



MARKET FORCES IN THE SUPPORT OF DISABLED PERSONS: POSITION STATEMENT

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“The policy with regard to disabled care as proposed in this report, whether you’d like to call it market forces or not, certainly is far more better than the existing policy, that is one thing of which I do not have to be convinced”

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INTRODUCTION

With this report the Expertise Centre Independent Living determines its position with regard to market forces and the specific role that market mechanisms can and should play in the organization of our support as disabled people.

In the introduction we will first give an outline of the public debate on market forces in the care after which we shall give a clear definition of the terminology and the concepts used. Then we shall focus on the possible applications of market forces in a public service like the care and the support of disabled people. This consideration leads us to a position:

Do we make a choice for market forces and in what form? What are the main points of interest to us? What do we expect from the government?

THE DEBATE

The debate on market forces is a very topical debate¹ in Flanders. Also on an international level the affordability and efficiency of public services in the public health care sector is under discussion. Sometimes there is even talk of the end of the 'modern welfare state'. The aging population and more recently the economic crisis have only sped up the demand for efficiency and suitability. Discussions about a receding state and the implementation of market forces in the public health care have an effect in the whole of Europe. Europe itself, as an authority, could actually also be playing an increasing role in this matter.

The final approval of the Directive on services in the internal market on 12 December 2006,² has only invigorated the debate. The so-called 'Directive on Services', which was initially called the Bolkestein Directive, has for the first time established a connection between on the one hand the care and support offered in the field of welfare and on the other hand the European Union's internal market regulations (freedom of services and freedom of establishment)³. Although support of disabled people could be interpreted within the framework of the 'notion of social services', and consequently could be exempted from submission to free market principles by means of an obscure and a complex set of exceptional measures, there exists a great juridical uncertainty with regard to this matter. Experts⁴ do confirm that there is still a lot of work to be done with regard to the

¹ 2009-2014 memorandum by Flemish Minister of Well-being, Public Health Care and Families Jo Vandeurzen, p. 55

OD 4.6: We investigate the advantages and disadvantages of the organization of the residential care provided by public, private social profit and private commercial care providers.

² Directive 2006/123/EG of the European Parliament and Council of 12 December 2006 concerning internal market services, *PB* 2006, L 376/36.

³ Verdonck Ingrid & Prof.dr. Put Johan, Steunpunt Welzijn, Volksgezondheid en Gezin "Ontwikkelingen betreffende de Europese Dienstenrichtlijn en de zorgsector" 2008 ("developments concerning the European directive on services in care" 2008)

⁴ Pierre Olivier de Broux (assistant professor fac. Univ. Saint Louis) Manuel Paollilo & Keyina Mpeye (FOD sociale zekerheid, multilaterale betrekkingen) at the BDF (Belgian Disability Forum) info session of 02/10/2009 : *toegankelijkheid van goederen en gezondheidszorgen. Europa reglementeert : de burger direct betrokken. Zijn kwaliteit en betaalbaarheid nog gegarandeerd? (accessibility of goods and health care. Europe regulates: direct involvement of the citizen. Are quality and affordability still guaranteed?)*

concertation between Europe and its member states and that future developments could have potentially far-reaching consequences.

Moreover there are different European countries where market forces, as organizational mechanism, already define the 'care market'. This is the case – to a great extent – in countries such as the UK and the Netherlands. In Sweden, the role of the market in the support of disabled people, has already been an established fact for some 15 years now⁵.

In the run-up to the 2009 Flemish elections, market forces became also in our region an important topic in the debate concerning the waiting lists in the disability care. In those debates it became clear to us that, just like it is the case in the international polemic with regard to this subject, terms such as market forces, privatization and commercialization are not always used in an unambiguous way and moreover carry a certain ideological load.

These terms can take on a wide variety of meanings, with a very different connotation, depending on who uses these words or who hears them. As such this should not surprise us, because in a certain sense the debate is an ideological one. If we use these terms in a position statement or in a discussion we should at all times be aware of this.

But next to ideological positions there are other factors which influence and determine the concept and the use of the term 'market forces'. The country-specific political experience also plays an important role and even more so do the specific 'scripts' (frames of reference from living and working environment) which are used by different parties.⁶

With regard to market forces, policy makers will e.g. rather focus on efficiency benefits and budget control, care professionals will give more attention to innovation or social entrepreneurship and the users will emphasize the freedom of choice.

To put it briefly: if one does not clearly define what one is talking about and is not willing to investigate in a balanced and open-minded manner the way in which the care is best organized, then very soon one will be confronted with conceptual confusion and ideological wars of words. This was also very well illustrated during the political debates in the run-up to the June 2009 elections for the Flemish Parliament.

Everybody present agreed on the necessity of a demand-driven support of disabled people. Since demand steering is a market force mechanism, this means that those who are 'pro' demand steering are also fundamentally 'pro' market forces. Yet it happened to be exactly the concept of 'market forces' that stirred up considerable different opinions in the debate, heavily contrasted by the broad acceptance of the concept of demand steering.

