



Belgium Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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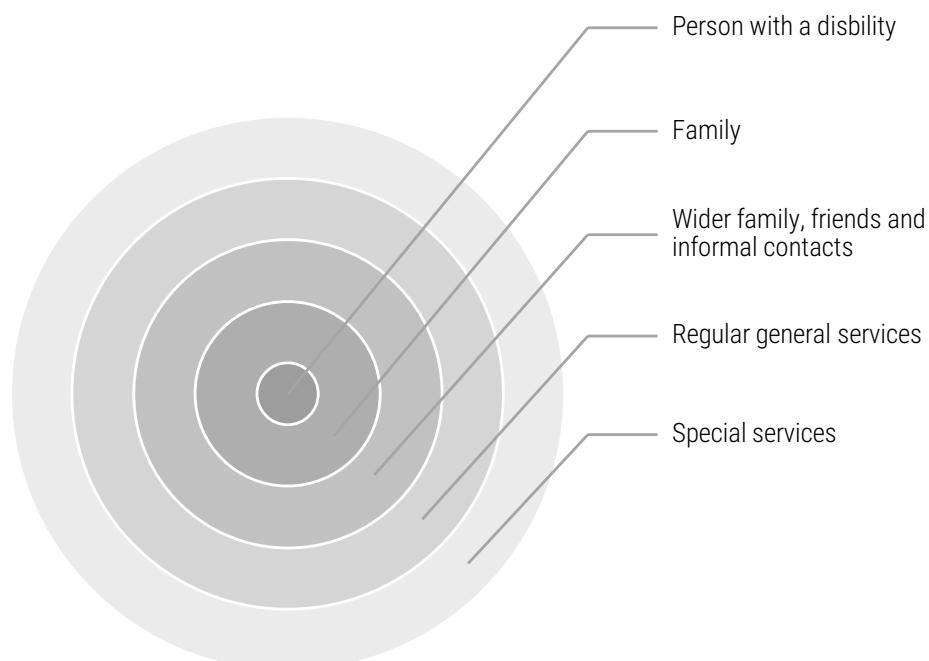
Belgium is a federacy in which responsibilities for person-related matters are largely regionalised. As a result, the 'policy package' targeted at persons with a disability is fragmented. Various income supplements, in-kind social care and support services, and social and fiscal benefits are available at the federal and regional level. In general, the income supplements are organised at the federal level, whereas the in-kind care support measures are regulated at the regional level. The social and fiscal benefits are in turn derived rights from the recognitions necessary to make use of the previous two. As such, multiple governmental levels are responsible for the financing, the legislation and organisation of the different policy measures. Here, we focus on the social care and support services available in the Belgian region of Flanders. As the financing of these care services is the responsibility of the regional governments, it is not included in the national social security system.

Prior to going into depth of the available services over the life course, we should note that the Flemish disability support system is in a period of transition on multiple fronts. Whereas care and support for people with a disability in the past have been delivered mainly by religious congregations (which during the 20th century have been increasingly financed by public authorities) and a few public institutions – a “provider-based care system” -, there is a tendency towards a “demand-based care system”, where the person with a disability in principle decides about his life and chooses the support service to suit his needs. This inevitably entails a “market-oriented” approach. Nevertheless, support services remain mainly non-profit institutions; still most of them are descendants from the congregations.

At the end of the 1990s, a first experiment of personal assistance budgets was put into practice, which precluded a shift in the financing of the system from the supply side (i.e. service providers) to the demand side (i.e. service users). In 2017, this was completed for adults with a disability. Today there are roughly two types of personal financing for a wide range of social care and support services in Flanders. On the one hand, a flat-rate care budget exists which is financed by a mandatory contribution of all individuals aged 25 years or more living in Flanders. On the other hand, earmarked care budgets adjusted to the level of care needs are available for adults with a recognised disability; however, waiting lists for these personal budgets are still substantial. By the end of 2017, around 14.200 adults were still waiting for a (higher) personal budget. As a corollary of this shift in the financing of the system, the distinctions made in the sections on 'Day Care', 'Living Support', and 'Long-Term Institutional Care and Respite Care', are sometimes artificial and do not occur that explicitly in practice (anymore).

