

Strategic Social Reporting 2015

Belgium

24/4/2015

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1. Overview

1.1 New political developments

In May 2014, elections were held at the federal level and at the level of Communities and Regions. Since that time, new governments have been installed at all levels.

In October 2014 a new federal government was sworn in. It has an ambitious reform agenda in which the creation of more jobs features as an important priority. This will be done by diminishing labour costs and reforming the labour market and the pensions system, while the social security system will be consolidated (fully using the envelopes available for raising benefits in line with the development of prosperity). Social partners are to be fully involved in the reforms.

As far as the social systems are concerned, the government wants to focus on three main objectives: (1) guaranteeing financial sustainability by reinforcing the economic foundation, countering fraud and improper use and making all actors co-responsible; (2) adapting the systems to the needs of modern society by reforming the work incapacity scheme based on a philosophy of work capacity, modernisation and digitalisation and (3) increasing the accessibility of the systems so that those in need can be helped through administrative simplification, automatic allocation of rights, implementing the *only once* principle.

The government agreement puts a lot of emphasis on a new pension reform that the government intends to prepare on the basis of the report of the Pension Reform 2020-2040 Commission (published in June 2014¹). An advisory National Pension Committee will be established that will be composed of representatives of the federal government, the social partners and representatives of the different levels of government. The Committee will be supported by a Knowledge Centre for Pensions. The Pension Reform 2020-2040 Commission will function as an Academic Council for the National Committee and the Knowledge Centre. During this parliamentary term the government will prepare the transition to a points' system for the calculation of pensions. Sufficiently long transition periods will be foreseen and, in consultation with and after advice from the social partners measures will be taken to facilitate working longer. In the meantime, short and mid-term measures are being taken (see lower).

The government agreement also contains a series of ambitious plans for health policy a. o. identifying quantified health objectives (targets), reforming hospital financing and realigning the tasks of the health professions. The general aim of the health policy remains to ensure accessible and qualitative health care, while better adapting health care to the needs of the chronically ill. The new federal government acknowledges the problem of health inequalities and gives a high priority to reducing the health gap in its policy and health targets. In order to further reduce financial thresholds to health care, the third party payer system (when consulting a general practitioner) is to be extended and the ban on fee supplements in two or more patients' rooms is to be applied also to daytime care in those rooms. Further work is announced on a more transparent hospital bill and tariff certainty at the doctor's. The increasing demand for care by the chronically ill will be met by a reorientation of health care with at its centre a new organisation of care around the patient, a further reinforcement of primary care and the further development of the electronic patient file (mandatory by the end of this parliamentary term).

¹ <http://pensioen2040.belgie.be/nl/> - <http://pensioen2040.belgie.be/fr/>

In July 2014, the 6th State Reform took effect with important changes to the division of competences concerning social protection policy. The transfers of competences from the federal state to the Communities and Regions include aspects of labour market policy (verification of the availability for the labour market of unemployed persons, target groups policies, service vouchers, the professional experience fund, job mediation, ...), elements of health care and personal assistance policies (assistance for persons with disabilities, hospital policy, care for the elderly and long-term care, mental health care, prevention, organisation of primary health care) and family allowances.

Since the federated entities are still developing policies in their new areas of competence, it may take some time before the impact of the State Reform will become visible.

1.2 Economic and social developments

In general, Belgium has recently performed better than average in economic and budgetary matters. GDP growth has been somewhat better than the EU-wide performance. Budget deficits have been somewhat lower than the EU28 figure over the last years, but this is forecast to be reversed in the coming years. The crisis has brought public debt levels back to over 100% of GDP.

The social situation also remained rather stable. Employment levels are only marginally below pre-crisis levels. The unemployment rate fluctuated over the recent years between 7,0% (2008) and 8,4% (2013). The poverty indicators also remained relatively stable at an aggregate level. However, the overall stability is the result of slightly decreased poverty risks for the elderly and increased poverty risks for some, already vulnerable, working age population groups, e.g. low-skilled persons, persons living in very low work intensity households, tenants. The indicators thus point to an increased social divide among the working age population. Inclusion in the labour market for low work intensity households and the adequacy of social benefits appear to be major challenges.

