

Social Services of General Interest

Belgian Authorities

Introduction

In Belgium, following services are recognised as long-term care for elderly: nursing home care, centres for day care, short-stay centres, residential (or rest) homes and rest and nursing homes.

In 2004, 5.1% of people aged 60 years and older stayed in a residential home or a rest and nursing home. This means an increase by 11.6% between 1998 and 2004¹.

The Belgian paper will focus, among LTC for elderly, on the sector of residential homes (maisons de repos) and rest and nursing homes (maisons de repos et de soins), this specific sector serving as a test-case².

Chapter 1: brief description of the sector

1. Organization of the sector

1.1. Supply

The Belgian rest home sector shows great diversity in the supply of services offered, geographic availability, and in the status of the institutions.

- **Diversity of supply**

For long-term care for the elderly, the Communities and Regions are competent for many aspects. Consequently, the range of services offered varies from one region and community to another. We note that these differences could become more intense in the future since the various regions have different age pyramids and consequently aging will not be felt at the same time, nor to the same extent everywhere.

Aging of the population has a considerable effect on the supply and the need for care, which means that the nature and quality of care structures offered, must be adapted continually. There are various possibilities of services for the elderly to meet these needs.

- Residential and semi-residential care: MRPA, MRS, Service Residences
In Belgium, the supply of care to the elderly includes several types of residential structures which are distinguished by the accommodations and the supply of care they propose. These include « *Maisons de repos pour personnes âgées* » (Rest homes for

¹ Dirk CORENS, *Health Systems in Transition, Belgium Health System Review, 2007*, page 117.

² In this paper, the term 'residential' or 'rest' homes will be used as generic term, covering all structures of the sector: rest homes (MRPA) and rest and nursing homes (MRS), and service residences.

the elderly) (MRPA), traditional residential organization for persons over 60, « *Maisons de repos et de soins* » (Rest and care homes) (MRS), which are more medically oriented, and, for the elderly who are still self-sufficient, « *Service Residences* », offer individual housing units associated with services « à la carte ».

- Short-term, day/night centres
Alongside these structures for permanent accommodations, and often within them, occasional or temporary accommodations have developed. These are « centres de soins (ou d'accueil) de jour/de nuit » (day or night care (or accommodation) centres) and « centres de court-séjour » (Short-term accommodations).

- **Diversity of providers**

There are three different types of status for rest homes in Belgium. They are:

- institutions in the public sector (essentially CPAS) (public social assistance centres);
- non-commercial institutions in the private sector (non-profit institutions);
- and institutions in the private commercial sector.

However, all institutions must meet the standards set by the competent authority (see below).

See the table in annex 1.1 for the breakdown according to status of providers.

1.2. The breakdown of competence and legislation

At institutional level, Belgium is a federal state comprising communities and regions. Belgium includes three communities: the French community, the Flemish community and the German-speaking community. Belgium consists of three regions: the Walloon Region, the Flemish Region and the Brussels Region.³

- **Competence**

For health care in general (and care to the elderly in particular), the federal state is the only body competent for « *mandatory health care insurance scheme* ».

Conversely, as concerns public health (the supply of care, protection of public health), responsibilities are shared between the Federal State and the Communities and Regions. The *policy for dispensing care* inside health-care institutions and outside of them, is a *Community* question.

²⁹ Belgian Constitution, Article 1-3. Not official translation.

The communities have a linguistic basis, and are competent for domains dealing with persons (ex: education, culture, youth policies, ...). The regions have a territorial base and are competent for domains linked with territory (ex: land use planning, housing, ...). For more details, see info fiche n° 23, Chamber, on competences of communities and regions, at following address : http://www.lachambre.be/kvvcr/pdf_sections/pri/fiche/23F.pdf

As concerns rest homes,

- the Federal State is competent for programming and for setting approval standards for rest and care homes (MRS) ;
- The Communities are competent for the so-called « personalizable » questions, meaning, in particular MRPA, Service residences, Day care facilities and short-stay centers.