For children (i.e. persons aged below 21), the transition to demand-side financing is not completed yet. Like the adults, children could also be eligible for the flat-rate care budget, but the earmarked care budgets available to children are not as elaborated as

Figure 1. The support circles, principle at the basis of the ministerial reform 'Perspective 2020' in Belgium



for the adults. Currently, the government is still working on an assessment tool to evaluate the children's care and support needs, which is necessary to define the budget amount they are entitled to. In addition, the care for children with a disability interacts with the support they receive in the education system (see Section 'Education Support'), which makes it more challenging to make the transition. Today, only one part of the system for children is financed at the demand side: a personal assistance budget, which allows families to hire a personal assistant who helps the children in their daily activities at home or at school. The remaining subsystems remain supply-side financed. At the time of writing, it is not clear when the reform to demand-side financing will be finalised for disabled children.

A second transition concerns the organisation of the support services. Currently, the Flemish Agency for Persons with Disability (FAPD) is carrying out a big reform, which should be finished by 2020¹. The principles behind this plan are inclusion, participation, self-advocacy, community-based support. It essentially aims to utilise the regular service sector for support to people with a care need, with disabilities or not, insofar as this is possible. Only when what is on offer there is insufficient, persons with a disability can seek help in a disability-specific sector in the order illustrated below (see Figure 1).

This model is reflected in how access to support services is organised. For both adults and children with a disability, a distinction is made between directly and non-directly accessible care services, depending on the frequency of the care use. Directly accessible care services are limited, disability-specific support services for those who need help from time to time, for which no application needs to be done. These support services are recognised and subsidised by the FAPD. Therefore, a presumed disability is sufficient. The non-directly accessible care services on the other hand require an administrative recognition of this disability before one could make use of them, either at the FAPD for adults or at an 'intersectoral access gate (IAG)' for children. The providers are the same in both cases.

SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

Early Childhood Intervention

In Flanders, all services for children have been grouped together in the intersectoral administrative agency of the Flemish government 'Integral Youth Help (IYH)'. It encompasses a wide range of intensive and less intensive forms of support, directly and non-directly accessible, whether or not specifically for children with a disability. The directly accessible care services include both the regular services available for all children (including children with a disability), as well as less intensive support of more specific services for children in need of mental health care, family support and disability-specific care. The regular services are publicly organised and also act as referral organisations to more disability-specific care. To access the more intensive form of these highly specialised support services, a recognition of an Intersectoral Access Gate (IAG) is needed; hence, they are not directly accessible. Below we summarise the main service providers for diagnosis, inclusive childcare and six exclusive support systems governed by the FAPD (ambulatory rehabilitation centres, a personal assistance budget, directly accessible care services, a non-directly accessible multifunctional centre, financial support for assistive technology, and assistance organisations).

Functional assessment centres or centres for developmental disorders (C.O.S. in Dutch) are not-for profit organisations, localised in the university hospitals. They offer a comprehensive functional diagnosis of various aspects of development for children below the age of eight. Nowadays, there are four of these centres in Flanders, which are recognised and subsidised by the FAPD. They work with a multidisciplinary team, which delivers a report with a degree of functional impairments, a "classifying diagnosis", orienting the child and family to a type of service or school. They also give advice how to stimulate the child's functioning or participation. Parents need to pay a legally limited and relatively low personal contribution to make use of their services.

