



12.3. Beds in residential long-term care facilities for the elderly (ELD-4)

12.3.1. Documentation sheet

Description	Number of beds in residential long-term care facilities for the elderly (per 1 000 population aged 65 and over)
Calculation	Numerator: Number of beds in residential long-term care facilities for the elderly x 1 000 Denominator: Population 65 and over
Rationale	Based on a forecast model developed by the Federal Planning Bureau and KCE it was forecasted that due to the ageing population, 149 000 to 177 000 residential care beds will be needed in 2025. After 2025, the growth in needed beds will even accelerate. The increase in need could be partly tempered by organising more home care and by using beds by priority for older persons needing more intensive levels of care. This in turn requires alternative care for persons now institutionalised with low care dependency. ¹
Data source	RIZIV-INAMI; OECD Health Statistics 2017 Population data: 1991-2018 : observations, Statbel; 2019-2071 : perspectives, BFP and Statbel
Technical definition	<p><u>Belgian data</u> Beds in homes for the elderly: ROB/MRPA and nursing homes: RVT/MRS</p> <p><u>OECD data</u> Residential long-term care facilities comprise establishments primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents. In these establishments, a significant part of the production process and the care provided is a mix of health and social services, with the health services being largely at the level of nursing care, in combination with personal care services. The medical components of care are, however, much less intensive than those provided in hospitals.</p> <p><u>Inclusion</u></p> <ul style="list-style-type: none"> - Long-term nursing care facilities - Other residential long-term care facilities <p><u>Exclusion</u></p> <ul style="list-style-type: none"> - Beds in hospitals dedicated to long-term care - Beds in residential settings such as adapted housing that can be considered as people's home. <p>Data for Belgium on residential long-term care facilities include beds in homes for the elderly and nursing homes. Numbers correspond to licensed beds.²</p>
International comparability	Data available from OECD Health Statistics 2018
Dimension	Care for the elderly; Sustainability



12.3.2. Results

As Table 112 illustrates, the number of beds in homes for the elderly has fluctuated around 64 000 beds in the years 2011 to 2015, after which they steadily increased to reach nearly 70 000 beds in 2018. The number of beds in nursing homes has steadily increased over the whole period from 2011 to 2018, from around 65 000 in 2011 to 74 000 in 2018. In total, whilst the absolute number of beds has steadily increased in the period 2011-2018,

the number of beds relative to the 65+ population has decreased in the period 2011 to 2014. From 2015 onwards the relative number of beds has increased to reach 68 beds per 1 000 persons 65+ in 2018.

Table 113 shows the number of beds for each of the regions and for the German-speaking community separately. There are remarkable differences. The German-speaking community has the lowest density of beds (50 beds per 1 000 persons 65+), followed by Flanders (61 beds), Wallonia (74 beds) and Brussels (99 beds).

Table 112 – Evolution of the number of beds in residential care facilities

Year	Nursing homes	Homes for the elderly	Coma beds	Total beds	Beds/1 000 persons 65 and over	Beds/1 000 persons 75 and over
2011	65 325	64 255	152	129 732	69	136
2012	68 262	62 775	155	131 192	68	135
2013	69 217	63 092	155	132 464	68	135
2014	70 180	64 117	155	134 452	67	135
2015	71 898	64 923	155	136 976	67	136
2016	71 844	67 450	155	139 449	68	138
2017	73 018	69 352	155	142 525	68	142
2018	74 430	69 814	155	144 399	68	143

Source: RIZIV-INAMI

Table 113 – Number of beds in residential care facilities per region/community

Region	Nursing homes	Homes for the elderly	Coma beds	Total beds	Beds/1 000 persons 65 and over	Beds/1 000 persons 75 and over
Flanders	45 441	34 515	80	80 036	61	127
Wallonia*	22 922	25 733	65	48 720	74	163
Brussels	6 067	9 566	10	15 643	99	203
Total	74 430	69 814	155	144 399	68	143

* Wallonia: German-speaking Community included



Community	Nursing homes	Homes for the elderly	Coma beds	Total beds	Beds/1 000 persons 65 and over	Beds/1 000 persons 75 and over
German-speaking Community	464	269	0	733	50	98