The French Community has transferred certain fields of competence to the Walloon Region and to the French Community Commission⁴. Health care, and more particularly the policy for dispensing health care in and outside of healthcare institutions, are among the « personalizable » fields that have been transferred.

As shown in the description above, competence in the rest home sector is split between the 3 levels of power (Federal, Communities, Regions). Coordination is therefore needed. This has found its place in the Conférence interministérielle Soins de santé (Inter-ministerial Health Care Conference) in a specific sub-group called « Health Care Policy to be enacted with regard to the elderly », aiming at developing a coherent policy for the elderly. This policy has been laid down in a cooperation protocol between all competent authorities⁵.

■ Legislation

There is a specific legal framework for the Belgian rest home sector (see annex 1.2)

- Normative aspect
For each type of institution, the competent authority establishes the standards that an establishment must meet in order to be approved. No institution can function without this approval.

The norms⁶ are:

- architectural;
- operational;
- organizational (administrative file, individualized file including social, medical, para-medical and nursing data, standard for the personnel, the coordinating and advisory doctor, policy for training and refresher training, home rules ...);
- qualitative.
- Programming of accommodation structures for the elderly
Programming of the needs for accommodation structures for the elderly is partially under Federal competence, notably for what concerns the rest and nursing homes and the day care centers. Since a few years, a programmation fixed on a voluntary basis has been set

⁴ As from 1 January 1994 by decree II of 22 July 1993.

⁵ For access to this protocol, see :

FR <http://www.ejustice.just.fgov.be/cgi/api2.pl?lg=fr&pd=2006-04-28&numac=2006022284>

NL <http://www.ejustice.just.fgov.be/cgi/api2.pl?lg=nl&pd=2006-04-28&numac=2006022284>

⁶ As example, see the federal norms for MRS :

FR <http://www.ejustice.just.fgov.be/cgi/api2.pl?lg=fr&pd=2004-10-28&numac=2004022802>

NL <http://www.ejustice.just.fgov.be/cgi/api2.pl?lg=nl&pd=2004-10-28&numac=2004022802>

up in agreement between all levels of authorities. This is calculated in view of the number of elderly persons requiring care and the demographic evolution of the different age groups as from 60 in the Communities and Regions.

2. Financing the sector

2.1. Rest homes

2.1.1. Operating expenses

The operating expenses of rest homes are financed differently given the type of expenses:

- Financing of accommodations and family services
The cost of accommodations, meals and family services are financed by a « price per day » which is borne by the resident. This price per day is regulated by the Federal Ministry of the Economy, and varies per institution depending on the services offered⁷.
- Financing of health care
Health care, conversely, is covered on a flat-rate basis, by the mandatory federal health insurance. The institutions receive a daily flat-rate for each resident, revised every year on the basis of a case-mix of the population living in the institution during a reference period⁸.

The award of the flat-rate amount to the institution is subject to compliance with minimum supervisory standards (number and qualification of staff members).

2.1.2. Subsidy for construction

Rest homes in the public sector and the private non-commercial sector can obtain building subsidies. At this time, the Communities and Regions provide a subsidy of 60% on the average – the remaining 40% is borne by the institution⁹.

2.2. Financial resources of the authorities

2.2.1. Budget

Three types of budgets can be pinpointed for care to the elderly :

Budget of the Communities / Regions

Within the limits of their competence, the local authorities have their own budgets that they use in keeping with the priorities determined by the government.

⁷ The average price per day that is paid by the resident in a MRPS/MRS is around 35 € .

⁸ The average amount of the INAMI daily flat-rate per day is around 20 € in MRPA, and 60 € in MRS.

⁹ The Walloon legislation on construction subsidies is to be found as example in annex 1.3

Federal budget

As mentioned above, the Federal State is the only body competent for mandatory health insurance. Financing of MRS/MRPA by INAMI (public social security institution) is based on a prospective budget taking into account the profile of the institution and the profile of the dependency on care of its residents.