¹It is called 'Perspective 2020' (see <http://www.vaph.be/vlafo/view/nl/5146351-Perspectief+2020.html> (in Dutch))

Childcare providers offer directly accessible childcare to children with and without increased care needs due to medical or psychosocial problems for which they need to be licensed by the Flemish Agency for Child and Family Welfare (the responsible authority of the Flemish government, hereafter referred to as 'Child & Family'). Children below school age (0-2 years) as well as school-aged children until the age of 12 can make use of these childcare services. Child & Family granted subsidies for almost 90% of the childcare slots for the youngest children in 2017. Of the early childcare providers who do not receive a subsidy, the majority operates in the private sector. Among those who do receive a subsidy, different organisational forms occur (private, public and non-profit). In all organisations, parents have to pay a fee, whether or not income-dependent. The childcare for children with a disability has been integrated within the regular childcare system in Flanders since 2001. If the providers agree to take on the extra care for the child, they can apply for individual and structural subsidies from Child & Family and they can receive support from an Inclusive Childcare Centre. In 2016, an individual subsidy was granted to the childcare providers for 697 children younger than three years old; on top of that, there were 129 structural places in childcare facilities for children below 3 years old and 93 in the after-school care; finally 16 Inclusive Childcare Centres existed in Flanders, though they are geographically not evenly distributed around the Flemish region. In sum, the inclusive childcare of children with a disability stays rather limited.

The Ambulatory Rehabilitation Centres (CAR) are non-profit organisations recognised by the FAPD offering multidisciplinary rehabilitation services to children with developmental disorders, hearing and speech impairments or intellectual disabilities. They have rehabilitation doctors, speech therapists, physiotherapists, psychologists, occupational therapists, and social workers. They offer multidisciplinary therapy to children with a variety of developmental disabilities or learning disabilities but tend to limit themselves to the more "higher functioning" children. They have long waiting lists and operate a limited number of years. Today, there are 48 of these centres in Flanders. Since 2014, they operate under the authority of the Flemish government, but at the time of writing, their financing still comes from the Federal Health Insurance as a transitional measure. Children can also receive rehabilitative services with reimbursement by the health sector in private sector.

When disabled children live at home, a personal assistance budget (PAB) can be used to employ a personal assistant (including relatives) who provides the children with practical, substantive and organisational help in their daily activities at home or at school. The budget varies around € 10.000 to €46.500 per year, depending on, among other things, the type and severity of the disability and the child's living situation. However, at the end of 2017, 1.533 children were still waiting to receive a personal assistance budget against 679 children who obtained one. Almost 70% of the latter received the highest amount. This is the consequence of the limited budget, which prioritises the most severely disabled children whenever new funding becomes available. The waiting list is not only long in terms of persons on it, but also in terms of time: on average, children have to wait for more than four years before they receive a personal assistance budget.

If families with disabled children need adapted day-care or daytime activities, accommodation during the night, or guidance focused on their development or on the pedagogical and psychosocial support of the parents, they can access these services and support measures via directly or non-directly accessible care services, depending on the frequency of the care use. Directly accessible care services are recognised and subsidised by the FAPD. Most of these service providers in this scheme are non-profit providers, and are governed by the "old" institutional providers. Some are organized by public disability institutions. Parents can contact these service providers directly and they in turn assess whether they can offer the support needed for the child, depending on their available capacity. For each directly accessed care service, parents have to pay a legally limited personal contribution determined by the type of support service used. By the end of 2017, 13.400 children made use of these directly accessible care services.

When children have "exhausted" their directly accessible amount, they need to apply for these services through the non-directly accessible multifunctional centres. In addition to day-care, accommodation and guidance, some of these centres also offer intensive observation of the child for a maximum period of 12 months if the diagnosis is not yet determined, followed by intensive treatment for maximum 24 months. By the end of 2017, 98 multifunctional centres are recognised and subsidised by the FAPD, supporting around 11.500 children throughout Flanders. The big majority of these multifunctional centres are non-profit service providers based in the former disability institutions. Again, a personal contribution depending on the type of support services used has to be paid by the parents. For these multifunctional centres as well as for the personal assistance budget, an application has to be filed with the IAG (which functions like the French MDPH). Parents

need to consult a multidisciplinary team that is recognised by the Flemish government to start the application process. The employees of the IAG make a comprehensive assessment of the child's disability, determine which type of long-term and specialised disability-specific support service is most suitable along with which care facility or assistive technology can actually offer the assistance or support service.