Source: RIZIV – INAMI

International comparison

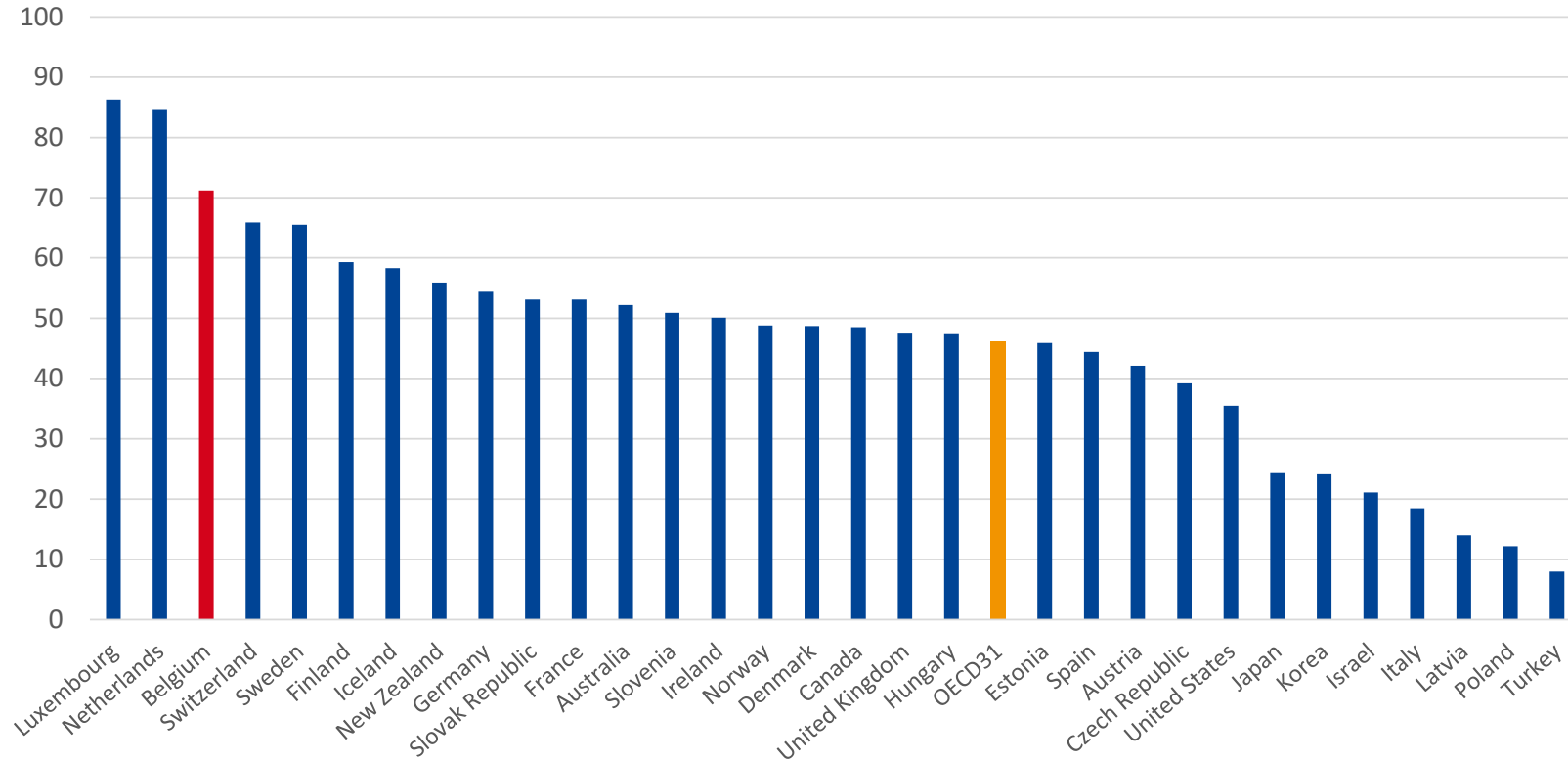
International data are not always completely comparable as several countries only include beds in publicly-funded long-term care institutions, while others also include private institutions (both profit and non-for-profit). Still, the available data show that on average OECD countries had 46 long-term care beds in residential institutions per 1 000 people aged 65 and over. There is substantial variation between countries. Luxembourg and Netherlands have the highest number of beds with 86 and 85 beds respectively. Belgium ranks third in place, with 71 beds (2012 data). Italy, Latvia, Poland and Turkey rank lowest with less than 20 beds.

