

HOW TO IMPROVE THE DETECTION OF CHILD ABUSE IN BELGIUM

SUPPLEMENT



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- **The external experts were consulted about a (preliminary) version of the scientific report. Their comments were discussed during meetings. They did not co-author the scientific report and did not necessarily agree with its content.**
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- **Finally, this report has been approved by common assent by the Executive Board.**
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1. ACTORS INVOLVED IN THE CARE TRAJECTORY OF CHILD ABUSE

The following sections intend to give an **overview of the different actors** involved in the management of (presumed) child abuse cases in different phases of the trajectory (prevention, detection, first approach, reporting, follow-up), with a focus on the public services. A description of the individual actors (such as individual care professionals) involved in the trajectory and their possible roles is not detailed, as their role may be different in each specific case. In the results section of the qualitative study, (see scientific report chapter 7), however, barriers (and solutions) experienced by these actors in the different steps of a trajectory are described. Furthermore, as mentioned earlier, child abuse is a complex issue with (often) many underlying problems such as addiction, difficult financial situation, complex divorce procedures, mental problems of the parent(s) or the minor... Therefore, the services involved in the management and follow-up of child abuse cases, are not limited to the services that handle the ‘single’ problem of child abuse. An integrated approach of the problem implies that all connected and underlying problems are also managed. As the intervention of these services is very case-specific, we will not go into a detailed description of these services.

In addition, many non-profit, private organizations and local initiatives exist that include care for children amongst their concerns. A detailed description of these services is not included in this report.

In the next sections, we present the actors according to their accessibility (direct or indirect) and specificity (generic, i.e. common to all Communities or Community-specific). We distinguish the general services for health, well-being and education of children (see chapter 1.2), the directly accessible (low threshold) services that are specific for the particular domain of child abuse (chapter 1.3), the mandated services in the Flemish Community

(chapter 1.4), the intersectoral access gate (chapter 1.5), the social services for judicial assistance (chapter 1.6), the youth care services in the Fédération Wallonie-Bruxelles (chapter 1.7), police and judiciary services (chapter 1.8) and the indirectly accessible youth welfare services (chapter 1.9). Some of these services have similar roles in all Communities, others are Community-specific. Apart from the actors involved in the handling of individual child abuse cases, there are public and private initiatives targeting coordination, information and general policy measures related to child abuse addressed to a more “collective” level, being the general public or particular groups. These initiatives take place on a Federal-, a Community- or a local level. In chapter 2, a selection of these initiatives has been illustrated.

An overview of the possible steps in a non-mandatory (voluntary) and mandatory (judiciary) care trajectory is presented in chapter 3.

1.1. Territorial competence of the assistance services involved

The organisation of public services providing assistance in child abuse cases is mainly addressed by **Community legislation**.^a In principle the management of a child abuse cases is performed by the services of the community where the child is domiciled. When the official domiciliation is not known, the factual place of stay will be determining. For the access to indirectly accessible services, there are collaboration agreements between the services in the Fédération Wallonie-Bruxelles and those of the Flemish Community and the German Community to allow that youngsters and their families living in one Community can have access to services from another Community, if they wish (e.g. youngsters living in the Flemish Community but going to school in The Fédération Wallonie- Bruxelles and living with an exclusively French speaking family)¹.

^a The exercising of the competences of the Fédération Wallonie-Bruxelles related to help to disabled persons, family policy, social help policy, elderly policy, health care policy, integration of immigrants has been transferred however to the Walloon Région and the French Community Commission in Brussels.



In Brussels-Capital^b, youngsters and their families can choose to opt for French speaking or Flemish speaking (non-mandatory) assistance services. Mostly the language of the school the child is attending will be guiding. The Flemish speaking services in Brussels are regulated by the Decrees of the Flemish Community and the French speaking services by the Decrees of the Fédération Wallonie- Bruxelles. As such the organisation of these services in Brussels will be the same as in the respective Community. For bilingual institutions (either public institutions which are bilingual by definition, such as public hospitals, or private institutions which have not opted for either), specific ordonnances of the Joint Community Commission are applicable.

1.2. General services for health, well-being and education of children

The general services for health, well-being and education of children are directly accessible to everyone and are primarily involved in providing information, advice, support, etc. They can also detect a case and report it to a specific service.