⁵ [Directe financiering in de zorg. Stand van zaken in 8 Europese landen.](#)
Decruynaere Elke & Van Hauwermeiren Juliska, Expertise Centre Independent Living.
February 2009

⁶ Dr. Paulus A., Dr. van Raak A. en Dr. Mur-Veeman I. Marktwerking is ... ? (What are market force...?)
<http://www.bestuurskunde.nl/publicaties/bestuurskunde.php?artikel=2001,8,10,5,4>

CONSENSUS ABOUT DEMAND STEERING

A consensus on demand steering in Flanders has nonetheless been clearly established on different occasions since long times. This is showed from the fact that the Flemish Parliament has adopted in the plenary session of 12 December 2001 the Decree concerning the personal budget⁷. In the explanatory memorandum to this decree⁸ it is clearly written that this Decree is aimed at the right to autonomy of disabled people by means of a demand-driven care and a demand-driven financing of facilities and services (=demand steering and demand financing) through personal budgets.

At the care congress of 11 December 2003 users, academics, employees and employers from the care sector exchanged ideas on the future of care. Also there existed unanimity about demand steering as a starting point in the care.

“Recently there were many discussions which focused on the antithesis between supply-driven care and demand- or need-oriented care. It concerns e.g. the debate about the extent of care planning and more specifically about the (desired) extent of initiative taken by the care organizations as well as the extent to which the care organizations are steered by the authorities. The debate is also concerned with the nature of the financing: do persons in need of care need to be subsidized for organizing care? When answering this question we should in the first place let ourselves be guided by the person in need of care and his environment. The future care model shall have to develop a coherent and balanced vision with regard to this matter, but in any case the user will always have to be the starting point.”⁹

Also more recently, upon the publication of a multi-annual analysis of the Flemish Agency for People with a Disability (VAPH, Vlaams Agentschap voor Personen met een Handicap)¹⁰ about the evolution of the care needs, which was presented during a hearing of the parliamentary committee for Well-being, Public Health Care and Families of the Flemish Parliament of 21 April 2009¹¹, the stakeholders have once more confirmed this. Apart from

⁷ Decree of the Flemish Community of 21 December 2001 which modifies the Decree of 27 June 1990 pertaining to the foundation of a Flemish Fund for the Social Integration of Disabled People, aimed at the allocation of a personal budget and aimed at the introduction of a need-oriented subsidizing of facilities and a custom-tailored demand for disabled persons, published in the Belgian official journal of 24 January 2002. Abbreviated as “PGB decree”.)Decreet van de Vlaamse Gemeenschap van 21 december 2001 houdende wijziging van het decreet van 27 juni 1990 houdende oprichting van een Vlaams Fonds voor de Sociale Integratie van Personen met een Handicap, met het oog op het toekennen van het persoonsgebonden budget en met het oog op het invoeren van behoeftegestuurde betoelaging van voorzieningen en van een zorg-op-maat voor personen met een handicap, B.S. 24 januari 2002. Afgekort als "PGB-Decreet".

⁸ Draft Decree of 4 May 2000 by Ms Ann de Martelaer modifying the Decree of 27 June 1990 pertaining to the foundation of a Flemish Fund for the Social Integration of Disabled Persons, aimed at the allocation of a personal budget, published by the Flemish Parliament in 1999 – 2000) Voorstel van decreet dd. 4 mei 2000 van mevr. Ann De Martelaer c.s. houdende wijziging van het decreet van 27 juni 1990 houdende oprichting van een Vlaams Fonds voor de Sociale Integratie van Personen met een Handicap met het oog op het toekennen van het persoonsgebonden budget, *Parl. St. VI. Parl. 1999-2000*, nr. 280/1 "PGB-voorstel van decreet De Martelaer"

⁹ <http://www.gripvzw.be/nieuwsbrief/printbaar/051112.pdf>

¹⁰ The Vlaams Agentschap voor Personen met een Handicap (VAPH) is the administrative body responsible for among other things the organization and execution of the disabled care.

¹¹ <http://jsp.vlaamsparlement.be/docs/stukken/2008-2009/g2252-1.pdf>

[http://www.vgph.be/index.php?id=481&no_cache=1&sword_list\[\]=hoorzitting](http://www.vgph.be/index.php?id=481&no_cache=1&sword_list[]=hoorzitting)

the request for more financial means for the sector, there was once more a plea for a far-reaching reorganization and a real care renewal. These requests are based on a need and necessity to realize a custom-tailored care and support, with demand steering and freedom of choice as most important principles. From a practical point of view this change takes shape in a new, general form of financing, i.e. the personal budget.

It is important that there be a principal unanimity concerning this matter, also throughout the whole political realm. A unanimity however which is shattered as soon as economic terminology becomes prominent. This underlines the great necessity to have a clear idea about these terms and their significance.

CONCEPTUAL FRAMEWORK

In order to avoid conceptual confusion and to be able to make a strong and constructive contribution to this debate, a first and essential step is to gain insight on the used economic terminology. That is why it is useful and required to throw some light on a number of closely related terms¹².