Across the OECD countries, a number of countries with comprehensive long-term care systems like Sweden, Iceland, Canada and Norway have significantly reduced residential long-term care capacity in the last years and have put more resources into home care.

For people with intensive care needs, long-term care can be organised more efficiently in institutions than at home, as economies of scale can be realized and care workers do not need to travel to each person's home. However, from the public budget point of view, the total cost of care in institutions is often higher than for home care given the fact that board and lodging costs have to be covered as well and as informal carers may provide less help to persons when institutionalised. Furthermore, long-term care users generally prefer to remain at home as long as possible. This has lead countries to take steps to meet this preference and to promote home care. Still, as for many people with high care need institutionalisation is inevitable, it remains indispensable that countries retain an appropriate level of residential long-term care, provided in a way that promotes dignity and autonomy.³



Figure 178 – Long-term care beds in institutions, 2015 (or nearest year) per 1000 population aged 65 and over – international comparison



Source: OECD Health Statistics 2017 StatLink <http://dx.doi.org/10.1787/888933606053>



Key points

- **Belgium has a relatively high number of beds in residential long-term care facilities compared to other OECD countries. The number of beds per 1 000 persons 65+ reached 68 in 2018.**
- **In total there were around 144 000 beds in 2018. Based on a forecast model developed by the Federal Planning Bureau and KCE it was forecasted that 149 000 to 177 000 residential care beds will be needed by 2025.**

References

1. Van den Bosch K, Willemé P, Geerts J, Breda J, Peeters S, Van de Sande S, et al. Residential care for older persons in Belgium: Projections 2011-2025. Brussels: Belgian Health Care Knowledge Centre (KCE); 2011. KCE Reports 169
2. OECD. Health Statistics 2018. Definitions, Sources and Methods. Beds in residential long-term care facilities. June 2018. . 2018. Available from: <http://www.oecd.org/els/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2018.pdf>
3. OECD. Health at a Glance 2017: OECD Indicators. Paris: 2017. Available from: http://dx.doi.org/10.1787/health_glance-2017-en

12.4. Low care-dependent persons in residential and nursing facility for elderly (ELD-5)

12.4.1. Documentation sheet

Description	Percentage of elderly living in residential or nursing facility for elderly (ROB – MRPA; RVT - MRS) with low care-dependency, i.e. in category O or A of the Katz scale. Note that persons in category O and A can only stay in ROB-MRPA, not in RVT-MRS.
Calculation	Numerator: number of persons 65+ with a lump sum O or A Denominator: total number of persons 65+ in residential or nursing facility for elderly
Rationale	Places in residential facility for elderly should primarily go to dependent persons. In general, people should stay at home as long as possible, where they are in convivial and family environment. For persons with low care-dependency (category O or A of the Katz scale) it can be questioned whether moving to residential facility is the most appropriate option. Home care services can play an important role to prevent too early institutionalisation. Often however it concerns persons in need of mental healthcare or social lodging who cannot find a place elsewhere and for whom the residential facility is a last resort solution. Solving the issue of persons with low care needs in residential facilities therefore also requires expansion of alternative care options for these persons. Also service flats can play a role as some people may experience social isolation at home. For an exploration of policy alternatives we refer to a study recently performed for the “Observatorium voor Gezondheid en Welzijn van Brussel-Hoofdstad”/“Observatoire de la Santé et du Social de Bruxelles-Capitale”. ^{1 2} The care dependency of persons in nursing or residential facility for elderly is measured on the Katz scale. Persons classified in category O of the Katz scale are: - physically fully independent AND - not demented.