a) - Appointment of a national coordinator or another appropriate coordination mechanism

⁹⁸ See measures 101, 102 and 103.

⁹⁹ Asbl Aidants proches (Wallonia and Brussels), <http://www.aidants-proches.be/>; Vlaams Expertisepunt Mantelzorg, www.mantelzorgers.be.

¹⁰⁰ Law of 12 May 2014 on the recognition of informal caregivers.

¹⁰¹ Vlaams Expertisepunt Mantelzorg, Mantelzorgplan 2022-2024, <https://www.mantelzorgers.be/nl/vlaams-mantelzorgplan-2022-2024>.

¹⁰² See measure 104.

¹⁰³ See measure 105.

A coordination mechanism has been established with the above-mentioned Belgian institutional entities. This mechanism is facilitated by the FPS Social Security¹⁰⁴.

Recommendation - point 10. b) - Involvement of all stakeholders in care policies

Structurally, the federated entities implement a range of mechanisms to involve all stakeholders in care policies¹⁰⁵. As already mentioned (above, Recommendation - point 8. b)), different advisory boards exist (e.g. German-speaking Community, Flanders, Wallonia)¹⁰⁶. They include both healthcare professionals and non-professionals. More specifically, the 'Proxisanté' reform, currently being implemented within Wallonia, is being carried out in close collaboration with all sector stakeholders¹⁰⁷, including social partners. It is a participatory process and is carried with the support of a research consortium. Intending to improve the general state of health of the population, this reform aims to develop a common vision of the front line and support all the players involved.

At the same time, the social partners are closely involved in developments in the sector through the social dialogue policy (above, Recommendation - point 7. a), Recommendation - points 8. a) and 8. b)). The Federal Minister for Health and Social Affairs has also initiated a participatory process with professional organisations and the social partners. The aim of this process is to work on an agenda for the future to guarantee the attractiveness, support and retention of care staff. An initial report has been published¹⁰⁸. It aims to establish the facts and formulate possible solutions to meet the challenges of the future: organisation, leadership, innovation and digitalisation. The ultimate goal is to maintain high-quality care accessible to all.

Flanders and Wallonia have set up care coordination mechanisms to ensure that all players are involved and that care is better coordinated in the interests of beneficiaries¹⁰⁹.

At the end of 2023, the federal government and the federated entities signed a memorandum of understanding on integrated care, which aims to guarantee patients "continuity of care within the service package"¹¹⁰. This memorandum of understanding brings together all the entities responsible for healthcare policies, notably by defining a common base¹¹¹.

¹⁰⁴ See measure 01. Etienne Morue is responsible for coordination on behalf of the FPS Social Security.

¹⁰⁵ See measure 137 in particular.

¹⁰⁶ See measures 123, 125 and 132.

¹⁰⁷ See measure 39.

¹⁰⁸ FPS Public Health, "Agenda pour l'avenir du travail dans les soins – Attirer, accompagner et retenir le personnel de soins", April 2024, <https://www.health.belgium.be/fr/agenda-pour-lavenir-du-travail-dans-les-soins-attirer-accompagner-et-retenir-le-personnel-de-soins>.

¹⁰⁹ See measures 60, 61, 62 and 63.

¹¹⁰ FPS Public Health, "Integrated care", <https://www.health.belgium.be/fr/sante/organisation-des-soins-de-sante/reseaux-de-soins/maladies-chroniques/soins-integres-en-faveur>.

¹¹¹ See measure 139.

Recommendation - point 10. c) - National framework for data collection - relevant indicators

Data is collected at various levels. For example, Sciensano¹¹² regularly conducts health surveys, Inami (National Institute for Health and Disability Insurance)¹¹³ has figures on reimbursed health services, the KCE (Federal Health Care Knowledge Centre)¹¹⁴ and the Superior Health Council¹¹⁵ conduct studies and analyses on specific topics, FPS Economy has global statistics, etc. At the same time, the federated entities also collect and analyse data in order, among other things, to determine quality indicators, be able to mobilise sector indicators and have a clear vision of needs and supply (e.g. Flanders and Wallonia)¹¹⁶.

An important issue in data collection concerns the sharing and use of secondary information, to avoid the duplication of effort where applicable, and to enable the faster, more targeted analysis of the available data which should be solved with the establishment of the Health Data Agency.

Recommendation - point 10. d) - Lessons learned, successful practices and feedback on long-term care policies and practices

The challenge is indeed to organise an efficient structure for the exchange of experience, lessons learned and good practices between stakeholders and all levels of government (the federal state and the federated entities).

Recommendation - point 10. e) - Forecasting and planning mechanism

¹¹² "Sciensano is a public institution created by the Belgian Law of 25 February 2018 establishing Sciensano. Sciensano carries out public and animal health missions at five levels (federal, regional, community, European, international). Sciensano is approved as a research organisation by the Federal Science Policy and can therefore issue scientific visas", <https://www.sciensano.be/en/about-sciensano>.

¹¹³ Inami (National Institute for Health and Disability Insurance), "Statistics", <https://www.inami.fgov.be/fr/statistiques>.

¹¹⁴ KCE, "What is the KCE?", <https://kce.fgov.be/en/about-us/missions-and-values>.

¹¹⁵ "In order to guarantee and enhance public health, the Council draws up scientific advisory reports that aim at providing guidance to political decision-makers and health professionals. Thanks to its network of experts and in-house staff, the Council produces impartial and independent advisory reports that are based on a multidisciplinary assessment of the state of the art of science", Superior Health Council, "About us", <https://www.health.belgium.be/en/about-us-0>.

¹¹⁶ See measure 126.

Needs planning and supply programming are currently developed through planning commissions¹¹⁷ (Federale State¹¹⁸, Flanders¹¹⁹ and FrenchCommunity¹²⁰) also through analysis and data collection. This work is underway in the federated entities through various projects: population management and W.ALL.IN.HEALTH in Wallonia¹²¹, assumption of care needs and budget monitoring in Flanders (prognose zorgnoden en budgetbewaking)¹²², needs planning in the German-speaking Community¹²³, supply of facilities for the elderly and need for care facilities in Brussels¹²⁴, etc.

The initiative of Wallonia, W.ALL.IN.HEALTH, as well as the Flemish project 'care needs hypothesis', are good practices to be developed and disseminated.

Nevertheless, the challenge lies in continuing and completing the work already begun. This work requires budgetary and human resources.

Recommendation - point 10. f) - Emergency measures and continuity of care

Emergency and continuity of care measures are implemented in a coordinated fashion at all levels of authority¹²⁵. A memorandum of understanding was signed in 2018 as part of health crisis management¹²⁶.

More specifically, Wallonia and Flanders have set up mechanisms to manage emergencies and the continuity of long-term care¹²⁷, namely the "unit for people in priority situations" in Wallonia¹²⁸ and the "crisis preparedness unit" in Flanders¹²⁹.

In this respect, the challenge is to ensure that the units and plans put in place are working properly so that they will be effective if they need to be activated.

¹¹⁷ See measure 147.

¹¹⁸ For more information, see <https://overlegorganen.gezondheid.belgie.be/nl/advies-en-overlegorgaan/commissies/planningscommissie-medisch-aanbod>.

¹¹⁹ For more information, see Vlaamse Planningscommissie medisch aanbod, <https://www.vlaanderen.be/departement-zorg/beleid-onderzoek-en-cijfers>.

¹²⁰ For more information, see Commission de planification francophone de l'offre médicale, <http://www.enseignement.be/index.php?page=28611&navi=4937>.

¹²¹ See measures 111 and 112.

¹²² See measures 126 and 128.

¹²³ See measure 124.

¹²⁴ See measure 133.

¹²⁵ See measure 131.

¹²⁶ Memorandum between the Federal Government and the authorities referred to in Articles 128, 130 and 135 of the Constitution, establishing generic structures for the sectoral health management of public health crises and their mode of operation for the application of the International Health Regulations (2005), and Decision n°1082/2013/EC on serious cross-border health threats.

¹²⁷ See measures 113 and 127.

¹²⁸ See measure 114.

¹²⁹ See measure 127.

Recommendation - point 10. g) - Encouraging and facilitating the take-up of care

The federated entities offer various initiatives, such as "case management" in the German-speaking Community¹³⁰ and the "unit for people in priority situations" in Wallonia¹³¹.

Flanders has set up cooperation between various services to combat under-protection and guarantee access to social assistance and services (Geïntegreerd breed onthaal – Integrated broad reception)¹³².

The challenge we face is twofold: on the one hand, ensuring that the different units are always working properly, and on the other, ensuring that sufficient care is always available.

The initiative of Flanders 'Geïntegreerd breed onthaal' (Integrated broad reception) is certainly a good practice.

Recommendation - point 10. h) - Adequate and sustainable financing for care - cost-effectiveness

Adequate and sustainable financing for care is undoubtedly one of the most delicate issues, given that public budgets are limited, as are the resources of the majority of the population.

As mentioned above (Recommendation - point 10 d)), Flanders has set up a care needs hypothesis mechanism, coupled with a budget monitoring model (prognoses zorgnoden en model van budgetbewaking)¹³³. This aims to determine care needs and the necessary funding, monitor budgets and trends in needs and ensure that care is of high quality and adapted to the needs of the population.

BelRAI (above, Recommendation - point 4 b)), which aims in particular to accurately assess beneficiaries' needs to determine the required care plans, is a tool that also enables the monitoring of cost-effectiveness¹³⁴.

In addition to cost-effectiveness monitoring mechanisms, it is essential that public authorities have sufficient financial resources to achieve their objectives.

¹³⁰ See measure 59.

¹³¹ See measure 114.

¹³² See measure 146.

¹³³ See measure 128.

¹³⁴ See measures 72 and 129.

1.3. Involvement of stakeholders

In preparation for the European report on long-term care, FPS Social Security collected the necessary information from the different federated entities and FPS Employment, Labour and Social Dialogue, via an ad hoc questionnaire covering all the different points addressed in the Recommendation. This information was analysed, discussed and validated collectively and in bilateral meetings, and summarised¹³⁵.

Generally speaking, it can be said that stakeholders are largely involved in the thinking and measures implemented concerning long-term care. The details of the measures presented in section 2 (below) attest to this.

¹³⁵ See measure 02.

2. Policy objectives and measures taken/to be taken

2.1. Global policy response

The table below lists the measures taken and in progress in the field of long-term care, at all levels of government (federal and federated). As requested, all measures are numbered and refer to the relevant articles/letters of the European Recommendation on long-term care.

These measures are designed to address the challenges and shortcomings outlined in the previous section (above).

Measure no.	Name of the measure	LTC Recommendation article/letter
ADEQUACY, AVAILABILITY AND QUALITY		
		4.
Measure 60	Geïntegreerde zorg en ondersteuning (Integrated care and support)	4.a)
Measure 107	Life pathway	4.a)
Measure 72	BelRAI	4.b)
Measure 129	BelRAI	4.b)
Measure 148	BelRAI	4.b)
Measure 23	Pricing policy	4.c)
Measure 24	Prijzenbeleid (Pricing policy)	4.c)
Measure 25	Pricing policy	4.c)
Measure 26	Pricing policy	4.c)
Measure 27	Financing of care services	4.c)
Measure 28	Financiering van het zorgaanbod (Financing of care services)	4.c)
Measure 29	Financing of care services	4.c)
Measure 30	Financing of care services	4.c)

Measure 31	Financing of care services	4.c)
Measure 32	Rechtstreekse tegemoetkomingen aan de zorgvrager (Financial support for care beneficiaries)	4.c)
Measure 140	Zorgbudget (Care budget)	4.c)
Measure 141	Persoonsvolgende financiering (Person-related financing)	4.c)
Measure 33	Financial support for care beneficiaries	4.c)
Measure 143	Financial support for care beneficiaries	4.c)
		5.
Measure 34	Lokale dienstencentra (LDC) (Local service centres)	5.a)
Measure 107	Local health organisations (LHOs)	5.a)
Measure 35	Diensten voor gezinszorgen (Family assistance services)	5.a)
Measure 144	Family assistance services	5.a)
Measure 36	Oppashulp (Home assistance service)	5.a)
Measure 37	Diensten voor gastopvang (Guest care service)	5.a)
Measure 38	Centrum voor dagverzorging (Day care centre)	5.a)
Measure 77	Zorgzame buurten (Caring Neighbourhoods)	5.a)
Measure 40	Networking	5.b)
Measure 41	Zorgraden (Care councils)	5.b)
Measure 42	Social-health plan	5.b)
Measure 133	Facilities for the elderly and need for care facilities	5.b)
Measure 134	Transitional programming for elderly care	5.b)
Measure 43	Reorganisation of support and care services	5.b)
Measure 44	Digitalisering en innovatie (Digitalisation and innovation)	5.c)
Measure 45	Interfederal e-Health Action Plan 2022-2024	5.c)
Measure 46	Vitalink	5.c)
Measure 47	Alivia	5.c)
Measure 48	Blended hulp (Blended help)	5.c)
Measure 49	Rechtenverkenner (Rights explorer)	5.c)
Measure 50	Technological support for players	5.c)
Measure 116	ICT Master plan	5.c)
Measure 51	Toegang voor personen met een handicap of specifieke behoeften - thuiszorg (Accessibility for people with disabilities or specific needs - home care)	5.d)

Measure 52	Toegang voor personen met een handicap of specifieke behoeften - Woonzorgvoorzieningen (Accessibility for people with disabilities or specific needs - residential care)	5.d)
Measure 53	Toegang voor personen met een handicap of specifieke behoeften - geestelijke gezondheidszorgen (Accessibility for people with disabilities or specific needs - mental health care)	5.d)
Measure 54	Lokaal samenwerkingsverband (Local partnership)	5.d)
Measure 55	Fight against discrimination	5.d)
Measure 56	Physical accessibility and adaptability of services	5.d)
Measure 57	Information and awareness	5.d)
Measure 58	Participation and dialogue	5.d)
Measure 117	Infrastructure accessibility	5.d)
Measure 118	Reception of people with specific needs	5.d)
Measure 42	Social-health plan	5.e)
Measure 43	Reorganisation of support and care services	5.e)
Measure 51	Toegang voor personen met een handicap of specifieke behoeften - thuiszorg (Access for people with disabilities or specific needs - home care)	5.e)
Measure 52	Toegang voor personen met een handicap of specifieke behoeften - Woonzorgvoorzieningen (Access for people with disabilities or specific needs - residential care)	5.e)
Measure 55	Fight against discrimination	5.e)
Measure 56	Physical accessibility and adaptability of services	5.e)
Measure 59	Information and awareness – Case management	5.e)
Measure 61	Financieringskader voor langdurige zorg (Financing framework for long-term care)	5.e)
Measure 62	Social-health plan	5.e)
Measure 63	Continuity of care	5.e)
Measure 72	BelRAI	5.e)
Measure 99	Mantelzorgers als volwaardige partners (Informal caregivers as full partners)	5.e)

Measure 114	Unit for people in priority situations	5.e)
Measure 149	Community care homes	5.e)
		6.
Measure 64	Personnel standards	6.a)
Measure 65	Kwaliteit van zorg in het beleidsdomein Welzijn, Volksgezondheid en Gezin (Quality of care in the policy area of Welfare, Public Health and Family).	6.a)
Measure 135	Quality care for senior citizens	6.a)
Measure 136	It takes a village	6.a)
Measure 66	Quality for all long-term care	6.a)
Measure 67	Exchange of good practice	6.b)
Measure 68	Impactgerichte kwaliteitscultuur (Impact-oriented quality culture)	6.b)
Measure 136	It takes a village	6.b)
Measure 69	Continuous quality improvement	6.b)
Measure 82	Information days	6.b)
Measure 83	Grenswijs (Boundaries)	6.b)
Measure 84	Prevention and management of abuse	6.b)
Measure 70	Quality as an accreditation criterion	6.c)
Measure 68	Impactgerichte kwaliteitscultuur (Impact-oriented quality culture)	6.c)
Measure 71	Kwaliteit in residentiële ouderenzorg (Quality in residential care for the elderly)	6.c)
Measure 72	BelRAI	6.c)
Measure 135	Quality care for senior citizens	6.c)
Measure 136	It takes a village	6.c)
Measure 73	Quality benchmark	6.c)
Measure 74	Kwaliteit van zorg als geldende regel voor overheidsopdrachten (Quality of care as a rule in public procurement)	6.d)
Measure 119	Quality as a condition of funding	6.d)
Measure 138	Strengthening of anti-discrimination laws	6.e)
Measure 75	Advice for senior citizens	6.e)

Measure 76	Advice for informal caregivers	6.e)
Measure 77	Zorgzame buurten (Caring Neighbourhoods)	6.e)
Measure 78	Hybride gezinszorg (Hybrid home help)	6.e)
Measure 79	Kwartiermaken	6.e)
Measure 80	Zelfstandig wonen (Independent living)	6.e)
Measure 137	Permanent dialogue and consultation platform for the non-profit sector in Brussels	6.e)
Measure 55	Fight against discrimination	6.e)
CAREGIVERS		
		7.
Measure 03	Consultation with social partners on long-term care decrees	7.a)
Measure 04	Afsluiten van Vlaams Intersectorale Akkoorden (Conclusion of Flemish intersectoral agreements)	7.a)
Measure 88	Actieplan (Action plan)	7.a)
Measure 93	Actieplan (zij)-instroom (Afflux (lateral) action plan)	7.a)
Measure 95	Erkenning voor gezondheidsberoepen (Recognition of healthcare professions)	7.a)
Measure 145	Recognition of healthcare professions	7.a)
Measure 05	Brussels memorandum of understanding (non-profit sector)	7.a)
Measure 06	Social dialogue at national, sectoral and company level	7.a)
Measure 07	Regulations governing qualified caregivers	7.a)
Measure 85	Fight against violence and harassment in the workplace	7.b)
Measure 138	Strengthening of anti-discrimination laws	7.b)
Measure 08	Standards for the care and operation of institutions	7.b)
Measure 81	Well-being at work tool	7.b)
Measure 09	Subsidies for preventive infrastructure measures	7.b)
Measure 10	Support for health and safety at work	7.b)
Measure 13	Support for ongoing training of company managers	7.b)
Measure 115	Well-being of care and health personnel	7.b)
Measure 11	Combating racism and so-called racial discrimination	7.b)
Measure 12	Well-being at work	7.b)
Measure 13	Support for ongoing training of company managers	7.c)
Measure 120	Support for ongoing training of service providers	7.c)

Measure 121	Personnel and quality standards	7.c)
Measure 14	Minimum accreditation and operation conditions	7.c)
Measure 15	Contractual requirements when using 'financing that follows the person'.	7.c)
Measure 16	Living labs (care and social economy)	7.c)
Measure 17	Tea for two	7.c)
Measure 18	Klaverbladfinanciering van maatwerk (Cloverleaf financing of adapted work)	7.c)
Measure 19	Werk- en zorgtrajecten (Work and care pathways)	7.c)
Measure 20	Denktank 'aantrekken van buitenlands zorgtalent' (Think-tank on attracting foreign talent)	7.c)
Measure 135	Quality care for senior citizens	7.c)
Measure 11	Combating racism and so-called racial discrimination	7.c)
Measure 07	Regulations governing qualified caregivers	7.c)
Measure 21	Holiday for informal caregivers	7.c)
Measure 22	Themed holidays	7.c)
		8.
Measure 86	Financial support for training	8.a)
Measure 87	Financiële ondersteuning aan leren in de sociale sector (Financial support for apprenticeships in the social sector)	8.a)
Measure 88	Actieplan (Action plan)	8.a)
Measure 89	Lokale dienstencentra en thuiszorg (Local service centres and home care)	8.a)
Measure 90	Diensten voor gezinszorg (Family assistance services)	8.a)
Measure 136	It takes a village	8.a)
Measure 13	Support for ongoing training of company managers	8.a)
Measure 120	Support for ongoing training of service providers	8.a)
Measure 91	Training for certified professionals	8.a)
Measure 92	Ongoing front-line training	8.a)
Measure 93	Actieplan (zij)-instroom (Afflux (lateral) action plan)	8.b)
Measure 122	Career development strategy	8.b)
Measure 110	Integration and retraining of undeclared workers	8.c)
Measure 94	Denktank 'aantrekken van buitenlands zorgtalent' (Think-tank on attracting foreign talent)	8.d)
Measure 95	Erkenning voor gezondheidsberoepen (Recognition of healthcare professions)	8.e)
Measure 145	Recognition of healthcare professions	8.e)

