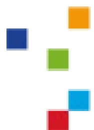
1.1 Long-term care, in homes for older people or at home (% pop aged 65 years and over) (OLD-1 and OLD-2)

1.1.1 Documentation sheet

Description	Proportion of population aged 65 years and over receiving long-term care, in homes for older people (OLD-1) or at home (OLD-2)
Calculation	Numerator: total number of recipients of long-term care, in homes for older people (rest homes or rest and nursing homes) (OLD-1), or at home (OLD-2) (aged 65 years and over) Denominator: total population aged 65 years and over
Rationale	With the ageing of the population, the need for long-term care is expected to continue to grow in the coming decades. According to the demographic projections made by the Belgian Federal Planning Bureau, the share of older persons in the total population (aged 65 or over) is expected to rise from 19.6% in 2022 to 25.1% in 2050.[1] This demographic trend will translate in growing numbers of older people in need of long-term care. Long-term care can be delivered either formally by professionals, or informally by family or friends. In this section we focus on formal care. Formal care can take place either in an institution (such as rest homes and rest and nursing homes) or at home by home nurses. Monitoring the evolution over time of the share of the population receiving formal long-term care is an indicator of the accessibility and sustainability of the long-term care component of the health system.
Data source	IMA-AIM Atlas: https://atlas.ima-aim.be/databanken/
Technical definition	International institutions like OECD, Eurostat and WHO have defined long-term care services as a range of services required by persons with reduced degree of functional capacity (physical or cognitive) and who consequently need help for an extended period of time for their basic and/or instrumental activities of daily living (ADL).[2] Basic ADL include but are not limited to bathing and showering, personal hygiene and grooming, dressing, getting to toilet, transferring oneself and feeding oneself. Instrumental ADL include amongst other cleaning and maintaining the house, preparing meals and taking prescribed medications. Help with basic ADL is often combined with basic medical services (such as nursing care), domestic help or help with instrumental



activities of daily living (IADL).[3]

In the residential sector, **rest homes**[a] provide nursing and personal care as well as living facilities to older persons with mainly low to moderate limitations. Older persons who are strongly dependent on care but who do not need permanent hospital treatment are admitted to **rest and nursing homes.**[b] Each rest and nursing home has to have a functional link with a hospital.[4]

Note that the technical definition of this indicator has been changed compared to the previous report. In this edition we use the same technical definition as in the IMA-AIM Atlas:

- % beneficiaries of 65 years or over, residing on 31 March in permanent way in “woonzorgcentrum (WZC)”/ “maison de repos et de soins (MRS) - maison de repos pour personnes âgées (MRPA)”
    - Numerator: number of beneficiaries of 65 years or over residing in permanent way in WZC/MRS-MRPA, notably having been attested a lump sum for WZC/MRS-MRPA with the exclusion of lump sums for short stay, for nursing care at home and for day care centre. In practice, the data are based on reimbursed activities between 28 March and 3 April (included).
    - Denominator: number of beneficiaries of 65 years or over present in the database population of IMA-AIM on 30 June of the year X and not deceased between January and March of that same year.
- % beneficiaries of 65 years or over having been attested on 31 March activities of nursing care at home related to a certain level of physical or psychic dependence.
    - Numerator: number of beneficiaries of 65 years or over have been attested on 31 March a lump sum for nursing care at home or toilet and no lump sum for WZC/MRS-MRPA nor for short stay, nor for day care centre. In practice, the data are based on reimbursed activities between 28 March and 3 April (included).
    - Denominator: number of beneficiaries of 65 years or over present in the database population of IMA-AIM on 30 June of the year X and not deceased between January and

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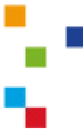
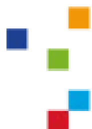
[a] Dutch: ‘woonzorgcentra’ (WZC) – ‘**woongelegenheden zonder bijkomende erkenning**’; previously called ‘rustoord voor bejaarden’ (ROB)
French: ‘**maison de repos pour personnes âgées’** (MRPA)

[b] Dutch: ‘woonzorgcentra’ (WZC) – ‘**woongelegenheden met bijkomende erkenning**’; previously called ‘rust-en verzorgingstehuis’ (RVT)
French: ‘**maison de repos et de soins’** (MRS)