1.2.1. Generic

Each healthcare professional, teacher, educator, etc. in contact with children is a potential actor in the prevention and/or detection of child abuse. The medical community has to be especially vigilant since cases of ongoing physical or psychological abuse should raise the suspicion of the general practitioner, the pediatrician or another medical specialist during a consultation. Complaints are often 'disguised' and expressed as chronic pain or symptoms suggesting disease. Pediatric hospitals and emergency

rooms are open doors for all cases of crisis and urgent need for help or support. Repeated consultations or observation in a paediatric ward are essential to come to a diagnosis, care for physical and psychological lesions and plan ongoing support.

As mentioned earlier, many services and institutes can be involved in the health, well-being and education of children. Some of them are of particular importance in prevention for child abuse because they manage and follow underlying or connected problems (drug addiction, mental health problems, financial problems,...). These are not listed "in extenso" as each situation is different and specific. Of particular importance, however, are the "Centres public d'action sociale – Openbare Centra voor Maatschappelijk Welzijn (CPAS-OCMW)" which provide social help since 1976 (material, psycho-medico-social, palliative, curative or preventive) in each municipality. The "Services de Santé mentale - Centrum voor Geestelijke Gezondheidszorg" (SMM-CGG) are another example and are also sometimes referred to as "guidance centres". They are composed of a multidisciplinary team (psychologist, social worker, physician,...) that provides psycho-medico-social help in a specialized ambulatory framework. In principle these services are open to the general public; some have separate teams for adults, children and youngsters.

1.2.2. Flemish Community

In the next section a description is provided of the main actors involved in health, well-being and education of children that are specific to the Flemish Community.

^b The Joint Community Commission has responsibility for matters considered as "bi-personal", the personal matters for which the Communities do not have competence on the bilingual territory of the Brussels-Capital Region. These matters concern, on the one hand, measures applying directly to individuals and, on the other hand, institutions which, because of their organisation, are not attached exclusively to one of the Communities. These bilingual institutions are either public institutions which are bilingual by definition, such as public hospitals, or private institutions which have not opted for either, such as bilingual services. Justice and police services are organised by federal legislation.



1.2.2.1. Agency for child and family - Kind & Gezin

Kind & Gezin (K&G) is an independent agency for child and family. It was founded in 1984 after the federalisation of Belgium. This Flemish agency focuses on prevention and guidance of young children aiming at optimizing future outcomes.

The target group is mostly families with children under three years of age (including antenatal period). For some actions the age is extended to 12 years. All services of K&G are for free and based on voluntary participation of the parent(s). Historically K&G invested especially in collective medical prevention (e.g. immunization program), but during recent years the psychosocial support to families gained importance. As parental support is especially successful when provided by services with which families are already familiar (Hermanns, 1992, Leseman et al, 1998 in Van den Bruel (2005), K&G developed parental support within existing services and in collaboration with partner organisations, rather than by building a new program on this topic.

The services offered by K&G vary from parental support accessible to all families e.g; during consultations to specific and more intensive assistance to families in need. More intensive assistance is provided by the 23 Centra voor Kinderzorg en Gezinondersteuning (CKG's) which ensure temporary care for children between 0 and 12 years old, in residential way (day and night), semi-residential way (day or night) or within the home of the child. For residential care, the consent of the Intersectoral Access Gate (cfr. 3.1.5) is necessary. Moreover they offer training in educational skills for parents.

A plan related to the approach of (a presumption of) child abuse was published by K & G. This plan is communicated to the regional teams involved in prevention and to the physicians – often general practitioners – working at the consultation bureaus. Furthermore training regarding the approach in alarming situations is offered to youth care providers. These trainings could possibly be extended to other professional groups.

