

## Prevention and early intervention services to address children at risk of poverty (Dublin, 18-19 February 2016)

### Early intervention and prevention: the situation in Belgium<sup>1</sup>

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#### 1. Poverty and social exclusion in childhood. Some figures

Poverty hits children in Belgium hard. Children born into poverty are deprived from the start of opportunities to fully develop and use their talents. Compared to the rest of the Belgian population, children run a higher risk of living in poverty. In 2014, the poverty risk for children between the ages of 1 and 17 was 18,8 % compared to only 15,5 % for the Belgian population in general. The poverty risk for children in 2008 was still 17,2 % (Interfederal poverty barometer, 2014). In addition, various factors influence the risk of poverty for children. The most influential factors are: the family configuration (such as single parent families), the employment status of the parents and whether the children have a migrant background. The educational level of the parents is also reported to be an important factor.

These indicators only measure 'monetary' poverty, exclusively considering the income level of an individual or a family to determine whether they live in poverty. But poverty is about more than just a lack of income. Housing, employment, education, societal participation and health must also be taken into consideration. In other words, childhood poverty has many faces. The AROPE indicator underlines this multidimensional character. In 2014, 23,2 % of children in Belgium were confronted with the risk of poverty and / or social exclusion (AROPE). By this we mean that these children are confronted with the risk of poverty (AROP, 18,8 %) and / or were battling serious material deprivation (SMD, 6,8 %) and / or were members of a household where work intensity was particularly low (LWI, 13,1 %). (Interfederal poverty barometer, 2014)

In Belgium, the at poverty risk for children aged 0 to 5 and for children aged 0 to 17 is both 18,8%. However, when ordering the EU members by performance, the poverty risk among young children (0-5 years old) is lower in 18 EU countries whereas 14 countries perform better than Belgium regarding the poverty risk for children aged 0-17. In the last few decades, research findings from different scientific perspectives (social sciences, economics, medical and neurosciences) have coalesced into a large knowledge base on the short- and long-term risks of growing up in poverty for the individual child (and future adult) and for society, in terms of (future) human and economic capital. Growing up in poverty affects children's short-term well-being, as they are faced with the material and immaterial

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consequences of inadequate income, poor housing, health problems and low participation in society as a whole. Moreover, it affects their mental and physical well-being in general, not only in the present but also in the future. Early childhood experiences and circumstances are particularly fundamental for future learning processes and behavior (De Boyser, 2012).

## **2. The Belgian approach: a shared challenge**

Belgium, as a federal state as well as its regions, has been putting forward strategies to prevent and eradicate childhood poverty and social exclusion. Belgium has a complex institutional model as a federal parliamentary state made up of communities and regions that have their own governments and powers. This results in powers related to childhood poverty being spread across these policy levels. This complexity of powers requires coordination and a strongly integrated approach towards common goals that is needed in the fight against childhood poverty. The conviction that tackling poverty needs to be addressed through a multidimensional and multilevel policy framework has also grown and found solid ground at different Belgian policy levels during recent decades.

In this context – and before focusing in detail on early intervention and prevention – two policy measures deserve to be mentioned within the context of this peer review: the national child poverty reduction plan and the federal measure for the support of local consultation platforms for the prevention and detection of child poverty.

The national child poverty reduction plan situates the fight against child poverty and social exclusion right at the core of the Europe 2020 strategy. Today a second national action plan is elaborated. Concretely, like the first national child poverty reduction plan and in analogy to the European Recommendation ‘Investing in children: breaking the cycle of disadvantage’ (2013), this national action plan will be shaped around three policy areas that are fundamental in the fight against poverty and the promotion of child well-being, namely: (1) access to adequate resources, (2) access to quality services and (3) opportunities for and active participation of children in society. Given the multi-dimensional nature of child poverty the plan will put a strong emphasis on coordination and communication with all key players. A lack of coordination and communication increases the risk of a fragmented policy with less vigor.

With the federal measure for the support of local innovative consultation platforms for the prevention and detection of childhood poverty, the Federal Government calls on Public Social Welfare Centers and associations to create partnerships between local actors (f.eg. schools, day care centres, poverty organisations etc.) or the strengthening of existing partnerships in order to ensure that child poverty is detected in a preventive and proactive manner and to look for joint remedies (Volders, Martijn, 2015).

## **3. Situation in Flanders (Belgium)**

### **3.1 Early intervention and prevention**

#### **a) Types of services and support**

In Flanders there is a division between ‘care’ for children (until the age of three) and ‘education’ from age three and up. This means that several ministries are involved, but, considering that each ministry has its own rules and implements its own policies, they do not often coordinate their actions, which leads to a limited integration of services. Therefore, in practice, education and care function as



separate services. Only recently efforts have been made to make a smoother transition from care to education.

