

**Living at home after the age of 65  
Atlas of needs and actors in Brussels**

Report by the Brussels Health and Social Observatory,  
in collaboration with the Centre for Social Documentation and Coordination  
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**Summary**

**Living at home after the age of 65**

The atlas with the title “Living at home after the age of 65” is the outcome of a collaborative initiative between the *Commission communautaire commune* [Joint Community Commission] (CCC), the *Vlaamse Gemeenschapscommissie* [Flemish Community Commission] (VGC) and the *Commission communautaire française* [Francophone Community Commission] (COCOF), all three being competent in health and social welfare issues for persons living in Brussels-Capital.

Each Community Commission has chosen to keep the elderly in their own homes as a political priority. The aim is for the elderly citizens in Brussels to be able to remain in their own homes as long as possible.

From the point of view of the elderly, living at home means that you can manage your own life and make personal choices in your day-to-day life.

The objective of this atlas is to throw some light on the degree to which the supply and use of the services meets the needs and demands of the elderly citizens of Brussels. An analysis of a range of data sources has made it possible to present an overview of these various aspects. For this reason the atlas consists of parts which, while being very different, they are in fact complementary.

**The health and social situation of the elderly population of Brussels.**

Some 184,000 elderly Brussels citizens live at home. After the age of 85 a considerable number of the elderly move to live in homes for the elderly (MRPA) or care institutions for the elderly (MRS). Between 75 and 79 years of age 95% live at home, with this proportion falling steadily to 74% between 85 and 89 years of age, 55% between 90 and 94 and 19% over 95 years of age.

The age structure of the Brussels region is quite young, younger than the other two regions. In recent years there has even been a fall in the number of Brussels citizens over 65 years of age. However, the Brussels region contains a proportionally greater number of the very old (85 and over), which is the age division where the need for assistance and care services is most important.

The composition of the household where the elderly person lives plays a determining role in whether people live at home or not. Of people living alone who were between 50 and 59 in 1991, 2.6% were residents in some sort of shared accommodation (basically an old-people's home) 10 years later. In the case of married couples with or without children this proportion is five times lower. Parents living alone or people who were living with other members of the family are also at greater risk than married couples of ending up in an old people's home 10 years later. We are pleased to note that the number of couples (married or not) where both partners are still alive has risen thanks to growing life expectancy. An increase in separated or divorced elderly couples has also been recorded.

The majority of the elderly are in good health and experience no restrictions in their day-to-day activities. The very old population of Brussels feels generally speaking in better health than people of the same age in the rest of the country. Between the ages of 65 and 85 the citizens of Brussels feel in better health than the Walloons, but not as good as the Flemish.

Generally speaking the elderly of Brussels are in a better position than the Belgian average in terms of education, socio-economic features and health.

However, this more favoured social/health situation is quite absent for those sectors of the elderly who will join the over-65s in the next five years. Quite to the contrary - the "incoming" group of the elderly (60 to 64 years of age) is often in a less favoured situation than the Belgian average. The proportion of people in this group suffering from one or more chronic conditions or disabilities and whose everyday activities are restricted because of these conditions, or who are even bedridden, is higher in the Brussels region than in the rest of the country. According to the 2001 socio-economic survey, 20% of Brussels residents of 60 years of age and over, that is some 33,000 people, are severely limited as regards their everyday activities because of a chronic condition or disability. 2,941 over 60 years of age Brussels residents are permanently bedridden.

In the Brussels region the average pension is €1,140 per month. Naturally, this average hides a huge difference between the lowest and the highest pensions and provides no information on saved assets. Retirement is often accompanied by a fall in income which is reflected in the distribution of the budget. The proportion of the total budget required for accommodation rises but the increase in health care expenses rises still further. Aged persons living alone who do not own their own homes are particularly vulnerable from the financial point of view.

In the absence of reliable data on the income of the elderly, a socio-economic risk index has been worked out on the basis of the level of education and accommodation occupation status. 39% of Brussels citizens of 60 years of age and over have at most a primary education certificate and 43% rent their house. A map of this index shows a huge split in the elderly population. In the inner suburbs of the Brussels region the proportion of the elderly is in general low, except for some districts (such as Marolles or Pacheco). However, relatively high numbers of the elderly are to be found in some densely populated parts of the central district (Saint-Gilles, Lower Molenbeek, Saint-Josse-ten-Noode, Lower Schaerbeek). The socio-economic situation of the elderly in the inner city is highly precarious. Some areas count over 50% of elderly displaying both features of risk (low educational level and renting).