Measure 96	Visa for healthcare professionals	8.e)
Measure 147	Planning commissions	8.e)
Measure 138	Strengthening of anti-discrimination laws	8.f)
Measure 97	Care-er label	8.f)
Measure 98	Denktank 'Mannen in de kinderopvang'(Men in childcare think-tank)	8.f)
Measure 108	Fight against certain forms of discrimination	8.f)
Measure 109	Gender and identity	8.f)
		9.
Measure 76	Advice for informal caregivers	9.a)
Measure 99	Mantelzorgers als volwaardige partners (Informal caregivers as full partners)	9.a)
Measure 41	Zorgraden (Care councils)	9.a)
Measure 47	Alivia	9.a)
Measure 77	Zorgzame buurten (Caring Neighbourhoods)	9.a)
Measure 100	The family as a key support player	9.a)
Measure 101	Opleiding voor en over de mantelzorgers (Training for and about informal caregivers)	9.b)
Measure 102	Psychologische ondersteuning voor mantelzorgers (Psychological support for informal caregivers)	9.b)
Measure 103	Support for informal caregivers	9.b)
Measure 104	Identificeren en waarderen van mantelzorg (Identification and development of informal care)	9.c)
Measure 105	Verbindend mantelzorgbeleid (Unified informal care policy)	9.c)
Measure 106	Recognition of informal caregiver status	9.c)
GOVERNANCE, MONITORING AND REPORTING		
		10.
Measure 01	National coordination mechanism	10.a)

Measure 02	Data collection and analysis	10.b)
Measure 139	Interfederal plan for integrated care	10.b)
Measure 142		10.b)
Measure 39	Proxisanté reform	10.b)
Measure 123	Advisory boards	10.b)
Measure 125	Raadgevend en overlegcomité's (Advisory boards and consultation committees)	10.b)
Measure 60	Geïntegreerde zorg en ondersteuning (Integrated care and support)	10.b)
Measure 61	Financieringskader voor langdurige zorg (Financing framework for long-term care)	10.b)
Measure 62	Social-health plan	10.b)
Measure 137	Permanent dialogue and consultation platform for the non-profit sector in Brussels	10.b)
Measure 63	Continuity of care	10.b)
Measure 132	Walloon Advisory Council for people with disabilities	10.b)
Measure 126	Dataverzameling en -analyse (Data collection and analysis)	10.c)
Measure 146	Geïntegreerd breed onthaal (Integrated broad welcome)	10. d)
Measure 124	Needs planning	10.e)
Measure 126	Dataverzameling en -analyse (Data collection and analysis)	10.e)
Measure 128	Prognoses zorgnood en model van budgetbewaking'(Care needs assumptions and budget monitoring model)	10.e)
Measure 133	Facilities for the elderly and need for care facilities	10.e)
Measure 111	Population management	10.e)
Measure 112	W.ALL.IN.HEALTH	10.e)
Measure 131	Consultation bodies and crisis units	10.f)
Measure 113	Health crisis management	10.f)
Measure 127	Crisis Preparedness Cell	10.f)

Measure 114	Unit for people in priority situations	10.g)
Measure 127	Crisis Preparedness Cell	10.g)
Measure 59	Information and awareness – Case management	10.g)
Measure 128	Prognoses zorgnood en model van budgetbewaking (Care needs assumptions and budget monitoring model)	10.h)

2.2. Detailed description of measures

The measures presented in section 2.1. are detailed below, in line with the proposed model.

Measure 01	National coordination mechanism
Objective	European reporting
Type (e.g. legislative reform, investment)	
Target group (definition and size)	
Results and impact (expected or achieved)	- Coordination by FPS Social Security - Etienne Morue is responsible for coordination on behalf of the FPS Social Security
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Federal Public Service Social Security - Federal Public Service Public Health - National Institute for Health and Disability Insurance - Flemish department of Care - AVIQ - Iriscare - Ministerium der Deutschsprachigen Gemeinschaft
Evaluation	
Links with other measures	

Measure 02	Data collection and analysis
Objective	Information for European reporting
Type (e.g. legislative reform, investment)	Reporting
Target group (definition and size)	- Federal public authorities - Public authorities of federated entities

Results and impact (expected or achieved)	Information on long-term care policies within all federated entities concerned and FPS Employment, Labour, Social Dialogue
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Federal government
Evaluation	
Links with other measures	

Measure 03	Consultation with social partners on long-term care decrees
Objective	Promotion of social dialogue and response to industry needs
Type (e.g. legislative reform, investment)	Legislative changes
Target group (definition and size)	
Results and impact (expected or achieved)	Salary adjustments in 2023 Adjustment of staffing standards in nursing and care homes
Timing	In application
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 04	Afsluiten van Vlaams Intersectorale Akkoorden (Conclusion of Flemish intersectoral agreements)
Objective	- Increased purchasing power for staff - Improved quality of feasible and manageable work - Increased supply
Type (e.g. legislative reform, investment)	Framework agreement to be transposed into regulations via CLAs, memorandums of understanding and legislation
Target group (definition and size)	All organisations, for-profit and not-for-profit, in the public and private sectors
Results and impact (expected or achieved)	- Attractive employers for (sufficiently) qualified staff in sufficient numbers to offer quality services - Roll-out of the new job classification system, with associated salaries - Action plan for the (lateral) influx of new staff - Provisions for teleworking, remote working and training - Work organisation - Entitlement to three consecutive weeks' holiday
Timing	Last agreement signed for the period 01/01/2021-31/12/2025

Financial resources (national and European funding)	Flemish funding
Implementing body(ies) and cooperation with stakeholders	- Flemish public authorities - Social partners - Employers
Evaluation	Flemish Community 'Care' Department
Links with other measures	

Measure 05	Brussels memorandum of understanding (non-profit sector)
Objective	Enhancing the attractiveness of our professions
Type (e.g. legislative reform, investment)	
Target group (definition and size)	
Results and impact (expected or achieved)	- Increasing the attractiveness of professions - Upgrading salary conditions - Harmonising job classifications - Improving working conditions - Reinforcing personnel standards - Developing intra-Brussels mobility - Pooling support between organisations (material, immaterial and human resources).
Timing	Agreement concluded for the period 2021-2024
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Brussels public authorities
Evaluation	
Links with other measures	

Measure 06	Social dialogue at national, sectoral and company level
Objective	Strengthening and developing conventional employment law
Type (e.g. legislative reform, investment)	
Target group (definition and size)	All organisations involved in long-term care, whether for profit or not
Results and impact (expected or achieved)	- Conclusion of CLAs, mainly at sectoral level - Competence to issue opinions of the consultation bodies (on request or on their own initiative) - Development of attractive wages - Adequate labour regulations - Support for non-discrimination in the long-term care sector - Increase in the autonomy of the social partners, at the different consultation levels
Timing	
Financial resources (national and European funding)	

Implementing body(ies) and cooperation with stakeholders	- Federal authority - FPS Employment, Labour and Social Dialogue, Collective Labour Relations Directorate
Evaluation	
Links with other measures	Measures 3, 4 and 5 - agreements between public authorities and social partners in the different federated entities

Measure o7	Regulations governing qualified caregivers
Objective	Enable non-professionals to perform certain nursing acts
Type (e.g. legislative reform, investment)	Legislative reform <ul style="list-style-type: none"> - Act of 11 June 2023 amending article 124, 1°, of the Act on the exercise of the healthcare professions, coordinated on 10 May 2015, with a view to adapting the legislation relating to the provision of technical nursing services by a close carer or qualified carer - Royal Decree of 29 February 2024 setting the date of entry into force of the law of 11 June 2023 amending article 124, 1°, of the law on the exercise of the healthcare professions, coordinated on 10 May 2015, with a view to adapting the legislation relating to the exercise of technical nursing services by a close carer or by a qualified carer, and setting the list of technical nursing services that may be authorised for a qualified carer, as well as their conditions of exercise and the training conditions required for this authorisation - Royal Decree of 29 February 2024 establishing the list of activities of daily living and the conditions they must meet to be considered as such
Target group (definition and size)	Informal caregivers, volunteers
Results and impact (expected or achieved)	- Improving the quality of life of patients, particularly at home - Improving the quality of life of care providers - Enabling non-professional caregivers who want to do so to provide certain types of care - Reducing pressure on nurses and doctors
Timing	Legislation adopted in 2023 - pending the implementing decree that will determine when the new regulations come into force.
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Federal authority
Evaluation	
Links with other measures	

Measure o8	Standards for the care and operation of institutions
Objective	Improving quality of care and safety in the workplace

Type (e.g. legislative reform, investment)	
Target group (definition and size)	Employers
Results and impact (expected or achieved)	Realistic, pragmatic quality standards, adapted to the realities of the field
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Cocof
Evaluation	
Links with other measures	Quality of care

Measure 09	Subsidies for preventive infrastructure measures
Objective	Implement preventive measures to protect care staff from aggression, restrictions or deprivation of liberty
Type (e.g. legislative reform, investment)	
Target group (definition and size)	Care institutions
Results and impact (expected or achieved)	
Timing	
Financial resources (national and European funding)	Public funding via VIPA (Flemish Infrastructure Fund for Customisable Materials) - Care Department
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 10	Support for health and safety at work
Objective	Prevention and management of mental health and safety in the workplace
Type (e.g. legislative reform, investment)	Information and awareness campaigns
Target group (definition and size)	Employers and workers in the sector
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better prevention of burn-out - Innovative work organisation and motivation - Personal development of workers - Vaccination of workers in institutions - Information and regulations on work clothing, personal protective equipment, etc.
Timing	
Financial resources (national and European funding)	Flemish public funds

Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 11	Combating racism and so-called racial discrimination
Objective	Combat racism and so-called racial discrimination in institutions
Type (e.g. legislative reform, investment)	2023-2026 action plan
Target group (definition and size)	Nursing homes and nursing and care homes
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Creation of a regional anti-racism council including civil society - Simplification of system for filing complaints and reports - Financial support for anti-racist associations
Timing	2023-2026
Financial resources (national and European funding)	Brussels funding
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Brussels public authorities - Regional Anti-racism Council
Evaluation	
Links with other measures	

Measure 12	Well-being at work
Objective	Prevention and management of health and safety in the workplace
Type (e.g. legislative reform, investment)	Ongoing adaptation and evaluation of current legislation
Target group (definition and size)	Employers and workers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improved prevention of psychosocial risks in the workplace - Strengthening the role and presence of trusted persons in companies - Reinforcing protection against reprisals in the event of violence or (sexual) harassment in the workplace - Projects promoting mental well-being at work as part of the "Mental well-being at work" plan - Evaluation of legislation on the prevention of psychosocial risks - Information and awareness campaigns aimed at employers and workers (e.g. www.jemesensbienautravail.be, didactic material made available).
Timing	
Financial resources (national and European funding)	Federal funding

Implementing body(ies) and cooperation with stakeholders	- Federal Government - FPS Employment, Labour and Social Dialogue - Collaboration with Civil Service, Social Security, Self-employed and Middle Classes, Fedris
Evaluation	FPS Employment, Labour and Social Dialogue
Links with other measures	

Measure 13	Support for ongoing training of company managers
Objective	
Type (e.g. legislative reform, investment)	Funding
Target group (definition and size)	Company managers
Results and impact (expected or achieved)	- Better training for managers - Networking between institutions
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 14	Minimum accreditation and operation conditions
Objective	Guaranteeing professional support for workers and caregivers
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	Accommodation centres, family support services, care centres and associations of caregivers and beneficiaries
Results and impact (expected or achieved)	- Better professional supervision - Compliance with quality standards - Regular self-evaluation - Operational reporting to the Flemish administration
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 15	Contractual requirements when using 'financing that follows the person'
Objective	Guaranteeing professional support
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	People with disabilities

Results and impact (expected or achieved)	
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities (Flemish Agency for People with Disabilities)
Evaluation	
Links with other measures	

Measure 16	Living labs - care and social economy
Objective	<ul style="list-style-type: none"> - Reducing the workload of care staff - Putting vulnerable people to work - Exploring forms of collaboration between social economy enterprises and care institutions
Type (e.g. legislative reform, investment)	
Target group (definition and size)	<ul style="list-style-type: none"> - Local social economy enterprises - Vulnerable people - Care institutions
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Sustainable model of collaboration between the social economy and the care and services sector - Getting vulnerable people back to work - Easing the workload of care staff
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measure 17

Measure 17	Tea for two
Objective	Enable social economy personnel to enter the care and services sector
Type (e.g. legislative reform, investment)	
Target group (definition and size)	Workers in the social economy sector
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Transition of workers to the care and services sector - Easing the workload of care staff
Timing	
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Flemish public authorities - European Social Fund
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	

Links with other measures	Measure 16
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Measure 18	Klaverbladfinanciering van maatwerk (Cloverleaf financing of adapted work)
Objective	- Development of adapted work - Strengthening of home services
Type (e.g. legislative reform, investment)	
Target group (definition and size)	Workers with specific needs
Results and impact (expected or achieved)	- (Re-)employment of workers with specific needs - Development of home services - Better matching of needs
Timing	
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measures 19, 77, 78, 79 and 80

Measure 19	Werk- en zorgtrajecten (Work and care pathways)
Objective	Promoting the integration of workers with specific needs into society and the job market
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	People for whom paid employment is temporarily impossible due to one or more medical, mental, psychological, psychiatric or social problems.
Results and impact (expected or achieved)	
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Flemish public authorities - Work and Social Economy Department - Welfare, Public Health and Family Department
Evaluation	
Links with other measures	Measures 18, 77, 78, 79 and 80

Measure 20	Denktank 'aantrekken van buitenlands zorgtalent' (Think-tank on attracting foreign talent)
Objective	Strengthening care staff and workplace inclusion
Type (e.g. legislative reform, investment)	Idea laboratories
Target group (definition and size)	

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Identification of best practices - Identification of challenges - Identification of obstacles - Proposals for policies to attract foreign care providers
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 21	Holiday for informal caregivers
Objective	Better work-life balance and support for caregivers
Type (e.g. legislative reform, investment)	Legislation (transposition of European Directive)
Target group (definition and size)	Workers providing care and assistance to a family member
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better work/life balance - Keeping caregivers at work - Supporting people in need of care
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Federal Government - FPS Employment, Labour and Social Dialogue Employers
Evaluation	
Links with other measures	<ul style="list-style-type: none"> - Measure 22 - Measures 41, 47, 76, 77, 99, 100, 101, 102, 103, 104, 105 and 106

Measure 22	Themed holidays and time credit
Objective	Better work-life balance
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Workers who have to provide care and assistance to a family member (ill person, child)
Results and impact (expected or achieved)	Keeping people at work
Timing	in application
Financial resources (national and European funding)	

Implementing body(ies) and cooperation with stakeholders	- Federal Government - FPS Employment, Labour and Social Dialogue - ONEM - Employers
Evaluation	
Links with other measures	Measure 21

Measure 23	Pricing policy
Objective	Maximum price payable by beneficiaries
Type (e.g. legislative reform, investment)	Regulations & administrative supervision
Target group (definition and size)	Institutions
Results and impact (expected or achieved)	Affordability of services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	- German-speaking Community - PSWC
Evaluation	Public authorities concerned
Links with other measures	Measure 27

Measure 24	Prijzenbeleid (Pricing policy)
Objective	Maximum price payable by beneficiaries
Type (e.g. legislative reform, investment)	Regulations & administrative supervision
Target group (definition and size)	Care providers and institutions
Results and impact (expected or achieved)	Affordability of services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	Public authorities concerned
Links with other measures	Measures 28 and 32

Measure 25	Pricing policy
Objective	Maximum price payable by beneficiaries
Type (e.g. legislative reform, investment)	Regulations & administrative supervision
Target group (definition and size)	Care providers and institutions
Results and impact (expected or achieved)	Affordability of services
Timing	

Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Brussels-Capital Region
Evaluation	Public authorities concerned
Links with other measures	Measure 29

Measure 26	Pricing policy
Objective	Maximum price payable by beneficiaries
Type (e.g. legislative reform, investment)	Regulations & administrative supervision
Target group (definition and size)	Care providers and institutions
Results and impact (expected or achieved)	Affordability of services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Walloon Region
Evaluation	Public authorities concerned
Links with other measures	Measures 30 and 33

Measure 27	Financing of care services
Objective	Financial support for healthcare
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	- Care institutions - Care providers - Care coordination structures
Results and impact (expected or achieved)	Contribute to a sufficient supply of affordable care services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	German-speaking Community
Evaluation	
Links with other measures	Measure 23

Measure 28	Financiering van het zorgaanbod (Financing of care services)
Objective	Financial support for healthcare
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	- Care institutions - Care providers - Care coordination structures

Results and impact (expected or achieved)	Contribute to a sufficient supply of affordable care services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 24 and 32

Measure 29	Financing of care services
Objective	Financial support for healthcare
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	- Care institutions - Care providers - Care coordination structures
Results and impact (expected or achieved)	Contribute to a sufficient supply of affordable care services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Brussels-Capital Region
Evaluation	
Links with other measures	Measures 25 and 135

Measure 30	Financing of care services
Objective	Financial support for healthcare
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	- Care institutions - Care providers - Care coordination structures
Results and impact (expected or achieved)	Contribute to a sufficient supply of affordable care services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Public authorities concerned
Links with other measures	Measures 26 and 33

Measure 31	Financing of care services
Objective	Financial support for healthcare

Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	- Care institutions - Care providers - Care coordination structures
Results and impact (expected or achieved)	Contribute to a sufficient supply of affordable care services
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Cocof
Evaluation	
Links with other measures	

Measure 32	Rechtstreekse tegemoetkomingen aan de zorgvrager (Financial support for care beneficiaries)
Objective	Guarantee the affordability of care
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	Care beneficiaries
Results and impact (expected or achieved)	- Access to healthcare for all - Affordable healthcare - Zorgbudget (care budget) - Persoonsvolgende financiering voor personen met een handicap (Person-related financing for people with disabilities)
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 24, 28, 140 and 141

Measure 33	Financial support for care beneficiaries
Objective	Guarantee the affordability of care
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	Care beneficiaries
Results and impact (expected or achieved)	- Access to healthcare for all - Affordable healthcare
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Public authorities concerned

Links with other measures	Measures 26 and 143
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Measure 34	Lokale dienstencentra (LDC) (Local service centres)
Objective	Support and information for local service providers and beneficiaries
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	<ul style="list-style-type: none"> - Senior citizens - Informal caregivers - Vulnerable people - Neighbours
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Developing and strengthening social cohesion - Objective and transparent information - Relaxation and respite - Exchanges
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 35	Diensten voor gezinszorg (Family assistance services)
Objective	Non-medical home help (assistance with housework, cleaning, etc.)
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	People at home in need of care
Results and impact (expected or achieved)	Remaining at home
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 36	Oppashulp (Home assistance service)
Objective	Replacement in the event of the informal caregiver's absence
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	People at home in need of care
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Remaining at home - Respite for informal caregivers
Timing	

Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Flemish public authorities - Volunteers - Associations
Evaluation	
Links with other measures	

Measure 37	Diensten voor gastopvang (Guest care service)
Objective	Accommodation and temporary care for care recipients
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	People at home in need of care
Results and impact (expected or achieved)	- Social link with the care recipient - Respite for caregivers
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Flemish public authorities - Families
Evaluation	
Links with other measures	Measure 102

Measure 38	Centrum voor dagverzorging (Day care centres)
Objective	Home for people aged 65 and over
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	People aged over 65 at home in need of care
Results and impact (expected or achieved)	- Social link with the care recipient - Welcome and relaxation - Revalidation - Care - Meals
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 77, 78 and 79

Measure 39	Proxisanté reform
Objective	- Develop a common vision within the front line - Ensure that all sectors involved work together - Support all front-line players
Type (e.g. legislative reform,	Reform

investment)	
Target group (definition and size)	<ul style="list-style-type: none"> - All care providers and players - Beneficiaries - Vulnerable persons
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improved patient experience and outcomes - Improved health status of the population - Improved well-being of health and social care professionals by enabling them to do their job well and sustainably - Improved system efficiency by using available resources to deliver more 'value' to people and communities - Greater social justice and inclusion
Timing	
Financial resources (national and European funding)	Walloon public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Walloon sector players
Evaluation	Scientific consortium and High Strategic Council (environmental impact, poverty and climate)
Links with other measures	Measures 107, 111 and 113

Measure 40	Networking
Objective	Acting on territorial disparities (mainly rural) to close gaps
Type (e.g. legislative reform, investment)	Action plan
Target group (definition and size)	
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better networking - Provision of transport for the elderly - Gaps filled
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - German-speaking public authorities - Local service providers
Evaluation	
Links with other measures	

Measure 41	Zorgraden (Care councils)
Objective	Tailor the organisation and supply of quality care and support to the care and support needs in each geographical area
Type (e.g. legislative reform, investment)	Legislation and financing
Target group (definition and size)	All stakeholders, professional and non-professional, and beneficiaries

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Accessibility of general medicine - Accessibility of other care providers - Definition of programming adapted to each geographical area, in different fields (residential care, home care, home help, local service centres, day centres, etc.) - Integration of informal caregivers
Timing	Phased timing
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - Care and service providers - Local authorities - Professional associations
Evaluation	
Links with other measures	

Measure 42	Social-health plan
Objective	Improve the structure and coordination of assistance and care services
Type (e.g. legislative reform, investment)	Reform
Target group (definition and size)	
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Organisation of assistance and care services on a territorial basis - Guaranteed continuity of care - Improved links between primary care, general medicine and hospitals - Ensuring a continuum of assistance and care for the elderly - Improving the mental health of the population.
Timing	Introduced in 2022
Financial resources (national and European funding)	Brussels funding
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Brussels public authorities - Local authorities - Care and service providers - Associations
Evaluation	
Links with other measures	Measure 62

Measure 43	Reorganisation of support and care services
Objective	Building an efficient, coordinated and sustainable system
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	All care providers and the entire population, whether they need a one-off service, a care pathway or complex care.