Federal budget available to the Communities/Regions

In the frame of an interministerial conference, a six-year framework protocol (2005-2011) was concluded in October 2005, between the Federal State and the local authorities. Under this Protocol¹⁰, the Federal State makes an additional budget of 174 million euros, staggered over the 6 year period, available to the Communities and Regions to enable them to develop a basket of care structures corresponding to the specific characteristics of their populations.

The initial programme for MRPA and MRS has been broadened and transformed into a programme for « types of care » integrating alternative or innovative types of care and support for keeping the elderly at home. This additional budget lets each local authority diversify the supply of care.

2.2.2. Evolution of spending since 1990

The annex 1.4. shows the evolution of federal expenses in the rest homes sector since 1990.

3. Improvements and quality control

3.1. Minimum standards

As already mentioned, the Belgian law on rest homes include many architectural, functional, organisational, ... norms.

Explicit quality standards exist in the various legislations (see Annex 1.5)

These imposed norms and the means of financing health care in rest homes ensure the quality of care and services.

3.2. Control entrusted to the Communities/Regions

Control of compliance with these standards (set at federal or regional/ community level) is entrusted to Community and Regional inspection services.

¹⁰ Cfr supra, note 5

Chapter 2: Legal issues

1. Focus

In the rest home sector, we have not yet encountered problems arising from European legislation.

Nevertheless, certain points of national legislation could raise questions with regard to the internal market and free movement. The MRPA/MRS can be managed by local public authorities, non lucrative sector or the commercial sector.

1.1. The internal market

No rest home can open without prior authorization. What is more, any form of accommodation housing several persons 60 and over falls under the legislation on nursing homes and therefore must meet the required standards. At this time, there is a moratorium limiting the number of MRS/MRPA beds on Belgian territory.

In this sense, Belgium might encounter difficulties in relation with the interpretation of the rules of freedom of presting and freedom of establishment of services.

1.2. State aids

Does the partial subsidy of investments limited to the public sector and the private non-profit sector described in Chapter 1 lead to distortion of competition?

The mission assigned to the public sector and the private non-profit sector for rest homes by the authorities is to ensure accessibility of these services to the most vulnerable elderly persons. Partial subsidy of their investments corresponds to this policy for preferential accommodations of elderly persons made vulnerable by illness or limited resources¹¹.

The state aid is, for local authorities, a regulation instrument of the sector, particularly as concerns quality. In the Stability Pact, the need to control public expenditures may be in conflict with the need to subsidy and to develop structures for long-term care.

2. New issues

New phenomena associated with the movement of persons and services within the Union pose new challenges to our national legislation. Belgium has begun a reflection on these new questions in order to adapt its legislation if necessary.

¹¹ see in annex 1.3, law concerning subsidies for the construction of residential homes for elderly (22 March 1971)

2.1. Non-national residents

Belgium has experience in mobility of residents. Its rest homes accommodate many cross-border residents who were not taken into account in the case mix of the institution used as basis for the financing of care, and thus, for the price determination. This phenomenon has encouraged the authorities to adapt the financial system in order to ensure the quality of care provided and the services offered to the national and cross border residents¹².

The fact that the competent instances don't have precise amounts of cross-border residents in its institutions may be considered as a problem as they don't have a clear view on the non available capacity.

2.2. Commercial non-national providers

The arrival on the Belgian market of non-national commercial operators (European and non-European) obliges us to specify and define the normative framework of the sector in order to keep quality and accessibility control and to avoid purely commercial drifts.

2.3. Non-national health-care personnel

The European harmonization of professional qualifications includes certain health-care professions. In view of the shortage of labour in the sector, Belgium could call on non-national personnel; however, it wonders about the consequences and the timeliness of this kind of practice for the countries of origin of this personnel.

3. European legislation is a stimulant for thought processes

3.1. General

European Directives must be transposed into national legislation. This being the case, Belgium has begun a series of think tanks on certain aspects of these directives, such as the invoicing of medicines by unit-dose, labour legislation for night staff, conclusion of public supply contracts ...