^c <http://www.ond.vlaanderen.be/clb/adressen/lijst.asp?geo=6>

^d <http://www.kindengezin.be/img/kind-in-vlaanderen-2014.pdf>

1.2.2.2. Centres for Pupil Guidance - Centra voor leerlingen begeleiding

Centres for Pupil Guidance (Centra voor leerlingen begeleiding-CLB) take over the mission from K&G once children go to school. They are active in four domains: education, school orientation, mental and social functioning and preventive medicine. Every school in Flanders is allocated to a local centre for pupil guidance. There are 72 centres spread out over the Flanders.^c These centres reach all minors, i.e. all children and youngsters registered in a school between the ages of 2.5 and 18 years (and sometimes older for children who repeated a class). They have a pivotal role at the interface between education and welfare. Their role is crucial for detection and reporting. About 18% of the reporting of suspected child abuse or neglect to the Vks come from these centres.^d

The educational network (onderwijskoepels) also provides training and drafted protocols and guidelines on how schools can deal with all kinds of difficult and problematic behaviour, included behaving of school personnel towards children and youngsters .

1.2.2.3. Services offering parenting support

The Expertisecentrum opvoedingsondersteuning (EXPOO) is the Flemish Government's expert centre for parenting and family support. EXPOO works under the umbrella of the K&G and aims to provide practical assistance to the field of parenting support and to this end collects, enhances and disseminates the relevant knowledge and know-how on parenting and parenting support. EXPOO is set up as a demand based open network that benefits from the input of relevant partners. The tasks of EXPOO are to promote and organise exchanges of knowledge, to train professionals, to organize seminars, conferences, awareness campaigns, to offer basic information to all actors, including parents and children and, to promote networking incorporating a warning system for relevant issues in the field of parenting support.^e

^e <http://www.expoo.be/>



A wide variety of parenting support services are available in Flanders and Brussels and a large number of them are organised based on the cooperation partnerships of “**Huizen van het Kind**” (**Houses for Children**). There are 22 Houses for Children in Flanders^f and 10 in Brussels.^g The specific services offered in these houses can differ according to the needs of the municipalities. They often integrate several general services of all kinds such as the consultation bureaus of Kind & Gezin, CAWs, Centers for child care and family support, CLBs, general practitioners, perinatal assistance (Kraamzorg), OCMW,...

Several services also focus on parenting support:

- The “Opvoedingswinkels or parenting shops” were set-up by the Pedagogisch Advies en Stimulering vzw (PAS) or Pedagogical Advice and Encouragement non-profit organization in 2000 and are supported by the Flemish government since 2007. Currently they are present in all Flemish central cities. Their mission is the provision to all people responsible for child care of information and advice about parenting, answering general parenting questions, support in problematic parenting situations, training activities and detection. ()
- The Opvoedingslijn, (a Parenting Line) shares the same mission as the parenting shops.^h
- The Integraal Laagdrempelig Opvoedings Ondersteunings Punt (Inloop) is an integrated and easily accessible parenting support centre which provides preventive support for parenting. This support is specifically targeted at (underprivileged) pregnant women and underprivileged families with children aged from 0 to 3 (or between 0 and 6 for children not attending school).ⁱ
- The mobile preventive family support services such as Domo offer support mainly within, or is initially based on, the family context.^j
- Easily accessible preventive family support services aimed at boosting educational opportunities for pre-school and early-school development

^f <http://www.huizenvanhetkind.be/hk/>

^g <http://www.brussel.be/artdet.cfm/4495>

^h <http://groeimee.be/opvoedingslijn>

ⁱ <http://www.groeimee.be/type-organisaties/inloopteam>

of children (by stimulating play and language development), parent-child interaction and increased social cohesion.

- Other initiatives also offer parenting support in addition to their other tasks. Examples include the ‘Kind en Gezin’ counselling centres, socio-cultural training, as well as child care facilities, pupil guidance centres and others.

1.2.2.4. *Other public services and non-profit organizations supporting and informing children, youngsters and parents*

Each place where a child, a youngster or a (future) parent spends time can be a potential source of support for parents and/or children and youngster. As such, it is not possible to be exhaustive in this matter because it concerns every sports club, hobby school, center for youngsters. Moreover several local non-profit organisations also play a role in helping parents in specific situations. The websites of Agentschap jongerenwelzijn^k, the individual provinces or municipalities and the VKs provide information on available resources.