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Participation of all stakeholders - Inclusion and orientation of all citizens at local level - Offer of care modulated according to local needs (ISADF - Synthetic indicator of access to fundamental rights) - Support for the installation and retention of general practitioners in areas of shortage (Impulseo) - Creation of integrated health associations in rural areas - Adaptation of mental health care offer to needs
Timing	
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Walloon funding - Feder funds
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Players in the field
Evaluation	Scientific consortium and High Strategic Council (environmental impact, poverty and climate)
Links with other measures	

Measure 44	Digitalisering en innovatie (Digitalisation and innovation)
Objective	Setting a general framework of objectives
Type (e.g. legislative reform, investment)	
Target group (definition and size)	Care providers and citizens
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better access to healthcare data for providers and citizens - Provision of secure infrastructures for data sharing - Boosting of digital transformation in the care sector - Boosting of use of digital technology when it can improve health and quality of life - Use of data to improve the care process and quality of care - Use of data to define a preventive, targeted, person-oriented and integrated care policy - Use of data for research and innovation in care
Timing	
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measures 37, 38, 39, 40, 41, 126 and 128

Measure 45	Interfederal e-Health Action Plan 2022-2024
Objective	Preparing for the European Health Data Space
Type (e.g. legislative reform,	

investment)	
Target group (definition and size)	Federal authority and federated entities
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Evolution towards demand-driven, person- and population-based care, in which well-being and quality of life are central - Empowerment, self-management and active participation of the individual, including in the joint management of health data - Support for care actors in multidisciplinary teams across a continuum of care - Standardisation of datasets and individual data to promote data exchange and interoperability - Integration of digital medical technologies, move towards personalised medicines and introduction of decision systems based on augmented intelligence - Facilitate the use of processes, primary and secondary healthcare data
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Federal authority - Federated entities - Players in the field
Evaluation	
Links with other measures	Measures 36, 38, 39, 40, 41 and 42

Measure 46	Vitalink
Objective	Sharing of health information via a digital platform
Type (e.g. legislative reform, investment)	
Target group (definition and size)	Care providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Consultation, storage and sharing of healthcare data (vaccinations, medication, medical record summaries, etc.) - Improved collaboration between providers - Improved quality of care
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 36, 37, 39, 40 and 41

Measure 47	Alivia
Objective	Digital platform for integrated care planning
Type (e.g. legislative reform, investment)	

Target group (definition and size)	<ul style="list-style-type: none"> - Citizens - Informal caregivers - Care and service providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Development and reinforcement of a high-quality integrated care offer - Better communication within care teams - Support for dialogue between care providers and beneficiaries requiring care and assistance - Integration of informal carers
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 36, 37, 38, 40 and 41

Measure 48	Blended hulp (Blended help)
Objective	Skills enhancement and mixed digital support
Type (e.g. legislative reform, investment)	Investment
Target group (definition and size)	Care providers and beneficiaries
Results and impact (expected or achieved)	<ul style="list-style-type: none"> Strengthening of the skills of local players - Diversification of forms of assistance via digital channels (chat, videoconferencing, telephone, etc.) - Adaptation of digital channels to people with specific needs (autistic, blind, etc.).
Timing	
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measures 36, 37, 38, 39 and 41

Measure 49	Rechtenverkenner (Rights explorer)
Objective	Reducing the non-take-up of social rights
Type (e.g. legislative reform, investment)	
Target group (definition and size)	Professionals
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Coordinated information on social rights (federal, Flemish, provincial, local) - Professional information for the population on social rights - Reduction of under-protection
Timing	

Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 36, 37, 38, 39 and 40

Measure 50	Technological support for players
Objective	Better support for beneficiaries by professionals
Type (e.g. legislative reform, investment)	The Walloon government's e-health plan
Target group (definition and size)	People losing their independence at home
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improved quality of life for beneficiaries - Improved quality of life for professionals - Digital assistance in home care - Development of digital innovation for home care and services - Improved safety for residents
Timing	
Financial resources (national and European funding)	Regional funding and European funding
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	
Links with other measures	Measures 37 and 112

Measure 51	Toegang voor personen met een handicap of specifieke behoeften - thuiszorg (Access for people with disabilities or specific needs - home care)
Objective	Autonomy and the right to self-determination
Type (e.g. legislative reform, investment)	Legislation (kwaliteitsbesluit 5 mei 2023)
Target group (definition and size)	People with disabilities
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Guaranteeing freedom of choice for people with disabilities - Reinforcing autonomy
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - VAPH (administration for people with disabilities)
Evaluation	
Links with other measures	Measures 77, 78, 79, 80 and 138

Measure 52	Toegang voor personen met een handicap of specifieke behoeften - Woonzorgvoorzieningen (Access for people with disabilities or specific needs - residential care)
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Objective	Guaranteeing freedom of choice, autonomy and non-discrimination
Type (e.g. legislative reform, investment)	Legislation (Woonzorgdecreet 15 februari 2019)
Target group (definition and size)	- Institutions - Beneficiaries - Informal caregivers
Results and impact (expected or achieved)	- Beneficiary autonomy - Beneficiary quality of life
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	- Flemish public authorities - Local service centres - Assisted living - Residential care centres - Associations of caregivers and beneficiaries
Evaluation	Flemish public authorities
Links with other measures	Measures 77, 78, 79, 80 and 138

Measure 53	Toegang voor personen met een handicap of specifieke behoeften - geestelijke gezondheidszorgen (Access for people with disabilities or specific needs - mental health care)
Objective	Non-discrimination and respect for specific needs
Type (e.g. legislative reform, investment)	Legislation (BVR houdende uitvoering van decreet 6 juli 2018)
Target group (definition and size)	Personen met een psychische aandoening
Results and impact (expected or achieved)	- Non-discrimination based on protected criteria - Adaptation of care to disability
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	
Evaluation	Flemish public authorities
Links with other measures	Measures 77, 78, 79, 80 and 138

Measure 54	Lokaal samenwerkingsverband (Local partnership)
Objective	- Implementing accessible help and services - Combating under-protection
Type (e.g. legislative reform, investment)	Local priorities policy 2020-2025
Target group (definition and size)	Vulnerable persons
Results and impact (expected or achieved)	- Better access to aid and services (speed, distance, etc.) - Continuity of aid and services - Better information on rights and services - Collaboration between the different players in the field

Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - PSWCs - General Welfare Centres - Social Services of Mutual societies
Evaluation	
Links with other measures	

Measure 55	Fight against discrimination
Objective	Improving accessibility to care services and facilities
Type (e.g. legislative reform, investment)	Action plans
Target group (definition and size)	Beneficiaries who may be victims of discrimination (origin, LGBTQ+, people with disabilities, etc.).
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Service accessibility - Greater empowerment of beneficiaries - Absence of discrimination
Timing	In progress
Financial resources (national and European funding)	Regional funding
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	Measures 56, 57 and 138

Measure 56	Physical accessibility and adaptability of services
Objective	Guarantee physically accessible care services for people with disabilities and care adapted to their needs, abilities and preferences.
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	People with disabilities or specific needs
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Physical accessibility of care services - Respect for beneficiaries' personal preferences - Respect for beneficiaries' abilities and autonomy - Individualisation of care plans
Timing	In application
Financial resources (national and European funding)	Regional funding
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	Measures 57 and 138

Measure 57	Information and awareness
Objective	Inform citizens about long-term care services and promote inclusion
Type (e.g. legislative reform, investment)	
Target group (definition and size)	All citizens
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Informed decision-making by each citizen on their care path - Elimination of discrimination - Better inclusion for all - Better physical accessibility of infrastructures
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	
Links with other measures	Measures 55, 56 and 138

Measure 58	Participation and dialogue
Objective	Citizen participation in health policy design
Type (e.g. legislative reform, investment)	Integration within the framework of the Management Contract of the Agency for Quality Life
Target group (definition and size)	All citizens
Results and impact (expected or achieved)	Dialogue with all stakeholders
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	

Measure 59	Information and awareness – Case management
Objective	Information about support services for elderly, to elder people and their family Inter-service coordination
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Elderly persons and palliative care patients

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Decree of 13 December 2018 on services for the elderly, dependent persons and palliative care - Creation of the Office of the German-speaking Community for self-determined living with decree of 13 december 2016 - Determination of the appropriate care and service offer for each beneficiary - Support for relatives and families seeking solutions
Timing	In application
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 60	Geïntegreerde zorg en ondersteuning (Integrated care and support)
Objective	Coherent legislation: the concept of integrated, targeted care lies at the heart of the different regulations
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	The entire sector
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Decentralised, targeted primary care tailored to specific populations - Accessible, efficient, high-quality primary care - Residential and home care integrating all relevant partners, including beneficiaries and caregivers - Improved mental health care
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measure 139

Measure 61	Financieringskader voor langdurige zorg (Financing framework for long-term care)
Objective	Move towards financing that follows the person and, in the long term, towards a single (cross-sector) 'long-term care and support' legislation
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Integral care and support - Increased autonomy - Cash assistance - Financial contribution to the cost of care - Automatic granting of rights
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - Stakeholders in different sectors: residential care, home care, mental health care, rehabilitation, etc.
Evaluation	
Links with other measures	Measure 72

Measure 62	Social-health plan
Objective	Improve the structure and coordination of assistance and care services
Type (e.g. legislative reform, investment)	Reform
Target group (definition and size)	
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Organisation of assistance and care services on a territorial basis - Guaranteed continuity of care - Improved links between primary care, general medicine and hospitals - Ensuring a continuum of assistance and care for the elderly - Improving the mental health of the population.
Timing	Introduced in 2022
Financial resources (national and European funding)	Brussels funding
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Brussels public authorities - Local authorities - Care and service providers - Associations
Evaluation	
Links with other measures	Measures 42 and 139

Measure 63	Continuity of care
Objective	Coherent lifelong support tailored to each beneficiary's situation
Type (e.g. legislative reform, investment)	Legislation and information campaigns
Target group (definition and size)	All players in the sector, including beneficiaries

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Healthy, active ageing - Collaboration between the different care players, from prevention to treatment - Setting up integrated healthcare networks to facilitate cooperation and communication between healthcare professionals - Better information for the population on the healthcare services available - Training and awareness-raising for healthcare professionals on the importance of coordinating services - Better response to the individual needs of beneficiaries.
Timing	In progress
Financial resources (national and European funding)	Regional funding
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	Measure 139

Measure 64	Personnel standards
Objective	Quality of care
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Nursing and care homes
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - High-quality care - Developing further quality criteria
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - German-speaking public authorities - Social partners
Evaluation	
Links with other measures	

Measure 65	Kwaliteit van zorg in het beleidsdomein Welzijn, Volksgezondheid en Gezin (Quality of care in the policy area of Welfare, Public Health and Family).
Objective	Framework for implementing quality of care in all areas of long-term care
Type (e.g. legislative reform, investment)	Legislation (Kwaliteitsdecreet 5 mei 2023)
Target group (definition and size)	<ul style="list-style-type: none"> - Administration - Institutions - Care providers - Beneficiaries - Employees and staff - Other stakeholders

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improving the quality of care - Financial support for partners who take on quality support tasks (development of indicators, data collection, data publication, etc.) - Financial incentives for providers to improve the quality of care - Development of experimental fields to test innovative quality ideas - Adoption of implementing decrees to apply the decree in the different sectors (home care, residential care, disability, etc.).
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measure 68

Measure 66	Quality for all long-term care
Objective	Providing quality care for all
Type (e.g. legislative reform, investment)	Legislation and inspection
Target group (definition and size)	<ul style="list-style-type: none"> - All long-term care environments - All care providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Development of quality standards and criteria based on international best practice and the needs and expectations of beneficiaries - Accreditation of services after assessment by AVIQ - Regular inspections - Self-assessment and self-monitoring procedures - Range of sanctions in the event of non-compliance with quality standards and criteria - Consultation of all stakeholders, including beneficiaries, when developing quality standards
Timing	In application
Financial resources (national and European funding)	Regulatory
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	

Measure 67	Exchange of good practice
Objective	Support the exchange of good practice
Type (e.g. legislative reform, investment)	Communication

Target group (definition and size)	
Results and impact (expected or achieved)	Conferences
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 68	Impactgerichte kwaliteitscultuur (Impact-oriented quality culture)
Objective	Continuous quality improvement
Type (e.g. legislative reform, investment)	Legislation (Kwaliteitsdecreet 5 mei 2023)
Target group (definition and size)	<ul style="list-style-type: none"> - Administration - Institutions - Care providers - Beneficiaries - Employees and staff - Other stakeholders
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improving the quality of care - Financial support for partners who take on quality support tasks (development of indicators, data collection, data publication, etc.) - Financial incentives for providers to improve the quality of care - Development of experimental fields to test innovative quality ideas - Adoption of implementing decrees to bring the decree to life in the different sectors (home care, residential care, disability, etc.) - Measures to stimulate and empower institutions and service providers - Development of an evaluation tool (waarderingstool) for beneficiaries, to share information with as many people as possible
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measure 65

Measure 69	Continuous quality improvement
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Objective	Encourage service providers to go beyond minimum standards
Type (e.g. legislative reform, investment)	Communication and rewards
Target group (definition and size)	All care providers and institutions
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Ongoing training for providers - Awareness-raising sessions on the benefits of going beyond minimum standards - Sharing of best practices, notably via platforms - 'Quality-food-nutrition' label for nursing homes and care homes - Financial rewards - Ongoing evaluation of providers based on criteria going beyond minimum standards - Contracts of objectives in the disability sector.
Timing	In application
Financial resources (national and European funding)	Regulatory
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	

Measure 70	Quality as an accreditation criterion
Objective	Guaranteeing the quality of care and services
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Care institutions and providers
Results and impact (expected or achieved)	Quality of care and services
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 71	Kwaliteit in residentiële ouderenzorg (Quality in residential care for the elderly)
Objective	
Type (e.g. legislative reform, investment)	Legislation (Decreet houdende de Vlaamse sociale bescherming 18 mei 2018)

Target group (definition and size)	<ul style="list-style-type: none"> - Administration - Institutions - Care providers - Beneficiaries - Employees and staff - Other stakeholders
Results and impact (expected or achieved)	- Shift in funding: introduction of a care fee and organisation-related funding
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	
Evaluation	
Links with other measures	Measures 65 and 68

Measure 72	BelRAI
Objective	Guaranteeing the quality of care
Type (e.g. legislative reform, investment)	Beneficiary needs assessment tool
Target group (definition and size)	Persons with support needs at home and in residential care centers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Determination of quality care schedules - Facilitation of quality monitoring - Facilitation of care coordination - Collaboration with the beneficiary - Eventual link with funding based on degree of care need and quality indicators
Timing	Gradual application from 1 June 2023
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	Reciprocal benchmarking between care centres
Links with other measures	Interfederal cooperation agreement eHealth and BelRAI

Measure 73	Quality benchmark
Objective	Supporting departments in improving quality
Type (e.g. legislative reform, investment)	Support
Target group (definition and size)	Care services
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Quality improvement - AVIQ advice and support for risk analysis and care improvement
Timing	In application

Financial resources (national and European funding)	No specific funding or financial incentives
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities - Care services
Evaluation	Regular audits by AVIQ
Links with other measures	

Measure 74	Kwaliteit van zorg als geldende regel voor overheidsopdrachten (Quality of care as a rule in public procurement)
Objective	Quality of care and services
Type (e.g. legislative reform, investment)	Administrative principle deriving directly from the decree
Target group (definition and size)	All tenderers
Results and impact (expected or achieved)	Total quality guarantee
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 75	Advice for senior citizens
Objective	Promoting autonomy and inclusion
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Senior citizens
Results and impact (expected or achieved)	- Involving senior citizens - Increasing senior citizens' independence - Increasing senior citizens' inclusion
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	Measures 76 and 123

Measure 76	Advice for informal caregivers
Objective	Promoting autonomy and inclusion
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Informal caregivers

Results and impact (expected or achieved)	- Involvement of informal caregivers - Empowerment of care beneficiaries - Inclusion of care beneficiaries
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	Measures 75 and 123

Measure 77	Zorgzame buurten (Caring Neighbourhoods)
Objective	Improving quality of live so that people can live comfortably at home in their familiar environment
Type (e.g. legislative reform, investment)	Support, training and information
Target group (definition and size)	All districts
Results and impact (expected or achieved)	- Building up a social network, solidarity and caring coexistence - Connecting informal and formal care - Intersectoral collaboration between wellbeing and care partners and partners from other domains in a network that focuses on prevention, health promotion and the provision of integrated care and support with a focus on quality of life
Timing	Effective 1 February 2022
Financial resources (national and European funding)	Flemish public authorities (Relanceplan)
Implementing body(ies) and cooperation with stakeholders	- Flemish public authorities - Residential elderly care - Home care - Local service centres (lokale dienstencentra)
Evaluation	
Links with other measures	Measures 78, 79 and 80

Measure 78	Hybride gezinszorg (Hybrid home care)
Objective	Reinforcing e-inclusion for home care beneficiaries
Type (e.g. legislative reform, investment)	Project
Target group (definition and size)	Beneficiaries of home help
Results and impact (expected or achieved)	- Better digital inclusion - Diversification of forms of assistance - Better response to needs
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities

Evaluation	
Links with other measures	Measures 77, 79 and 80

Measure 79	Kwartiermaken
Objective	Integration of patients into communities
Type (e.g. legislative reform, investment)	Test projects
Target group (definition and size)	Mental health patients in two regions of Flanders
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Close-knit, supportive local community - Place for people with mental health problems in the local community - Inclusion of people with mental health problems
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 77, 78 and 80