In Flanders, the Child and Family agency (Kind en Gezin) is responsible for managing the "care" side of ECEC services. A new legal framework for ECEC is in place since 2012 (Decree of April 20, 2012 organising childcare for babies and toddlers), with the aim of rendering ECEC as a universal provision in Flanders. Currently, about 51.6 % uses formal childcare in Flanders (Kind in Vlaanderen 2014, p110) but when we look at mothers with foreign citizenship, only 34 % are regular users of those services and of poor families only 22.8 % use the services. (Kind in Vlaanderen 2013, p141).

In 2013, Flanders reformed the preventive family support by the creation of local Houses of the Child. These Houses of the Child are local networks of services working for and with parents-to-be and parents with children. These networks cover education, youth care services, child day care, youth services, social welfare services, and local health services. They are inspired by recent developments in the area of integrated services for families in countries like Sweden. At this moment, there are networks working in approximately 170 local communities and cities in Flanders, that is, in 55 % of the local communities and cities in the Flanders region.

Nursery education (3-6years) is in principle free. However, parents have to pay for activities and mandatory materials that are not strictly necessary for the development of the child (such as school uniforms or school trips). Nonetheless, there is a cap in place (the MAF, 'maximum invoice') of 45 EUR per year (as of September 2015).

#### **b) Strategy and budget**

The aim is to have a House of the Child in each community in Flanders and to strengthen the link with education. The government wants a place for every child in childcare by 2020. There is a collaboration mechanism established between the Ministry of Education and Kind en Gezin to ensure that as many children as possible, especially the most vulnerable, go to nursery education. Increasing children's enrolment (and effective presence during the year) in nursery education (from 3 to 6 years) is a high priority.

#### **c) Effective mechanisms to implement early intervention and prevention**

The creation of the local Houses of the Child, together with the installation of local networks to fight poverty (a platform bringing together a wide range of local actors, from anti-poverty associations to child day-care centres, schools, sports clubs, Public Social Welfare Centers) brought a local dynamic with a strong accent on ECEC as a means to create maximum opportunities for all children. All Flemish communities with high child poverty prevalence get extra money from the government to stimulate an integrated approach

#### **d) Balance between universal and targeted services**

The Houses of the Child offer a universal service to all families but also specific attention is paid to low income families by for instance offering meeting places for young parents and their children where advice is given by professionals or by organising educational and family support at home for those families (this is not the case in every House of the Child). The participation of the Houses in the local networks for child poverty also strengthens this specific approach.

In Flanders 70 % of childcare facilities, prices are set according to the family income but prices for the lowest income families have been augmented recently. (from 1.56 to 5 EUR a day, although a lower price is possible with the intervention of the Local Public Welfare Centres). In the income-related childcare services, a



quota of 20 % ensures priority access to children from vulnerable families (e.g. low income, single parent, migration background etc.). However also absolute priority is given to working parents (retaining work, looking for work or following vocational training to that end), which can cause conflict with the quota for vulnerable groups. Monitoring is running. Childcare services with a specific focus on vulnerable families (i.e. a quota of 30 % priority access) also exist. The more effort for inclusion, the more subsidy.

In nursery education, schools with a high percentage of vulnerable families get extra financial support and there is a policy to promote social diversity in the school.

### **3.2 Mainstreaming good practice**

#### **a) Evidence of what works and the use of it by stakeholders**

Since 2010, the Flemish government has made the fight against child poverty one of its priorities and adopted the development of ECEC as a strategic option, based on huge scientific evidence.

The concept of the importance of the early years has been widely spread among policymakers, administrations, NGO's and fieldworkers. Also with the broader public opinion by means of free publications (f.i. a booklet distributed in all local communities with a children's story to stress the importance of language and storytelling from an early age) Flanders also started a Child poverty Fund that collects public gifts in order to fund projects (with scientific guidance) for disadvantaged children between 0 and 3 years old and informs the public about the importance of ECEC. One of the projects f.i. is a daycare centre run by mothers from disadvantaged families who are trained on the job.

#### **b) Examples of effective system-wide change programmes**

The local platforms against child poverty all over Flanders as well as the Houses of the Child have the potential of a holistic approach but for the moment are often centered on care, health, wellbeing and school while the 'harder' elements as housing or work for the parents are not always in the scope.