Below, we list some examples:

- **The Jongeren Adviescentra (JAC)** are youth advice centers which are part of the CAWs (**Centra voor Algemeen Welzijnswerk**).^l **CAWs** help people with all kind of questions and problems concerning welfare, for example relational difficulties, financial problems, administrative or judiciary problems.^m They also offer support to victims of violence or abuse, accidents or crimes. There are 11 CAWs in Flanders. Overall, JACs are the equivalent of CAWs but for adolescents.
- **The Kinderrechtswinkel (Children’s Rights Centre)** provides information and advice to young people and relatives (family, friends, teachers, etc.) related to rights of children and young adults (based on

^j <http://www.domovlaanderen.be>

^{kk} <http://wvg.vlaanderen.be/jongerenwelzijn/links/>

^l <http://www.jac.be/>

^m <http://www.caw.be/organisatie>



the rights included in the Convention on the rights of the child). Their general mission is to improve the legal position of minors in Belgium.ⁿ

- **The Jo-lijn (Youth Line)** is a free line for young persons, parents and anyone else who has questions related to youth care or complaints about the youth care services.^o
- **“Awel” is a free hotline (dial 102)** for children and youngsters with different kinds of questions related to family, money, sex and all other questions that are part of minors' life. The line is accessible during week days and on Saturday from 4 to 10 p.m.^p
- **Teleonthaal (dial 106)** is a general **hotline for crisis help** with a consultative function, which means that options are discussed with the referrer, as well as an internal dispatching function. A proposition is made to solve or mediate the crisis situation. Every child or citizen with concerns about him/herself, can call 106 (“teleonthaal) for information, advice, referral or help. The number is free and accessible every day between 9:00 am and 24:00 pm.^q
- www.familievan.be is a website for the relatives of offenders sexual abuse. The website provides information for children, parents and partners of offenders.

1.2.3. Fédération Wallonie-Bruxelles

In the Fédération Wallonie-Bruxelles, the ‘Office de la Naissance et de l’Enfance’ (ONE) is an organization of public interest that serves as a reference for all matters relating to childhood and its policies. Due to the 6th reform of the Belgian State in 2014, the ONE has recently enlarged its competencies, including the school health promotion services (presented separately below). Beside ONE, we can mention the service at school PMS and the hotline “SOS Ecoute enfant”¹⁰³.

1.2.3.1. Agency for child and family - Office de la Naissance et de l’Enfance

The ‘Office de la Naissance et de l’Enfance’ (ONE) is an organization of public interest that serves as a reference within the Fédération Wallonie-Bruxelles for all matters relating to childhood and its policies. These missions are carried out according to the approach and procedures defined by the Decree on the reform of ONE of 17 July 2002 (M.B. as well as by the 2013-2018 management contract concluded between the Board of Directors of the ONE and the Government. The core values guiding the a March 2002) actions of ONE are: “quality, welfare, equity, ethics and continuity”.

ONE endorses a mission statement and management guidelines in order to:

1. support children's development within their family and social environment; to advise and support pregnant women, parents and families medically and socially in order to ensure the global wellbeing of their children;
2. ensure that child care centres operate correctly and provide quality care for children outside of the home environment.

ONE offers a medico-social follow-up by a gynaecologist or a midwife to all pregnant women, home visits by a medico-social worker after the delivery to support parents in their parenting role and postnatal consultations by paediatricians or general practitioners focusing mostly on preventive medicine, including the immunization program. A website provides useful information to young parents.^r ONE organize discussion groups for parents and training of caregivers that allow to evoke the prevention of child abuse and the promotion of positive parenting. In the educational handout for caregivers (Soutien à la parentalité, prévention de la maltraitance et promotion de la bientraitance) 2 chapters are dedicated to this topic.

ONE also has cross disciplinary missions such as the creation of a Medical Social Data Base (BDMS) to determine future public health care programs.

ⁿ <http://www.kinderrechtswinkel.be/>

^o <http://wvg.vlaanderen.be/jongerenwelzijn/jeugdhulp/jo-lijn/>

^p <http://www.vlaanderen.be/nl/cultuur-sport-en-vrije-tijd/jeugd/awel-de-gratis-hulp-lijn-voor-kinderen-en-jongeren>

^q <http://www.tele-onthaal.be/nl/welkom/>

^r www.parentalite.be



Moreover, ONE nurses who are directly confronted with abusive situations can ask ONE referents for advice. These referents have a second line function: they can mobilise a network and report abuse. They also engage in formations and conferences for various publics. Currently there are 9 “Référénts Maltraitance” who are working over several districts. They offer a support to more than 750 medico-social workers and other professionals from ONE (in the maternity unit or at home).