The FAPD provides financial support to buy assistive technology to improve the child's communication, daily activities or mobility or to do adaptations to their homes. The FAPD publishes a reference list of devices that are eligible for financial support and determines a maximum compensation amount for each support measure. The reference list includes devices for persons with a physical, mental or sensory disability and for persons with a speech, language or voice disorder. First-time applications of children below 21 need to go through the IAG, second and following requests can directly be applied for at the FAPD. In both cases, it is the FAPD that decides whether the financial support is granted or not. By the end of 2017, almost 5.000 children younger than 18 years make use of at least one of the assistive technology devices. For persons who are not recognised at the FAPD, the health insurance funds also provide assistive technology for rent or purchase.

Finally, if desired, assistance organisations (D.O.P. in Dutch or support planning services) can support parents of a child with disability (or presumed disability) to design an assistance plan, help the parents to map out the child's support needs and to find the most suitable support for them. Seven of them are recognised and financed by the FAPD and operate as non-profit organisations. In addition, parents can get help from the social services of the health insurance funds in finding their way through the disability policy landscape and to help them with filing applications. For those children who received a Personal Assistance Budget, there are five other non-profit, FAPD-subsidized assistance organisations (called "budget-holder associations"), who help parents to organise the employer-employee relationship with the personal assistant. Most of these are organized by self-help "user" organisations for people with disability.

Education Support

Belgium has a very strong and intense network of specialised schools for children with a disability. In the 2014-2015 school year, 84% of primary school-aged children with an official recognition of special education needs are in a special school (Ramberg, Lénárt & Watkins, 2018). Belgium is, according to a cross-country review by the European Agency for Special Needs and Inclusive Education (EASIE), one of the most separating countries as regards to school education in Europe. There are nine types of special education schools, depending on the type of special education needs.

Following the UN Convention of the Rights of People with a Disability, the Minister of Education has been forced to change the law. As from September 2015, the 'M-decree' is in vigour ("M" standing for measures for inclusive education). Children with a disability have a right to participate in a regular school as long as requested adaptations are "reasonable". However, schools have a right to refuse access, if they can prove that their adaptation capacity has been superseded. The actual services for educational support are:

- Every school has an internal "educational care coordinator".
- Schools with a higher proportion of children coming from lower socio-economic status have a higher teacher/student ratio.
- Children with disability who are capable of following the mainstream curriculum (with minimal adaptations) are entitled to on-site support by special educational needs support teachers for maximum 2 h/week. Special Education Needs (SEN) support is organised by local "education support networks". They are usually associated with the special schools provisions. The networks delegate SEN teachers to regular schools. Support is oriented towards working directly with the child with disability (within class support or outside class individual support), but also to supporting the regular classroom teacher. The number of support teachers in 2017-18 is about 2.300 for about 22.000 children who benefit from this system.
- Children with disability who cannot follow the regular school curriculum are entitled to an "Individual Action Plan" and support by a special needs teacher coming from a special school, which is adapted to the specific disability of the child. For practical reasons (limited financing of the services) the maximum number of support hours is 6 per week.
- Children with a more serious disability are entitled to support by a Multifunctional Centre during a limited number

of hours per week (in practice: 2). The expert can come from any profession: physiotherapist, speech therapist, special needs psychologist, occupational therapist, nurse).

- Children with disability are allowed to go out of school during maximum 1 half-day per week to have support in a rehabilitation service.
- The few children who have a Personal Assistance Budget (see before) use it to pay for support during school hours (in principle, this should not be educational, but in practice if the personal assistant stays in class, he/she will facilitate participation in educational activities).
- Some parents organize private support by rehabilitation professionals (speech therapists, physiotherapists) to come to school at their own expense (with partial reimbursement by health care services).

