



ACCOMMODATION OF FRENCH NATIONALS WITH DISABILITIES IN WALLONIA

A new perspective on an original form of cross-border
support

Public thematic report

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Summary report

The departure of French nationals with disabilities to Walloon establishments had never been examined by the French Court of Accounts. The numerical, financial and social importance of this phenomenon was highlighted during a previous investigation into the provision of support for people with disabilities as they age¹. This observation led the Court to undertake a specific investigation into the issue.

This report presents the results of this work, which was divided into two parts. The first, carried out in France in the three regions primarily concerned, provided a portrait of our fellow citizens currently accommodated in Wallonia. It also examined the conditions for implementing the moratorium on departures announced by the French government in 2021.

The second part of the study looked at the conditions under which Wallonia's accommodation provision has developed over the last twenty years, its specific characteristics and the inspection arrangements in place for the establishments concerned. This second phase of the investigation was conducted in close collaboration with the Court of Audit of Belgium, on the basis of an agreement signed in October 2023 by the two institutions. For the French Court of Accounts, the work carried out within this framework represented the first experience of a joint audit with the supreme audit institution of another Member State of the European Union.

A long-standing and growing phenomenon that the French authorities have sought to contain

The accommodation of French nationals with disabilities in establishments in Wallonia², and particularly in the province of Hainaut, is a long-standing phenomenon that grew throughout the 20th century. Bolstered by geographical and linguistic proximity³, the continuing development of the Walloon accommodation offer is explained by a legal framework that has long been less restrictive than that applicable to French operators, by a policy, widespread throughout Europe, of reducing the number of beds in psychiatric institutions, and by the quality of the support offered⁴.

The ease with which establishments could be set up, combined with the certainty that places would be available and that they would be financed by French public funds, either from the health insurance system or from the departments, attracted entrepreneurs from a variety of backgrounds, sometimes far removed from the medico-social field, to work alongside the long-established operators who had been present for decades.

Provision has grown steadily⁵ to the point where there are currently just under 8,200 French residents (around 7,000 adults and 1,200 children, adolescents and young

¹ French Court of Accounts, *L'accompagnement des personnes en situation de handicap vieillissantes*, thematic public report, September 2023.

² Wallonia is made up of five provinces: Walloon Brabant, Hainaut, Liège, Luxembourg and Namur.

³ The Walloon region shares a 300km border with France.

⁴ In terms of autism care in particular, the practices of Belgian professionals were considered to be more innovative than those implemented in France.

⁵ 11 establishments were authorised to provide care in 1997 and 143 in 2016 (joint committee of November 2016).

adults), according to data reported by the establishments⁶. Its cost to the French public purse is estimated by the French Court of Accounts at €0.5 billion per year⁷.

To contain the twofold increase in departures and expenditure, the public authorities have implemented two policies, successively or concurrently depending on the year : one aimed at preventing departures by developing solutions throughout the country and organising the identification and support of the complex situations most likely to give rise to a request for referral to a Belgian establishment ; the other, more recent policy, sought to contain the development of supply by limiting the number of places authorised and controlling the related expenditure within a closed budget.

The moratorium on the accommodation of adults in Belgian establishments in 2021 is the result of this dual approach. It restricts supply, which is frozen as of 28 February 2021, and organises a local response in France by delegating €90 million to the Grand Est, Hauts- de- France and Île-de-France regional health agencies.

The number of people accommodated in Belgium highlights the shortcomings of the French system

The first aim of the investigation was to describe the adult population accommodated in other parts of the country, in order to determine what needs were being met by the Belgian system that were not being met in France. By analysing census data⁸ and a sample of records for people accommodated in Wallonia, it was possible to draw up a typology.

While those accommodated in Belgium are not radically different from those remaining in France, there is an over-representation of people with the least access to French medico-social establishments and services⁹. A large number of people suffering from behavioural and conduct disorders, combined with a mental disability or intellectual impairment, are thus present in Belgium. The accommodation of these people is a specific feature of the Belgian system.

It has also been possible to document the disruptions in people's lives that have led French nationals to move to Wallonia: transition to adulthood without a place in French medico-social establishments and services, presence in Belgium since childhood, exclusion from the French medico-social sector due to serious behavioural problems, people leaving long-term hospitalisation in the French psychiatric sector, arrivals following the breakdown (death, illness) of the family caregiver.

Support solutions designed to prevent people from leaving are only partially able to meet their needs

The investigation also aimed to measure the effectiveness and relevance of the alternative solutions deployed in the three eligible regions with the help of the €90 million funding.

An examination of the conditions under which these funds were used and the solutions they financed leads to a critical assessment of the adequacy of the solutions proposed to compensate for the cessation of departures. The persistence of requests for first referrals to

⁶ For an identical scope (i.e. children and adults in medical and non-medical care), no data is available to measure this growth over more than ten years. However, it is known that 1,472 people were covered by the health insurance scheme in 2013 and 4,115 nine years later.

⁷ Medical and non-medical accommodation of adults and children.

⁸ Reported by Belgian establishments, these lists of residents are known as “*relevés d'informations*” or, more often, “*cadastres*”.

⁹ French Court of Accounts, *L'accompagnement des personnes en situation de handicap vieillissantes*, op. cit.

Belgium testifies to the inadequacy of the solutions funded, both in number and in terms of their suitability for the needs expressed.

With the €90 million resulting from the moratorium¹⁰, the Grand Est, Hauts-de-France and Île-de-France regional health agencies have financed more than 1,800 alternative solutions to departure. Full-time residential places accounted for less than a third of these solutions (28 %). Most of the funding was for home services and, in the case of institutions, for temporary accommodation, day support, specialised guest house or assisted living centers, either off-site, at home or outsourced.