3.2. Example: HACCP standards

For example, the obligation required of the rest home sector to comply with HACCP hygiene standards has greatly contributed to improving services offered and created a positive dynamic in the institutions.

¹² cfr Regulation on the coordination of Social Security for migrant workers 1408 / 71

Chapter 3: Characteristics

1. Organizational characteristics

In Belgium, the various organizational characteristics, brought to light by the *Commission Communication on social services of general interest* (COM(2006) 177 of 26 April 2006), are often put into application via legislation.

- **Accessibility of all, and particularly the most vulnerable (in terms of health and resources).**

Rest homes are financed by health insurance; consequently, the extent of the health care to be provided cannot be an obstacle to being admitted in a rest home.

MRPA/MRS admission policy is nevertheless the policy of the institution – no provision is made in legislation on this subject; the authorities have not set rules concerning management of admissions and waiting lists, although the Flemish Community does have provisions to regulate certain limits on admission in institutions (see annex 3.1).

Concerning financial accessibility, the day price charged to residents is set by the Federal Ministry of the Economy and certain rules have been set to protect the residents from unexpected supplements and sudden rises in prices.¹³

All expenses associated with health care are covered by the Incapacitation & Illness Insurance. The residents' share is limited to "accommodations" expenses and the personal quota (ticket modérateur) for medical consultations and drugs.

Persons whose resources are not sufficient to pay for the price of accommodations can benefit from aid from a CPAS.

Financial accessibility is therefore guaranteed.

- **Participation of volunteers, expression of citizenship:**
Volunteers are active in almost all MRS/MRPA, for tasks that are complementary to the activities accomplished by the residential homes: library, leisure,... (Red Cross volunteers). The existence of the Council of Residents is an expression of citizenship or residents.
- **Local roots and universality**
Historically MRPA and MRS were created to meet the needs of the local population. However, to ensure consistent supply over the entire territory, there is a minimum programme per district¹⁴.

¹³ Federal legislation (addendum n° 5 to protocol 2) as well as Community/Regions (Wallonia Region: decree of 5 June 1997 on rest homes, service residences and day care centres for the elderly, and creating the Wallonia Council for the elderly, amended by the Decree of 6 February 2003).

¹⁴ For example, in Wallonia, the minimum programme of MRPA per district is five beds for 10 000 inhabitants of at least 60 years old.

- **Asymmetric relation between the service provider and the beneficiary**

The Belgian system for financing the rest home sector as described in Chapter 1 requires the participation of a third party payee, incapacitation-illness insurance.

In addition, the knowledge of service providers and beneficiaries is not symmetrical; moreover, people who have recourse to services in this sector generally have no alternative and are in a situation beyond their control (dependency, loss of autonomy)¹⁵.

- **Absence of profit motive**

The description of providers in the rest home sector in Belgium shows that certain institutions have chosen the status of a commercial company; nevertheless, their basic purpose is social.

- **Solidarity**

Cares delivered in residential homes are financed by a mandatory sickness insurance. Solidarity is insured by the nature of the system that is based on a mutualisation of the risks.

- **Personalized response to needs**

Chapter I has described the diversity of the offer of residential LTC for elderly. This diversity enable a personalised response to the users 'needs, and is at present guaranteed by the legislation. This guaranty is indispensable to avoid the disparition of structures that are less rentable in favour of the most rentable.

2. Characteristics as concerns the assignment

The Belgian policy sees rest and health-care homes as a basic module of a broader concept of global and coherent supply of temporarily or definitive residential care. Consequently, this is not a supply of real estate nor hotel first and foremost, that could be subject to the laws of the market and the rules of competition.

This offer is to be seen in its globality: we may not just take one constitutive element out of this integral offer to liberalise it.

Rest homes have a mission in the general interest: offering quality living conditions and health-care to the most vulnerable citizens, made fragile by age and illness. Consequently, they have a privileged role to play to ensure social cohesion of our democratic society and a responsibility that they must assume in public health policy.