Employment Support

Belgium has a support system for integration of people with a disability into the labour market, which has a range of participation in the open market (whether or not with temporary salary subsidy); sheltered paid employment (with lower salaries which are partly subsidised), or supported employment (which is without salary). However, the employment of people with disability is relatively low: in 2017 only 43,3% of people with disability between 20 and 64 years old had a paid job, as compared to 73 % of the general population of the same age group (GRIP, 2016). The Decree has changed in 2018 to finance services oriented at facilitating employment for people with disability.

The most important service providers with job coaching are the public GTB (Specialised Centre for Employment Accompaniment) which operate as a subsidiary of the Flemish Agency for Employment Mediation (VDAB), a governmental Agency. The GTB helps to find out, after an assessment, what type of employment is feasible.

The following financial incentives to the employer and employee are in use in the regular job circuit:

- Assistance by a Flemish sign language interpreter;
- Allowance for work tools, clothing and on-site work adaptations;
- Allowance for supplementary travel expenses, e.g. if special transport is needed or personal assistance;
- Flemish Salary Support (VOP – Vlaamse Ondersteuningspremie): The employer receives financial support (up to 50% of a regular salary, with limitation in time) if the work limitation has an impact on work.

When a job in the regular employment circuit is temporarily not feasible due to the work limitation, there are several alternatives:

- Employment in the local service economy is sought. The person continues to receive an unemployment benefit.
- Employment in a sheltered workshop (for people with a disability) or a social workshop (for people with a psychosocial disability). The person receives a salary. Salaries are supported indirectly by subsidizing the sheltered workshops.
- “Employment & care” (arbeidszorg) (voluntary work with support) if paid work in the normal or protected work circuit is not possible. In this last case, people are referred to different service job-coaching providers, called “Accompanied work”. They can offer more coaching hours, accompany the person on the work floor, have meetings with the employer and employee. These service providers operate as non-profit organisations who receive a subsidy from the government. Some of them originate from the “old” institutions, and operate as a day-care centre, others are relatively new.

Day Care

Due to the recent changes in the support system for adults with disabilities in 2017, as mentioned in the introduction, day care can be provided within the broader framework of directly and non-directly accessible care. Directly and non-directly accessible care providers which are subsidized by the FAPD, can get a licence as a private law, a non-profit or a public association. In practice, they can provide directly and non-directly accessible care services at the same time.

²For which it is prohibited by law to give financial or other material gain.

³As a part of a Subordinated administration such as a province, municipality, social assistance, etc.

Directly accessible care providers offer from time to time meaningful daily activities such as cooking and drawing. As the new care system is financed with care points, directly accessible care providers are entitled to a maximum of eight care points per person for their offered services. This equals 91 days of day care per year per person with a disability. In Flanders, there were about 41.000 registrations of day care offered by directly accessible care providers at the end of August 2018. They are spread throughout the country.

In case day care services within the framework of directly accessible care is not sufficient, the person with a disability may become subject to non-directly accessible care. These day care services have a broader structure of daily activities including counselling and outreach sessions.

Additionally, around 31 Green Care Services make use of farming as part of day care centres. Persons with disabilities can use their personal cash budget (for more information see section on Living Support) to pay for day care activities at for instance a farmhouse or an animal shelter. In 2017, about 15 of them spent their cash budget on such an initiative. These initiatives relate either to a small business company, a non-profit association or a private individual who wishes to support vulnerable groups by providing them daily (farming) activities.

Most of these day care centres operate as part of a larger institution for people with disabilities, offering an array of services from young to old.

Living Support

In 2017, the demand-driven personal financing was implemented for adults with disabilities to support their daily living. In this section, we describe the broader structure of the care system for adults with disabilities in Flanders. Subsequently we provide more information on care providers and care services available within the framework of the new care system.