PRIVATIZATION

One of those terms is privatization. Privatization means that certain services which were previously completely state-ran, can be henceforth offered entirely or partly by private companies. An example of this are the recent privatizations in the telecommunication sector throughout Europe. On the contrary of popular belief the care and support of disabled people in Flanders is practically entirely privatized and this has always been the case. The only exceptions are some services and facilities which are controlled by local authorities, OCMW's (Openbaar Centrum voor Maatschappelijk Welzijn; Public Welfare Centre) or provincial authorities. The private actors on our care market are however 'non-profit' or 'social-profit' organizations (most of them vzw's – associations without a view to profit), which are subsidized and regulated by our government. The government has these care providers on a tight leash.

Everybody who wants to start or expand a service or facility in the care for the disabled, has to ask the VAPH for a permission and a recognition¹³ VAPH. In order to obtain such a recognition you have to offer care and support that complies with one of the 16 recognition categories (e.g. Home for the non-working) and which on top of that fits into the central planning. This planning is based on the budgetary limits of the expansion policy and is carried out on basis of the regional care plans of the Regionale Overleg Gehandicaptenzorg (Regional Consultation of Handicap Care). Before approving a recognition decision the leading public servant of the VAPH has to go through a whole administrative process.

The term privatization can actually not be applied to the Flemish disability care, given the fact that there is no talk of 'outsourcing' tasks which were previously state-run to private players on the market.

¹² Verdonck Ingrid & Prof.dr. Put Johan, Steunpunt Welzijn, Volksgezondheid en Gezin "Begrippen en effecten van marktwerking: een literatuurverkenning" 2008 ("Concepts and effects of market forces: a literature study" 2008)

¹³ <http://www.vaph.be/vlafo/view/nl/776477-Vergunning+en+erkenning.html>

COMMERCIALIZATION

Commercialization on the other hand means that you also allow 'for-profit' actors on the market, meaning there is a policy of creating broader possibilities for market entries in order to create a fair competition between commercial care providers and social-profit care providers. In Flanders there exists no possibility for private profit-oriented companies to enter the care market. Legal regulations¹⁴ exclude every 'for-profit' company and literally state that in order to be recognized the facility has to be founded by a non-profit association (the so-called vzw) or by a subordinate authority (province, municipality, OCMW [=social service]).

Commercialization in care is met with great resistance on an international level¹⁵. We will come back to that later.

LIBERALIZATION

Another such term is liberalization. As the word itself suggests it is about 'liberating' or 'making free'. In economic theory this means that the government takes away restrictions and obstacles to enter a certain market and thus allows competition. There exist many parallels with commercialization. With commercialization the focus is on allowing profit-oriented parties and free competition. Liberalization primarily focuses on the creation of a freedom of choice for the consumer and putting an end to monopolies and dominance of certain parties; giving way to market forces and alternative providers.

MARKET FORCES

This brings us to the most difficult term to define: market forces. If we define market forces in an abstract way then we end up talking about absolute free competition, free price-setting, etc. The market is then a so-called hypothetical place where demand and supply meet one another and are being guided as it were by 'an invisible hand', and where it comes down to the maximization of profits of material and immaterial products and services¹⁶. Market forces then automatically lead to a perfect balance between demand and supply.

A clear definition of market forces is provided by PhD. Put¹⁷ :

“a form of organization whereby the balance between demand and supply as well as the quality of the offer is automatically obtained through the free initiative of- and mutual competition between the care providers”.

¹⁴ Art. 8bis BVR van 15/12/1993 Publicatie : B.S. 11.3.1994 tot vaststelling van de algemene regels inzake het verlenen van vergunningen en erkenningen door het Vlaams Agentschap voor Personen met een Handicap (Article 8bis BVR of 15/12//1993 Published in the Belgian official journal of 11/03/1993 concerning the determination of the general rules with regard to the authorization of permits and recognitions by the Flemish Agency for Disabled People)

¹⁵ <http://www.zorggeenmarkt.nl/manifest.php>

¹⁶ Dr. Paulus A., Dr. van Raak A. en Dr. Mur-Veeman I. Marktwerking is ... ? (What are market forces...?)

<http://www.bestuurskunde.nl/publicaties/bestuurskunde.php?artikel=2001,8,10,5,4>

¹⁷ Prof. Dr. Johan Put : naar een Europese zorgmarkt, de klant is koning? Weliswaar.be (towards a European care market, the customer is always right)

From this we can learn that market forces do not only influence the price and quality of the offer, but also that market forces are an organizational- or steering mechanism.

That is the theory, but can this economic principle also be applied in the so-called 'care market', more specifically where it concerns the support of disabled people? The care and social welfare market is after all rather atypical and therefore has been called a quasi-market¹⁸ or 'regulated market', in order to differentiate it from the 'free market' where government interventions or -regulations are unnecessary and undesired.

Public services however always serve social objectives and for that reason, they cannot be left to the free market without a good reason.