	March of that same year. The changes in definition with the previous performance reports are as follows. For residential facilities, the previous performance reports included short stays (excluded in IMA-AIM atlas) and did not include the lump sums in WZC/MRS-MRPA for SEP/SLA/Huntington patients (which are included in IMA-AIM atlas). For home nursing care, the previous performance reports included lump sums A, B and C. On top of this our new definition (IMA-AIM atlas definition) adds toilets realised by home nurses in persons who are not billed a lump sum.[5]
International comparability	Data in this field are reported by OECD Health Statistics. As several countries use slightly different methodologies, results are not completely comparable. The following definitions are applied by OECD: **Long-term care institutions** (other than hospitals) “refer to nursing and residential care facilities which provide accommodation and long-term care as a package. They include specially designed institutions or hospital-like settings where the predominant service component is long-term care and the services are provided for people with moderate to severe functional restrictions.” [6] **Long-term care at home** “is provided to people with functional restrictions who mainly reside at their own home. It also applies to the use of institutions on a temporary basis to support continued living at home - such as in the case of community care and day care centres and in the case of respite care. Home care also includes specially designed or adapted living arrangements for persons who require help on a regular basis while guaranteeing a high degree of autonomy and self-control.” Included are: • Persons who receive long-term care by paid long-term care providers, including non-professionals receiving cash payments under a social programme • Recipients of cash benefits such as consumer-choice programmes, care allowances or other social benefits which are granted with the primary goal of supporting individuals with long-term care needs based on an assessment of needs Excluded are: • Disabled persons of working age who receive income benefits or benefits for labour market integration without long-term care services • Persons who need help only with instrumental activities of daily living (IADL), that is, receiving only long-term social care.[7]



Limitations	Since the transfer of institutional care for older persons from the federal to the federated level, centralisation of data on the population in homes for older people (rest homes and rest and nursing homes) has been problematic for the years 2019-2020-2021, especially for the Brussels-Capital region.
Dimension	Care for older persons; Accessibility; Sustainability
Related indicators	
Reviewers	El Maati Allaoui (IMA-AIM)

1.1.2 Results

Belgium

Since the transfer of institutional care for older persons from the federal to the federated level, centralisation of data on the population in institution (rest homes and rest and nursing homes) has been problematic for the years 2019-2020-2021, especially for the Brussels-Capital and Walloon region and thus also for the total Belgian data (see Figure 2). We therefore cannot give a precise figure for Belgium for these years. In what follows we will mainly focus on data for 2018 for people in homes for older people. In 2018 5.7% of the Belgian population aged 65 years or over was in a home for older people.

Data for home care, on the other hand, are complete. This sector was not transferred to the federated levels and RIZIV-INAMI remains the reimbursement institute for the whole country. Data show that in 2021 7.6% of the Belgian population aged 65 years or over received nursing care at home.

Analysis by demographic characteristics

Table 1 shows that the proportion of the population in homes for older people (data for 2018) increases by age. Furthermore more women are in homes for older people than men. Only 1.0% of the 65-74 years old (male or female) stays in homes for older people. This proportion increases to 14.0% (men) and 27.7% (women) for 85+ years. The same trends are observed for recipients of home care (data for 2021), but with slightly smaller differences between men and women.

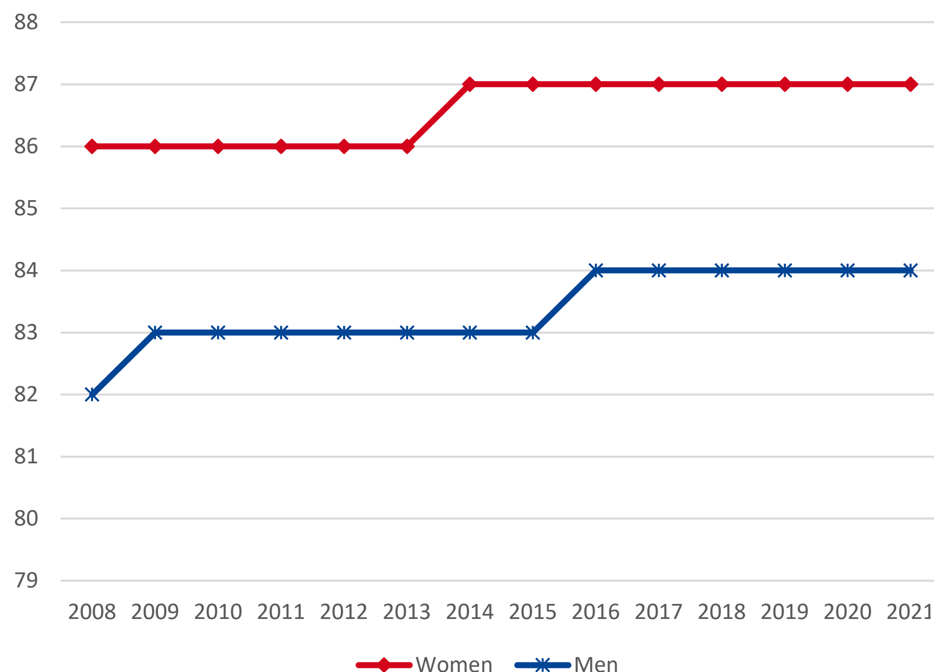
Table 1 – Long-term care in homes for older people or at home (% pop aged 65 years or over) - by patient characteristics (2018/2021)