#### **c) Data, analysis and evaluation**

The attendance of low income groups in childcare (the 20 or 30 %) since the introduction of the new legal framework is now monitored by Kind en Gezin but sanctions are not yet installed. Each year also the level of child poverty in each Flemish community is measured with various indicators so that also on the local level the evolution can be followed. The results are published.

A measuring instrument for quality of childcare services is currently being developed with the participation of stakeholders (incl. organisations representing families, people living in poverty, ethnic minorities...). The existing (but only recent) pedagogical framework for childcare will serve as a reference.

The regular attendance of toddlers in nursery education (3 to 6 year) is monitored as it is a condition to go to pre-secondary education.

#### **d) Upscaling evidence informed local interventions**

Successful local interventions are collected and distributed by means of an internet platform, study days and study tours are organised, communities are brought together in a provincial group to exchange good practices and the big cities are brought together in a separate group to do the same as their problems are bigger and more complex. On a regular base, scientific evaluations are made.



### **e) Changes in professional practice**

Kind en Gezin does great efforts to disseminate the knowledge and practice about ECEC by organising seminars, peer groups, markets of good practices where successful projects, international colloquia. The VVSG (Flemish Organisation of Cities and Communities) organised breakfast meetings to spread the knowledge on early intervention and prevention also with local policymakers in order to make it easier for practitioners to defend their way of working.

## **4. Situation in the Wallonia Brussels Federation: Office of Birth and Childhood; Universal Early Intervention in Belgium.**

### **4.1 Financial Investment of the State (Wallonia Brussels Federation)**

Population: 4,300,000 inhabitants

0-3 years old = 168,000 children

The majority of the budget of the French-speaking community is dedicated to education. In a split system, the budget for childhood (ONE 2013) = less than 5 % and the budget for children in difficulty (AAJ Foster Homes and Families 2013) = less than 5 %

### **4.2 ONE: Philosophy of Intervention**

ONE is a public service, created in 1919. It is comprised of 1,400 civil servants (of which 800 are medico-social workers), 1,100 doctors and 4,400 volunteers.

ONE has 3 main missions: to support families, to control and finance day care centres and provide preventative healthcare.

ONE provides universal services for families, pregnant women and babies, whilst ensuring no discrimination to be committed. ONE also has a system of specific actions targeted at specific needs and specific populations.

ONE implements multidisciplinary action, namely medical, social, psychological and pedagogical care.

ONE appreciates the importance of support from the local community (we have volunteers present in each consultation point).

ONE combines local action with scientific research (by utilising a vast medico-social data bank).

ONE is fully integrated in a global network (NGOs, etc.) at various different levels.

ONE respects the importance of qualifications, training and skills of its employees.

ONE also has a number of cross-disciplinary missions, such as parenting support, actions focused on fighting against child poverty and reducing child abuse.

#### **Targeted actions:**

We have an internal plan entitled "Poverty, Perinatal and Childhood: A Mobilisation of ONE" including 31 separate actions with objectives, budgeting and planning. Action number 31 provides the evaluation of the plan.

Since 2015, ONE has organised the secretarial work of ChildONEurope. ChildONEurope is a European network for exchange and cooperation on policies and research topics carried out for child and youth matters. The seminar organised in Paris in November dealt with childhood policies and the fight against poverty; namely, counteracting strategies against a multiple-deprivation phenomenon.



### 4.3 Prenatal Support

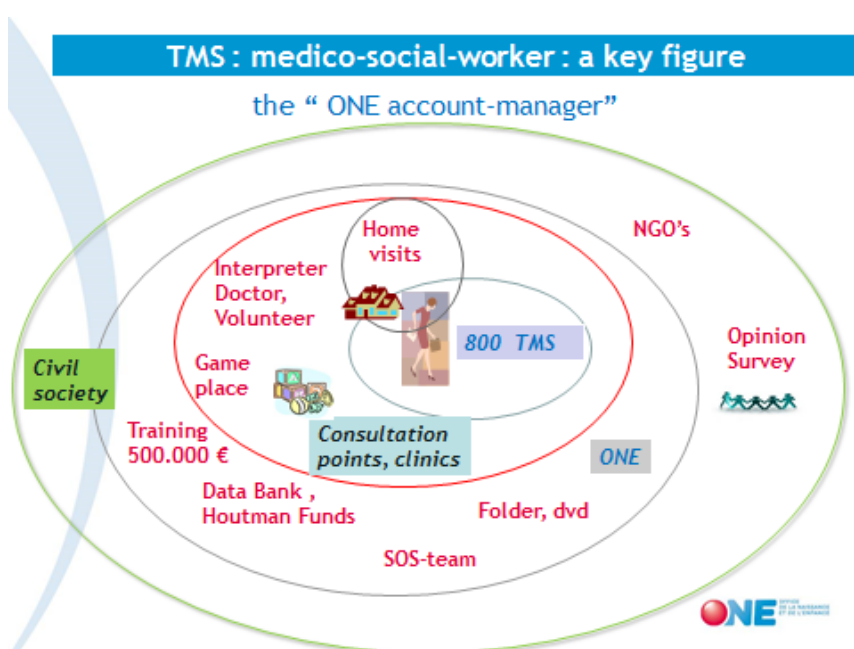
A network of prenatal clinics and centres is organised all over Wallonia and Brussels in order to meet families' needs during pregnancy and at birth. The purpose of prenatal consultations is to ensure a safe and successful pregnancy and to minimise the risk of premature births and underweight babies.