Market forces mechanisms on the other hand are very well applicable to the public services for disabled people, namely in a regulated care market¹⁹. After all the term 'market forces' is not synonymous to 'free market'.

Frequently the typical Anglo-Saxon New Public Management-theory has been a source of inspiration for the implementation of private sector steering mechanisms in public services in order to improve the efficiency, transparency and quality of the service. These mechanisms may imitate the functioning of the market mechanism. Public administrations which provide services to citizens can be stimulated in a positive way by applying one or more of the following mechanisms²⁰ :

- Benchmarking
- Performance contracts and -financing
- Public procurement
- Demand steering

BENCHMARKING

Benchmarking is the systematic investigation of the performance of the participating organizations aimed at the improvement of the participant's performances. Benchmarking offers the possibility to learn from each other (best practices), ensures transparency and accountability, ensures the support of external supervision and makes it possible to judge performances (yardstick competition).

If the results of the comparison are made public then it constitutes an additional incentive (naming and shaming). If consumers are offered the possibility of freedom (exit option) on top of protest (voice), then benchmarking can have a very disciplining effect.

¹⁸ Bartlett, W. and J. Le Grand (1993) *Quasi-markets and Social Policy*.

¹⁹ Canoy M. Marktwerking in de zorg : ondernemende zorg of zorgende ondernemers / TPEdigitaal 2009 (market forces in care: care as a business or caring entrepreneurs)

²⁰ Delroy Blokland : 'Een afwegingskader voor marktwerking in (semi-) publieke sectoren' TPEdigitaal 2008 (' A decision framework for market forces in (semi-) public sectors')

PERFORMANCE CONTRACTS AND -FINANCING

Performance contracts and –financing are aimed at the improvement of organizations' performances by giving higher incentives for actions which are aimed at these improvements. Both the intensity (full financing or bonus-malus) and the kind of incentive (financial room for work, personal financial advantage, prestige) will determine its quality. In order to be able to implement this tool in a successful way it is important that the performances be clearly measurable. After all not all goals can be translated into objective, measurable indicators. Submitting professional service providers working in the assistance of disabled people to output steering may have undesired effects (strategic behavior, demotivation) because of the fact that their work cannot easily be defined by performance indicators. More standardized tasks such as the granting of social welfare benefits or the decision-taking with regard to a grant request will lend themselves more to performance steering.

PUBLIC PROCUREMENT

Public procurement can only work when there is more than one competing tender. Public procurement is the selection process in which tendering parties bid for the right to offer a service. For governments public procurements have been a successful practice for years when outsourcing contractible services for which exists a commercial market such as catering, security and cleaning services. Up until today less experience has been built up with public procurement on behalf of private persons and companies.

DEMAND STEERING

According to the Dutch Ministry of Economic Affairs' definition of 2003, demand steering is the steering of the supply by the demander, whereby the demander also has (in)direct control over the means to steer the supply. This organizing mechanism offers the consumers (otherwise said the demanders or users) the possibility to 'walk away' (exit-option), provides for custom-tailored solutions and stimulates entrepreneurship in the public sector. The personal budget and vouchers are variants of demand steering. Important conditions for an efficient implementation of demand steering are the possibilities for competition and budget determination as well as room for competition and the freedom for the care demander to switch between providers.

D. Blokland mentions the personal budgets (PGB, *persoonsgebonden budget*) in the Dutch care sector as a successful application of market forces. Furthermore he states the practical experiences with market forces teach us that to a high extent the specific design of the tool determines whether it is successful or not. We can draw some general conclusions from this: freedom of choice is the most important *driver*, quality has to be transparent for citizens, transaction costs and bureaucracy have to be reduced to a minimum, market access must be stimulated and risk selection has to be avoided. Demand steering can only work if citizens are able and prepared to actively take on their role as demanders.

The implementation of these market mechanisms often is a trial and error process, in which cautious experiments are set up and in which the implementation of a mechanism is gradually expanded and perfected. By combining mechanisms the weaknesses of one mechanism can be counterbalanced and corrected by means of another mechanism or

additional regulations. With his 'decision framework for market forces in public sectors' D. Blokland presents us with two very useful tools for helping define our position, namely a SWOT-analysis and a decision tree.

SWOT-ANALYSIS & DECISION TREE

In a **SWOT-analysis** the different mechanisms are evaluated and presented in a table using nine criteria: Freedom of choice, Transaction costs, Transparency, Customization, Incentives for competition, Risk selection, Benefits of scale, Implementation Costs and Budgetary risks. These criteria make it possible to take decisions depending on 1) the importance given to certain data and 2) the extent to which it is possible to counterbalance the weaknesses of a given mechanism by combining mechanisms or additional regulations.

The second tool is a **decision tree**. It is made up of nine yes/ no questions which are based on parameters or standards that are crucial when choosing a certain mechanism.

With the help of this decision tree it is possible to determine 'ex ante' which mechanism will be the most efficient one, based on the knowledge acquired about specific features of a certain public sector. After which one may verify on the basis of evaluations carried out 'ex post' whether this has led to the desired social effects.