The social nature of these LTC services is revealed by the fact that they are a response to a fundamental right of elderly -fragilised by age and sickness-, the right to have equal access to quality services.

¹⁵ For the percentage of demented persons in the MRPA/MRS residents, see annex 3.2.

Conclusion

The arising of legal situations and of new questions, the nature of the SSGI sector characteristics shows that this sector lacks legal security at European level.

Belgium sees this as a threat to guaranteeing the specificity of sector. It therefore stands in favour of reinforcing the legal security of the sector by defining principles, values, practices, etc.

Belgium is in favour of a frame directive on SS that recognises their specificity, establish a balance between social rights and the internal market and competitiveness rules, and doesn't harm the organisation capacity for the SSGI by public authority.

Annex: Chapter 1: Brief description of the sector

1.1. Répartition des maisons de repos selon leur statut

MRPA-MRS : nombre de lits agréés par statut

Situation au 16 mars 2006

lits MRPA	établissements	%	lits agréés	%
CPAS	406	25	21.573	27
ASBL	450	27	22.851	29
privé commercial	795	48	34.475	44
total	1.651	100	78.899	100

lits MRS	établissements		lits agréés	
CPAS	373	37	19.484	41
ASBL	372	37	18.301	39
privé commercial	266	26	9.559	20
total	1.011	100	47.344	100

Source: INAMI-RIZIV, mai 07

Au sein des entités fédérées, des législations déterminent des règles de répartition entre les différents opérateurs.

Ainsi, par exemple en Wallonie, la législation prévoit une limitation du secteur privé commercial ; la programmation de lits de maisons de repos pour personnes âgées (MRPA) doit suivre les règles suivantes :

- 29% au minimum des lits MRPA sont réservés au secteur public ;
- 21 % au minimum des lits MRPA au secteur privé non lucratif ;
- 50 % au maximum au secteur privé commercial.

(Décret du 5 juin 1997 relatif aux maisons de repos, résidences-services et aux centres d'accueil de jour pour personnes âgées et portant création du Conseil wallon du troisième âge, modifié par le Décret du 6 février 2003.)

1.2. Legal framework

Législation fédérale : Arrêté royal du 21-09-2004 fixant les normes pour l'agrément spécial comme maison de repos et de soins ou comme centre de soins de jour.

Législation régionale et communautaire :

Wallonie : Décret du 5 juin 1997 relatif aux maisons de repos, résidences-services et aux centres d'accueil de jour pour personnes âgées et portant création du Conseil wallon du troisième âge, modifié par le Décret du 6 février 2003.

Flandre : Besluit van de Vlaamse Regering van 17 juli 1985 totvaststelling van de normen waaraan een serviceflatgebouw, een woningcomplex met dienstverlening of een rusthuis moet voldoen om voor erkenning in aanmerking te komen (B.S. 30/8/1985).

Bruxelles : (Cocom) Ordonnance relative aux établissements hébergeant des personnes âgées 17 janvier 1992

Bruxelles : (Cocof) : Décret du 10 mai 1984 relatif aux maisons de repos pour personnes âgées.

Communauté germanophone : Erlass der Regierung der Deutschsprachigen Gemeinschaft zur Festlegung der Normen Für Aufnahmestrukturen für Senioren 26 fevrier 1997.

1.3. Législation wallonne concernant les subventions aux maisons de repos

**FINANCEMENT DES MAISONS DE REPOS POUR PERSONNES
AGEES**

Région Wallonne (Pour le texte CTRL + clic sur la date)