Measure 80	Zelfstandig wonen (Independent living)
Objective	Reinforcing autonomous, inclusive and independent living
Type (e.g. legislative reform, investment)	
Target group (definition and size)	People with disabilities
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Immediate accessible help - Small-scale housing initiatives - 'Space for disability' academic workshop - Knowledge development on inclusion and deinstitutionalisation - Inclusive, high-quality residential care - International exchange of best practices
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - Ghent University - Professional service providers
Evaluation	
Links with other measures	Measures 77, 78 and 79

Measure 81	Well-being at work tool
Objective	Well-being of non-profit workers
Type (e.g. legislative reform, investment)	Tool
Target group (definition and size)	Workers

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Prevention and management of burn-out - Protection of beneficiaries against abuse - Health and safety of workers - Safety of beneficiaries - Prevention of psychosocial risks
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Public authorities Cocof - ABBET (Brussels association for well-being at work)
Evaluation	
Links with other measures	Measure 12

Measure 82	Information days
Objective	Fighting abuse
Type (e.g. legislative reform, investment)	Information campaigns
Target group (definition and size)	Care providers
Results and impact (expected or achieved)	Eliminating abuse
Timing	Completed
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	Measures 12 and 138

Measure 83	Grenswijs (Boundaries)
Objective	Aggression policy
Type (e.g. legislative reform, investment)	Information and support
Target group (definition and size)	Care and service providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Prevention of abuse - Better management of aggression-related incidents - Provision of a website (grenswijs.be) - Support and pedagogical frameworks according to sectors - Reporting and/or complaint procedures defined for each sector - Reduction of abuse and inappropriate behaviour towards beneficiaries - Reduction of abuse and inappropriate behaviour towards providers
Timing	In application
Financial resources (national and European funding)	

Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - ICOBA (Iedereen Competent in het Beheersen van Agressie) - Sensoa - Pimento - Care providers - Care institutions
Evaluation	
Links with other measures	Measures 12 and 138

Measure 84	Prevention and management of abuse
Objective	Prevention and management of abuse
Type (e.g. legislative reform, investment)	Legislation and information
Target group (definition and size)	Care and service providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Detecting problem cases - Training professionals - Informing and raising public awareness - Exchanging best practices - Collecting data and statistics
Timing	In application
Financial resources (national and European funding)	Regional funding
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Agency Respect Seniors
Evaluation	Walloon public authorities
Links with other measures	Measures 12 and 138

Measure 85	Fight against violence and harassment in the workplace
Objective	Worker health and safety
Type (e.g. legislative reform, investment)	Legislation (BET Law and BET Code)
Target group (definition and size)	Companies and workers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Guaranteeing the health and safety of workers - Reducing violence caused by third parties - Reducing violence between members of staff - Preventing and managing harassment (physical, verbal, sexual) - Preventing and managing inappropriate behaviour
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Federal authority
Evaluation	
Links with other measures	Measures 12 and 138

Measure 86	Financial support for training
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Objective	
Type (e.g. legislative reform, investment)	Funding
Target group (definition and size)	Non-profit associations
Results and impact (expected or achieved)	
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Cocof public authorities
Evaluation	
Links with other measures	

Measure 87	Financiële ondersteuning aan leren in de sociale sector (Financial support for apprenticeships in the social sector)
Objective	Strengthening and developing professional skills through a range of coordinated measures
Type (e.g. legislative reform, investment)	Financial support
Target group (definition and size)	<ul style="list-style-type: none"> - Commercial and non-commercial institutions - Childcare - Care and service sector - Teachers and trainers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Professionalisation - Quality training and education - Access to training for all players in the sector - Training and education adapted to the needs of different sectors and players
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - VIVO (Vlaams Instituut voor Vorming en Opleiding) - Vormingsfonds 'Kinderopvang' - Vormingsfonds 'Thuiszorg'.
Evaluation	
Links with other measures	Measures 65, 68 and 83

Measure 88	Actieplan (Action plan)
Objective	Strengthening of (continuing) training
Type (e.g. legislative reform, investment)	Sector-specific agreement (sectorconvenant 2023-2025)
Target group (definition and size)	Employers and workers of joint committees 318.02, 319.01, 327.01, 329.01, 330, 331, 337

Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Strengthening training - Removing distortions between actual skills and expected and necessary skills - Increasing participation rates in training - Improving digital skills - Increasing opportunities for dual training - Improving the image of the non-profit sector among pupils and students - Removing taboos around psychosocial well-being - Promoting inclusion and diversity
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - VIVO
Evaluation	
Links with other measures	Measures 4, 65, 68, 83, 87, 89 and 90

Measure 89	Lokale dienstencentra en thuiszorg (Local service centres and home care)
Objective	Boosting continuing education and training
Type (e.g. legislative reform, investment)	Legislation (Bijlage 1 Stambesluit programmatie, erkenningsvoorwaarden en subsidieregelingen voor woonzorgvoorzieningen en verenigingen voor mantelzorgers en gebruikers 28 juni 2019) --> approval criteria
Target group (definition and size)	Local service centres - home care
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improved training and skills for local service centre managers - Enhanced technological and digital skills
Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 65, 68, 83, 87, 88 and 90

Measure 90	Diensten voor gezinszorg (family assistance services)
Objective	Strengthening staff skills and training
Type (e.g. legislative reform, investment)	Legislation (approval criteria) and financing
Target group (definition and size)	Family aid services
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Recruitment of personnel with the necessary diplomas, certificates or attestations - Compliance with the quality manual - Ongoing/complementary staff training

Timing	In application
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 65, 68, 83, 87, 88 and 89

Measure g1	Training for certified professionals
Objective	Meeting training needs
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Professionals in nursing and care homes (2022: over 1,000 people)
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Meeting training needs - Filling skills gaps identified by the inspectorate - Guaranteeing training quality - Combating digital inequalities
Timing	In application
Financial resources (national and European funding)	Regulatory (the Walloon Social Action and Health Code defines basic and continuing training for professionals involved in the schemes, according to each scheme in the Code)
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	Measures 66, 69, 92 and 112

Measure g2	Ongoing front-line training
Objective	Strengthening training for front-line professions
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Front-line service providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Development of continuing training - Reinforcement of skills - Improvement of e-health skills - Legal text designed to enhance the value of domestic help skills - Non-profit sector agreements that include continuing training provisions
Timing	In preparation
Financial resources (national and European funding)	Regional funding
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Representatives of workers and employers in the sector - AVIQ
Evaluation	
Links with other measures	Measures 66, 69 and 91

Measure 93	Actieplan (zij)-instroom (Afflux (lateral) action plan)
Objective	Strengthening training
Type (e.g. legislative reform, investment)	Flemish intersectoral agreement (VIA6)
Target group (definition and size)	Sector players
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Improved branding, communication and awareness, notably through a new website www.care-er.be - Increase the number of places available in sector-based skills training - Expand sector-based skills training to other sectors - Set up a structural channel for the arrival and training of new workers - Develop a digital information dome platform
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - VDAB - Sector funds
Evaluation	
Links with other measures	Measure 04

Measure 94	Denktank 'aantrekken van buitenlands zorgtalent' (Think-tank on attracting foreign talent)
Objective	Advising decision-makers on attracting foreign talent to the care and well-being sector
Type (e.g. legislative reform, investment)	Idea laboratories
Target group (definition and size)	Foreign workers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Listing of best practices - Listing of obstacles and challenges to economic migration in the care sector - Development of a vision proposal including possible next steps
Timing	in progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 95	Erkenning van gezondheidsberoepen (Recognition of healthcare professions)
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Objective	Guarantee that the care provider has the required skills and qualifications
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	Healthcare professionals
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Guarantee that healthcare professionals have completed the required theoretical and practical training - Guarantee that healthcare professionals have the required skills and qualifications - Guarantee the quality of care and services
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	Flemish public authorities
Links with other measures	Measure 96, measure 145 and measure 147

Measure 96	Visa for healthcare professionals
Objective	Guaranteeing the quality of care
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Healthcare providers
Results and impact (expected or achieved)	Quality of care
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Federal government (FPS Public Health)
Evaluation	
Links with other measures	Measures 95, 145 and 147

Measure 97	Care-er label
Objective	Promoting professional activity in the care and well-being sector
Type (e.g. legislative reform, investment)	Information
Target group (definition and size)	All potential workers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Positive image of professions in the care sector - Attractiveness for male workers - Increased recognisability - Increased influx of new workers - Enhanced attractiveness of the sector - Centralisation of information on a single platform - Expansion of skills training

Timing	In force (since 26 January 2023 - www.care-er.be)
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measure 138

Measure 98	Denktank 'Mannen in de kinderopvang' ('Men in childcare' think-tank)
Objective	Strengthening the presence of male workers
Type (e.g. legislative reform, investment)	Idea laboratory
Target group (definition and size)	Male workers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Increase in the number of male workers - Better gender balance in the sector - Fight against sexist stereotypes
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 97 and 138

Measure 99	Mantelzorgers als volwaardige partners (Informal caregivers as full partners)
Objective	Recognition and esteem for informal caregivers
Type (e.g. legislative reform, investment)	Legislation & raising awareness among professionals
Target group (definition and size)	Professional service providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better integration of informal caregivers into care - Better coordination of care and services - Improved quality of care and services - Integrated care and services for beneficiaries - Better involvement of informal caregivers at key moments
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 60 and 139

Measure 100	The family as a key support player
Objective	Increasing the involvement of informal caregivers

Type (e.g. legislative reform, investment)	Regulation and European projects
Target group (definition and size)	Informal caregivers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Systematic consultation of caregivers for any act or action that could have repercussions on the person's integrity - Integration of caregivers into front-line care - Participation of caregivers as partners in the therapeutic team - Possibility of respite for informal caregivers - In the long term, reinforcement of the role of caregivers in daycare centres and nursing homes - Reinforcement of networking in the mental health sector, with specific psychological support for informal caregivers - Provision of discussion forums for informal caregivers - Sensitisation of professionals in the senior citizens' sector to the needs of informal caregivers.
Timing	In progress
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Walloon public authorities - European funding (ESF+)
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Asbl aidants proches
Evaluation	Walloon public authorities
Links with other measures	Measures 43, 63, 103 and 139

Measure 101	Opleiding voor en over mantelzorgers (Training for and about informal caregivers)
Objective	Increasing the visibility of training and support services for and concerning informal caregivers
Type (e.g. legislative reform, investment)	Communication
Target group (definition and size)	Professionals, informal caregivers and all interested persons
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Centralised information on the www.mantelzorgers.be website - Dissemination of available training and support offers
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 60, 102, 104, 105 and 139

Measure 102	Psychologische begeleiding voor mantelzorgers (Psychological support for informal caregivers)
Objective	Support for informal caregivers
Type (e.g. legislative reform, investment)	Tools

Target group (definition and size)	Informal caregivers
Results and impact (expected or achieved)	- Provision of psychological support for informal caregivers - Provision of psycho-educational tools
Timing	In application
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 60, 101, 104, 105 and 139

Measure 103	Support for informal caregivers
Objective	Diversifying forms of support
Type (e.g. legislative reform, investment)	Tools - Recovery Plan 2022
Target group (definition and size)	Informal caregivers
Results and impact (expected or achieved)	- Increase in respite services for carers of people with disabilities - Freephone number for caregivers - Training for caregivers - Caregiver training for professionals
Timing	In application
Financial resources (national and European funding)	Regional funding
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Walloon public authorities
Links with other measures	Measures 43, 63, 100 and 139

Measure 104	Identificeren en waarden van mantelzorg (Recognition and development of informal care)
Objective	Protecting informal caregivers
Type (e.g. legislative reform, investment)	Informal caregivers plan (mantelzorgplan 2022-2024)
Target group (definition and size)	Informal caregivers
Results and impact (expected or achieved)	- Harmonisation of informal caregiver status at municipal, Flemish and federal level - Development of a suitable status for informal caregivers who are children, young people or students - Administrative simplification and automatic granting of rights - Support for combining the role of informal caregiver with other activities (work, school, etc.) - Participatory policy to support caregivers
Timing	In application
Financial resources (national and European funding)	

Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 60, 101, 102, 105 and 139

Measure 105	Verbindend mantelzorgbeleid (Unified informal care policy)
Objective	Develop synergies with other policy areas and levels
Type (e.g. legislative reform, investment)	Legislation & action plan
Target group (definition and size)	Informal caregivers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Contractual protection for caregivers of people with disabilities - Full- or part-time leave options for informal caregivers (time credit, Flemish care credit, medical assistance leave, palliative care leave, informal caregiver leave) - Financial support for informal caregivers (Flemish incentive bonus, municipal caregiver bonus, care budget for a person in a situation of high dependency, care budget for a low-income person over 65, care budget for a person with a disability).
Timing	In application
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Flemish public authorities - Municipal authorities - Federal authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 60, 101, 102, 104 and 139

Measure 106	Recognition of informal caregiver status
Objective	Definition of informal caregiver and identification of the people who make up the target group
Type (e.g. legislative reform, investment)	Legislation (Law of 12 May 2014 on the recognition of informal caregivers, amended by the law of 17 May 2019).
Target group (definition and size)	Informal caregivers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Thematic leave for informal caregivers - Protection against dismissal for requests for thematic leave - Recognition of minors as informal caregivers - Possible recognition of people unable to work as informal caregivers - Clarification of criteria for dependency status (assisted person) - Removal of the requirement for annual status renewal
Timing	In application
Financial resources (national and European funding)	

Implementing body(ies) and cooperation with stakeholders	Federal authority
Evaluation	
Links with other measures	Measures 21, 41, 47, 76, 77, 99, 100, 101, 102, 103, 104 and 105

Measure 107	Local health organisations (LHOs)
Objective	Support and information for local service providers and beneficiaries
Type (e.g. legislative reform, investment)	Regulations
Target group (definition and size)	<ul style="list-style-type: none"> - Senior citizens - Informal caregivers - Vulnerable people - Neighbours
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Developing and strengthening social cohesion - Objective and transparent information - Relaxation and respite - Exchanges
Timing	Needs assessment in progress (Proxisanté reform)
Financial resources (national and European funding)	Walloon public authorities
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Scientific consortium and High Strategic Council (environmental impact, poverty and climate)
Links with other measures	Measure 39

Measure 108	Fight against certain forms of discrimination
Objective	Fight against discrimination
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Health sector
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Ending discrimination in the workplace - Ending discrimination in the health and social protection sector - Raising awareness among those working in the field
Timing	Decree of 6 December 2008 in force
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Walloon sector players
Evaluation	
Links with other measures	Measure 138

Measure 109	Gender and identity
Objective	Raising awareness among citizens and workers
Type (e.g. legislative reform,	Campaign and actions

investment)	
Target group (definition and size)	Undefined
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better understanding of gender and identity positioning - Combating stereotypes and prejudice - Awareness-raising activities at trade fairs and other forums - Distribution of the 'Gender and Sexuality' brochure
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities
Evaluation	
Links with other measures	Measures 108 and 138

Measure 110	Integration and retraining of undeclared workers
Objective	Worker protection
Type (e.g. legislative reform, investment)	Coordination
Target group (definition and size)	Public bodies that play a role in labour policies
Results and impact (expected or achieved)	Better coordination between the different agencies and departments involved in labour policies
Timing	Project - no defined timing
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - FOREM - IFAPME - SPW EER
Evaluation	
Links with other measures	

Measure 111	Population management
Objective	Define, on a scientific and quantified basis, the front-line actions to be taken to develop a care strategy
Type (e.g. legislative reform, investment)	Creation of a dynamic population management tool
Target group (definition and size)	Health and care sector
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Creation of a working group comprising the institutes and observatories responsible for health statistics and academics - Creation of a dynamic tool for cross-referencing statistical data, health needs and the availability of health resources in the region
Timing	In progress (working group launched on 4 April 2024)

Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - IWEPS - Sciensano - Health observatories - AIM - CIN - PAQS - ULiège - UCLouvain
Evaluation	
Links with other measures	Measure 39

Measure 112	W.ALL.IN.HEALTH
Objective	Providing the population with a resource repository
Type (e.g. legislative reform, investment)	Communication tool
Target group (definition and size)	The entire population
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Provision of a repository of resources in terms of activities and operators, linked to the territory - Improved access to available resources for the population - Better view of needs for potential service providers - Better support for the development of public policies
Timing	In progress
Financial resources (national and European funding)	Financing by the Walloon public authorities as part of the recovery plan
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities
Evaluation	
Links with other measures	Measures 50 and 91

Measure 113	Health crisis management
Objective	Effective management of health crises and emergencies
Type (e.g. legislative reform, investment)	Management plans
Target group (definition and size)	Public authorities and healthcare institutions
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Internal Emergency Plan (IEP) for each institution, to anticipate risks and respond rapidly and effectively in the event of a crisis - Strategic plan for mental health care and continuity of care - Inclusion of health crisis management at the level of Local Health Organisations (Proxisanté reform)
Timing	In progress

Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities - Local health organisations - Healthcare institutions
Evaluation	
Links with other measures	Measure 39

Measure 114	Unit for people in priority situations
Objective	Taking effective care of people with disabilities in priority situations
Type (e.g. legislative reform, investment)	Coordination unit
Target group (definition and size)	Adults and young adults with disabilities
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Setting up a 'People in priority situations' unit within the AVIQ - Improving access to different services, welcoming or accommodating people with disabilities, for people with "priority" disabilities who are in emergency situations - Proposing individual solutions adapted to the person - Developing innovative solutions thanks to listening and support work dedicated to the families concerned.
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities - AVIQ
Evaluation	
Links with other measures	

Measure 115	Well-being of care and healthcare personnel
Objective	Preventing and managing abuse of care and healthcare professionals
Type (e.g. legislative reform, investment)	Funding
Target group (definition and size)	Care and service providers
Results and impact (expected or achieved)	<p>Well-being policy</p> <ul style="list-style-type: none"> - Improving the well-being of professionals - Combating abuse of healthcare staff - Achieving the quintuple aim (delivering the best care at the best cost, care that is inclusive in the community, in a sustainable model and contributing to health equity), including the well-being of care professionals and workers <p>Raising awareness and supporting care institutions</p> <ul style="list-style-type: none"> - Improving the quality of care

Timing	In application
Financial resources (national and European funding)	- National and regional funding - Proxisanté - Integrated care - AVIQ grants to PAQS
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities - National Institute for Health and Disability Insurance (Inami) - Care institutions
Evaluation	
Links with other measures	Measure 12

Measure 116	ICT Master plan
Objective	Computerisation of residential and care institutions
Type (e.g. legislative reform, investment)	Investment
Target group (definition and size)	Residential and care institutions
Results and impact (expected or achieved)	- Computerisation of care and accommodation centres - Computerisation of personnel management - Computerisation of care plan management - Improved accessibility of BelRAI (which is already used to calculate financial assistance to beneficiaries)
Timing	In progress
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	- German-speaking public authorities - Private partner appointed by tender - Residential and care institutions
Evaluation	
Links with other measures	Measure 129

Measure 117	Infrastructure accessibility
Objective	Making buildings accessible to people with reduced mobility
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	People with reduced mobility
Results and impact (expected or achieved)	- Better physical accessibility of buildings - Integration of people with reduced mobility
Timing	In application (since 2004)
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	Measures 118 and 138

Measure 118	Reception of people with specific needs
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Objective	Developing specific facilities for people with mental disabilities
Type (e.g. legislative reform, investment)	Organisation
Target group (definition and size)	People with mental disabilities
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Strengthening the possibilities of adapted care - Collaboration with Germany - Collaboration with families and the care network
Timing	In application
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	Measures 117 and 138

Measure 119	Quality as a condition of funding
Objective	Compliance with the quality requirements set out in legislation and with public procurement regulations
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Care and healthcare institutions and providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Compliance with the quality requirements set out in the different legal texts - Compliance with public procurement legislation - Public funding granted to quality providers - Decree of 13 December 2018 concerning offers for elderly or dependent persons as well as palliative care
Timing	In application
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	Measure 64

Measure 120	Support for ongoing training of service providers
Objective	Enhancing the well-being of service providers and protecting workers in the workplace
Type (e.g. legislative reform, investment)	Funding
Target group (definition and size)	Healthcare and care providers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Strengthening continuing training (technical and soft skills) - Increasing the number of trained providers - Diversifying the training offer - Improving the quality of care