The mid-suburban areas contain a high proportion of the elderly. Most of the districts in the south-east quarter are inhabited mainly by a comfortably-off elderly population with less than 10% on the risk index. In the west of the Brussels region the concentration of the elderly is the greatest and the socio-economic risk index is often higher than the regional average.

The ethnic composition of the elderly in Brussels is becoming increasingly diversified. Among the over-80s, some 10% of the population were not of Belgian nationality at birth. This proportion climbs to 20% at 70 years of age and 30% at 60 years of age. The time when a large number of Brussels residents who immigrated into the country reach the age when their needs are greatest still lies in the future. The number of elderly migrants who return to their homelands is not high and the vast majority of elderly Brussels residents who immigrated here remain living in the Brussels region.

### **A broad spectrum of services offered to elderly Brussels residents living at home.**

The mid-section of the atlas sets out the inventory of the social and health services on offer (year 2006) intended to help the elderly to remain at home. The way in which this matter has been approached is new in the Brussels region. This approach was based on 24 potential needs for the aged, rather than a classification of the services by the subsidising authorities. Thanks to this an overview of all possible responses is available, regardless of the public authority (CCC, COCOF, VGC, French-speaking or Flemish community, municipality, CPAS, etc.) or private body funding the service offered.

The first group concerns **relationship and social needs**. The inventory includes the actors in the health and social sectors which organise cultural activities or specialised holidays, which provide event venues or the presence of a third party at home.

**Medical and paramedical needs** covers general medicine, home nursing, physiotherapy, ergotherapy and other care providers, hygiene care (at home or otherwise) and mental health care (home or otherwise).

The third group covers **everyday activity support**: administrative and social aid and information, help in everyday tasks, shopping delivery, meals (restaurants, delivery and home preparation), transport (non-emergency medical transport, non-medical transport and other forms of help in mobility), accommodation arrangements (ergonomic arrangements, small jobs and removals), supervision (remote supervision, professional nurses, senior-sitting), victim support and feeling secure, equipment lending, incontinence and paramedical equipment deliveries, help in caring for and keeping pets. A large number of players satisfy these needs, particularly as regards information, social and administrative assistance and meals.

The chapter headed needs for **outside home accommodation** covers day care, short stay centres and night accommodation. Only 11 players organise day care, 11 short stay accommodation and there is currently no-one involved in night accommodation.

To conclude the inventory lists 11 players offering **support to family-or-friend carers**.

This total offer is provided by a very wide range of 404 players: mutual insurance bodies, *lokale dienstencentra* [local service centres], municipal social service or the CPAS, district associations, socio-cultural associations, ALE, parish bodies, medical centres, etc.

Each municipality in the Brussels region contains at least one player supplying one form of all the forms of assistance researched, with the exception of night accommodation for which there is no service on offer at all. For each type of need a range of authorities provides a response via the approval and/or funding of various types of service.

53% of players are bilingual, 34% only French-speaking and 13% only Dutch-speaking. At issue here is simply the linguistic status of the subsidising authority and hence the official language of the players or the languages stated by the non-approved players. A number of players also make additional efforts to supply a response to the complexity of the Brussels situation and so are of support to the elderly who cannot understand the official language or languages in use.

### **Supply – does it meet needs and demand?**

Unfortunately some of the information which would be essential to providing a correct response to this question is not available. It was not possible to collect information on the number and profile of the individuals using the services listed or of how intensively the assistance provided was used, since the services do not record this information in a comparable manner. Additional information, such as the one supplied by the National Health Survey for example, does, however, provide a partial response to this question and confirms the assessment made by the field actors.

In order to support the possibility of keeping the elderly in their own homes, it is important to develop preventive strategies regarding **living places** with a view to anticipating and supporting as far as possible the limitations which will make their appearance as the ageing process advances.

Disappointment regarding **social contact** grows with age and over the age of 85 18.3% declared that they found their social contacts unsatisfactory. The Brussels region hosts a wide-ranging variety of social, cultural and leisure activities. The Socio-Economic survey found that 80% of the over-60s felt that the cultural and recreational activities on offer in their immediate environment were satisfactory. However, 58% of Brussels residents over 65 years of age stated that they had not taken part in a single group activity during the course of the previous 12 months.

Field actors state that many needs are not being met (for example, the needs for activities at home). The obstacles are of many kinds: lack of information, mobility problems and financial obstacles. The

mismatch between supply and demand can to some degree also be explained by a very wide range of expectations, arising from the current great differences in the elderly population in terms of age and social or cultural origins.