DATE ET INTITULE	DEBUT DE VIGUEUR	FIN DE VIGUEUR
<u>14 SEPTEMBRE 2006</u> . Arrêté du Gouvernement wallon modifiant l'arrêté du Gouvernement wallon du 4 juillet 2002 fixant la procédure d'octroi des subventions destinées aux infrastructures et équipements des hôpitaux et des maisons de repos	01/10/2006	
<u>14 JUILLET 2005</u> . Décret contenant le premier feuillet d'ajustement du budget général des dépenses de la Région wallonne pour l'année budgétaire 2005	05/10/2005	31/12/2005
<u>22 DECEMBRE 2004</u> . Décret contenant le Budget général des dépenses de la Région wallonne pour l'année budgétaire 2005	15/12/2004	31/12/2005
<u>4 JUILLET 2002</u> . Arrêté du Gouvernement wallon fixant la procédure d'octroi des subventions destinées aux infrastructures et équipements des hôpitaux et des maisons de repos	20/08/2002	
<u>28 JUIN 2001</u> . Décret modifiant le décret du 23 mars 1995 portant création d'un Centre régional d'aide aux communes chargé d'assurer le suivi et le contrôle des plans de gestion des communes et des provinces et d'apporter son concours au maintien de l'équilibre financier des communes et des provinces de la Région wallonne	01/01/2001	
<u>1^{er} AVRIL 1999</u> . Arrêté du Gouvernement wallon modifiant l'arrêté ministériel du 4 septembre 1978 fixant, en application de la loi du 22 mars 1971 octroyant des subsides pour la construction de maisons de repos pour personnes âgées, les coûts maxima à prendre en considération pour l'octroi de subsides	17/05/1999	
<u>4 SEPTEMBRE 1978</u> . Arrêté ministériel fixant, en application de la loi du 22 mars 1971 octroyant des	05/11/1978	

subsidés pour la construction de maisons de repos pour personnes âgées, les coûts maxima à prendre en considération pour l'octroi de subsidés		
2 MAI 1972. Arrêté royal fixant les conditions particulières à l'octroi de subsidés pour la construction ou le reconditionnement de maisons de repos pour personnes âgées.	09/06/1972	
22 Mars 1971. Loi octroyant des subsidés pour la construction de maisons de repos pour personnes âgées	17/04/1971	

Source : <http://wallex.wallonie.be>

1.4. Evolution des dépenses publiques

Evolution du nombre de jours de séjour et des dépenses assurance maladie en MRPA (y compris court séjour), MRS et Centres de soins de jour (ce dernier à partir de 2001) :

Année	Nombre de jours	Dépenses en euro
1990	11.404.036	236.279.000
1995	33.156.428	567.041.000
2000	38.453.719	867.876.000
2005	40.804.842	1.357.169.000
2006	42.174.964	1.417.375.000

Source : Riziv-Inami

1.5. Normes de qualité

Normes fédérales

« Une maison de repos et de soins administre, dans le cadre de sa mission, des soins et des services appropriés à chaque résident. L'établissement doit développer, à cet égard, une politique de qualité qui aura pour objet de déterminer, d'organiser, d'évaluer et d'améliorer, de manière systématique, la qualité des soins et des services ainsi que son fonctionnement.

Elle portera au moins sur les points suivants :

- la dispensation de soins et de services garantissant le respect de la dignité humaine, de la personne, de la vie privée, des convictions idéologiques, philosophiques et religieuses, le droit de plainte, l'information et la participation de l'utilisateur, compte tenu également du contexte social de l'utilisateur ;
- l'efficacité et l'efficience des soins et services dispensés ainsi que du fonctionnement ;
- la continuité des soins et services dispensés ainsi que du fonctionnement.

... Chaque maison de repos et de soins doit instaurer une politique de formation adaptée aux

différentes catégories de personnel ;
 ... Chaque maison de repos et de soins doit évaluer, de manière systématique, la qualité et l'efficacité des soins administrés aux résidents ; dans ce cadre, il convient d'enregistrer les escarres et les infections.