In view of this report, each year, the working group on social indicators Europe 2020/Social OMC, in which a range of governmental and non-governmental stakeholders participate, produces an analysis of the social situation and the challenges for Belgium in the policy areas covered by the Social OMC. The comprehensive analysis 2015 can be found here:

<http://www.socialsecurity.fgov.be/nl/nieuws-publicaties/sociale-bescherming-inclusie-indicatoren/sociale-bescherming-inclusie-indicatoren.htm>

<http://www.socialsecurity.fgov.be/fr/nieuws-publicaties/sociale-bescherming-inclusie-indicatoren/sociale-bescherming-inclusie-indicatoren.htm>

1.3 Stakeholder involvement in policy development

As regards stakeholder participation in social protection policy, it has to be emphasized that social partners are systematically consulted on important social protection reforms through the National Council for Labour e.g. the recent reform aimed at longer working lives, the application of the mechanism for the adjustment of social benefits to the evolution of prosperity...

Two recent examples of broader consultation of other stakeholders in the field of social protection and inclusion are:

- The Open Day of the Belgian Platform against Poverty and Social Exclusion (25 February 2015) was an occasion for stakeholders to review recent government policies in the areas covered under the four priorities identified in Belgium's National Reform Programme aimed at the Europe 2020 national poverty and social exclusion target: ensuring the social protection of the population, fighting child poverty, active inclusion of people far from the labour market, fighting inadequate housing and homelessness. On the basis of the discussions some policy recommendations were drafted. They are available here:

<http://www.mi-is.be/be-nl/formulier/opinie-van-het-belgisch-platform-tegen-armoede-en-sociale-uitsluiting-eu2020-over-het-nati>

<http://www.mi-is.be/be-fr/formulaire/opinion-de-la-plateforme-belge-contre-la-pauvrete-et-l-exclusion-sociale-ue2020-sur-le-pr>

- At the occasion of its fiftieth anniversary, the National Institute for Health and Disability Insurance, together with 'Doctors of the World' started a reflection process on improving the accessibility of the Belgian health care system, in which a large number of stakeholders from the social and health care sector participated. This led to the publication in September 2014 of a white paper that includes five recommendations for a more inclusive health system:

<http://www.riziv.fgov.be/SiteCollectionDocuments/witboek.pdf>

2. Delivering on the Europe 2020 poverty and social exclusion target

Belgium's Europe2020 poverty and social exclusion target is to reduce the number of persons at risk of poverty or social exclusion by 380.000: from 2.194.000 persons at the start of the strategy (EU-SILC 2008) to 1.814.000 at the end of the strategy (EUSILC 2018). After a slight increase for 3 consecutive years (period 2009-2012), the evolution of the combined indicator 'risk of poverty or social exclusion' (ARPE), based on the EU-SILC survey, shows a slight decrease in 2013. Based on the assessment in the Social Protection Performance Monitor, the 2008-2013 change is not statistically significant, leaving the trend off-track with the targeted decrease. On the basis of EU-SILC 2013 (halfway the decade), the number of persons living in a situation of poverty or social exclusion is estimated at 2.286.000. A decrease by 472.000 persons (thus more than the originally anticipated 380.000) is therefore necessary in the next five years to reach the target by 2020 (EU-SILC 2018).

In the beginning of the crisis, policies were mainly aimed at supporting employees to maintain a link with the labour market and companies to keep their workforce. In more recent years, the support of purchasing power and internal demand became more the focus of social policies. Wages and social benefits were kept in line with price evolution. Social benefits were, to some extent, increased in real terms. Some minimum benefits were increased. The new government aims at increasing minimum social benefits to the level of the at-risk-of-poverty threshold.

3. Policy reforms for the period 2014-2015

3.1 Recent reforms and policy initiatives in social inclusion

3.1.1 Governance

On all levels of government, new anti-poverty plans are being prepared. The launch of the third *federal* anti-poverty plan for the period 2015-2019 is scheduled in October 2015 and, in the course of 2015, regional anti-poverty action plans 2015-2019 will be published for *Brussels, Flanders and Wallonia*.

Following the positive evaluation of the first plan, the *Walloon government* has launched a second social cohesion plan for the period 2014-2019. A network of social cohesion reference persons has been established in the Walloon administrations and organisations of public interest. The network has, as its first mission, to draw up an inventory of all measures that have an impact on access to fundamental rights in Wallonia. In July 2014, the Walloon government has recognised the *Réseau wallon de lutte contre la pauvreté* as privileged interlocutor on which it can count in order to reinforce the dialogue with people living in poverty. The establishment of a coordination committee for the struggle against over-indebtedness is aimed at reinforcing preventive action in Wallonia.