For the table containing the SWOT analysis and the figure containing the decision tree we would like to refer you to the annex²¹.

Now that we have clarified on the terminology and know how market forces can be implemented in public sectors, we can start to think about which of these mechanisms shall have the desired effect for the support of people with a disability.

To be able to find out more about the desired effects it is required to take a closer look at the situation in Flanders. If things run well they need not be changed, but where problems arise it is necessary to take a look at how these problems are related to certain aspects of market forces in order to achieve an actual improvement.

THE ACTUAL SITUATION IN FLANDERS

If a disabled person in Flanders needs assistance which his or her personal network cannot provide or when one chooses to no longer depend on e.g. parents, one should apply to the **VAPH**. On the basis of a multidisciplinary report established by a 'care-MDT' (Multi Disciplinary Team) a **Provinciale Evaluatiecommissie** (PEC; provincial evaluation committee) decides whether you obtain a ticket for a specific recognition category/ care formula²². Such a PEC-ticket should give you access to a subsidized 'place', but in order to actually gain access, first there needs to be an available place.

Your specific demand for support will then go through an administrative process and is thus converted to one of the existing **recognition categories**. The fact that the support is

²¹ Delroy Blokland : 'Een afwegingskader voor marktwerking in (semi-) publieke sectoren' TPEdigitaal 2008 ('A decision framework for market forces in (semi-) public sectors')

²² Handinfo Vlaams Fonds 4^e herziene uitgave maart 2006 (4th revised publication March 2006)

subsidized and formally monitored as a total package, i.e. as the formerly described care formula, makes it very difficult if not impossible for care providers to give customer-tailed care.

Another important problem are the considerable **waiting lists** for most of the care forms, which makes up for the fact that it often takes years before receiving support as a care demander. This also due to the fact that the government has a limited annual budget which is - within the framework of the existing mode of financing - not sufficient to satisfy all the care demands.

The most recent care control report²³ says that the number of care demanders on a waiting list is on the rise every year. On 30 June 2009 there were 18.959 active care demands of which 12.213 were urgent and of which 3002 care demands have already been listed for more than two years, without any solution.

In the meantime your demand has turned into a dossier, which is being taken care of by a contact person at the mediation meetings of the **Centrale Registratie van Zorgvragen** (Central Registration of Care Demands; CRZ mediations or what was referred to previously as waiting list meetings). This contact person is a collaborator of a facility or a referring instance or in very exceptional cases a collaborator of a users association. His task is to lobby so that you finally obtain a 'vacant place'. The reality however is that generally there are multiple 'suitable' candidates for every vacant place. Via the care control the VAPH tries to give priority to the most urgent cases. For every so-called match between an urgent care demand and an available care offer there are many others who fish behind the net.

The **care control** puts a high pressure and responsibility on these meetings so that they keep a positive attitude and keep on looking for solutions for what basically is a lost case scenario. The contact persons have to keep adapting to the circular letters that come in quick

government measures which could curtail the freedom of choice and the demand steering which are so typical of the PAB system²⁵.

It is clear that the current solution which our government offers to disabled support demanders fails. Even if we make abstraction of the budgetary problems, then the organization of the care is inadequate.

The way in which it is organized is so methodical and is so out of contact with the reality of individual care needs that customer-tailed care is out of question.

From an evaluation of the situation of persons with a demand for support in the present-day Flanders we may conclude that a profound change is necessary and desirable. There are mainly two problematic aspects.

The **accessibility of the support** is not guaranteed. The repartition of the scarcely available places by the care control and the growing waiting lists are proof of this. Nevertheless accessibility is an accepted 'social care objective', just like affordability and quality.

The second problem is exactly the **quality of support**. Without wanting to deny the ability of many professionals in the support of disabled people

THE DEBATE OVER DEMAND STEERING ...

From the point of view of persons with a disability the decision framework of D. Blokland clearly defines **demand steering** - and if necessary **combined with benchmarking** – as the preferred steering mechanism for keeping the support market sufficiently transparent for the user. The government can take the initiative to thoroughly inform persons with a demand for support or it can outsource this task to interest associations.

It is however important that when we advocate for the implementation of demand steering, that we explicitly state which objectives we want to attach to the implementation of demand steering. Otherwise demand steering will remain but a notion, put forward as a reaction to the failing of the supply-driven welfare state.

By making the objectives of demand steering explicit we can have a meaningful discussion about its implementation and we can measure these objectives against the social policy. We can establish which goals are dominant in the discussion, which goals can (not) be combined. Making the objectives explicit mainly serves as a background for defining the conditions for the form, the execution, the implementation of demand steering and the evaluation criteria. This is of utmost importance. After all it is not so much the theoretical choice for demand steering as an organizational mechanism, but the eventual 'rules of the game' for demand steering which will result in a successful outcome.

We shall explicit 10 objectives, clustered in 3 domains²⁸.