Timing	In application
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	- German-speaking public authorities - KPVDB (association that organises training in the care sector)
Evaluation	
Links with other measures	Measures 12 and 121

Measure 121	Personnel and quality standards
Objective	Guaranteeing the protection of service providers and the quality of care
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Care providers and institutions
Results and impact (expected or achieved)	- Reinforcing staff standards - Reinforcing quality standards - Better staff protection - Increasing the quality of care and services
Timing	In progress (draft decree currently in 3rd reading)
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	- German-speaking public authorities - Social partners
Evaluation	
Links with other measures	Measures 64 and 119

Measure 122	Career development strategy
Objective	Define a strategy and action plan for 'care and healthcare' career pathways
Type (e.g. legislative reform, investment)	Think-tank
Target group (definition and size)	Players in the care and healthcare sector
Results and impact (expected or achieved)	- Stimulate reflection and discussion - Utilise and translate the outputs of the round table held on the subject - Reinforce the value of care and healthcare providers - Define a strategy and action plan - Determine the financial and legal resources required
Timing	Undetermined
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- German-speaking public authorities - Stakeholders in the care and healthcare sector
Evaluation	
Links with other measures	

Measure 123	Advisory boards
Objective	Involving all sector players and citizens
Type (e.g. legislative reform, investment)	Dialogue
Target group (definition and size)	Players in the care and healthcare sector and citizens
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Effective functioning of the Health Advisory Committee - Effective functioning of the Advisory Council for the Care of the Elderly - Involvement of sector stakeholders - Involvement of citizens - Strengthening of consultation and collaboration - Advice to public authorities before adoption of new legal provisions
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - German-speaking public authorities - Stakeholders in the care and healthcare sector - Citizens
Evaluation	
Links with other measures	Measures 75 and 76

Measure 124	Needs planning
Objective	Have a better vision of the care needs of the elderly, considering lifestyle habits
Type (e.g. legislative reform, investment)	Administrative action
Target group (definition and size)	Public decision-makers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Better forecasting of care needs - Better planning of care provision - More appropriate response to the requirements of the elderly population - Better match between supply and demand for care and services
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 125	Raadgevend en overlegcomité's (advisory boards and consultation committees)
Objective	Promoting dialogue and expertise within the sector
Type (e.g. legislative reform,	Dialogue

investment)	
Target group (definition and size)	Public decision-makers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Advice to public decision-makers - Vision and strategy proposals - Better involvement of sector players and social partners - Strengthening the applicability and effective application of legal provisions thereafter
Timing	In progress
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Flemish public authorities - Healthcare and care sector players - Social partners - Experts
Evaluation	
Links with other measures	Measure 04

Measure 126	Dataverzameling en -analyse (Data collection and analysis)
Objective	Have access to quantified information and develop indicators
Type (e.g. legislative reform, investment)	Actions forecast
Target group (definition and size)	Public decision-makers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Clear vision of care needs - Correlation of GP supply and demand - Development and use of sector-specific indicators - Quality improvement through quality indicators
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 44 and 128

Measure 127	Crisis Preparedness Cell
Objective	Be prepared for any unforeseen health crisis
Type (e.g. legislative reform, investment)	Administrative
Target group (definition and size)	Public decision-makers and sector players
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Coordination with partners at other levels of authority - Deal effectively with any health crisis by providing appropriate care
Timing	In progress (since 2022)
Financial resources (national and European funding)	Flemish public authorities

Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 128	Prognoses zorgnood en model van budgetbewaking (care needs assumptions and budget monitoring model)
Objective	Flemish multi-year social protection plan
Type (e.g. legislative reform, investment)	Funding
Target group (definition and size)	Public decision-makers and sector players
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Determination of care needs - Determination of the necessary funding - Monitoring of budgets - Monitoring of trends in needs - High-quality care adapted to the needs of the population
Timing	In progress
Financial resources (national and European funding)	Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 44 and 126

Measure 129	BeIRAI
Objective	Objective criteria for determining financial assistance
Type (e.g. legislative reform, investment)	Funding
Target group (definition and size)	Healthcare and care beneficiaries
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Objectivation of financial aid granted to beneficiaries - Objective assessment of needs - Improvement in quality of care
Timing	In progress
Financial resources (national and European funding)	German-speaking public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - German-speaking public authorities - Residential and care institutions
Evaluation	
Links with other measures	Measure 116

Measure 130	Strengthening of protection against reprisals
Objective	Prevention and management of health and safety in the workplace
Type (e.g. legislative reform, investment)	Legislation

Target group (definition and size)	<ul style="list-style-type: none"> - Employers - Workers - Third parties - Interest groups
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - better prevention and management of violence and moral or sexual harassment in the workplace - reinforcement of the fight against violence or all forms of harassment based on prohibited criteria (discrimination) - reinforcement of protection against reprisals in the event of violence or (sexual) harassment
Timing	Effective 1 June 2023
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Federal Government - FPS Employment, Labour and Social Dialogue Employers - Interest groups
Evaluation	Public authorities
Links with other measures	Measures 12 and 138

Measure 131	Consultation bodies and crisis units
Objective	Reduce the risk to the Belgian population as much as possible
Type (e.g. legislative reform, investment)	<ul style="list-style-type: none"> - Organisational reform - Memorandum between the Federal Government and the authorities referred to in Articles 128, 130 and 135 of the Constitution, establishing generic structures for the sectoral health management of public health crises and their mode of operation for the application of the International Health Regulations (2005), and Decision n°1082/2013/EC on serious cross-border health threats
Target group (definition and size)	Public decision-makers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Coordination with partners at different levels of authority and experts - Deal effectively with any health crisis
Timing	In progress
Financial resources (national and European funding)	Federal government
Implementing body(ies) and cooperation with stakeholders	Public authorities (all entities)
Evaluation	
Links with other measures	

Measure 132	Walloon Advisory Council for people with disabilities
Objective	Ensure that people with disabilities are represented in the development and implementation of policies that concern them.

Type (e.g. legislative reform, investment)	Legislative (Walloon Decree of 5 May 2022)
Target group (definition and size)	Public decision-makers
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Advice to public decision-makers - Studies on disability-related issues - Better involvement of sector players - Strengthening the applicability and effective application of legal provisions thereafter
Timing	Effective 1 February 2023
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Walloon public authorities - Walloon sector players - AVIQ
Evaluation	
Links with other measures	Measure 134

Measure 133	Facilities for the elderly and need for care facilities
Objective	<ul style="list-style-type: none"> - Remedy the mismatch between the supply of care facilities for the elderly and their needs - Limit the risk of budget overruns
Type (e.g. legislative reform, investment)	Legislative (Ordinance of 24 April 2008 on establishments for the elderly, as amended by the Ordinance of 22 December 2023)
Target group (definition and size)	Care facilities for the elderly
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Mechanism for recovering (approval) of surplus places in care facilities for the elderly (MRPA-MRS) - Automatic expiry of specific authorisations for commissioning and operation if the establishment does not apply for approval - Loss of specific authorisation for commissioning and operation and loss of approval for establishments that close voluntarily - Ban on transfers of places between establishments - New system of administrative sanctions
Timing	Effective 11 January 2024
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> Brussels public authorities - Cocom
Evaluation	
Links with other measures	

Measure 134	Transitional programming for elderly care
Objective	Providing care for the elderly in line with needs
Type (e.g. legislative reform, investment)	Legislative (Decree of 4 June 2009 of the College of the Joint Community Commission laying down the procedures for programming and approving establishments, amended by the Decree of 29 June 2023)
Target group (definition and size)	Care facilities for the elderly

Results and impact (expected or achieved)	- Programming and approval procedures enabling transitional programming of the maximum number of places available - Setting the maximum number of places available in nursing homes, rest and care homes, short-stay facilities and daycare centres
Timing	Effective 19 August 2023
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Brussels public authorities
Evaluation	
Links with other measures	Measure 133

Measure 135	Quality care for senior citizens
Objective	Increasing the number of reactivation staff in nursing homes and care homes
Type (e.g. legislative reform, investment)	- Legislative (Ministerial Decree of 6 November 2003 setting the amounts and conditions for granting assistance in nursing homes and nursing and care homes, amended by the Brussels Decree of 14 September 2023) - Financial
Target group (definition and size)	- Nursing homes - Nursing and care homes
Results and impact (expected or achieved)	- Increased standards for reactivation staff (physiotherapists, psychologists, educators, dieticians, speech therapists, etc.) - Expansion of the category of reactivation staff to include "staff who perform tasks designed to contribute to the well-being of residents within the institution" - Improved quality of care - Financial intervention to support nursing homes and nursing and care homes that meet staffing standards
Timing	Effective 1 July 2023
Financial resources (national and European funding)	Brussels public authorities
Implementing body(ies) and cooperation with stakeholders	- Brussels public authorities - Nursing homes - Nursing and care homes
Evaluation	
Links with other measures	Measure 133

Measure 136	It takes a village
Objective	Culture change among staff in care facilities for the elderly
Type (e.g. legislative reform, investment)	- Partnership - Financial support
Target group (definition and size)	- Care facilities for the elderly - Staff members of these structures
Results and impact (expected or achieved)	- Change of culture for staff members - Implementation of new accreditation standards (Decree of 18 January 2024 setting the accreditation standards to be met by

	<p>establishments for the elderly, and the special standards applicable to groupings and mergers of establishments. It will come into force on 1 September 2024</p> <ul style="list-style-type: none"> - Having nursing homes and nursing and care homes that are real places to live for the elderly - Having nursing homes and nursing and care homes that are attractive and meaningful workplaces for employees - Free participation in coaching, training, co-development and best practice exchange sessions between staff members (various themes) - Online platform: https://itav.brussels/
Timing	In progress - new standards to come into force on 1 September 2024
Financial resources (national and European funding)	Brussels public authorities
Implementing body(ies) and cooperation with stakeholders	<ul style="list-style-type: none"> - Brussels public authorities - King Baudouin Foundation - Nursing homes - Nursing and care homes
Evaluation	
Links with other measures	Measure 135

Measure 137	Permanent dialogue and consultation platform for the non-profit sector in Brussels
Objective	<ul style="list-style-type: none"> - Simplification of social dialogue structures - Strengthening expertise and shared knowledge
Type (e.g. legislative reform, investment)	Legislative (Cooperation Agreement of 14 March 2024 between the French Community Commission, the Joint Community Commission and the Brussels-Capital Region concerning the creation of the permanent platform for dialogue and consultation of the non-profit sector and its hosting by Brupartners)
Target group (definition and size)	<ul style="list-style-type: none"> - Care facilities for the elderly - Staff members of these structures
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Brussels-based social dialogue integrated within a simplified, more legible architecture of the different consultation structures - Greater accessibility for citizens and association workers - Strengthening of a lasting, trust-based relationship between representatives of the sectors concerned, the government and the administrations - Increase in long-term expertise and shared knowledge linked to these sectors - Financial support from the government via the assumption of part of the salaries of people on the (Brupartners) hosting platform, for example.
Timing	In progress
Financial resources (national and European funding)	Brussels public authorities

Implementing body(ies) and cooperation with stakeholders	- Brussels public authorities - Relevant administrations - Sector players
Evaluation	
Links with other measures	Measure 06

Measure 138	Strengthening of anti-discrimination laws
Objective	- Fighting discrimination - Reinforcing inclusion - Strengthening expertise and shared knowledge
Type (e.g. legislative reform, investment)	Legislative (Law of 28 June 2023 amending the Law of 30 July 1981 to suppress certain acts inspired by racism or xenophobia, the Law of 10 May 2007 to combat certain forms of discrimination and the Law of 10 May 2007 to combat gender-based discrimination)
Target group (definition and size)	All citizens and organisations
Results and impact (expected or achieved)	- Fighting discrimination - Reinforcing inclusion - Compliance with European case law - Better protection for vulnerable people
Timing	In force
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Federal authority - All federated entities
Evaluation	
Links with other measures	Measure 130

Measure 139	Interfederal plan for integrated care
Objective	Continuity of patient care across all services, from prevention onwards
Type (e.g. legislative reform, investment)	Legislative (Memorandum of Understanding 8 November 2023)
Target group (definition and size)	- Healthcare professionals - Assistance providers - Patient/beneficiary entourage
Results and impact (expected or achieved)	- Better integration of care - Cross-functional collaboration between providers - Continuity of care - Better patient guidance
Timing	In force
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Federal authority - All federated entities
Evaluation	
Links with other measures	

Measure 140	Zorgbudget (Care budget)
Objective	Guarantee the affordability of care
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	Care beneficiaries
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Access to care for all - Payability of care - Monthly sum for beneficiaries affiliated with Flemish social protection - Care in an institution or at home
Timing	In application
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Flemish public authorities - Individual member contributions
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 24, 28, 32 and 141

Measure 141	Persoonsvolgende financiering (Person-related financing)
Objective	Guarantee the affordability of care
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	People with disabilities
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Access to care for all - Payability of care - Financial support for people with disabilities who require more extensive care - Monthly sum for beneficiaries - Care in an institution or at home
Timing	In application
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Flemish public authorities
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	Measures 24, 28, 32 and 140

Measure 142	Agenda for the future of healthcare work
Objective	Attracting, supporting and retaining care staff
Type (e.g. legislative reform, investment)	Possible solutions for the future (source of reference and inspiration)
Target group (definition and size)	Care staff (institutions, home care, etc.)
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Continued investment - Ongoing reforms - Responses to the challenges of leadership, innovation and digitalisation - Investing in better pay and employment conditions - Ensuring sustainable, high-quality care

	- Guarantee of quality care accessible to all
Timing	Agenda for the future of care work' published (April 2024) https://www.health.belgium.be/nl/toekomstagenda-voor-het-werken-de-zorg-het-aantrekken-ondersteunen-en-behouden-van-zorgpersoneel
Financial resources (national and European funding)	Public authorities
Implementing body(ies) and cooperation with stakeholders	- Federal government - Social partners - Professional organisations
Evaluation	
Links with other measures	

Measure 143	Financial support for care beneficiaries
Objective	Guarantee the affordability of care
Type (e.g. legislative reform, investment)	Financial
Target group (definition and size)	Care beneficiaries
Results and impact (expected or achieved)	- Access to healthcare for all - Affordable healthcare - Decrees 27/06/2022 over care allowance for seniors
Timing	
Financial resources (national and European funding)	Federated entities
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	Public authorities concerned
Links with other measures	Measures 26 and 33

Measure 144	Family assistance services
Objective	Non-medical home help (assistance with housework, cleaning, etc.)
Type (e.g. legislative reform, investment)	Regulation (Decree of 13/12/2018 on services for the elderly, dependent persons and palliative care)
Target group (definition and size)	People at home in need of care
Results and impact (expected or achieved)	Remaining at home
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	
Links with other measures	

Measure 145	Recognition of healthcare professions
Objective	Guarantee that the care provider has the required skills and qualifications

Type (e.g. legislative reform, investment)	Regulations (Government decree of 25/04/2019 establishing the procedure for the approval, registration and recognition of healthcare professionals and for the issuance of the European Professional Card)
Target group (definition and size)	Healthcare professionals
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Guarantee that healthcare professionals have completed the required theoretical and practical training - Guarantee that healthcare professionals have the required skills and qualifications - Guarantee the quality of care and services
Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	German-speaking public authorities
Evaluation	German-speaking public authorities
Links with other measures	Measure 95, measure 96 and measure 147

Measure 146	Bestrijden van onderbescherming en toegang tot sociale hulp- en dienstverlening garanderen (Combating under-protection and ensuring access to social assistance and services)
Objective	Partnership in local social policy
Type (e.g. legislative reform, investment)	Health care professionals
Target group (definition and size)	<ul style="list-style-type: none"> - Achieving accessible social assistance and services - Countering under-protection - Ensuring that everyone, and especially the most vulnerable, can find their way to help quickly and within an acceptable distance
Results and impact (expected or achieved)	
Timing	
Financial resources (national and European funding)	<ul style="list-style-type: none"> - Public social welfare centre - Centre for general welfare work (CAW) - Social work services of the health insurance funds (DMW)
Implementing body(ies) and cooperation with stakeholders	Flemish public authorities
Evaluation	
Links with other measures	

Measure 147	Planning commissions
Objective	Review of medical supplied needs
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	
Results and impact (expected or achieved)	<ul style="list-style-type: none"> - Federal planning commission - Flemish planning commission - Planning commission of the French Community

Timing	
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Federale State - Flanders - French speaking Community
Evaluation	
Links with other measures	

Measure 148	BelRAI
Objective	Standardise the assessment tools used to measure the level of dependency of beneficiaries
Type (e.g. legislative reform, investment)	Evaluation tools of the needs of beneficiaries
Target group (definition and size)	Persons with support needs at home and in residential care centers
Results and impact (expected or achieved)	- Determination of quality care schedules - Facilitation of quality monitoring - Facilitation of care coordination - Collaboration with the beneficiary
Timing	In use
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	Walloon public authorities
Evaluation	Reciprocal benchmarking between care centers
Links with other measures	Interfederal cooperation agreement eHealth

Measure 149	Community care homes
Objective	To provide places for social cohesion and solidarity
Type (e.g. legislative reform, investment)	Legislation
Target group (definition and size)	Elderly citizens
Results and impact (expected or achieved)	- Complementing the range of day centres and day care centres - Care and comfort services for elderly people
Timing	In use
Financial resources (national and European funding)	
Implementing body(ies) and cooperation with stakeholders	- Walloon public authorities - AVIQ
Evaluation	
Links with other measures	

3. Remaining challenges and need for EU support

3.1. Remaining challenges

As requested by the European Union, this section addresses the challenges that remain, or may remain, over and above the measures already taken or planned, as mentioned in the previous section.

Notwithstanding the actions undertaken, the shortage of assistance and care staff and the lack of training, coupled with demographic changes (e.g. ageing baby-boomers) and territorial differences, represent major challenges that call on the different players to jointly rethink the societal model for **caring for people** requiring long-term care.

It is therefore also essential **to continue to improve and strengthen collaboration** between the different levels of government and the authorities responsible for long-term care and assistance, in order to facilitate the life course of beneficiaries, smooth transitions, support employment, etc. Strengthening such collaborations requires not only a shared **commitment** but also sufficient **financial** and **human resources**.

3.2. EU support

This section covers the concerted need for European Union support, including the remaining challenges mentioned in point 3.1.

European funding for projects that meet the requirements of the Recommendation would be desirable. The aim of these financial interventions would be to support in particular:

- awareness and information;
- transition and life courses;
- support for people losing their independence;
- employment of people with disabilities (physical, mental, psychological);
- employment of vulnerable people, such as those suffering from mental illnesses or chronic diseases;
- training in new technologies for all;
- sustainable renovation of institutions and facilities;
- support for informal caregivers and respite;
- emergence of new therapeutic approaches.

In addition, it is important to have **evidence-based data** to meet needs. More specifically, it would be interesting for Europe to assess how to coordinate data on staff shortages in the health and social care sectors so the situation and needs could be better and appropriately mapped.

Bibliography

Anthierens S, Willemse E, Remmen R, Schmitz O, Macq J, Declercq A, et al, "Support for informal caregivers - an exploratory analysis", Brussels: Belgian Health Care Knowledge Centre (KCE), 2014. Health Services Research (HSR), Report 223, <https://kce.fgov.be/en/publications/all-reports/support-for-informal-caregivers-an-exploratory-analysis>.

Asbl Aidants proches (Wallonia and Brussels), <http://www.aidants-proches.be/>

Antoine, M., Flohimont, V. & Tasiaux, A., "Les différences de genre au regard des risques professionnels", 2020, in Les violences de genre au prisme du droit. Brussels: Larcier, p. 203-225.

AVIQ, e-santé, <https://www.aviq.be/fr/soins-de-sante/e-sante>.