3.1.2 Access for all to the resources, rights and services, preventing and addressing exclusion and fighting all forms of discrimination. Supporting people entering into the labour market

Improving take-up and coverage of benefits and services

- On all levels of government, the possibility of increasingly allocating social rights automatically is actively being examined in order to combat non take up. For instance, the Network of Poverty contacts in the Federal ministries and organisations of public interest has been commissioned with assessing the cases of automatic allocation that are currently in operation or that are planned for the future. The findings of the Network are to be presented to the government.
- The *Federal Government* will work towards a more objective and transparent calculation of maintenance benefits and on combatting the abuse that is sometimes involved when people have themselves declared as being without means of subsistence.

Ensuring the adequacy of benefits such as unemployment and social assistance

- The *Federal Government* agreement aims at progressively increasing the social assistance and minimum social security benefits up to the level of the European at-risk-of-poverty threshold.
- The envelopes foreseen for the adaptation of the benefits to the development of prosperity (law of 23 December 2005) will be fully used during this parliamentary term.
- In the context of the allocation of the welfare envelope 2015-2016, a.o. the minimum benefits (social assistance and social security) will be increased by 2% (on top of inflation). Certain older pensions and disability benefits will also be increased by 2% and the holiday bonus for the retired and the catch up premium for persons with disabilities that have been in work incapacity for at least two years will increase. The minimum pension for the self-employed living alone is raised to the level of the minimum for salaried workers and the minimum pension for a mixed career (small minimum) is raised to the level of the minimum for a career exclusively as a salaried worker (see also section 3.2.5).
- The system of social assistance for people on active age will be thoroughly reformed and modernised in the coming years. It will be assessed to what extent the current social integration income law is still adapted to the current societal and care models.

3.1.3 Investing in children

- By the end of 2015, a second national plan against child poverty (2015-2019) will be drawn up in consultation with the Regions and Communities. A child poverty target will be developed.

- During the first semester of 2015, a final evaluation of the 'Rights of the child 2011-2014' plan will be submitted to the *governments of Wallonia and of the Wallonia-Brussels Federation*. It will contain recommendations for the preparation of the next action plan 2015-2019. A network of reference persons 'Rights of the child' ensures the follow up of the plan in the administration.

Improving access to Early Childhood Education and Care and its affordability, inclusiveness and quality

- In the *Brussels-Capital Region*, the French speaking Brussels government has intensified the nursery plan. 16 million EUR have been committed to new places in the child care structures for children aged 0 to 3 years. Priority is given to an increase in the number of places in collective child care structures that are socially accessible that require the financial contribution by the parents. The support is concentrated in these areas where the coverage rate of the nurseries is lowest. It aims at guaranteeing the accessibility of child care for children of weakened families.

Targeted cash/in-kind support to single parent and large families

- In order to combat child poverty, *in Flanders*, a social supplement will be added to the child benefits for children growing up in low income families (the competence for family allowances has been transferred to the regions). The income ceiling for this supplement will vary depending on the composition of the household and will thus depend on the number of people in the household.

3.1.4 Homelessness and housing inclusion

Implementing strategies to prevent, confront and measure homelessness;

- A cooperation agreement between the *Federal State, the Regions and the Communities* concerning roof- and homelessness was concluded on 12 May 2014. This initiative marks a turning point in consultation and coordination across levels of government. An interministerial conference will ensure follow up and implementation of the agreement.

- In *Brussels*, coordination of the emergency shelters for the homeless during the winter period was reinforced through the set-up of a single coordinator: SAMU social. The Common Community Commission (COCOM) has reserved the necessary budgets for the SAMU social and for the homeless families (familles en errance) initiative.

Improving access to adequate, affordable housing, including social housing;

- The *Flemish* framework decision 'social rent' will be thoroughly evaluated and simplified. In the future, calculation of rent in social housing will take into account the energy efficiency and renovation of the housing unit and the income of the tenant and regional differentiation will become possible. This will stimulate progression to the private rental and buyers' market. In order to combat energy poverty at the source the energy and renovation programme ERP 2020 will be further developed.