POLITICO-ECONOMIC OBJECTIVES OF DEMAND STEERING

The politico-economic analysis of the problems of the welfare state focuses on the government's insufficient capacity to deliver the right services and facilities to the right persons. This results in too high costs for the facilities as well as for the execution. In other words: there is a problem with the tuning of demand and supply and market forces are propagated as the ultimate solution. Nonetheless, this solution for the inefficiency of the welfare state still respects the principle of solidarity, i.e. the distributive justice. This means that certain restrictions need to be imposed on the market forces which were introduced in public services²⁹, in order to safeguard specific social policy objectives.

- Objective 1: more cost efficiency and efficiency benefits
- Objective 2: custom-tailored optimization of the supply (responsivity: the supply adapts itself to the demand)
- Objective 3: more freedom of choice for the demander

²⁸ Bosselaar, H., Tien doelen van vraagsturing. (ten objectives of demand steering.)

<http://www.bureaumeccano.nl/tien%20doelen%20van%20vraagsturing.pdf>

²⁹ Le Grand, J. en W. Bartlett (1993), 'Quasi Markets and Social Policy: the Way Forward?'

SOCIAL POLITICAL OBJECTIVES OF DEMAND STEERING

It is not only the traditional set-up of the service system but also the government's position which appears to be increasingly untenable. More specifically the image of the central role of the government, which protects its citizens by giving them rights and imposing duties, is met with more and more resistance. In this way the government is responsible for the creation of on the one hand a group of 'vulnerable citizens', who has become more and more dependent and is on the other hand equally responsible for a growing sense of

- Objective 8: empowerment of disabled people, bottom-up and top-down, individually and collectively.
- Objective 9: needs/situation of the client as a starting point, with special concern for the area of tension between the objective and subjective needs and between needs and demand.
- Objective 10: strengthening of the relation between financial efforts and allocations, provision of financial incentives for the demander or provider.

We can summarize the background of the **discussion about demand steering** as follows:

The politico-economic solution for the welfare state's problems is the introduction of market forces and will require different kinds of relationships between providers and demanders of support. According to the social political analysis the solution is the activation of the citizen with a demand for support. This requires a different relationship between the citizen and the government. The institutional solutions lie within forcing back bureaucracy and giving professionals more room for policy maneuver. It also implies the repositioning of the client and the professional with regard to each other.

WHAT DO WE WANT?

Irrespective of the debate concerning market forces or other economic considerations disabled people dispose of enough valid arguments in order to expect from the government the opportunity to a demand-driven support. More specifically the legitimate claim to an equal amount of independence for disabled people as for other people³¹, as well as insights acquired from peer-to-peer experiences, the citizenship model and the Quality of Life concept.

As previously demonstrated, users are not the only ones to call for demand steering, it has broad support throughout the sector. Moreover this entirely fits into the current paradigm shift. A shift which is recognized by the government and to which the government would also like to contribute³².

We want a resolute **change** of the present bureaucratic organization of the possibilities for support which the government has imposed to us.

We want to have the possibility to **self-control** our support.

We want a maximum **freedom of choice** in determining by whom we want to be supported, regardless of whether this support comes from a non-profit association, a for-profit society, a cooperative society, informal care or any other organization or person.

³¹ *Independent Living for people with disabilities: from patient to citizen and customer*
Keynote at the conference in Barcelona 22 October 2007 organized by the Catalan Party Convergència

i Unió by Dr. Adolf Ratzka

³² <http://www.vaph.be/vlafo/view/nl/2525687-PGB.html> VAPH Magazine Handblad #35 2008

We want a **custom-tailored** support, which responds to our individual, specific needs and wants as a disabled person.

When we connect this to the economic terminology framework and the debate concerning the introduction of market forces we may take a position. Demand steering is the keyword.

POSITION STATEMENT

The Expertise Centre Independent Living must recognize that the current organization of the assistance of disabled people does not comply with the social objectives and expectations nor with the objectives and expectations of disabled people themselves.

Reorganization is essential.

Persons with a demand for support as well as assistance providers, the political level and the executive level need to be assigned with **new and different roles**.

This implies shifts in the mutual relationships and the interactions between these 3 parties, which will strengthen the position of each individual party.

The government can carry out a more democratic and social policy which would come down to more emancipation and integration for people with a demand for support and at the same time the supply-side is being offered a market which provides room for social entrepreneurship³³.

People with a demand for support need to be offered the possibility to direct their own support in a **regulated support market** through the introduction of the **market forces mechanism called demand steering**.

By means of demand financing disabled people can rise beyond their position of dependency, it enables them to attain a real **freedom of choice**, and makes it possible for them to lead their support providers into an equality-based dialogue about **custom-tailored support** which takes into account their needs and wants.

The change in the organization and financing of the assistance of people with a deficiency needs to take place with the **involvement and participation** of all parties concerned. We perceive support of people with a disability as a public task financed by public means. Solidarity and the social objectives quality, accessibility and affordability have to be guaranteed. Demand steering should be the tool which is used to achieve this. That is exactly why the different parties concerned should clearly define what the specific purposes of the implementation of demand steering are as well as the specific role therein of each individual party.