ONE follows up on 25 % of the pregnant women, especially those in a more disadvantaged situation.

### 4.4 Consultation Point

ONE is also responsible for postnatal care when mothers and new-borns return home. There are over 627 consultation points for young children in Brussels and Wallonia. In some less accessible areas, mobile clinics/consultations are organised, offering the same services as the regular clinics/consultations.

Consultations for children are also free and open to every parent with children aged from 0 to 6 years. ONE also proposes a programme of home visits.



### 4.5 Day Care Settings and After School Activities

Wallonia and Brussels have a network of quality day care centres (nurseries, creches or kindergartens and childminders), for babies and children aged 3 months to 3 years.

We have reached the Barcelona objective of more than 33 % coverage. We use "positive discrimination" to create better financed day care settings in disadvantaged areas. In these financially supported day care settings, the fee is adapted to the parents' income.

### 4.6 Scientific support data provided by the medico-social data bank

ONE is conducting research and collecting data. The Medical Social Data Bank is an important scientific tool that collects information related to the families' medical and social situations. The data are collected 6 times: during the pregnancy, at birth, when the baby comes home, and when he/she is 9, 18 and 30 months old. It gives an easy internal evaluation of our medical priority programmes.



For example, we obtain information about:

- the distribution of underweight babies by district,
- prematurity rates related to employment and education
- links between babies' language skills and mothers' qualifications

#### **4.7 Information for families and childhood professionals**

ONE wants to increase public awareness about health and preventive actions. It does so via multimedia campaigns, websites and TV programmes. ONE creates, develops, adapts and publishes a wide range of brochures and posters that focus on child development and child-friendly environments. Since November 2015, ONE communicates on Facebook and Twitter.





## 5. Hyperlinks

[www.one.be](http://www.one.be)

[www.mi-is.be](http://www.mi-is.be)

[http://www.one.be/fileadmin/user\\_upload/communication\\_externe/about/Tryptique-presentation-ONE-anglais.pdf](http://www.one.be/fileadmin/user_upload/communication_externe/about/Tryptique-presentation-ONE-anglais.pdf)

[http://www.one.be/index.php?id=2512&tx\\_ttnews\[tt\\_news\]=657&cHash=e5170a216bd0f01c97cd71a2c](http://www.one.be/index.php?id=2512&tx_ttnews[tt_news]=657&cHash=e5170a216bd0f01c97cd71a2c)

<http://www.one.be/presentation/about-us/>

[http://www.one.be/uploads/tx\\_ttproducts/datasheet/A\\_la\\_rencontre\\_des\\_familles\\_one.pdf](http://www.one.be/uploads/tx_ttproducts/datasheet/A_la_rencontre_des_familles_one.pdf)

[http://www.one.be/uploads/tx\\_ttproducts/datasheet/referentiel-accueillir-les-tout-petits-oser-la-qualite-ONE.pdf.pdf](http://www.one.be/uploads/tx_ttproducts/datasheet/referentiel-accueillir-les-tout-petits-oser-la-qualite-ONE.pdf.pdf)

<http://www.one.be/professionnels/accueil-de-l-enfant-actualites/actualites-details/seminaire-de-childoneurope-2015/>

<http://www.childoneurope.org/index.htm>

<http://www.one.be/index.php?id=banque-de-donnees&MP=1187-1054>

[http://www.one.be/uploads/tx\\_ttproducts/datasheet/DOCFI0026\\_CERA\\_fiche\\_TOILETTE\\_BEBE.pdf](http://www.one.be/uploads/tx_ttproducts/datasheet/DOCFI0026_CERA_fiche_TOILETTE_BEBE.pdf)

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