1.2.3.2. Centres for Pupil Guidance: PMS and PSE

In the schools, two services are involved in the care for pupils' health: the psycho-medico-social centers (PMS) and the school health promotion services (PSE):

- The **Psycho-medico-social Centres – Centres Psycho-médico-sociaux (PMS)** were set up in 1960 and are available to pupils and their parents, from kindergarten to completion of secondary education. The PMS Centre is composed of psychologists (advisors and psycho-pedagogical assistants), social workers and nurses who work as a team. A physician is also attached to each PMS Centre. The missions of the PMS Centers are to promote self-confidence and personal development, to encourage all students to take ownership of knowledge and skills, prepare all students to be responsible citizens, ensure all students equal opportunities of social emancipation. Through its interventions, individual or collective, as in partnership, the staff of the PMS Centre is contributing to the prevention of violence. They favour dialogue and exchange as a means of conflict resolution. The PMS Centers are free public services.
- The **School Health Promotion services - Services de Promotion de la santé à l'école (PSE)** are a new version of school medicine, less focused on fight against infectious diseases and screening than in 1964, at the time where the school medical inspectorate (IMS) has been established. To take into account a more comprehensive approach of health, the Fédération Wallonie-Bruxelles has adopted two decrees reorganizing the school medicine (the Decrees of 20th December 2001 (Official Journal 17 January 2002) relating to the promotion of health at

school and of the Decree of 16 May 2002, relating to the promotion of health in higher education outside universities. Recently, PSE were included in the competencies of the ONE. The PSE are available at all schools, except in the few establishments depending directly of the French community where the psycho-medico-social centres endorse this role (in addition to the tasks usually assigned to them as mentioned above). The role of the PSE is not only to detect certain diseases or to prevent the transmission of infectious diseases, but also to establish a standardized health data collection and to implement programs which encourage the health promotion and the well-being of children in their environment. Educators, teachers can seek advice and help when confronted with a problematic situation. The use of these services is free. PSE carries out its duties in close collaboration with the PMS centre in order to make optimal exchange of information in prevention, health education and medical follow-up of students. A service or a centre can serve several schools. The service or the centre works in collaboration with the actors of the school world such as directions of establishment, teachers but also parents. It also works with local centres for the promotion of health (see below CLPS) and the various professionals involved in the field of health information and education including, where appropriate, the youth care services, the services of work prevention and protection and the services of ONE.^s

1.2.3.3. Other public services and non-profit organizations supporting children and parents

As for the Flemish Community, any place where children, youngsters or (future) parents spend time in the Fédération Wallonie-Bruxelles, such as “maison de naissance”, sport club, hobby school, center for youth can be a source of support for parent and well-being for children. Among the local non-profit organisations which can play a role in helping parents in specific situation, some focus on psycho-social support for future parents (e.g. Bebe Accueil asbl), support for particularly vulnerable parents (e.g. Project “Seconde Peau”), parent/child relationship during the hospitalization of the parent (e.g. Fil à Fil), etc. The websites of the Fédération Wallonie-Bruxelles

^s <http://www.sante.cfwb.be/index.php?id=pse2>



but also of individual provinces or municipalities provide information on local available resources. For illustration, several services are described below.^t

- **The service “Ecoute-Enfants” (dial 103)** is a service of general prevention offering since 1990 a hotline anonymous and free 7 days a week from 9:00 to midnight at the telephone number: 103. This service is available for children, adolescents and adults in relation to the child. All themes can be addressed: relations with the parents, friendships, love, health, sexuality, racism, violence, drugs, or abuse, etc.^u In 2012, in order to become the reference number in child abuse matters, additional financing and specific training has been organized. Furthermore additional financing for the promotion of the phone number with posters, stickers and inclusion in the student’s diary was foreseen.
- **The “Ligue des Familles a.s.b.l.”** provides different services in order to make easier the parents life : publications (Le Ligueur des parents, Le Ligueur et mon bébé...), political actions, local workshops..^v
- **The “Centres de planning familial”** offer to everyone, in every municipality, welcome, listening and help in all domains of relational, emotional and sexual life.
- **The “École des Parents et des Éducateurs de Belgique”** offers training, conferences, consultations... for parents, grandparents, education professionals..^w
- The Télé Accueil (dial 107) is a free and anonymous telephone number, available day and night for all people who wish to talk, get out of loneliness, adress tensions...
- The “Association pour la médiation familiale“ gather mediators who can support communication during marital crisis or familial conflict, in order to find solutions.^x
- The service « d’Aide en Milieu Ouvert » - AMO is a free public service of assistance to young people. AMOs listen, support and advise the young in facing family, school, medical or social difficulties. There are 80 AMOs in the Fédération Wallonie-Bruxelles. In order to respond