With regard to a regulated demand-driven support market our expectations as disabled people are the following:

³³ <http://www.vso.be/DesktopModules/Articles/ArticlesView.aspx?tabID=0&lang=nl-BE&ItemID=126&mid=2845> presentatie van Koen De Vylder, ondervoorzitter VSO op het congres : sociaal ondernemen in actie 08/10/2009 (Presentation by Koen De Vylder, vice-president VSO at the congress: social entrepreneurship in action on 08/10/2009)

- That we be given maximum freedom of choice in determining how, when, for what and by whom we receive support.
- That more people receive more appropriate support with the same total budget.
- That the currently existing support providers as well as a whole scale of new providers diversify and specialize their offer and bring it in accordance with our demands, so that custom-tailored support be made available.
- That our autonomy and our competences be fully recognized and increased.
- That we be made responsible for our support and that we shall spend public means in a responsible and efficient way, in the spirit of a full-fledged citizenship.
- That, on an individual level, we receive adequate means , in order to finance our support needs and desires in an appropriate way.
- That we may have a relationship based on equality with those who support us, a relationship which involves dialogue and commitment, and which surmounts the opposition subject-object as well as seller-consumer.
- That the support provided enables us, disabled people, to strengthen ourselves personally and mutually. That the support will contribute to our self-respect, self-confidence and self-knowledge.

OUR POSITION IN THE DEBATE

After having elucidated on the terminology and the current organization of the support of people with a deficiency, we have reflected about market mechanisms and about the manners in which they should be introduced. This has led to a position that we want to put forward in the important debate concerning the reform of the Flemish landscape of support of disabled people. That is why we not only need to formulate this position in a clear, yet balanced way, but why we also must anticipate on a number of **objections which can be expected**.

Although when taking our position we have consistently departed from the disabled people's point of view, we have nevertheless come to the conclusion that a **fundamental reform is also indispensable from a broad societal point of view**. The care objectives accessibility and quality are not met and some serious questions raise with regard to the social affordability within the existing system. We have to recognize the **government failure** and be courageous enough to thoroughly redesign existing policy. But **any reform**, especially organizational reorganizations with possible great impact on all the parties concerned, raises questions and uncertainties and **will meet with resistance**. Furthermore every reform, no matter how many improvements it will provide on the level of society, shall always work out badly for certain individual persons.

We are indeed aware of the fact that the introduction of demand steering may have certain undesired or unintentional consequences. We do not intend to ignore these, but at the same time we would like to point out the fact that the current organization of the support of disabled people in Flanders also has some undesired and unintentional consequences. Indicating the possible dangers of such a reform is valuable, especially when elaborating the detailed modalities of the reform, but **may not serve as a pretext for maintaining the status quo.**

What's more we need to realize ourselves that in the best case scenario the debate may lead to a consensus and a renewed policy, but that we shall only be able to assess in retrospect whether the intended objectives of the reorganization have actually been achieved. That result will partly and maybe even mainly, be defined by the role played by the different actors concerned and how they will act in the regulated assistance market. Policy choices most certainly cannot always be made on the basis of exact and predictable scenarios. On the basis of study and expertise certain considerations and prognoses can be made, but yet still they are a projection of the effect of specific theoretical economic principles on a still to be developed future support market. **The responsibility for the functioning of such a demand-driven support market shall in effect be the shared responsibility of disabled people, the people who support them and the government.**

Next to a clear definition of what to expect from market forces and demand steering, this may prove to be the most important reaction to the possible objections with which our position could be confronted in the debate. After all it is a shared responsibility of all parties concerned to give attention to possible 'dangers' or 'derailments' of the regulated support market and also to find solutions for these eventualities. We advocate for **a market system in which demanders and providers of support as well as the government take on an active and responsible role** and in which equality and solidarity are a part of that market in a conditional way. And this in analogy with the inclusive concept of 'democratic market of social services'³⁴ as it has been worked out by the VSO (Verbond Sociale Ondernemingen; alliance of social enterprises).

The aversion against the introduction from elements of the 'free market' in the public domain is often based on ethical arguments and aimed against commercialization. When it comes to the support of disabled people in Flanders we are only favorable to the idea of 'commercialization' when it benefits a greater freedom of choice and availability of appropriate assistance. In practice however the person with a support need (or his or her direct representatives) has to be able to freely decide by whom he wants to be supported, in accordance with his or her own qualification requirements and norms, and without the government being able to exclude certain assistance providers only because they also want to make profit with the provision of services.