As well as the social environment, **the physical environment** is also important. Suitable facilities in the home and the locality can also support home living. The accommodation conditions affecting the elderly in Brussels are highly varied, extending from large town-houses in the south-east quarter to poky single rooms without bathrooms on upper floors in buildings with no lift. Public transport, accessible shops, pavements and so on are also important aspects of the environment. As far as these factors are concerned levels of satisfaction vary widely from one district to another.

A variety of players are offering services intended to offset the unsuitability of the environment. A number of services offer to do the shopping for people experiencing mobility difficulties, while others undertake small jobs in the home. Mobility problems are still serious and the supply of specific transport is very restricted.

As the ageing process advances, the need for individual medical support, both preventive and curative and which takes account of living conditions, will grow. The vast majority of the elderly in Brussels (92.9%) stated that they had a **regular general practitioner**. The number of Brussels residents who have a regular general practitioner before the age of 70 is much smaller. This means that it is important for younger people to attach themselves to a specific general practitioner so that support can be initiated before health problems become important.

As the years pass organising the home and the environment is not always enough and the assistance of third parties may become necessary. It is then that assistance provided by the support and home care services are supplemented by informal helpers.

A range of factors affect recourse to **home help** services. The Brussels results bear out what other studies have shown: women, the aged, the poorest, the most isolated (those who live alone and have small children or no children), persons for whom the social network consists essentially of friends and neighbours, people with little or no access to informal support, people suffering from emotional problems or chronic conditions, the recently hospitalised or people faced with some fresh limitation are those who make the most use of home care services.

In a general way it has been noted that citizens in the lower socio-economic strata suffer more frequently and at an earlier stage in life from health and functional limitation problems, which explains their tendency to call on home help services to a greater degree.

The 2004 Health Survey showed that 8.6% of the population of Brussels over 65 years of age stated that they had been in contact with a home help service during the past year. Among those faced with severe restrictions in their everyday life, one person in six said that he or she had received no assistance at all, formal or informal. Field actors also bear witness to the fact that the demand for home help services exceeds current supply.

In 2004, 16.2% of Brussels citizens of 65 or over had experienced at least one contact with a **home nurse** during the past twelve months. This is a lower proportion than for the rest of the country. Field actors therefore stress the fact that this supply is also unable to meet demand, and is all the more acute as regards nurses who can communicate in Dutch.

**Informal assistance**, provided by family members, neighbours and friends, is in addition to formal assistance. The 2001 Socio-Economic Survey showed that 65,000 Brussels citizens, i.e. 9% of the total population, stated that they provided informal care. Despite its urban nature, the Brussels region has proportionally as many informal helpers as the whole of the rest of the country, but their characteristics are somewhat different. Help is less likely to be provided from within the actual household or by a family member and is more likely to come from friends, neighbours or acquaintances.

The amount of work provided by these informal helpers should not be underestimated. 11 services offer much appreciated support to these informal helpers, but this is insufficient to meet all the needs in existence.

Over a quarter of Brussels residents of 65 and over suffer from **psychological problems**. This is more than the rest of the country, and particularly affects Brussels males who, unlike the rest of the country, display a frequency of psychological problems almost as high as the women.

Specialist services as well as a large number of non-specialist players strive to cope with these difficulties. The specialist offer seems to be inadequate in terms of quantity and mental health services are little used by the elderly. In 2004 less than 1% of Brussels residents of 65 and over had been in contact with a mental health centre.

Not all the actors are **accessible** to all of the elderly population. Services are often restricted to the residents of a municipality, the members of a mutual assurance organisation or persons on low incomes, etc.

Despite the range of available financial interventions, home help and care may seriously eat into the elderly person's income. Persons on average incomes, for whom the lowest rates provided for low-income citizens are unavailable, are often unable to afford care services. 44.4% of Brussels residents of 65 and over state that health care expenses are too expensive for their budgets and 10.6% claim to have put off or cancelled care services for financial reasons (Health Survey 2004).

### **The Challenges for the Future**

The number of elderly residents of Brussels is either not set to rise over the next 15 years, or will rise very little. The relative stability of the coming years can be profitably used to take the measures necessary to deal with the future ageing situation in a satisfactory way.

In the meantime the supply of services should be adapted to the progressive changes in the socio-demographic composition of the aged population. The socio-economic situation in which the elderly population of Brussels find themselves is set to deteriorate and the number of elderly persons of immigrant origin will increase. The pressure of ageing in the Brussels outer suburbs will also affect the demand for services in the Brussels region.

Despite the fact that a wide range of geographically well-distributed services is available, some needs are still inadequately met. In the case of some needs the service accessibility obstacles must be overcome (language, financial and administrative hassles) and in a general way there is a need to upgrade coordination between the services and freedom of choice for the elderly.

### **For more information:**

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