adequately to the diversity of situations, they offer differentiated guidance to parents (mediation, “tremplins parentaux”, "Espace Parents dans la séparation", discussion group...).

1.2.4. German-speaking Community

The German speaking Community represents 70 000 inhabitants. The Ministry of the German-speaking Community has adopted a Decree on the youth care on 14 th of May 2009 (Erlass der Regierung über die Jugendhilfe und den Jugendschutz). This Decree establishes several services similar to those of the Fédération Wallonie-Bruxelles (cfr. infra) such as the **Begleitausschuss für die Jugendhilfe** (Comité d’accompagnement pour l’aide à la jeunesse), the **Jugendhilfedienstes**. (Service de l’aide à la Jeunesse), the **Jugendgerichtsdienstes** (Service de protection judiciaire).The last one is a mandated service.

The institutions involved in the German-speaking community have created a Working Group called “Leuchtturm “in 1986 involving the main actors of the mental health, the socio-educational and the youth care to support professionals dealing with child abuse. This working group considered the "best practices", definition of roles, transparency of the reporting process, including issues relating to professional secrecy. At a more general level, the group provides training, workshops, prevention campaigns, interprofessional advice and has played a role of expert Committee advising the Government of the German-speaking Community. In the German speaking Community, the educational services and ONE were brought into one structure called Kaleido.^y Kaleido’s mission is the health of children and adolescents with the focus on prevention.

1.3. Low threshold services specific for child abuse cases

The services described in this section concern directly accessible services particularly targeting at the management of child abuse.

^t <http://www.yapaka.be/tous/page/ou-trouver-de-laide>

^u www.citoyenparent.be

^v www.citoyenparent.be

^w www.ecoledesparents.be

^x www.mediationfamiliale.be

^y <http://www.kaleido-dg.be>



1.3.1. *Generic*

1.3.1.1. *Child Focus*

Child focus is a foundation providing assistance in cases of missing and/or sexually exploited children. It is an active public foundation, opened 7 days on 7, 24 hours a day and accessible via the free emergency call number, 116 000 to report any case of a disappearance or sexual exploitation, and via the “maintenantjenparle.be” chat channel where young people can deal with the subject of sexual abuse with confidence. Web users are encouraged to report anonymously any material child pornography discovered by chance on the Net via the point of contact “stopchildporno.be”. Child Focus does not take the place of existing assistance services but play the role of relays to specific services such as SOS enfants (see below). It functions as a point of crisis reporting and offers no help in the long term. Child Focus encodes the relevant data of each call (including the reason for the call and guidance given by Child Focus) and presents all these data in an annual report. It also performs a work of prevention, analysis and lobbying (development of studies, awareness campaigns, prevention tools).^z

1.3.2. *Flemish-speaking Community*

Two specific services offer an easy access and play a major role in the management of child abuse: the hotline 1702 and the confidential centres on child abuse and neglect (VKs).

1.3.2.1. *Hotline for abuse, violence and child maltreatment*

In 2012, the Flemish authorities established a hotline (Meldpunt voor misbruik, geweld en kindermishandeling - 1712) where all types of abuse, violence and child maltreatment can be reported.^{aa} The hotline integrates the existing contact points of the various youth welfare services. Moreover, the hotline is partly staffed with professionals of the VKs (see below). Every citizen involved in or confronted with any kind of violence or abuse or who has questions regarding violence or abuse, can call 1712 for information, advice or referral. 1712 operates during working days from 9 a.m. to 5 p.m. Several campaigns were set up to inform the citizens on the existence of the

hotline. In 2014, 4852 calls were registered, representing 5991 reported persons. Since March 2014, 1712 is accessible via email. At the time of writing the report, there are initiatives to render the trajectory more child friendly, e.g. via chatboxes.