These commercial entrepreneurs in the field of disabled care will have to engage in free competition with existing or new social-profit organizations, private initiatives, cooperative societies, self-employed persons and paid informal care. In a free market commercial entrepreneurs shall first direct their attention to the most profitable segments of the market. This phenomenon is called **cream-skimming** or cherry-picking. Some fear that people with very serious and complex disabilities which require a lot of care, would be

³⁴ <http://www.alertonline.be/Portals/pow/alert/pdf/AT35502EPV8LF.pdf> Edito Een pluralistische visie op sociaal ondernemen van Ludo Fret in de Alert nieuwsbrief van december 2009 (A pluralistic vision on social entrepreneurship by Ludo Fret in the Alert newsletter of December 2009)

systematically put aside in such a system because they would not be 'profitable'. Obviously we should be watchful about this, after all correction of the market is a shared responsibility. But eventually, the introduction or non-introduction of commercialization in the care and support will play no decisive role therein. Whether people with a very serious and complex care need can find appropriate support or not, will depend on a correct needs assessment and a granting of means in keeping with that. Conclusion: **the more serious the care need, the larger the assistance budget**. Contrary to belief, in the existing non-commercialized, supply-oriented system 'the weak' are sometimes also left in the cold because of the fact that every demand for support, how complex it may be, is reduced to one of the existing recognition categories. A proof of that are the many so called gridlock files.

It is also remarked that more market forces could create a **disabled care 'at two speeds'**. After all demand steering requires that disabled people be given the possibility to play a full-fledged role in the organization which assists them. It is obvious that this will be easier and more self-evident for one person than for another. But that also **may not serve as an argument for maintaining the status quo**. Also in the existing supply-oriented system there are assertive persons who look for ways to use the rules of the care regulator and their contact persons to their advantage, maybe to the detriment of less assertive fellow disabled people. Besides, there already exists a care 'at two speeds' in Flanders. On the one hand you have the relatively small group of people (about 1,700 persons receiving a personal assistance budget and some 150 persons who partake in the ongoing experiment with the personal budget) who can organize their own assistance by means of direct payments, on the other hand the rest receives subsidized care and it is a matter of luck whether the support received corresponds to their specific needs. As long as there exist two parallel systems for the granting of support, a care 'at two speeds' shall be maintained.

Anyhow we cannot deny the fact that many disabled people lead a very dependent life. They have not received enough opportunities to fully prosper and take their life into their own hands.

If we were now to bring them in a position in which they are supposed to be competent and able to organize their proper support with public means and in which they can be held accountable for that responsibility, we would do them wrong. Abuse of means, but also abuse, exploitation and neglect of disabled people could be the result. **Disabled people should be offered the possibility to receive assistance and support for all the aspects that their new status brings along.**

Also here it is the shared responsibility of all actors involved, in their new roles, who need to offer the solutions. People who fail to organize their support in accordance with their needs can in the first instance find help with other disabled people who did succeed in the organization of their support.

Interest associations and disabled people's associations can and will have to play an important role in this matter. Also people delivering support need to play a role, as a supplement to and/ or in cooperation with peer counselors. They may use their experience in order to empower people with a disability as well as their network by means of **person centered questioning and support management**, so that these people can actually organize their own support. **And that is where the main point of the new government's role lies.** Enough quantitative and qualitative person centered questioning and support management must be offered in order to empower people in their newly acquired and more responsible role. Moreover, by providing this person centered questioning and support management,

the government can also keep its finger on the pulse with regard to the evolving support market. In this way the government may e.g. determine if and where gaps in the support market occur, whether there is cream-skimming or monopolization, etc. to which the government may then **react by correcting the market** by means of consultation with the sector, by stimulating specific market segments, by means of additional regulation, etcetera.

To conclude we can state that many arguments against the introduction of market forces into the support of disabled people are inspired by a **lack of confidence in disabled people's abilities**. Too often people still tend to think in terms of a patronizing 'care terminology', whilst the current paradigm shift and the corresponding policy changes require that the disabled person be perceived as a citizen who can actively organize his own support.

POLICY PROPOSALS

An open-minded, profound and equality-based debate where we can put forward vision and expertise is crucial for a successful reform. The shift towards demand steering needs to take place gradually, in consultation with all parties concerned and on all levels. We would like to present some proposals to the government:

1. The reform towards a demand-driven disabled policy which includes market forces should be started-up and carried out in consultation with representatives of disabled people and peer counselors.
2. New demands for support of people with a disability should no longer be translated into recognition categories, but should be translated into a budget for the financing of a full-fledged support, based on a needs assessment.
3. Developing and implementing an assessment- and granting procedure after consultation with the parties concerned. This assessment needs to adequately satisfy the individual needs for support.
4. Restrictions or obstacles for the access to the support market need to be abolished and private initiative and social entrepreneurship must be stimulated.
5. Structural investments in the user-controlled centers and services which provide promotion of interests, quality control, education and information.
6. Carry out a socially responsible control to avoid improper use of public means.
7. Offer the opportunity to persons who currently receive support via a recognition category to choose for a personal budget after a needs assessment and a budget determination.
8. Reform of the executive body in order to adapt it to its new role. There must be more direct services for- and more dossier management of individual persons and less control on- and directing of services and facilities.

9. Provide alternatives for people who do not succeed - temporarily or on a permanent basis – in the organization of appropriate support on their own.
10. The social care objectives accessibility, affordability, quality and continuity must be guaranteed by means of among other things price agreements, by regulating cream-skimming and monopolization on the support market and by taking corrective measures where needed.

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