Category	% in institution (2018)	% receiving home care (2021)
65-74 Male	1.0%	2.2%
75-84 Male	3.2%	6.3%
>=85 Male	14.0%	18.6%
65-74 Female	1.0%	2.9%
75-84 Female	5.7%	10.1%
>=85 Female	27.7%	23.8%

Source: IMA-AIM Atlas

Figure 1 shows that the mean age of residents of rest homes and rest and nursing homes got slightly higher over the period 2008-2021, increasing from 86 years for women and 82 years for men in 2008 to 87 years for women and 84 years for men in 2021.

Figure 1 – Evolution of the mean age of persons in rest homes and rest and nursing homes in Belgium, men and women (2008-2021)



Source: Based on IMA-AIM Atlas

Regional comparison

The data on long-term care in homes for older people are not complete, especially for the Brussels and Walloon region in the years 2019-2020-2021 (see Figure 2), so the drop in those years is only artificial. When we look at 2018, a lower proportion of the population aged 65 years or over stays in homes for older people in Flanders (5.3%), compared to Wallonia (6.1%) and Brussels (7.6%).

Data on home care, in contrast, are complete and thus give a reliable picture, also for recent years. The highest rate for home care is found in the Flemish region (8.3% of the population aged 65 years or over in 2021), followed by the Walloon region (6.8%) and the lowest rate is found in Brussels-Capital region (4.2%) (see Figure 2). Time evolution shows a steady rate for the years 2018 to 2019, followed by a slight drop for all regions except for Brussels in 2020, and a small increase in all regions in 2021. The slight drop in 2020 likely can be linked to the COVID-19 pandemic.