(Source : législation fédérale normes MRS

FR : <http://www.ejustice.just.fgov.be/cgi/api2.pl?lg=fr&pd=2004-10-28&numac=2004022802>

NL : <http://www.ejustice.just.fgov.be/cgi/api2.pl?lg=nl&pd=2004-10-28&numac=2004022802>)

Normes de la Communauté Flamande (Décret du 17 octobre 2003)

De outre il existe en Flandre un Décret relatif à la qualité des structures de soins de santé et d'aide sociale :

« ... Toute structure assure la gestion de la qualité, axée sur des soins justifiés tels que visés à l'article 3. La gestion de la qualité est l'élément de la fonction managériale déterminant pour l'élaboration et la mise en œuvre de la politique de qualité ...

La politique de qualité comprend les intentions d'une structure en matière de qualité et les voies pour y arriver, exprimées formellement dans une déclaration de gestion. La politique de qualité doit être conforme à la politique générale de la structure et doit jeter les bases de la formulation des objectifs de qualité. Elle repose sur la participation de tous les collaborateurs et cherche à réaliser des avantages pour les usagers, les collaborateurs, la structure et la collectivité. La politique de qualité consiste au moins en une mission, une vision, des objectifs et une stratégie.

Le système de gestion de la qualité est indispensable à la détermination et l'élaboration de la politique de qualité et des objectifs de qualité, et à la réalisation de ces objectifs. Le système consiste en une structure organisationnelle, des compétences, des responsabilités, des procédures et des processus.

L'auto-évaluation est une évaluation systématique des processus, des structures et des résultats de la structure et est effectuée par la structure même. La structure démontre, à l'aide d'une auto-évaluation, comment elle contrôle, gère et améliore sans cesse ses processus, structures et résultats.

Dans cette auto-évaluation, la structure démontre au minimum :

- 1^o comment, de manière systématique, elle collecte et enregistre des données sur la qualité des soins ;
- 2^o comment elle utilise les données visées au 1^o pour formuler des objectifs de qualité ;
- 3^o la feuille de route, avec calendrier, qu'elle établit pour atteindre les objectifs visés au 2^o ;
- 4^o comment et à quelle fréquence elle évalue si les objectifs ont été atteints ;
- 5^o les démarches qu'elle entreprend si un objectif n'est pas atteint.... »

Annex : Chapter 3 : Characteristics

3.1. Accessibilité: non-discrimination

La Flandre prévoit les 2 dispositions suivantes :

« Alleen de rusthuizen met minder dan 25 woongelegenheden voor bejaarden kunnen uitsluitend voor lichamelijk en/of mentaal valide bejaarden bestemd zijn. Hiervan dient uitdrukkelijk melding te worden gemaakt in het reglement van orde evenals op alle akten, brieven, facturen, bestelbiljetten en andere soortgelijke stukken die van de inrichting uitgaan. Aan de hoofdingang van de inrichting dient bovendien, op een goed zichtbare plaats duidelijk leesbaar, de vermelding "rusthuis voor valide bejaarden" te worden aangebracht.

"De inrichting die een persoon opneemt verbindt er zich toe hem niet te ontslaan tenzij om reden van heerkraft of om redenen en volgens de procedure vermeld in het reglement van orde. Uitgezonderd in inrichtingen die alleen valide bejaarden opnemen, kan verzorgingsbehoevendheid geen reden zijn tot ontslag, behalve wanneer het personen betreft die, wegens hun gedragingen zwaar storend zijn voor hun medebewoners of voor de inrichting zelf".

(Besluit van de Vlaamse Regering van 17 juli 1985 tot vaststelling van de normen waaraan een serviceflatgebouw, een woningcomplex met dienstverlening of een rusthuis moet voldoen om voor erkenning in aanmerking te komen (B.S. 30/8/1985).

3.2. Personnes âgées atteintes de démence en institution

Pourcentage de résidents avec dépendance psychique légère et lourde au sein des résidents MRPA et MRS en Belgique :

	Dépendance légère	Dépendance lourde	Sans dépendance psychique
MRPA	24.78 %	23.26 %	51.96 %
MRS	15.50 %	72.07 %	12.43 %
MRPA + MRS	21.23 %	41.94 %	36.83 %

Source : INAMI-RIZIV, 2005