1.3.2.2. *The confidential centres on child abuse and neglect - VK*

The confidential centre on child abuse and neglect (= VK) is an advice and assistance centre in case of presumption of child abuse. These specialized centres are have been set up in the mid-80s to deal with reported cases of child abuse and neglect. They employ multidisciplinary teams consisting of medical, psychological, pedagogical and social experts. The services provided by the centres are free of charge for users. They are subsidised and recognised by Kind & Gezin. A VK is set-up in every Flemish province and in Brussels. VKs are accessible from Monday till Friday from 9am till 5pm. In case of urgency outside ordinary business hours, phone permanence is supplied.

VK's can:

- Be a reporting station for any situation of child abuse
- Deliver information about child abuse
- Offer advice about the diagnosis and how to supply assistance
- Coordinate the assistance
- Offer and organize the assistance

The VKs are also appointed as mandated service (see section 1.4).

1.3.3. *Fédération Wallonie-Bruxelles*

Beside the service “Ecoute Enfants” (dial 103) mentioned in the section 1.3.3.2, the assistance teams “SOS Enfants” are directly accessible institutions which play a major role in the management of child abuse in the Fédération Wallonie-Bruxelles. The SAJ is another service directly accessible which acts in child abuse but we describe it in the section dedicated to the Youth care Services (section 1.7.1)

^z <http://www.childfocus.be/>

^{aa} <https://1712.be>



1.3.3.1. *The “Equipes SOS enfants”*

The “Equipes SOS Enfants” are multidisciplinary teams specialized in detection and management of child abuse and neglect. The concept has evolved since 1965. Currently 18 teams operate in the Federation Wallonie-Bruxelles (4 antenatal and 14 postnatal team). Some of these teams are localised within hospitals. Each team has to include a general practitioner or a paediatrician, a physician specialized in psychiatry for children or for adult, a lawyer, a social worker, a psychologist, a secretary and a coordinator. The multidisciplinary composition of the team is paramount to ensure an approach medical, psychiatric, psychological, social and legal for all situations.

The SOS Children teams have to ensure individual prevention and treatment of abuse situations either on their own initiative or on request. To support families, the SOS Children teams establish a multidisciplinary assessment of the situation of the child and his environment and they provide assistance to the child and his environment by creating if necessary synergies with the psycho-medico-social network. In addition, the teams of SOS Enfants gather their own reporting data in order to provide statistics about the magnitude and characteristics of child abuse. This is a prevention tool in different ways: it permits to orient public policy, legitimate certain research areas and to develop a common language regarding child abuse. The teams SOS enfants also propose an educational programme for junior collaborators giving them the opportunity to meet with and learn from more experienced professionals from several sectors (e.g. parental support, justice, senior members of SOS enfants teams). This programme is the FEMANP (Formons Ensemble à propos de la Maltraitance les Nouveaux Professionnels).

1.3.3.2. *Other public services and non-profit organisations*

Several organizations can act on child abuse in the Fédération Wallonie-Bruxelles and cover different missions such as public information, professional training, first contact with victim or transmission of help demand.

We mention:

The « Centre de prévention des violences conjugales et familiales » - CPVCF

The “Centre de prévention des violences conjugales et familiales” was set up in 1977 under the name of “Collectif pour Femmes Battues” and officially became in 1993 the Centre of Prevention of marital and family violence. The CPVCF offers a specialized support to anyone faced with violence in the private atmosphere. It provides a hotline, a welcome centre and a follow-up of persons affected by domestic violence. Since 1977, the CPVCF opened a “haven” which offers a temporary home to women undergoing an intolerable violence, as well as their children, whatever their age (support, reinforcement of relationship mother-child, etc.). The refuge has 24 beds and, in 2009, has hosted 46 women and 54 children. The CPVCF also conducts sessions of awareness and reflection with the justice professionals (magistrates and judges), the police, health care providers, schools staff and the media. It is also an active stakeholders regarding domestic violence, for example through participation in parliamentary committees.^{bb}

The « Groupe pour l'abolition des mutilations génitales féminines (GAMS) and the Intact asbl.