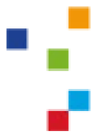
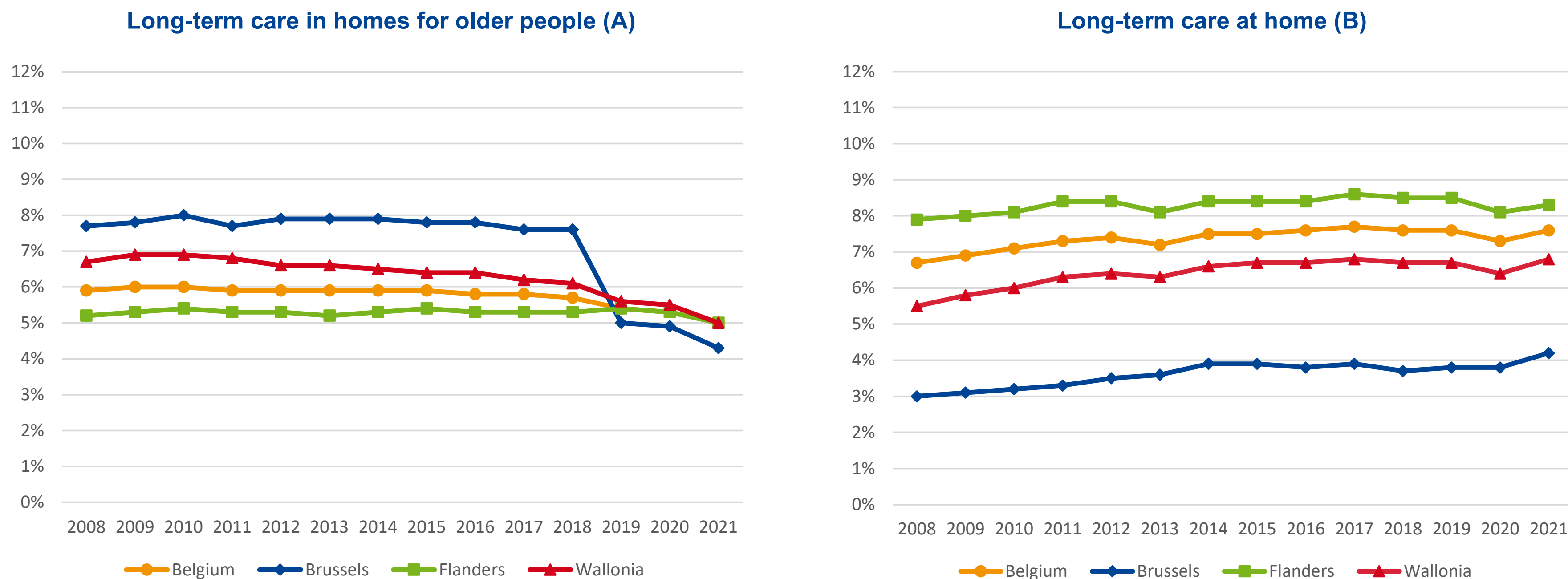
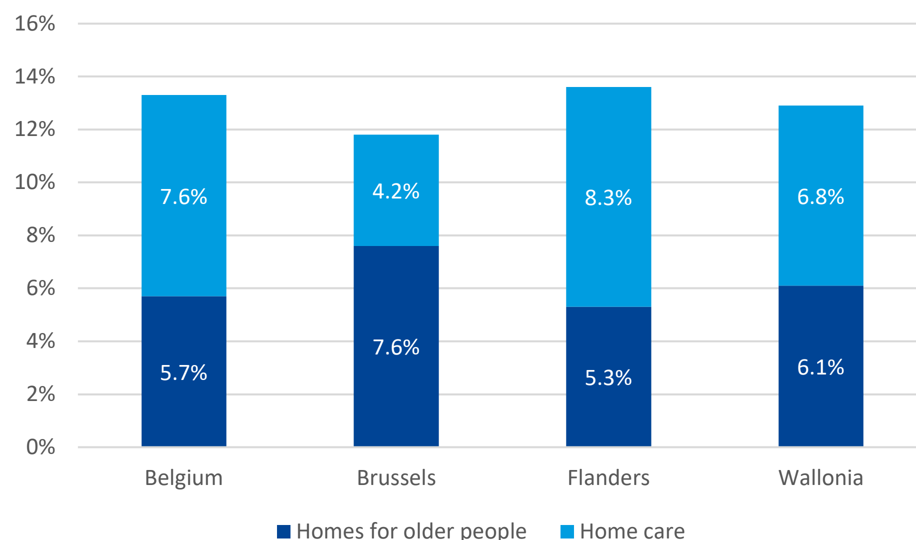


Figure 2 – Long-term care in homes for older people or at home (% pop aged 65 years or over) - by region (2008-2021)



Note: Incomplete data for Brussels-Capital region, Walloon region and Belgium in 2019-2020-2021 in Figure A. Data in Figure B are complete. Source: IMA-AIM atlas

Figure 3 – Long-term care in homes for older people or at home (% pop aged 65 years or over) - by region (2018/2021)



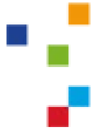
Note: Data on homes for older people: 2018. Data on home care: 2021. Source: IMA-AIM atlas

The proportion of the population aged 65 years or over receiving home care is particularly high in the provinces Limburg (11.7%), West-Vlaanderen (9.9%) and Henegouwen (9.8%) and particularly low in Brussel Capital (4.2%), Waals Brabant (4.2%) and Luxemburg (4.3%). For institutional long-term care, the differences are less pronounced between the provinces (see Table 2).