Belgium.be, "For a healthy Belgium - Consultative bodies and crisis units", <https://www.healthybelgium.be/en/key-data-in-healthcare/covid-19/organisation-en/consultative-bodies-and-crisis-units>

Brugidou M., Mandran N., Moine M. and Salomon A.-C., "Méthode et stratégie d'analyse des questions ouvertes du panel électoral français", Bulletin de méthodologie sociologique, vol. 82, 2008.

Brusano, "Agir collectivement pour transformer l'organisation social-santé", <https://www.brusano.brussels/>.

CAW, De toekomst is blended, <https://www.caw.be/wat-beweegt-er/getuigenissen/de-toekomst-is-blended/>.

Combalbert, L., "Le management des situations de crise: anticiper les risques et gérer les crises", ESF Editeur, January 2018, 202 p.

Communauté française, La Commission de planification francophone de l'offre médicale, <http://www.enseignement.be/index.php?page=28611&navi=4937>.

Dandoy, N., Flohimont, V. & Reusens, F. (dir.), "Le nouveau régime belge de l'incapacité des majeurs: analyse et perspectives", Bruges, La Charte, 2014.

Delporte, M., "Construire des modes d'accompagnement adaptés aux personnes handicapées mentales confrontées à la maladie d'Alzheimer - Retour d'expérience", September 2021, https://ancreai.org/wp-content/uploads/2022/03/retex-construire_modes_accoupagegmentalzheimer-2021.pdf

Devos, C., Cordon, A. and Lefèvre, M., "Performance of the Belgian Health System - Report," 2019, KCE, 2019, <https://kce.fgov.be/en/performance-of-the-belgian-health-system---report-2019>.

Droits quotidiens, "Protection sociale - Nouveau congé pour les aidants proches," 1 October 2019, <https://www.droitsquotidiens.be/fr/actualites/nouveau-conge-pour-les-aidants-proches>.

Eurofound, "European Working Conditions Survey (EWCS)", <https://www.eurofound.europa.eu/en/surveys/european-working-conditions-surveys-ewcs>.

European Commission and Economic Policy Committee, "The 2021 Ageing Report - Economic and budgetary projections for the 27 EU Member States (2019-2070)", 2021, https://economy-finance.ec.europa.eu/publications/2021-ageing-report-economic-and-budgetary-projections-eu-member-states-2019-2070_en.

Fallon, C., Thiry, A. & Brunet, S., "Planification d'urgence et gestion de crise sanitaire. La Belgique face à la pandémie de Covid-19", 2020, CRISP, Courrier hebdomadaire, vol. 2453-2454.

Federaal Planbureau, « Bevolkingsvooruitzichten 2023-2070 – update 13/02/2024 », https://www.plan.be/databases/data-35-nl-bevolkingsvooruitzichten_2022_2070.

Fedris, "Statistiques accidents du travail – secteur public", Statistical tables 2022, <https://fedris.be/fr/professionnel/secteur-public/statistiques>.

Fedris, "Statistiques accidents du travail – secteur privé", Statistical tables 2022, <https://fedris.be/fr/professionnel/accidents-du-travail-secteur-prive/statistiques/rapport-annuel-statistique>.

Flohimont, V. & Cannie, M., "Veiligheid en gezondheid van de werknemers versus veiligheid en gezondheid van de patiënten: Een benadering van de verhouding tussen welzijnswet en kwaliteitswet", 2021, in Liber amicorum Wilfried Rauws: Werk opgedragen aan een onvolprezen jurist. Nevens, K., Salomez, K., Timbermont, E. & Van Limberghen, G. (eds.). Antwerp: Intersentia, pp. 431-443.

Flohimont, V., "Le droit ne stigmatise-t-il pas les individus en voulant accueillir la vulnérabilité à tout prix?", 2020, in Accueillir la vulnérabilité: approches pratiques et questions philosophiques. Doat, D. & Rizzerio, L. (eds.). Toulouse: Editions Erès, p. 153-186 (Espace éthique).

Flohimont, V. & Tasiaux, A., "Risques et opportunités des nouvelles technologies pour les adultes âgés et/ou les personnes atteintes d'un handicap", 2018, in Vulnérabilités et droits dans l'environnement numérique. Brussels: Larcier, Vol 1. p. 465-518.

Flohimont, V., "Apprehension about Psychosocial Risks and Disorders in Social Security: a Comparison Between the Approaches in Belgian and French Law", 2017, in Lerouge, L. (ed.), Psychosocial Risks in Labor and Social Security Law, Stinger, pp. 305-315

Flohimont, V., Vandehoof, A., Carbonnelle, S. Eggerickx, T. & Perelman, S., "Vieillesse et entraide. Quelles méthodes pour mesurer et décrire les enjeux?", 2017, Namur, Collection Univer'Cit , PUN, 332 p.

Flohimont, V. & Tasiaux, A., "Approche méthodologique de l'analyse juridique au travers d'autres sciences humaines", 2017, in Vieillesse et entraide. Quelles méthodes pour mesurer et décrire les enjeux?. Presses Universitaires de Namur (PUN), pp. 115-143.

Flohimont V. et al, "Discriminations et familles monoparentales: étude juridique et législative sur les risques potentiels de discrimination des législations relatives aux familles monoparentales," September 2017, <https://researchportal.unamur.be/en/publications/discriminations-et-familles-monoparentales-etude-juridique-et-leg>.

Flohimont, V. & Reusens, F. (dir.), "Regards croisés sur l'adulte âgé : réflexion autour de l'année européenne du vieillissement actif et de la solidarité entre les générations", 2012, Bruges, la Charte, Collection Droit en mouvement/Recht in beweging, 2013

Flohimont V. (dir), Tasiaux A, Versailles P. and Baeke A-M, "Vers une reconnaissance juridique de l'aidant proche", 2010, <https://researchportal.unamur.be/en/publications/vers-une-reconnaissance-juridique-de-laidant-proche>.

Flohimont V. (dir), Tasiaux A, Versailles P. and Baeke A-M, "Wettelijke erkenning en toegang tot sociale rechten voor mantelzorgers", 2010, <https://researchportal.unamur.be/en/publications/wettelijke-erkenning-en-toegang-tot-sociale-rechten-voor-mantelzo>.

FPS Health, "Planningscommissie - medisch aanbod", <https://overlegorganen.gezondheid.belgie.be/nl/advies-en-overlegorgaan/commissies/planningscommissie-medisch-aanbod>.

Gerkens, S., Lefèvre, M., Bouckaert, N. et al, "Performance of the Belgian health system: Report 2024", Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2024. KCE Reports 376C, https://kce.fgov.be/sites/default/files/2024-01/KCE376C_HSPA2024_Report.pdf.

Inami (National Institute for Health and Disability Insurance), "Statistics", <https://www.inami.fgov.be/fr/statistiques>.

Inami, "Plan interfédéral pour des soins intégrés", <https://www.inami.fgov.be/fr/professionnels/info-pour-tous/plan-interfederal-soins-integres>.

Inclusion asbl, "Les services pour les personnes en situation de handicap mental vieillissante", <https://www.inclusion-asbl.be/au-long-de-la-vie/handicap-et-vieillesse/les-services-pour-les-personnes-vieillissantes/>.

General inspectorate for Social Affairs (France), "L'avancée en âge des personnes handicapées - contribution à la réflexion", October 2013, https://sante.gouv.fr/IMG/pdf/Avancee_en_ages_des_PH_TOME_I_DEF.pdf

Institute for the equality of women and men, "Gender mainstreaming", https://igvm-iefh.belgium.be/fr/activites/gender_mainstreaming.

Iriscare, "It takes a village: le dispositif de soutien au changement de culture des maisons de repos bruxelloises est lancé", April 2024, <https://www.iriscare.brussels/fr/2024/04/03/it-takes-a-village-le-dispositif-de-soutien-au-changement-de-culture-des-maisons-de-repos-bruxelloises-est-lance/>.

Iriscare, "Application d'un nouveau régime de sanctions administratives dans les établissements pour aînés", September 2023, <https://www.iriscare.brussels/fr/2023/09/04/application-dun-nouveau-regime-de-sanctions-administratives-dans-les-etablissements-pour-aines/>.

KCE (Belgian Health Care Knowledge Centre), "What is KCE?", <https://kce.fgov.be/en/about-us/missions-and-values>.

Lerouge, L. (ed.), "Psychosocial Risks in Labor and Social Security Law", Stinger, 2017

Ministerium der Deutschsprachigen Gemeinschaft Belgiens, "Leitbild Ostbelgien Leben 2040. Regionale Entwicklungsstrategie", 2024, 119 p., https://ostbelgienlive.be/PortalData/2/Resources/downloads/ostbelgienleben2040/Ostbelgien_leben_2040_-_Langfassung.pdf.

ILO, "Decent Work and the Care Economy, International Labour Conference, 112th Session", 2024, <https://www.ilo.org/resource/conference-paper/decent-work-and-care-economy>.

Ostbelgien, "Entdecken Sie das neue Leitbild "Ostbelgien leben 2040", https://ostbelgienlive.be/desktopdefault.aspx/tabid-7126/11715_read-72004/.

Pacolet, J. & De Wispelaere, F., "ESPN Thematic Report on Challenges in Long-Term Care", Belgium, European Social Policy Network (ESPN), European Commission, Brussels, 2018.

Pavolini, E., Mutual learning workshop on long-term care workforce, Mutual learning workshop on long-term care workforce, European Commission, 24 April 2024.

Draft Law on Health Care Practice Quality, Chambre 2018-2019, *Doc. Parl.* 3441/001, Explanatory memorandum.

Sciensano, www.sciensano.be/en.

Skills Validation Consortium, "Aide-ménager(ère)", <https://www.validationdescompetences.be/metiers/aide-menagerere-5>.

Social Protection Committee (SPC), "SPC Multilateral Implementation Reviews (MIRs) of the 2023 Country Specific Recommendations (CSRs) - Reporting and Reviewing Template: Belgium", 2024, p. 4.

Social Protection Committee, Annual Report 2023, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8565&furtherPubs=yes>.

Social Protection Committee (SPC) & European Commission (DG EMPL), "Long-term care report. Trends, challenges and opportunities in an ageing society", vol. 1, 2021, <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>.

Social Protection Committee (SPC) & European Commission (DG EMPL), "Long-term care report. Trends, challenges and opportunities in an ageing society", vol. 2, 2021, <https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>.

Superior Health Council, "About us", <https://www.health.belgium.be/en/about-us-o>.

Superior National Council for People with Disabilities, "Qui sommes-nous", <https://ph.belgium.be/fr/qui-sommes-nous.html>.

FPS Public Health, "Integrated care", <https://www.health.belgium.be/fr/sante/organisation-des-soins-de-sante/reseaux-de-soins/maladies-chroniques/soins-integres-en-faveur>.

FPS Public Health, "Agenda pour l'avenir du travail dans les soins – Attirer, accompagner et retenir le personnel de soins", April 2024, <https://www.health.belgium.be/fr/agenda-pour-lavenir-du-travail-dans-les-soins-attirer-accompagner-et-retenir-le-personnel-de-soins>.

SPW, "Seul.e avec enfant.s" portal, <http://actionsociale.wallonie.be/seulavecenfant>.

Steunpunt Mantelzorg, Nieuw Vlaams Mantelzorgplan, 24 augustus 2022, <https://steunpuntmantelzorg.be/2022/08/24/nieuw-vlaams-mantelzorgplan/>.

Tasiaux, A., "Les jeunes aidants proches, une catégorie spécifique?", 2021, in Jeunesse et Droit par le prisme de la vulnérabilité. Guérin, D. (Ed.). Paris: LexisNexis, pp. 343-354.

Tasiaux, A., "Indemnisation des parents aidants: quand le pragmatisme/l'humain rencontre le droit. Note under J.P. Thuin, 16 May 2019", 2020, in Journal des Juges de Paix. 5-6/2020, p. 343-347 p.

The World Bank, "Age dependency ratio, old (% of working-age population) - Belgium, 2022", <https://data.worldbank.org/indicator/SP.POP.DPND.OL?end=2022&locations=BE&start=1960&view=chart>.

Vlaams Expertisepunt Mantelzorg, www.mantelzorgers.be.

Vlaams Expertisepunt Mantelzorg, Mantelzorgplan 2022-2024, <https://www.mantelzorgers.be/nl/vlaams-mantelzorgplan-2022-2024>.

Vlaanderen, "Alivia: uw digitaal zorg- en ondersteuningsplan", <https://www.zorg-en-gezondheid.be/alivia-uw-digitaal-zorg-en-ondersteuningsplan>.

Vlaanderen, "Care-er. Zorg en Welzijn. Het betere werk", www.care-er.be.

Vlaanderen, "Vlaamse planningscommissie medisch aanbod", <https://www.vlaanderen.be/departement-zorg/beleid-onderzoek-en-cijfers>.

Vlaanderen, "Diensten voor gezinszorg", <https://www.zorg-en-gezondheid.be/perdomein/thuiszorg/diensten-voor-gezinszorg-en-aanvullende-thuiszorg>.

Vlaanderen, "Lokale Dienstencentra", <https://www.vlaanderen.be/gezondheid-en-welzijn/gezondheid/thuiszorg/lokale-dienstencentra>.

Vlaanderen, Vlaamse Sociale Bescherming, "Zorgbudget voor ouderen met een zorgnood", <https://www.vlaamsesocialebescherming.be/zorgbudget-voor-ouderen-met-een-zorgnood>.

Vlaanderen, Vlaamse Sociale Bescherming, "Zorgbudget voor zwaar zorgbehoevenden", <https://www.vlaamsesocialebescherming.be/het-zorgbudget/zorgbudget-voor-zwaar-zorgbehoevenden>.

Vlaanderen, Vlaams Agentschap voor Personen met een Handicap, "Wat is persoonsvolgende financiering (PVF)?", <https://www.vaph.be/pvf/wat>.

Vlaanderen, "Werk- en zorgtrajecten", <https://www.vlaanderen.be/werken/werk-en-zorgtrajecten>.

Appendix 1 – EU, Long-term care report, volume 2, Country profiles Belgium

BELGIUM

1 DESCRIPTION OF MAIN FEATURES OF THE LONG-TERM CARE SYSTEM(S)

Highlights

- Belgium has a well-developed system of social protection for (older) people in need of long-term care (LTC). However, differences may appear increasingly between regions, as a result of continual state reforms. e.g. next to the former (now decentralised) care allowances, Flanders created a specific care allowance (*Zorgverzekering*), that is now integrated in its so called care allowances.
- There is a movement to deinstitutionalise LTC in order to resolve multiple problems, among them the expected shortage of nursing home beds in the coming years (if current policies remain unchanged). This means more needs to be done to organise LTC at home.
- In recent years, Belgium launched the process of reforming the practice of health care professionals, implemented the BelRAI assessment tool, implemented the reform integrated care for better health to improve the care for people with chronic disease and a new status for the informal caregiver was approved by the federal parliament in 2019.

1.1 Demographic trends

The ageing of the Belgian population is a major challenge for the future, particularly in Flanders. In 2019, 2.2 million people were aged 65 and over in Belgium, representing 18.9 % of the country's population. 8.8 % of the whole population is aged 75 and over.¹ This rate is expected to increase to 22.6 % by 2030 and to 26.3 % by 2050 for those aged 65 and over. For those aged 75 and over this rate is expected to increase to 11.0 % by 2030 and to 15.3 % by 2050. These rates are slightly lower than the EU average. They differ across the three regions of Belgium, with a younger population in Brussels and the oldest population in Flanders.²

According to the 2021 Ageing Report,³ the number of potential dependents in Belgium in 2019 is estimated to be 992,200 (8.6 % of the total population) and it is expected that the number of people in need of LTC in Belgium will increase to 1,226,600 in 2050, which would represent 10.3 % of the population. This proportion is higher than in the average EU-27 population. The old-age dependency ratio is expected to increase by 51.9 % by 2050.⁴ However, this increase

¹ All data used in the text come from Section 5 'Background statistics' unless explicitly stated otherwise.

² Devos, C., Cordon, A. and Lefèvre, M., *Performance of the Belgian Health System Report 2019*, KCE, 2019. <https://kce.fgov.be/en/performance-of-the-belgian-health-system-report-2019> (accessed 3 April 2020)

³ European Commission and Economic Policy Committee, *The 2021 Ageing Report Economic and budgetary projections for the 27 EU Member States (2019-2070)*, 2021.

⁴ Eurostat data: proj_19ndbi.

is expected to be lower than the European average.⁵ Given the differences stated across Belgium, the share of the population in need of LTC is likely to be higher in Flanders and Wallonia than in Brussels.

1.2 Governance and financial arrangements

Long-term care (LTC) in Belgium has a fragmented governance structure. After the 6th state reform 2014, the transfer of competencies resulted in a shared ownership of regulation, organisation and financing of home and residential care for older people, health care and social care between the federal level and the federated entities (regions and communities). This is to be managed through coordination between federated entities and the federal level (inter-ministerial conference, inter-administration coordination structures).⁶

After the 6th state reform, the federal level remains responsible for the financing of social security s healthcare insurance and regulations for the professions. Financing health insurance as a part of social security is organised through the so called global financial administration social security mechanism; administered by the National Office for Social Security (NOSS). Financing of social security is based on social contributions, subsidies from general taxation and earmarked taxation. The reimbursement of healthcare is administered by the National Institute for Health and Disability insurance (NIHDI or RIZIV-INAMI). This includes reimbursement of medical and health related care, including long-term health care in institutions, at home or in doctors surgeries or hospitals by health professionals such as nurses, medical doctors, physiotherapist, etc.).⁷

Regulation of the medical professions providing healthcare (physicians, nurses) is the responsibility of Federal Public Service Health, Environment and Safety of the Food Chain.⁸ Regulation of other professions providing social care at home (i.e. family help) are the responsibility of the federated entities (regions and communities). These are also responsible for financing and regulating nursing homes, homecare, organising the coordination of care, organising and supporting the development of primary care. Besides receipts out of their own fiscal competences, the regional entities are financed partly through so called *dotations* out of the total general fiscal receipts, linked to the size and characteristics of their population.

Complementary to LTC, a system of social service acquisition is available for the entire population through the so called service voucher system. The financing of the voucher system, which is open to everyone and which includes a number of personal services defined by law like cleaning, ironing and washing laundry, preparing meals (at home), shopping (post office, bakery, pharmacy), transportation for vulnerable groups (invalid or people with disabilities), is another responsibility transferred to federated entities. The public contribution for this system represents 0.16 % of GDP, topping up the traditional LTC benefits by another 10 %.⁹

⁵ European Commission, 'The 2018 Ageing Report - Underlying Assumptions and Projection Methodologies *Institutional Paper 065*, European Commission, Brussels, 2018.

⁶ Devos, C. et al., 2019.

⁷ Gerkens, S, *The Health Systems and Policy Monitor*, 2013.

<http://www.hspm.org/countries/belgium25062012/countrypage.aspx>

⁸ Pacolet, J. and De Wispelaere, F., *ESPN Thematic Report on Challenges in Long-Term Care Belgium*, European Social Policy Network (ESPN), European Commission, Brussels, 2018.

⁹ Pacolet J. and De Wispelaere, F., 2018.

As a consequence of the increased responsibilities for the federated entities,¹⁰ existing structures at the federated level have been reinforced (e.g. the Flanders Agency for Care and Health (VAZG)¹³⁶) or new structures have been created in each of the regions and communities to assume new responsibilities: the Flemish Agency Social Protection, in Wallonia, the *Agence pour une Vie de Qualité* or *AViQ* and in Brussels, Iriscare (i.e. the administration) and BRUSANO (an organisation supporting primary care provision).

In Flanders, the VAZG is the organisation with overall responsibility for health and social care matters. For LTC, it is responsible for the planning, licensing and financing of nursing homes, and also for regional responsibility for homecare. The *Vlaamse Sociale Bescherming* (VSB) (Flemish Social Protection) is responsible for the financing of the benefits in cash or in service vouchers (since the transfer of the voucher system mentioned above). Since 1 January 2019, nursing home funding is also done through the VSB. The VSB is partly funded through retributions and partly through subsidies from the Flemish governments budget.