Firstly, the care system provides directly accessible care financed at the supply side. Non-directly accessible care on the other hand requires an approved personal budget, which is tailor-made at the level of each person with a disability. At the end of 2017, 24.200 adults with disabilities had a personal budget at their disposal. To have access to the personal budget a detailed support scheme, possibly submitted with help of an assistance organisation, must be evaluated. On average, it takes around 27 days between the application and the approval. However, it depends on the priority level assigned to the person whether he or she will have immediate access to their personal budget or not. Furthermore, the personal budget falls into 12 different budget categories ranging from 10.000 to 87.000 euros per year. It is granted either in vouchers or in "cash" (in reality paid on a separate bank account), depending on the choice of the person with a disability. In general, the "cash budget" is used to pay (non-licensed) regular care providers, whereas the voucher option is directly arranged between the FAPD and licensed care providers offering more disability-specific support. In 2017, more than 85% of adults receiving a personal budget chose the voucher option. On top of the budget, the receivers can be entitled to an additional 12% of the cash budget to cover the costs concerning the management of the budget. The percentage goes up to 21% if they choose the voucher option, which goes completely to licensed care providers.

In general, directly and non-directly accessible care providers - with the same organizational structure as mentioned before - supply persons with disabilities with several forms of support services. Within the framework of the new care system, they can choose in which specific support services they specialize themselves. For instance, providers of non-directly accessible care can be specialized in psychosocial counselling, practical assistance or provide general support services. The first one offers on the one hand counselling sessions which consist of talks with a supervisor to maintain and develop everyday life skills such as household management, work management, etc. and on the other hand outreach sessions, which offer support for the social network of the person with a disability. To support their activities of daily living, persons with disabilities living at home can also make use of a personal assistant for instance to be dressed, washed, fed, etc. In addition, a general support service combines counselling and personal assistance together. The latter service includes various tasks taking place for instance within the process of cooking (supporting and cooking altogether). On top of the above-mentioned services, on-call permanency is also available within non-directly accessible care. For an adult with disability, it is possible to be connected to a call system for which a care provider guarantees the presence of someone within a certain time.

As mentioned before, persons with disabilities can use their cash budget for other (non-licensed) regular services. These include for example service voucher organisations, employment agencies for contracts with individual assistants, initiatives within the own network (parents, elderly, etc.), regular transport organisations, charity organisations, home care organisations, etc. In 2017, about 8.000 contracts were covered with the cash budget to buy these regular services.

Moreover, five non-profit assistance organisations – the same as mentioned in the section on early childhood intervention and care - licensed and subsidized by the FAPD provide assistance in adequately dealing with the granted cash budget. An assistance organisation offers either limited support in terms of short (online) advice and trainings for budget management, or intensive tailor-made assistance for their members. The latter deals with the entire administration of the budget, including the arrangement of the contracts with care providers, the search for new personal assistants, etc. Almost 1.420 persons with disabilities received intensive assistance in 2017.

Adults with disabilities can also make use of a flat-rate care budget granted by the Flemish Care Fund, which can be combined with directly accessible care to support their daily living. The budget is designed for persons with disabilities who are usually in need of other (than medical) services, such as service vouchers, cleaning services, etc. It is meant for those people who are on a waiting list and it is not compatible with the personal budget mentioned above. The budget is supposed to increase their degree of self-sufficiency. However, the amount of the care budget is not the same for each age group. This care budget for adults below 65 consists of a fixed and automatically granted amount of 300 euros per month. However, the amount for the elderly (65+) is not fixed. It depends on their score on a 7-point scale of self-reliance and requires an application.

Likewise, children, adults with disabilities can apply for financial support to buy assistive technology to improve their communication, daily activities, and mobility or to do adaptations to their homes. There are “authorized experts” (financed by the FAPD) which are responsible for providing advice about assistive technology. These organisations can be part of a research institute, a rehabilitation department of a university hospital or others. In principle, they cannot be producers or suppliers of assistive technology. At the end of 2017, almost 29.000 persons between 18-65 years and around 13.200 persons above 65 years made use of at least one category of the assistive technology devices.