These solutions, which are in line with public policy on inclusion and the development of alternatives to institutionalisation, are not, however, adapted to the situations of those seeking a place in Belgium. The departments of the three regions consulted by the French Court of Accounts confirm that complex cases, which are the most likely to move to Wallonia, require care in permanent accommodation, which is insufficiently represented in the solutions funded.

Furthermore, these 1,800 solutions have not succeeded in reducing the territorial imbalances in the Île-de-France region, which call for a significant increase in the resources of the departments with the least resources and customised solutions to encourage innovative projects.

In addition to the transformation of France's medico-social services, the investigation also looked at the conditions under which Walloon establishments accommodating French nationals are developing and the control mechanisms in place.

Mechanisms for monitoring the proper use of French public funds require strengthening

Ten years after the entry into force of a framework agreement between the French and Walloon governments, signed on 21 December 2011 and providing in particular for the implementation of an 'efficient joint Franco-Walloon inspection system', a review of the procedures and inspections of establishments carried out jointly by the Walloon Agency for Quality of Life¹¹ and the Regional Health Agency Hauts-de-France has been conducted. 150 reports drawn up following these inspections were analysed.

The findings show that, since 2015, serious failings¹² have been identified in more than 60 establishments¹³. According to the competent authorities, this type of failure affects around twenty facilities accommodating people with disabilities in France every year. In the French Court of Accounts's view, the repetition and seriousness of the observations made by the Avic and the Regional Health Agency Hauts-de-France call for a thorough review of the ways in which the authorities in charge of this issue on both sides of the border work together.

France spends around €0.5 billion a year on accommodating French nationals with disabilities in Wallonia. Control of the proper use of these funds by the funding bodies is also inadequate.

¹⁰ Taking into account the amounts allocated since 2016, the regional health agencies have obtained a total of more than €169 million to fund measures to prevent departures.

¹¹ Walloon agency responsible for issuing approvals to establishments accommodating residents with disabilities, as well as related controls and inspections, whether or not carried out jointly with the Regional Health Agency Hauts-de-France.

¹² Physical or verbal abuse, deprivation of food as punishment, lack of care leading to death, spoiled foodstuffs, rationing of meals, poorly maintained or dilapidated buildings, lack of supervision putting residents at risk, negligence in the distribution of medication, lack of respect for privacy and intimacy, improper invoicing using residents' Vitale cards, financial fraud, etc.

¹³ The Court's calculation is based on joint inspection reports drawn up since 2015, pre-agreement visits carried out by Regional Health Agency Hauts-de-France in 2021 and 2022 and reports made to the Public Prosecutor since 2020.

Many French residents and their families would not consider living anywhere other than Wallonia. Some young people who have been accommodated since childhood wish to continue their adult lives here. The moratorium of 2021 did not mean the end of this cross- border cooperation.

Consequently, the French Court of Accounts calls on the French authorities to be more vigilant regarding the quality and safety of the care provided to these residents, which must be comparable to that expected of the establishments under their direct supervision. At present, this condition is not guaranteed everywhere.

Recommendations

1. Identify and monitor all children accommodated in Walloon establishments accommodating children with disabilities, regardless of who finances their stay: health insurance, departments or other (*ministry of Labour, Health and Solidarity, Regional Health Agency Hauts-de-France*).
2. Identify the situations of children in the child welfare system who have been referred by the MDPH and have their stay funded by the health insurance scheme (*National Solidarity Fund For Autonomy, Regional Health Agency Hauts- de- France*).
3. In the event of a worsening of their condition, allow residents to remain in the establishment where they are accommodated, including by temporarily waiving its agreed capacity (*Regional Health Agency Hauts-de- France, French Health Insurance*).
4. Allocate funds from the '50,000 solutions' plan on a catch-up basis to the departments with the fewest medico-social establishments and services (*ministry of Labour, Health and Solidarity, National Solidarity Fund For Autonomy, regional health agencies*).
5. Ensure, through the exchange of all available information, that the referral the applicant receives is compatible with the support that the accommodating establishment can offer (*departmental homes for disabled people, French Health Insurance, regional health agencies*).
6. In partnership with the Walloon authorities, create a new Franco-Belgian platform enabling the authorities authorised to carry out joint inspections to access all the documents (reports, agreements, approval decisions, financial notes, pricing decrees, etc.) concerning Walloon establishments accommodating French nationals with disabilities (*Regional Health Agency Hauts-de-France*).
7. Form new partnerships with the departments most directly concerned by the accommodation of French people in Wallonia in order to increase the number of joint inspections carried out each year (*Regional Health Agency Hauts-de-France*).
8. Enable the French authorities to monitor the use of the public funds they contribute to Walloon establishments accommodating French nationals with disabilities, in particular by negotiating an amendment to the framework agreement of 21 December 2011 (*ministry of Labour, Health and Solidarity*).
9. Propose early termination of care without delay when a situation involving a serious threat to health or well-being is identified in an establishment accommodating French nationals with disabilities (*Regional Health Agency Hauts-de-France, departmental homes for disabled people*).
10. In partnership with the departments concerned, introduce an agreement process preceded by site visits with establishments that only accommodate residents requiring non-medical support (*Regional Health Agency Hauts-de-France, départements*).
11. Review the content of the models for qualitative and financial agreements and conclude amendments with Walloon establishments accommodating French nationals with disabilities in order to update the list of obligations incumbent upon them (*Regional Health Agency Hauts- de-France*).
12. Integrate data relating to Walloon establishments into French tools for managing or supervising social and medico-social establishments and services under ordinary law as and when they are deployed, in order to ensure the reliability and sharing of information relating to them (*ministry of Labour, Health and Solidarity, National Solidarity Fund For Autonomy, Regional Health Agency Hauts-de-France*).