In Wallonia, AViQ was created in 2016. It has responsibilities for health and long-term care for people with disabilities and older people, including the employment policies for people with disabilities, care allowance for dependent older people, home care and care homes for older people, and also family benefits.¹¹ Since 1 January 2019, AViQ has been responsible for funding nursing homes.

The German-speaking community (GC) is geographically part of the Walloon region. However, it has its own governance structure¹² for its responsibilities, including care for older people and people with disabilities. The administration of LTC is done by the *Dienststelle für ein selbstbestimmtes Leben*. This agency administers cash benefits and services.

Similar to VAZG in Flanders and AViQ in Wallonia, IRIScare has been created in Brussels to manage the responsibilities that were transferred to the Brussels region. However, the duties (including the organisation and support to primary care) are under the responsibility of the Common Community Commission (CoCom).¹³ A new organisation, BRUSANO, was created from the previous ones (SISD, RLM-B, plateforme de soins palliatifs, etc.). Its function is to support the organisation, coordination and development of primary care in the Brussels region¹⁴ and simplify the use by patients.

1.3 Social protection provisions

Belgium has a well-developed system of social protection for (older) people in need of LTC. This is due to a strong social insurance system at federal level. However, differences may appear between regions, as a result of the progressive state reforms.

¹⁰ For regional entities, the responsibilities may be partially new, but they existed federally.

¹¹ Pacolet J. and De Wispelaere F., 2018.

¹² Probis, *Le Secteur Des Maisons de Repos Sous La Loupe : Tendances, Défis et Indicateurs*, 2017.

¹³ Pacolet J. and De Wispelaere F., 2018.

¹⁴ <https://brusano.brussels/>

¹³⁶ This is an addition to the original text of the report as published. The Flanders Agency for Care and Health has changed its name to the Flemish Department of Care. VAZG should be read as 'Department of Care'.

At federal level, social security health insurance ensures the financing of nursing (including LTC) and other healthcare services at home. People in need of long-term home care, as it is the case for each citizen, are entitled to a reimbursement of their healthcare. This is more favourable for some groups than others. This covers all or part of the cost. The level of reimbursement of care is, amongst other things related to the (dependency) status of the beneficiary (a higher level of dependency gives entitlement to higher reimbursement levels). Other groups of people entitled to higher reimbursement rates include those on low income or with a specific social status (e.g. widowed, people with disabilities). Health insurance also has specific levels of reimbursement for those who are chronically ill, or things like incontinence material. There is also a maximum billing of care payment above which people are exempt from further out-of-pocket payment, depending on their income.¹⁵

At regional level, residential services (nursing homes) receive a flat rate of funding that includes a daily price and infrastructure subsidies. This is adjusted depending on the level of dependency of the resident. Additionally, there is a price per day regulated by the regions to be paid by the resident (e.g. for catering, social activities). However, additional fees can be charged to residents for things like washing clothes, watching TV, medication.

Beside those services, there are some regional differences for home care services. Wallonia and Brussels finance coordination centres with care coordinators through a fixed budget. This service is free-of-charge and assists people with complex health and social care needs to find appropriate services. In Flanders, social workers from sickness funds, local¹⁶ and regional service centres can also help people in accessing (social and home care) services.¹⁷ In Brussels, Wallonia and Flanders, the cost for home care social services is related to the beneficiary's income.¹⁸

The cash benefits policies for Wallonia, Brussels and Flanders differ, even if they have similar approaches. In Flanders, the former *zorgverzekering* and the former federal allowances were integrated into the *zorgbudget* system, with different levels of benefit depending on income and (care) needs. In the other communities (French and German speaking), the formerly federal rules have been continued under their jurisdiction. In Brussels, Iriscare is responsible for delivering these in-cash benefits to older people (APA / THAB). In Wallonia, it is administered by the AVIQ and by the *Dienststelle für ein Selbstbestimmtes Leben* in the German speaking community. These in-cash benefit aims provide beneficiaries some freedom to choose their mode of care and assistance.¹⁹

¹⁵ INAMI, *Facilités Financières Pour Payer Vos Soins de Santé - INAMI*.

¹⁶ Vlaanderen, *Lokale Dienstencentra*, <https://www.vlaanderen.be/gezondheid-en-welzijn/gezondheid/thuiszorg/lokale-dienstencentra> (accessed 26 April 2020)

¹⁷ Vlaanderen, *Diensten Voor Gezinszorg en Aanvullende Thuiszorg*, <https://www.zorg-en-gezondheid.be/per-domein/thuiszorg/diensten-voor-gezinszorg-en-aanvullende-thuiszorg> (accessed 26 April 2020)

¹⁸ Iriscare, *Services d'aide à Domicile - Aides et Soins - Citoyens*.

¹⁹ Vlaanderen, *Zorgbudget Voor Ouderen - Vlaamse Sociale Bescherming*, <https://www.vlaamsesocialebescherming.be/zorgbudget-voor-ouderen-met-een-zorgnood> (accessed 26 April 2020)

1.4 Supply of services

LTC services include residential services (nursing homes), day care centres and services to assist people at home.

There was a total of 147,580 beds available for residential services (nursing homes) in Belgium in 2018.²⁰ Brussels is the region with the highest rate of beds per population aged 65 and over (99 beds/for every 1000 people aged 65 and over) followed by Wallonia (74), Flanders (61) and the German-speaking community (50). The occupancy rate in the public sector of higher care beds (i.e. beds with more nursing support) in nursing home was 100 % in Wallonia and 94 % in Brussels.²¹ Unlike the other regions, Brussels had a surplus of nursing home beds. In 2016, there were more than 2600 vacant places in homes for older people. As a consequence, the regional government introduced on a moratorium on opening new nursing home beds.

In contrast to the situation in Brussels, the overall numbers of beds available in the other regions, and therefore in Belgium as a whole, is judged insufficient if projected needs are to be covered (particularly for higher care beds for highly dependent people). Indeed, according to a model developed by the Federal Planning Bureau, 149,000 to 177,000 beds are estimated to be needed in 2025. After 2025, the increase in need is projected to accelerate further.²²

In relation to ownership, data from 2019 shows that 17 % of the nursing homes in Flanders are privately owned, 27 % are public, and 56 % are owned by non-for-profit organisations. In Wallonia, a decree defines the share of beds between public sector (29 %), non-for-profit sector (21 %) and private sector (maximum 50 % and in reality 48 %). In 2018 in Brussels, 63 % of the nursing home beds were privately owned by four multinational companies who share the market . Furthermore, 24 % of the nursing home beds are public, and 13 % are owned by non- for-profit organisations.²³ The government of Brussels aims to reset the balance of the share between private, non-for-profit and public ownership of nursing home beds.

Provision of LTC at home in Belgium consists of a combination of day care centres, nurses and social services (homecare). Day care centres (specifically for older people, and often part of nursing homes) are an alternative to residential care for dependent people (particularly for those with cognitive deficiencies). There were 2.5 places for every 1000 people aged 75 or more in 2011.²⁴ Nurses play a key role in LTC at home (nursing aids or family help assistants providing essentially personal hygiene support). In 2016, there were 6254 full-time equivalent nurses (FTE) providing care at home.²⁵ This corresponds to 0.6 FTE home nurses per 1000 inhabitants. Nursing care is provided by nurses employed by large organisations or by those who are self-employed. In the three regions, the majority of nurses are self-employed: 71.15 % in Flanders, 80.12 % in Brussels and 87 % in Wallonia.²⁶

²⁰ Devos, C., Cordon, A. and Lefèvre, M.

²¹ Vandemeulebroucke, M., *Tirer Les Vieux Du Lit Alter Echos*. <https://www.alterechos.be/tirer-les-vieux-du-lit/> (accessed 26 April 2020)

²² Van Den Bosch, K. et al., *Residential Care for Older Persons in Belgium: Projections 2011 – 2025*, ed. by KCE, 2011.

²³ Vanderbecq, P., *Analyse Des Prix: Rapport Annuel 2018 de l'institut Des Comptes Nationaux*, Brussels, Belgium, 2018.

²⁴ Van Den Bosch K. et al., 2011.

²⁵ Vivet, V. et al., *Infirmiers Sur Le Marché Du Travail, 2016 Résultats Du Couplage Des Données Plan CAD SPF SPSCAE-Datawarehouse MTandPS-INAMI Un Rapport de La*, 2018. www.health.belgium.be/hwf (accessed 7 April 2020).

²⁶ Jouck, P. et al., *Infirmiers Sur Le Marché Du Travail, 2017 Résultats Du Couplage Des Données PlanCad SPF SPSCAE-Datawarehouse MTandPS-INAMI Un Rapport de La*, 2020. www.health.belgium.be/hwf (accessed 26 April 2020)

Nevertheless the cost of their services are the same. The difference lies in that self-employed nurses are paid directly by the health insurance, while for employed nurses, it is the organisation that receives the payment and will pay a (fixed) wage to the nurses. For the patient there is no difference, except that some sickness funds have arrangements with nursing organisations making the service free for their members (supplementary payment made by the sickness fund).

Social care includes services to help dependent people at home (cleaning, cooking, other household support). In Belgium it is provided by different channels: by municipality public social welfare centres (PCSW or OCMW-CPAS), by non-for-profit organisations linked to sickness funds or through recognised firms using the voucher system (mainly for family help services). Homecare has changed with the implementation of the voucher system. It has drastically reduced the proportion of services provided by the informal sector.²⁷ In 2017, 25 % of the users of the voucher system for homecare were people aged 65 and over. Among the organisations providing services within the voucher system in Flanders 47 % are private for-profit organisations and 17 % are linked to the PCSW. In Brussels, 81 % of services provided through voucher system are through private for-profit organisations. In Wallonia, 44 % of the organisations for homecare using voucher system are private, 9 % are linked to the PCSW and the rest by non-for-profit organisations.²⁸ Additional to the formal sector, there is a high proportion (20 %) of people aged 50 and over who are informal caregivers in Belgium (9 % on a daily basis and 11 % on a weekly basis).

2. ASSESSMENT OF THE LONG-TERM CARE CHALLENGES IN THE COUNTRY

2.1 Access and affordability

In Belgium, the health insurance system covers health care in nursing homes (residential care) and at home. The level of reimbursement available depends on the degree of support required for daily life activities and the cognitive status.²⁹ In 2018, 13.6 % of the population aged 65 and over received formal LTC: 8.5 % in residential facilities and 5.1 % at home.³⁰ This is close to the OECD average.³¹ These proportions increase steeply with the age: 1 % of people aged 65 to 69 receive LTC in nursing home and 1.5 % at home; but more than 40 % of people aged over 90 receive LTC in nursing home and 14 % at home. Women receive more care than men (11 % vs. 5.2 % in residential care; 6 % vs. 4 % in care at home). The socio-economic status also a factor: 16.2 % of the BIM population [increased assistance beneficiaries for people with

²⁶ Jouck, P. et al., *Infirmiers Sur Le Marché Du Travail, 2017 Résultats Du Couplage Des Données PlanCad SPF SPSCAE-Datawarehouse MTandPS-INAMI Un Rapport de La*, 2020. www.health.belgium.be/hwf (accessed 26 April 2020)

²⁷ Valsamis, D. and Perin, E., *Evaluation Du Système Des Titres-Services Pour Les Emplois et Services de Proximité En Région de Bruxelles-Capitale*, Brussels, Belgium, 2018.

²⁸ Ballara and Lamargue, *Étude Préliminaire Les Métiers de l'aide à Domicile*, 2019

²⁹ Devos, C., Cordon, A. and Lefèvre, M., 2019.

³⁰ Idem.

³¹ Idem.

a lower socio-economic status] receive residential care vs. 5.3 % of the non-BIM population. 9.3 % of BIMs receive care at home vs. 3.4 % of non-BIMs.

There are also differences between regions, depending on the financial support granted by the regions. The proportion of older people in residential care is higher in Brussels (10.3 %) and in Wallonia (9 %) compared to Flanders (8 %), while the opposite can be observed for care at home: 3.3 % in Brussels, 4.8 % in Wallonia and 5.5 % in Flanders.³² Out-of-pocket payment by residents can also differ. There are geographical differences, but also differences between and within for-profit and not-for-profit providers, and between and within public and private providers. In the second half of 2017, it was estimated on average at EUR 47.76 per day in Wallonia³³, EUR 53 per day in Brussels and EUR 60 per day in Flanders.³⁴ Monthly average out-of-pocket payments for accommodation (accounting for 93 % of the total cost) was EUR 1333 in the public sector, EUR 1350 in private sector and EUR 1450 in the non-for-profit sector.³⁵ Regarding homecare, 24.4 % of households in need of LTC in Belgium report not using professional homecare services for financial reasons, and 5.8 % because the service is not available.³⁶

2.2 Quality

The quality of LTC is ensured through initiatives and laws at different levels of governance and for different sectors or professionals.

At federal level, healthcare professionals are regulated through the Ministry of Health and Social Affairs and as explained above.

To improve the quality of services within nursing homes, various new decrees have been approved, mainly in Flanders and Wallonia. In Flanders, a new Woonzorgdecreet was approved in early 2019. It sets out standards and criteria for nursing homes with the aim to protect quality of life of older people living in these facilities. Generally speaking, quality in nursing homes is ensured through inspections, but also through set standards. In Flanders, these standards are related to the quality decree of 2003 setting the framework and quality criteria and indicators (covering quality of care, safety, providers and organisation quality, and quality of life).³⁷ In Wallonia, an update of the code wallon de l'action sociale et de la santé with regard to residential institutions for older people was approved and published at the end of 2019.³⁸ It includes standards for day care facilities, nursing homes and other residential facilities for older people, as well as mechanisms of regulation (such as sanctions).³⁹ In relation to coordination centres (with coordinators for homecare), a licence (accreditation) is awarded to selected organisations to provide coordinated services within the 13 zones (SISD).

³² Idem.

³³ Including the German-speaking Community, as mentioned above.

³⁴ https://www.ing.be/Assets/Documents/Marketing/ING_Probis_FR.PDF

³⁵ <http://solidaris.be/bw/pages/maison-de-repos-a-quel-prix.aspx?choixregion=true>

³⁶ EU-SILC (2016): ilc_ats15.

³⁷ Vlaanderen, *Kwaliteit in Woonzorgcentra*. <https://www.zorg-en-gezondheid.be/kwaliteit-in-woonzorgcentra> (accessed 26 April 2020)

³⁸ AVIQ, *Réglementation Applicable à l'hébergement et à l'accueil Des Aînés En Wallonie*.

³⁹ Wallonie, *Réforme Du Secteur Des Maisons de Repos*, 2019.

Criteria to get a licence include the capacity to provide a minimal package of services, guarantee of permanence, professional and organisational standards. The area of practice of the coordination centres takes into account the growth of the population over 60.⁴⁰ In Brussels, an ambulatory decree was approved in 2009. This sets up standards and criteria for the organisation of ambulatory care in Brussels, including care coordination, health and social care. This decree was updated in 2019. As part of quality assurance, ambulatory providers are required to follow a specific approach to receive a licence agreement: the process of qualitative evaluation (*la démarche d'évaluation qualitative* (DEQ)).

2.3 Employment (workforce and informal carers)

Belgium, like many other countries, faces shortages in the availability of nursing professionals making it hard to find sufficient nursing in all sectors (healthcare and LTC). This common challenge leads to the different institutional sectors acting as competitors on the labour market.

In Belgium, there were 4.8 LTC workers per 100 people aged 65 and over in 2016 (see Section 5 Background statistics). This is higher than the EU average (just below 4 LTC per 100 people aged 65 and over in 2016).⁴¹ Almost all workers are women (93.6 %). Short stay and day care centers mentioned above in the report, play a role in respite care.

In nursing homes, the shortage of nurses is likely to increase in the coming years.⁴² This shortage is more marked in Wallonia (9.2 nurses for 30 residents in 2016-2017) than in Flanders (11.2 nurses for 30 residents in 2016-2017).

For homecare, there is also a shortage of nursing staff as well as general practitioners (GP). Despite that shortage, they benefit from better working conditions than the social care sector. There is a high proportion of foreign workers (42 %) employed in homecare work in Flanders. These professionals are mainly women (98 %), older people (25 % are over 50) and low levels of education (60 % had less than a secondary school diploma in 2016).⁴³

Informal caregivers like family or neighborhood help represent an important share of the care (an estimate of 800,000 people).⁴⁴

2.4 Financial sustainability

As stated previously, following the Ageing Reports projections, the old-age dependency ratio within those aged 65 and over is expected to increase by 51.9 % by 2050. This would cause an increase in the need for LTC which is expected to increase costs from 2.2 % of GDP in 2019 to between 3.7 % (reference scenario) and 4.4 % (risk scenario) of GDP in 2050 (see LTC table in Section 5). That increase would affect public spending on residential care and on home care in a similar way.

⁴⁰ Wallonie, *Soins et Aide à Domicile - Portail SANTE*.

⁴¹ OECD, 'Who Cares? Attracting and Retaining Care Workers for the Elderly', *OECD Health Policy Studies*, OECD Publishing, Paris, 2020. <https://doi.org/10.1787/92c0ef68-en>

⁴² ING, *Maisons de Repos: Tendances et Indicateurs*, 2018. https://www.ing.be/Assets/nuid/documents/714429_studie_design_ouderenzorg_FR_pages.pdf (accessed 7 April 2020)

⁴³ Ballara and Lamargue, *Étude Préliminaire Les Métiers de l'aide à Domicile*, 2019.

⁴⁴ Michel, M., *Enfin Un Statut et Un Congé Rémunéré Pour Les Aidants Proches*. <https://www.lecho.be/monargent/budget/enfin-un-statut-et-un-conge-remunere-pour-les-aidants-proches/10118082.html> (accessed 26 April 2020)

Between 2016 and 2018, in homecare services there has been an increase of more than 3% each year in nursing care costs and more than 2 % for GP costs. The increase in nursing costs is largely explained by the increase of care to highly dependent people (increasing o by 5.3 %). Spending related to nursing care for that group of patients increased by EUR 74.1 million.⁴⁵

The 2019 Country-Specific Recommendations (CSR) recommended Belgium to continue reforms to ensure fiscal sustainability for LTC. The analysis points to the fact that public spending on long-term care is projected to increase by 1.7 p.p. of GDP between 2016 and 2070, an above average increase starting from what is already one of the highest levels in the Union. The organisational fragmentation of LTC, with responsibilities currently spread across different administrative levels, challenges some dimensions of spending efficiency, hence the net impact of the recent transfer of responsibilities is not yet clear. Strengthening governance would help to achieve the intended efficiency gains. There might be room to optimise the care mix to increase the cost-efficiency of the long-term care system.^{46/47}

2.5 Country-specific challenges regarding LTC for other age groups in need of care

The FPS *Social Security* published a report on people with disabilities⁴⁸ which sheds light on important challenges for supporting them. One of them is the difficulty of accessing cash benefits: only 10 % of the families with a child with disabilities take up the allowance they are entitled to because of a lack of information or difficulties with the procedures to access the benefits. Furthermore, there is a Matthew effect⁴⁹ for people with disabilities: those with the most important needs are those who request the least.⁵⁰

Regarding people with severe psychiatric problems, an evaluation of the mental health policies and reforms was performed by the KCE.⁵¹ It reports difficulties in the implementation of the reform (mainly on deinstitutionalisation of LTC for people with severe psychiatric problems) including a lack of a common vision between projects and the low involvement of providers outside of the mental health sector (particularly GP).

⁴⁵ Cour des comptes, 176e Cahier – Partie II : Cahier 2019 relatif à la sécurité sociale.

⁴⁶ Recommendation for a Council Recommendation on the 2019 National Reform Programme of Belgium and delivering a Council opinion on the 2019 Stability Programme of Belgium, 10154/19, 2 July 2019.

⁴⁷ There were no fiscal CSRs in 2020.

⁴⁸ Hermans, K., Dubois, J.M. and Vanroose, A., *Pauvreté et Handicap En Belgique*, SPF securite sociale, Brussels, 2019, p. 285.

