



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

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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.



	Persons classified in category A are: - physically dependent for getting washed and dressed OR - psychically dependent, disoriented in time and space but physically fully independent
Data source	RIZIV – INAMI
Technical definition	Percentages based on billed days per year communicated by the institutions to RIZIV-INAMI. Including residential and nursing facilities for elderly (ROB – MRPA; RVT - MRS); excluding short stays.
International comparability	No international comparability
Dimension	(Long-term) Care for the elderly

12.4.2. Results

Table 114 shows the proportion of residential care patients by level of dependency. In 2018 32% of patients were in the highest dependency level Cd, 12% were in level C, 30% in level B, 15% in level A and 10% in level O. Over the period 2011-2018, the proportion of patients in level O or A has steadily decreased, from 32% in 2011 to 25% in 2018.

Table 115 shows the level of dependency of residential patients by region and for the German-speaking community separately. The table shows considerable variation. In Flanders, 20% of residents has still certain autonomy (level O or A), in Wallonia this proportion is 31%, in Brussels 34% and in the German-speaking community 28%.

Table 114 – Residential care patients by level of dependency (2011-2018)

Care category	2011	2012	2013	2014	2015	2016	2017	2018
O	16,04%	15,01%	13,81%	12,82%	11,90%	11,28%	10,64%	10,12%
A	16,02%	16,04%	15,15%	15,02%	14,88%	14,96%	14,98%	15,04%
B	25,24%	26,15%	27,16%	27,79%	28,55%	29,01%	29,71%	30,33%
C	12,36%	12,31%	12,66%	12,61%	12,59%	12,49%	12,38%	12,21%
Cd	30,35%	30,49%	31,23%	31,76%	32,07%	32,25%	32,28%	32,30%
Total	100,00%	100,00%	100,00%	100,00%	100,00%	100,00%	100,00%	100,00%
O + A	32,06%	31,05%	28,95%	27,84%	26,78%	26,24%	25,63%	25,16%

Source: RIZIV – INAMI


Table 115 – Level of dependency of residential care patients by region/community (2018)

Care category	Flanders	Wallonia*	Brussels	German-speaking Community
O	7,47%	12,39%	16,83%	11,01%
A	12,68%	18,21%	16,86%	16,56%
B	33,09%	27,17%	26,24%	30,37%
C	12,50%	12,05%	11,19%	12,32%
Cd	34,25%	30,19%	28,89%	29,74%
Total	100,00%	100,00%	100,00%	100,00%
O + A	20%	31%	34%	27,57%

Source: RIZIV – INAMI

* Wallonia: German-speaking Community included

Key points

- **Over the period 2011-2018, the proportion of patients in level O or A has steadily decreased, from 32% in 2011 to 25% in 2018. There is considerable variation between the regions.**
- **Solving the issue of persons with low care needs occupying places in residential facilities also requires expansion of alternative care options for these persons.**

References

1. Carbonnelle S. De profielen van de bewoners O en A in rusthuizen voor bejaarden (ROB) in het Brussels Hoofdstedelijk Gewest. Trajecten, oriënteringslogica, opvang en alternatieven. Overeenkomst GGC-CDCS vzw voor de realisatie van een kwalitatief onderzoek over de analyse van de noden van de profielen O en A in ROB-RVT in het Brussels Hoofdstedelijk Gewest. 2017 Juni 2017. Available from: http://www.ccc-ggc.brussels/sites/default/files/documents/graphics/rapports-externes/rapport_oa_en_mrpa_2017.pdf
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