- The *Walloon government* has renewed the agreements that link it to the municipalities in the context of the plan 'Permanent Settlement' (Plan Habitat permanent) for the period 2014-2019. The objective is to improve the situation and the quality of life of people that permanently live in a touristic facility.

- In *Wallonia*, efforts have been made to diversify housing solutions, consistent with the UN Convention on the rights of People with a Handicap.

Reforms on housing benefits/support

- In February 2015, the *Walloon government* has approved the draft reform of the Housing – Energy subsidies for private citizens aimed at simplification and harmonisation of the different arrangements and at the strengthening of the incentive effect. The subsidies will be better targeted at those actions that are most effective from the point of view of energy efficiency or indispensable from the point of view of sanitation or renovation. The method for calculating the amount of the subsidy will be changed. The amount will be different depending on the income of the beneficiary with a maximum income ceiling. A supplement per dependent child is also foreseen. The loan formulas with no or reduced interest payments will be reinforced.

Reforms concerning changes of the shelter system

- The pilot project 'Housing First' that started in 2013 in five major towns in Belgium is being prolonged by one extra year, until 2016. It is also extended to three additional middle sized towns.

- In order to reach the more long term objectives concerning access to housing and housing support in *Brussels*, COCOM has launched a call for projects for the development of partnership strategies for the implementation of access to housing projects for the homeless and their support of the 'Housing First' type.

3.1.5 Combatting discrimination

- In 2015 a meeting of the *Interministerial Conference 'Integration in Society'* will be devoted to poverty of people with a migration background in order to arrive at a coordinated approach between the federal government and the federated entities. For the public sector at federal level, a target will be developed with regard to employment of people with a migration background.

- Following the adoption of antidiscrimination legislation in *Wallonia and in the Wallonia – Brussels Federation*, two cooperation protocols have been signed by these entities and the intergovernmental Centre for Equal Opportunities (and the Institute for the equality of Women and Men). These protocols confirm the competence of the Centre to deal with individual cases of discrimination based on one of the criteria protected by the antidiscrimination decrees, to issue advice and recommendations addressed at the authorities of the region and the community, to organize information and awareness raising campaigns aimed at the general public and at the personnel of the government and the services that are linked to it.

3.2 Recent reforms to achieve adequate and sustainable pensions

3.2.1 Access to early retirement

Tightening

End of Career

- Unemployment with company top up: from 2015 the basic age condition is tightened. The minimum age for new entrants into the system is raised from 60 to 62, but exceptions for some categories are still possible and have been prolonged, based on an agreement between the social partners. This mostly concerns the possibility to enter into the system from 58 years of age.

- Time credit at the end of the career: from 2015 the basic age condition is raised from 55 to 60. The basic age condition for the special categories is raised from between 50 and 55 to between 55 and 60.

Early Retirement

- Salaried workers: The standard age conditions for entry in the early retirement system are further tightened. The minimum age is raised from 62 in 2016 to 62,5 in 2017 and to 63 in 2018. While in 2016, under certain conditions, early retirement was possible after a 40 year career, this will become a 42 year career by 2019. Some exceptions are still possible.
- Public servants: In the past, for public servants, certain study years were taken into account for determining the age at which one became eligible for early retirement. From 2016 the study periods taken into account will progressively be reduced until by 2029 study periods will no longer be taken into account.

Survivor pensions

- The minimum age to be granted a survivor pension will gradually be raised from 50 in 2025 to 55 in 2030, increasing by one year each year².

3.2.2 Pensionable age

Increase

- *The legal retirement age will be raised from 65 to 66 by 2025 and to 67 by 2030. In the long term, after 2030, it is the intention to implement a system in which the age and career conditions are automatically linked to the evolution of life expectancy.*

3.2.3 Contributory period

Current length

- The current contribution period entitling to a full pension is 45 years for salaried workers in the private sector, for self-employed persons and for civil servants appointed under the general public sector scheme. However, certain specific schemes in the public and private sector entitle to a full pension after a shorter contribution period (preferential calculation fractions).