⁴⁹ The Matthew effect can be summarized by the adage ‘the rich get richer and the poor get poorer’. Due to the weight of social and cultural stratification, more vulnerable segments of societies tend to find it hard to access the public services which might lead to an (unintended) adverse redistribution of resources.

⁵⁰ Hermans, K., Dubois, J.M. and Vanroose, A., 2019.

⁵¹ Mistiaen P. et al., *Organisation Des Soins de Santé Mentale Pour Les Adultes En Belgique Synthèse*, 2019. www.kce.fgov.be (accessed 10 April 2020)

3 REFORM OBJECTIVES AND TRENDS

Although many responsibilities of LTC regulation and financing have been transferred to federated entities, reforms or plans in process at federal level can also have consequences for care provision to people in need of LTC. This process was motivated by an effort to create more homogeneous policy responsibilities.

First, in September 2016, the Belgian Minister of Social Affairs and Public Health launched the process of reforming the practice of health care professionals.⁵² The reform is based on three pillars: patient autonomy, collaboration between health care professionals, and the recognition of acquired skills and continuing education of health care professionals. This is the first step in a long process of reform.⁵³ This reform may have implications on task division and responsibilities between professions. It may respond in part to the challenges posed by the shortage in GPs and nurses at home.

Second, as part of the e-health roadmap 2016-2018, the BelRAI instrument has been implemented. It aims to support the collaboration between providers at home, in nursing home, and across organisations. The ambition is to use this tool in Flanders in all sectors of social protection. In Wallonia, it is also planned to be used by coordinators of coordination centres to assess the status of people at home.

Third, the reform integrated care for better health has been implemented to improve the care for people with chronic disease. Since 2018, 12 projects are working in a local governance structure, testing a series of actions to improve care integration. One of them, case management at home, is of particular interest to improve accessibility to care for people with a loss of autonomy. It was already evaluated in the context of a previous programme.⁵⁴

Fourth, a new status for informal caregivers has been approved by the federal parliament in 2019. It gives extended leave for workers to provide informal care under specific conditions (including providing at least 50 hours per month or 600 hours per year).⁵⁵

The political crisis since January 2019 and the present COVID-19 crisis have brought to the forefront the difficulties linked to the disparity of responsibilities in the policy domain and stressed the problems and challenges linked to it. The COVID-19 crisis led to the creation of a security council composed of all federal and federated governments and the appointment of a COVID Commissioner.

In Belgium, as in many other countries, the high death toll and the way older people died (isolated) in nursing homes, led to severe criticisms about the management of the crisis. Residential facilities for older people or people with disabilities received detailed guidelines and tutorials about how to manage infected residents and/or staff members. Nevertheless, as

⁵² Coordinated law of the 5 October 2015, previously known as Royal Decree No 78.

⁵³ Gerkens, S., *The Health Systems and Policy Monitor*, <http://www.hspm.org/countries/belgium25062012/countrypage.aspx>⁵⁴
Lambert A.S. et al., *Evaluation of Bottom-up Interventions Targeting Community-Dwelling Frail Older People in Belgium: Methodological Challenges and Lessons for Future Comparative Effectiveness Studies*, *BMC Health Services Research*, 2019.
<https://doi.org/10.1186/s12913-019-4240-9>

⁵⁵ <https://pro.guidesocial.be/articles/actualites/reconnaissance-et-conge-remunere-pour-les-aidants-proches.html>

with many other countries during this crisis, problems were encountered with sufficient availability of personal protection equipment, but also with staff shortages linked to the impact of illness or infections.⁵⁶

3.1 Long-term care in Flanders

In Flanders, a new Woonzorgdecreet, approved in early 2019, defines the different components and functions of LTC (and ambulatory care). This includes nursing homes, day care centres, but also social workers from sickness funds, local and regional centers of services. It also aims to clarify the price of services and quality criteria.⁵⁷ This is expected to become a central mechanism to organise the coordination between the various stakeholders of health and social care closest to the person with the need. Finally, the Vlaamse Sociale Bescherming (VSB) (Flemish Social Protection) has continued to develop.

3.2 Long-term care in Wallonia

In February 2019, the plan Papy boom launched in May 2017, was translated into a law that defines support for older people. It reforms the regulation and financing of the residential care for older people (nursing homes). It includes a new public financing mechanism for the infrastructure, regulation of the daily fee, standards putting the quality of life for residents as a central priority and territorial flexibility for new structures.

3.3 Long-term care in the German speaking community

Recent reforms in the German speaking community include the establishment of a German Community Office for self-determined life (*Dienststelle für selbstbestimmtes Leben*), mobility aids and offers to older or dependent people on palliative care.

3.4 Long-term care in Brussels

After the creation of Iriscare in 2017 and BRUSANO in 2019, no new reforms have been implemented.

4 MAIN OPPORTUNITIES FOR ADDRESSING LTC CHALLENGES

Belgium has a well-developed system of social protection for (older) people in need of LTC. However, some observations mentioned in this report might offer opportunities and challenges.

Access and affordability: According to EU-SILC, it can be concluded that people refrain from using LTC services due to financial reasons.

As ageing continues, Belgium will be facing increasing needs and demand for LTC services, infrastructure needs and the human resources needs will go hand in hand.

According to a model developed by the Federal Planning Bureau, 149,000 to 177,000 beds would be needed in 2025. After 2025, the increase in need is projected to accelerate further.

⁵⁶ Gerkens and Rondia, *COVID-19 Health System Responses - Belgium*, 2020.

⁵⁷ Vlaanderen, *Nieuw Woonzorgdecreet Bescherm Tegen Niet Erkende Initiatiefnemers*, <https://www.zorg-en-gezondheid.be/nieuw-woonzorgdecreet-bescherm-tegen-niet-erkende-initiatiefnemers> (accessed 26 April 2020)

The overall number of beds available in Belgium may thus be considered insufficient if projected needs are to be covered (particularly for higher care beds for highly dependent people).

As in many other countries, increasing demand will also lead to increased need for formal carers, both in institutional and in home care. This will affect workforce planning, including recruitment, retention strategies and, training opportunities.

5 BACKGROUND STATISTICS

5.1. Demographics	2008	Most recent	2030	2050	
Population (in millions), 2019	10.7	11.5	11.8	11.9	
Old-age dependency ratio, 2019	25.8	29.5	36.4	44.8	
Population 65+ (in millions), 2019	Total	1.8	2.2	2.7	3.1
	Women	1.1	1.2	1.5	1.7
	Men	0.8	1.0	1.2	1.4
Share of 65+ in population (%), 2019	17.1	18.9	22.6	26.3	
Share of 75+ in population (%), 2019	8.5	8.8	11.0	15.3	
Total Life expectancy at the age of 65 (in years), 2019	Women	19.6*	20.6		
	Men	21.3*	22.1	23.2	25.1
		17.6*	18.9	19.9	21.8
Healthy life years at the age of 65, 2018	Total	10.0*	11.1		
	Women	9.7*	11.4		
	Men	10.4*	10.8		

*data for 2010

5.2. People in need of LTC	2014	Most recent	2030	2050	
Number of potential dependants (in thousands), 2019		992.2	1,086.3	1,226.6	
Number of potential dependants 65+ (in thousands), 2019	Total		479.9	591.3	767.0
	Women		306.1	370.5	480.0
	Men		173.8	220.8	287.0
Share of potential dependants in total population (%), 2019		8.6	9.2	10.3	
Share of potential dependants 65+ in population 65+ (%), 2019		22.0	22.1	24.4	
Share of population 65+ in need of LTC** (%), 2019*	36.0	29.9			

*data not available for all Member States;

**at least one severe difficulty in ADLs and/or IADLs

5.3. Access to LTC	2014	Most recent	2030	2050
Share of population 65+ receiving care in an institution (%), 2019		6.2	6.1	8.1
Share of population 65+ receiving care at home (%), 2019		15.7	15.8	17.8
Share of population 65+ receiving LTC cash benefits (%) 2019		7.8	7.7	9.2
Share of potential dependants 65+ receiving formal LTC in-kind (%), 2019		99.8	99.5	106.3
Share of potential dependants 65+ receiving LTC cash benefits (%), 2019		35.3	34.8	37.6
Share of population 65+ in need of LTC** with a lack of assistance in personal care or household activities (%), 2019*	Total	-	-	
	Women	-	-	
	Men	-	-	
Total Share of population 65+ who used home care services in the past 12 months (%), 2019*	Women	24.7	25.1	
	Men	28.5	29.2	
		19.4	20.0	
Share of households in need of LTC not using professional homecare services for financial reasons (%), 2016*		24.4		
Share of households in need of LTC not using professional homecare services because services not available (%), 2016*		5.8		
Long-term care beds per 100,000 inhabitants, 2017*	1,232.5	1,276.6		

*data not available for all Member States;

**at least one severe difficulty in ADLs and/or IADLs

5.4. LTC Workforce		2011	Most recent	2030	2050
Number of LTC workers per 100 individuals 65+, 2016*	Total	4.6	4.8		
	% Women		93.6		
Total Share of population providing informal care (%), 2016	Women		11.6		
	Men		13.0		
	Men		10.1		
Total Share of informal carers providing more than 20h care per week, 2016	Women		15.0		
	Men		15.7		
	Men		14.1		

*data not available for all Member States

5.5. LTC expenditure	2013	Most recent	2030	2050
Public spending on LTC as % of GDP (reference scenario), 2019	2.1	2.2	2.5	3.7
Public spending on LTC as % of GDP (risk scenario), 2019	2.1	2.2	2.7	4.4
Public spending on institutional care as % of total LTC public spending, 2019	60.9	62.5	63.3	67.5
Public spending on home care as % of total LTC public spending, 2019	39.1	26.8	26.6	24.6
Public spending on cash benefits as % of total LTC public spending, 2019	0.0	10.7	10.2	7.9
Government and compulsory contributory financing schemes as % of GDP, LTC Health, 2018	2.1	2.1		
Government and compulsory contributory financing schemes as % of GDP, LTC Social, 2018*	-	-		
Household out-of-pocket payment as % of GDP, LTC Health, 2018	0.1	0.1		
Household out-of-pocket payment as % of GDP, LTC Social, 2018*	-	-		

Note: break in series for DE and DK in the System of Health Accounts

A - shows that data is available in general, but not for this Member State

*data not available for all Member States

Appendix 2 - Extract from the report by the Belgian Health Care Knowledge Centre (KCE) "Performance of the Belgian health system: Report 2024"¹³⁷

- « Since the transfer of (part of) long-term care from the federal to the federated level, centralization of data on the population in institution (homes for older people) has been problematic for the years 2019-2020-2021, especially for Brussels and resultantly also for the total Belgian data. Most recent available data from 2021 on the Flemish and Walloon region show that 5% of the population aged 65 years or over stayed in a home for older people;
- Based on data for 2018 we see that in the population of 85 years and over, 14% of men and 27,7% of women were in a home for older people;
- Data for home nursing care, on the other hand, are complete over the years (...). Data show that in 2021, 7,6% of the Belgian population aged 65 years and over received home nursing care (...). Of note is that there was considerable geographical variation in use of home nursing care;
- Due to different ways of provision of long-term care for older people, international comparison is difficult. Based on the available data from OECD, Belgium appeared to score relatively high compared to other European countries regarding the population in homes for older people. On the other hand Belgium appeared to score relatively low regarding home (nursing) care;
- 19% of the population aged over 50 years providing informal care on daily or weekly basis;
- It is expected that, due to declining family size, increased geographical mobility and rising participation rate of women in the labour market, the availability of informal carers will decline in the coming decades;
- There are growing concerns in Belgium about the fast-growing population aged 65 and 85 years and over in the coming decades. (...) This will lead to a drastic increase in care needs, in residential setting as well as at home;
- In the coming years, there are also widespread concerns about:
 - o the availability of personnel to meet the increasing needs (both for care at home and for residential care). Already currently, the field suffers from shortage of personnel;
 - o the affordability of residential care for the older people. For many persons, the pension is not sufficient to cover the bill of the home for older people;
 - o the growing privatization of residential care and the challenges that come with it ».

¹³⁷ Gerkens, S., Lefèvre, M., Bouckaert, N. et al, "Performance of the Belgian health system: Report 2024", Health Services Research (HSR) Brussels: Belgian Health Care Knowledge Centre (KCE). 2024. KCE Reports 376C, p. 111-118, https://kce.fgov.be/sites/default/files/2024-01/KCE376C_HSPA2024_Report.pdf.

Appendix 3 - List of joint committees responsible for areas related to long-term care

- JC 318 Joint Committee for Family Aid and Senior Aid Services
 - o JC 318.01 Joint Sub-Committee for the family aid and senior aid services of the French Community, the Walloon Region and the German-speaking Community
 - o JC 318.02 Joint Sub-Committee for Family Aid and Senior Aid Services of the Flemish Community
- JC 319 Joint Committee for Educational and Residential Establishments and Services
 - o JC 319.01 Joint Sub-Committee for Educational and Residential Establishments and Services of the Flemish Community
 - o JC 319.02 Joint Sub-Committee for Educational and Residential Establishments and Services of the French Community, the Walloon Region and the German-speaking Community
- JC 327 Joint committee for adapted work companies, social workshops and 'maatwerkbedrijven'
 - o JC 327.01 Joint Sub-Committee for the Flemish adapted work companies, social workshops and 'maatwerkbedrijven' sector
 - o JC 327.02 Joint sub-committee for adapted work companies subsidised by the French Community Commission
 - o JC 327.03 Joint Sub-Committee for adapted work companies in the Walloon Region and the German-speaking Community
- JC 330 Joint Commission for Health Establishments and Services¹³⁸

This joint commission, which is subdivided into various sub-commissions (below), covers various healthcare establishments, namely:

 - 1° establishments and services providing health, prophylactic or hygiene care;
 - 2° medical or health establishments and services;
 - 3° establishments providing social, psychological or physical <health> care;
 - 4° dental prosthesis establishments.

The following are examples of these establishments and services:

- 1° all establishments subject to the law on hospitals, coordinated on 7 August 1987;
- 2° consultation platforms for psychiatric establishments and services;
- 3° psychiatric care homes;
- 4° sheltered housing initiatives for psychiatric patients;
- 5° rehabilitation centres;
- 6° nursing homes for the elderly, nursing and care homes and assisted-living facilities;
- 7° home care services;
- 8° home palliative care teams;

¹³⁸ Royal Decree of 9 March 2003 establishing certain joint committees and determining their names and competences.

9° medical centres;
 10° blood transfusion and blood processing services;
 11° polyclinics;
 12° clinical biology or anatomopathology laboratories;
 13° companies in the independent patient transport sector;
 14° first-aid services;
 15° paediatric medical centres;
 16° daycare centres for the elderly;
 17° reception centres for the elderly;
 18° offices of general practitioners, specialists, dentists, physiotherapists and other paramedical professionals;
 19° physiotherapy services;
 20° companies in the dental prosthesis industry;
 21° external workplace prevention and protection services.
 22° integrated home care services, excluding integrated home care services that are approved as a cooperation initiative in the field of primary health care under the Joint Committee for the Flemish social and health care sector.

The Joint Committee is also responsible for establishments and services approved and/or subsidised by or under the jurisdiction of the Joint Community Committee, such as:

- social assistance services for detainees;
- personal assistance centres;
- mental health centres;
- drug addiction and dependency prevention services.

In practice, the Joint Committee is subdivided into the following Joint Sub-Committees:

- Sub-JC 330.01.10 Private hospitals and psychiatric care homes
 - Sub-JC 330.01.20 Nursing homes, nursing and care homes, assisted living facilities, daycare centres, daycare centres for the elderly
 - Sub-JC 330.01.30 Home nursing services
 - Sub-JC 330.01.40 Rehabilitation centres
 - Sub-JC 330.01.50 Remainder of the federal agreement
 - Sub-JC 330.02 Bicomunity health care facilities and services recognised by the Joint Community Commission
 - Sub--JC 330.03 Dental prosthesis establishments
 - Sub-JC 330.04 Other health care establishments and services, excluding dental prosthesis establishments
- JC 331 Joint Committee for the Flemish Health and Well-being Sector
- This Joint Committee includes various healthcare institutions that are competent to operate on the geographical territory of the Flemish Community, namely:
- 1° organisers of extracurricular activities;
 - 2° family planning centres;
 - 3° Télé -Accueil centres;

- 4° social volunteer organisations;
- 5° drug addiction services;
- 6° marriage counselling centres;
- 7° prenatal consultation centres;
- 8° consultation offices for young children;
- 9° trust centres for abused children;
- 10° adoption services;
- 11° centres for developmental disorders;
- 12° care consultation centres for people with disabilities;
- 13° cooperative initiatives in the field of primary healthcare, front-line areas and care councils;
- 14° mental health centres;
- 15° health promotion and prevention services and centres, with the exception of mutual insurance companies.

The Joint Committee for the Flemish Social and Health Care Sector is also responsible for:

- 1° organisers of after-school care who hold a certificate of inspection from the competent institution of the Flemish Community;
- 2° childcare organisers for babies and toddlers authorised by the competent institution of the Flemish Community;
- 3° home care services for sick children.

- JC 332 French- and German-speaking Joint Committee for social action and health
This Joint Committee includes various health institutions that are competent to operate on the territory of the French Community or the German-speaking Community, namely:

- 1° establishments and services providing regular care for children under the age of 12, such as crèches, pre-schools, municipal childcare centres, children's homes, drop-in daycare centres - emergency drop-in daycare centres and flexible daycare centres -, after-school care services and approved babysitting and childminding services;
- 2° home care services for sick children;
- 3° health centres and health promotion services;
- 4° local health promotion centres;
- 5° community health promotion services;
- 6° drug addiction and dependency prevention services;
- 7° prevention and health education services;
- 8° social assistance services for detainees, prisoners and/or victims;
- 9° family planning centres;
- 10° social service centres;
- 11° Télé-Accueil centres and telephone hotlines;
- 12° comprehensive social action centres;
- 13° home care and services coordination centres;
- 14° mental health centres;
- 15° "SOS-Enfants" teams;
- 16° adoption agencies;

- 17° meeting-area services;
- 18° remote vigilance services;
- 19° debt mediation and over-indebtedness services.

The French- and German-speaking Joint Committee for social action and health is also competent for mutual aid and self-help services in the field of social and health¹³⁹ care whose head office is located in the Walloon Region or in the Brussels-Capital Region, which may be considered as falling within the exclusive competence of the French Community, without prejudice to the exercise of powers transferred to the Walloon Region or the French Community Commission, and which do not fall within the remit of the Joint Committee for Educational and Residential Establishments and Services or the Joint Commission for the Socio-Cultural Sector.

- JC 337 Auxiliary Joint Committee for the non-profit sector¹⁴⁰.
As an auxiliary commission, it is responsible for:
 - 1° organisations in the non-profit sector¹⁴¹ whose activities do not fall within the remit of another specifically competent joint committee;
 - 2° individuals who employ staff on their own account for their personal use or that of their family.

In practice, the individuals concerned and their workers are those bound by a 'personal assistance budget'¹⁴². Mutual societies also fall within the scope of JC 337.

- JC 339 Joint Committee for approved social housing companies.
This joint committee is made up of three sub-committees that work on a territorial basis, since housing is a regional responsibility:
 - o 339.01 Joint Sub-Committee for approved social housing companies in the Flemish Region;
 - o 339.02 Joint Sub-Committee for approved social housing companies in the Walloon Region;
 - o 339.03 Joint Sub-Committee for approved social housing companies in the Brussels-Capital Region;

¹³⁹ "Mutual help and self-help services in the field of social assistance and health are understood to mean mutual help and support groups which provide, individually and collectively, social and psychological support to individuals and their families", Art. 1, § 3, last paragraph, Royal Decree of 9 March 2003 establishing certain joint committees and determining their names and competences.

¹⁴⁰ Royal Decree of 14 February 2008 establishing the Joint Committee for the non-profit sector and establishing its name and competence.

¹⁴¹ The Royal Decree specifies that non-profit means 'not for profit'.

¹⁴² UNISOC, JC 337 - explanation of the file, <https://www.unisoc.be/thema/fr/public/detail/cp-337>.