Table 2 – Long-term care in institution or at home (% pop aged 65 years or over) - by region and province (2018/2021)

Category	Proportion ≥65 yrs in institution (2018)	Proportion ≥65 yrs receiving home care (2021)
Flanders	5.3%	8.3%
Wallonia	6.1%	6.8%
Brussels	7.6%	4.2%
Antwerpen	5.4%	6.5%
Brussel-Hoofdstad	7.6%	4.2%
Henegouwen	6.4%	9.8%
Limburg	4.4%	11.7%
Luik	6.3%	4.7%
Luxemburg	6.2%	4.3%
Namen	5.5%	6.8%
Oost-Vlaanderen	5.7%	8.4%
Vlaams-Brabant	5.3%	6.4%
Waals-Brabant	5.4%	4.2%
West-Vlaanderen	5.3%	9.9%

Source: IMA-AIM Atlas



International comparison

International data on long-term care recipients in institutions (other than hospitals) and at home are available from OECD.Stat for the year 2020. However, OECD reports that data on long-term care provision are not available for many countries as these data are difficult to collect. Furthermore, a number of countries use a different methodology for the data reporting, and for a number of countries there is only an estimated value available. We removed these countries from the dataset and the resulting remaining data for the European countries are presented in Figure 4. The data vary largely from one country to another. OECD raises the following points to be considered in the international comparison: [6]

- Data on long-term care services may be difficult to compare as data for people receiving care outside of public systems are more difficult to collect and may be underreported, resulting in artificially low numbers for countries that rely more on privately-funded care. Countries that rely more on publicly funded long-term care services will show higher numbers.
- The age pyramid of a country could be expected to explain part of the cross-country variation. However, as the data show the proportion within the population aged 65 years or over, one would need to consider e.g. the proportion of the population 80 years or over in the population aged 65 years or over (the higher this proportion the higher the expected long-term care use).
- Cultural norms about who looks after older people (own family or formal care-givers) is also expected to be an important driver of the utilisation of formal long-term care services by older persons.[6]

Data on long term care are not available for Belgium in OECD Stat, but we can compare OECD data with the data of IMA above, at least for the Flanders and Walloon region for LTC in institutions as the data for the region Brussels-Capital are incomplete for 2020. The Flemish and Walloon region rank highest for long-term care in institutions, compared to other European countries. EU-14 average reaches 3.2%, whilst EU-27 average reaches 3.0%.

In terms of LTC at home, Belgium ranks rather low compared to other European countries (see Figure 4). EU-14 average for home care reaches 8.9%, whilst EU-27 average reaches 8.6%.

Figure 4 – Long-term care recipients in institutions (A) or at home (B) (% pop aged 65 years or over) - international comparison (2020)

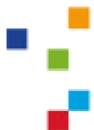
Long-term care in institutions (A)

Belgium
Finland
Estonia
Sweden
Germany
France
EU-14 (7 countries)
Ireland
EU-27 (10 countries)
Hungary
Spain
Portugal
Latvia
0.0 1.0 2.0 3.0 4.0 5.0 6.0
% of population aged 65+

Long-term care at home (B)

Germany
Sweden
Denmark
Spain
Finland
EU-14 (8 countries)
EU-27 (10 countries)
Hungary
Belgium
Estonia
France
Portugal
0.0 2.0 4.0 6.0 8.0 10.0 12.0 14.0 16.0 18.0
% of population aged 65+

Source: Belgium – LTC in institutions: IMA-AIM atlas (2018), Belgium – LTC at home: IMA-AIM atlas (2020); other countries: OECD Stat 2023 (data for 2020)



Impact of COVID-19 pandemic

Time evolution shows a steady use of home care for the years 2018 to 2019, followed by a slight drop for all regions except for Brussels in 2020, and a small increase in all regions in 2021. The slight drop in 2020 likely can be linked to the COVID-19 pandemic.

Key points

- A total of 7.6% of people aged 65 years or over received long-term care at home in 2021 in Belgium.
- There is considerable geographical variation in home care use, ranging from 4.2% of older persons in the provinces of Brussels-Capital and Waals Brabant to 11.7% in Limburg, 9.9% in West-Vlaanderen and 9.8% in Henegouwen (2021).
- Data for 2019-2020-2021 on long-term care in homes for older people is not complete, especially for the Brussels-Capital and Walloon region.
- A total of 5.7% of people aged 65 years or over is in home for older people in 2018.
- International data are difficult to compare, but based on the available data, Belgium tends to rank high for long-term care in institutions and rather low for long-term care at home compared to other European countries.

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