Furthermore, other Flemish authorities (“Wonen Vlaanderen”) subsidize social housing schemes with adapted houses for persons with disabilities. Next to the social housing schemes, there are also renting subsidies and social bank loans.

Long-Term Institutional Care and Respite Care

Recently, long-term institutional care was replaced by the personal financing system. Following the logic of the new financing system, there is a trend towards decreasing long-term care. Nowadays long-term institutional care is provided within the framework of non-directly accessible care. It is realised by licensed care providers who provide shelter and care for 24 hours during 7 days a week, in terms of two support services (daily care support and night support).

Short break services or respite care are also provided by licensed directly available care providers. They offer these services in terms of a night stay, possibly in combination with day care. The person being cared for may stay for a maximum period of 60 nights per year.

Finally, there are treatment units or units for internees, when specialized diagnosis and treatment is needed in case the level of available support is insufficient. Adults with disabilities facing behavioural problems can make use of short-term more specialized support up to a maximum period of 9 months or residential treatment up to a maximum period of 3 months. Units for Internees offer support for persons with disabilities in prison or at least one day after being in prison or a forensic psychiatric centre.

Leisure and Social-Life Support

It is well known that several important barriers exist regarding the participation of persons with disabilities in leisure and cultural activities. The FAPD facilitates many resources to foster their participation in social life. Among others, it licences and subsidizes 20 non-profit organisations for purposes of inclusive leisure activities in different provinces in Flanders. The organisations are embedded in the umbrella organisations (listed above). They offer customized activities and provide support in the search for suitable leisure activities.

Persons with disabilities can also make use of the European Disability Card, which facilitates their access to leisure activities such as culture and sport. Access is not only facilitated in Belgium but the card also relates to cooperation between different participating countries (Cyprus, Estonia, Finland, Italy, Malta, Slovenia and Romania). Moreover, regarding travel opportunities for persons with disabilities, Flanders Tourism offers information, the so-called accessible information point. The travel service distributes disability-specific information about the accessibility of accommodation, transportation, museums, etc.

Provision of services linked to leisure and social life receives support from beyond the FAPD. In the policy field of culture, youth, sport and media, both the Participation and Sport Decrees also focus on the social life of persons with disabilities. The Decrees encourage the participation of this target group through participation projects with support of provincial and municipal services. In the sport sector, G-sport Flanders is formed as a non-profit association to provide sports services for persons with disabilities.

Finally, persons with disabilities constitute an explicit target group of the Equality policy. This policy has mainly a coordinating role in making different fields in society accessible for persons with disabilities. Other possibilities regarding leisure activities includes materials adaptations in libraries (“Luisterpuntbibliotheek” & Transkript vzw, etc.), customized game-equipments (“Speelotheken”), etc.

FUTURE TRENDS

We have already mentioned the government-led reform movements, which are currently in process: the Ministry of Welfare’s “Perspective 2020” plan wants to provide every person with a disability at least with minimum support. The policy is directed towards inclusion, and making use of regular services as much as possible. In this plan, the financing no longer goes directly to the provider of services, but it should be the person with disabilities who has control over where to spend their support budget. All adults with a disability have now already received a renewed assessment based on a complex support intensity scale. Children’s reassessments will follow. The Ministry of Education is currently implementing the “M-decree” allowing parents to opt for inclusive education; however, the reform explicitly mentions that the special education system will continue to exist. The plan still meets resistance from regular as well as special education and teachers’ unions. Much needs to be organised: proper and sufficient support, teacher training, coaching of schools. The Ministry of Employment also is implementing a recent reform decree “Employment and Care”, in order to increase job participation of people. These three reform movements can be seen as direct consequences of the UN Convention on the Rights of People with Disabilities. The main challenges are to create an inclusive vision, and inclusive practice. The services already exist, insofar as the current service providers, which are still largely based in the organisational structures of the long existing “care institutions”, are reorienting- however slowly – towards more inclusive small-scale client-oriented service centres.

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