3.2.4 Calculation of pensions

- From January 1st 2015, pensioners who have reached 65 years of age or who have a 45 year career are able to combine their pension with unlimited income from work. If the age or career condition has not been fulfilled, the sanction in case the authorised ceiling on income from work has been breached has been reduced.
- From January 1st 2015, the pension bonus has been abolished in all pensions systems (self-employed and salaried workers in the private sector and public servants) for those people that, before December 1st 2014 either did not meet the criteria for access to an early retirement pension or had not reached 65 years of age and a 40 year career.
- In the framework of the allocation of the welfare envelope 2015-2016 (see also section 3.1.2) minimum pensions and pensions that started in 2010 will be raised by 2% on 1st September 2015. Pensions that started before 1995 will increase by 1% at the same date. Pensions that started in 2011 will be raised by 2% on 1st January 2016. The holiday allowance for pensioners (salaried workers) is increased on 1st May 2015.

² People that used to be eligible for a survivor pension will be eligible for a temporary (one or two year depending on whether there are children in the household) transitional allowance that can be combined with income from work. See National Social Report 2014 Belgium. P. 16.

- The pension top up for cross border and seasonal employment has been reformed in line with the advice of the social partners. Only salaried workers that can prove activity as a cross border or seasonal worker before January 1st 2015 will be able to claim a pension top up from the Belgian pension system. For those that will still be eligible, it will only be payable when the foreign legal pension, acquired for the same activity, is being paid and it will be calculated taking into account all Belgian and foreign pension advantages, including e.g. any complementary pensions. In this way a limit is placed both on the timing of the payment and the amount of the top up. As a transitional measure, people that can prove activity as a cross border or seasonal worker before January 1st 2015 and on December 1st 2014 had reached the age of 65 or had met the conditions for obtaining an early retirement pension are not subject to the new limitations.

3.2.5 Minimum pensions

- Tightening the strict criterion for the minimum pension: the career condition for the minimum pension for salaried workers is 30 years of at least 208 full time days. If this condition is met, the minimum pension is calculated on the basis of the career fraction, e.g. 40/45 of the minimum pension if one can prove 40 career years. From now on, starting from the 31st career year, at least 52 full time days instead of one single day are needed in order to be eligible for 1/45th of the minimum pension for salaried workers.

- The minimum pension for the self-employed will be equal to the minimum pension of the salaried workers for all categories by 1 August 2016.

- People who built up their pension rights as a salaried employee only, get a higher minimum pension (ordinary minimum) than people who built up those rights on the basis of a mixed career (small minimum). From June 1st 2015 this will no longer be the case. The small minimum is raised to the level of the ordinary minimum.

3.3 Recent reforms in health care policy

3.3.1 Stewardship of the health systems

Changes to the overall governance of the system: See section 1.1 and 3.4.

3.3.2 Financing and cost-sharing

Change in financing

- Health budget: The budgetary envelope for the health insurance in 2015 has been fixed at 23,8 billion EUR. From 2015 until 2018 the so called budgetary growth norm (allowed real increase in health insurance expenditure) is fixed at 1,5%. In this framework, the subsidy for the basic hospital services in 2015 was fixed at 8,1 billion EUR.

Cost sharing

Further steps were taken to improve access to care by increasing the insurance coverage for a number of categories:

- Patients with rare diseases facing high medical costs (epidermolysis bullosa);
- The extension of the so called 'maximum billing' to the household of patients with chronic diseases or recognized as chronic disease patients;
- Improved reimbursement for a number of items ('active' bandages, Huntington's disease, implants and other invasive medical aids...).

Optimising pharmaceuticals spending

- Consumption of medication is often a heavy financial burden for the patients in nursing homes. Therefore, from April 1st 2015, a new system of provision and billing of (oral) drugs is in place to avoid waste. The billing will be done on a units' basis and no longer by package (full boxes). Pharmacists will get a special fee of 3 EUR per patient and per week for administering this system.

3.3.3 Health service delivery (including e-health)

Health promotion and disease prevention

- A new campaign on the responsible use of antibiotics has been launched. Earlier campaigns have considerably reduced the consumption of antibiotics, but it is still high in comparison with the neighbouring countries. Overconsumption causes non responsiveness to antibiotic treatments.

- Another campaign is aimed at combatting overconsumption of medical imaging that exposes the population to unnecessary radiation. Rational and adapted use of medical imaging techniques is promoted. A 'substitution right' for radiologists was introduced on April 1st 2014. At the same time, a policy is developed to better introduce less radiative equipment (a.o. MRI).

3.3.4 Investing in the health care workforce

Professional development and better working conditions

- Nursing professions are a continuous challenge in the field of workforce planning. A policy of further improving the attractiveness of the profession is pursued, while at the same time encouraging the nursing personnel to further improve their skills. New measures concern home care nursing personnel and the nursing staff in home and local (community) care centres and psychiatric care.

3.3.5 Enhancement of access to services and of patient's choice

Access to services

- In order to improve the transparency of the reimbursement system and the final cost to the patient, since January 1st 2015, a system of fixed patient co-payments for consultations of medical specialists has been introduced, fixing the co-payment to 3 EUR for the beneficiaries of preferential reimbursement (vulnerable groups) and 12 EUR for the rest of the population. In any case, the co-payment for the preferential groups cannot exceed 15% of the consultation fee.

Patients' information rights

- In order to improve transparency of out-of-pocket payments, from July 2014, hospitals are obliged to better inform patients, prior to admission by making information available on the hospital's website and by offering a contact person who can provide the patient with more personalized information about the costs associated with the hospitalization.

Optimisation of health services access for rare diseases

- Rare diseases often impose a heavy financial burden on the patients and their family. Since 2014, the coverage of rare diseases by the health insurance has gradually been extended, a.o. to epidermolysis bullosa (see also higher).

3.4 Recent reforms to achieve adequate social protection for long-term care needs

3.4.1 Stewardship of Long Term Care systems

Changes to the division of competences between the central level and the local/regional level

- With the 6th State Reform important transfers of competences in health and long term care from the federal to the federated level have been decided and are progressively being implemented (see higher: section 1.1). This should lead to increased effectiveness as decision making will be situated closer to where the needs are situated. On 24 February 2014 two protocols have been agreed between the authorities at different levels of government aimed at better matching care provision with the existing needs. A *first protocol* concerns the relationship between the personnel of the recognized services for home help and the health professionals in their activities in people's homes. The protocol promotes intensified mutual information between both kinds of actors in order to get services that are better adapted to the user's needs. It lists a number of items that have to be communicated by the service providers (e.g. a series of medical signals, like fever...). A *second protocol* concerns the health care policy that should be implemented with regard to the chronically ill. It reinforces the need to cooperate between the actors. The protocol is based on a national conference on the issue (held at the end of 2013) and takes into account the existing recommendations (e.g. by the EU and the Belgian Health Care Knowledge Centre). At the centre of the protocol is an orientation note structured around a number of key principles (e.g. the need for a more proactive and planned care system) that should serve as a starting point for the preparation of an action plan. The protocols are to be implemented in the framework of an *interministerial conference* (Federal State and the Communities) that has been launched in 2015.

- In *Wallonia*, the allowance for assistance to the elderly, that has just been regionalised, will be transformed so as to provide benefits better adapted to the needs and to situations of dependency. On this basis, an 'autonomy coverage' will gradually be introduced, aimed at all the elderly.

3.4.2 Financing and cost-sharing

Out-of-pocket payments

- Since chronic patients are subject to important costs, the government has introduced the possibility for providers to opt for the third payer system, so that patients will only need to pay the out-of-pocket part of the fee.

- In order to support the patients' interest in care coordination, the so called 'care trajectories', will be extended, based on a generic model. Out-of-pocket payments are reduced or abolished in case patients fulfil the conditions linked to these trajectories. Already in 2015, the care trajectory 'diabetes' will be extended.

3.4.3 Service delivery

- In order to ensure the financial sustainability of the residential and care provision for elderly people, the *Walloon government* wants to prioritize the access to rest and care homes for the most dependent people and to promote home care and intermediary

forms of care provision (such as centres for day care and short stay). The same logic will apply with regard to persons with a handicap.

- The *Flemish government* wants more focus on the care needs profile of people in residential homes, in order to improve financing within the budgetary resources available. Other priorities are: an increase in the supply of day care, postponement of residential care, reorganisation of primary care focussed on the patient and greater coherence in the supply of care based on the integrated provision of care.

3.4.4 Investing in the Long Term Care workforce

Professional development and working conditions

- In Belgium, nursing personnel in health care and long term care belong to the same categories. The measures mentioned in section 3.3.4 on health care aimed at making the profession more attractive and at stimulating the development of skills therefore also apply to long term care.

3.4.5 Support to informal carers

- The recognition of the informal carer is a first step in the process of reconciliation of work and private life for persons giving informal care and the valorisation of their role in society (Law of 12 May 2014).