These two associations stimulate and coordinate diverse activities in the domain of genital mutilation such as the development of tools for professionals, organization of thematic workshops for professionals, sensibilization campaign for public; etc. They can report a case to the SAJ or the public prosecutor if necessary.

1.3.4. *German-speaking Community*

There is no SOS enfants in the German speaking community. The Social Psychologisches Zentrum (SPZ) which is the equivalent of the Centre de Santé mentale et guidance in the French speaking community offers care and follow-up to children and adolescents who are victims of abuse.^{cc} Treatment is initiated locally without delay and at no cost to the patient. Both the SAJ and judiciary services (Service d aide aux victimes) have direct access to the SPZ. The SPZ cares for all age categories. In 2014 the

^{bb} <http://www.vivre-ensemble.be/CENTRE-DE-PREVENTION-DES-VIOLENCES>

^{cc} <http://www.spz.be/>



judiciary services (Service d' aide aux victimes) referred 42 persons for treatment, 13 were minors.

(courtesy Mr Daniel Dinant SPZ)

1.4. Mandated services in the Flemish Community

In Flanders the youth welfare services landscape was reformed with the Decree of 12th July 2013 (related to Integral Youth care)². Reforms have been implemented from March 2014 onwards. Before the reform, the institutional set-up of the care (health, welfare, education) landscape in Flanders, was relatively fragmented and characterised by many sub-sectors. Coordination was mainly organised within the different (sub-) sectors. Therefore the challenge of the 'integral youth care' was/is to coordinate the strategies and actions from a client perspective. The particular aims of the reform are to facilitate access to youth welfare services (directly as well as indirectly accessible), to empower patients/clients, to guarantee continuity of care, to act appropriately in alarming situations ("verontrusting"), to ensure crisis help and to maximise participation of children/adolescents and their family (art. 8 Decree related to integral youth care). The Decree also focusses on the socialisation of youth care, which implies that formal and informal help need to be integrated as much as possible (art. 9 decree related to integral youth care). The idea of subsidiarity of the referral to judiciary services and the principle to prioritise voluntary care is maintained and even reinforced.

Due to the reform, mandated services were assigned with the specific task (mandate) to decide whether (additional) more interventional assistance is needed in an alarming situation ('verontrusting'). Whereas initially art. 458bis (right to 'talk') and 422bis (help to persons in great danger) of the penal code were the core guiding articles to report or not to the office of the public prosecutor in juvenile affairs, the tools and the process for mandated

services to refer to mandatory care are now clarified and more transparent for all parties involved.

There are two mandated services: the VKs, (which have a double role as stated earlier) and the Youth Care Offices (Ondersteuningscentra Jeugdzorg- OCJ), which are operational since March 2014. The mandated services replace the former Comités voor Bijzondere Jeugdzorg. Basically, OCJs have the same competences as the VKs as mandated services but they differ from confidentiality centres in terms of expertise. Whereas VK are specialist centers in the management of child abuse cases, OCJs are mostly contacted for problematic life situations in general, for example child poverty, difficult family relationships, misbehaviour, etc. VKs and OCJ can refer cases to one another.^{dd}

1.5. The Intersectoral Access Gate: gatekeeper for indirectly accessible services in the Flemish Community

The "Intersectoral Access Gate" organized at the provincial level, grants access to indirectly accessible services and this for the voluntary care trajectory as well as in the mandatory care trajectory (art. 17 and following Decree Integrale Jeugdhulp). Where initially specialized indirectly accessible services could be accessed via different entry gates from different care sectors, the access is now centralized. The entrance gate keeps track of availabilities in different services and manages waiting lists.

1.6. Social services for judicial assistance in the Flemish Community

In each jurisdiction ("gerechtelijk arrondissement") a social service for judicial assistance (SJA) fulfils research tasks assigned by the magistrates in juvenile affairs (art. 56-58 Decree related to integral youth care). Furthermore the SJA advices juvenile court judges on the most appropriate youth care trajectory in an individual case. Therefore a societal investigation

^{dd}

http://wvg.vlaanderen.be/jongerenwelzijn/professionelen/assets/doc/s/jeugdhulpaanbieders/verontrusting/werkingsprocessen_OCJ.pdf
http://wvg.vlaanderen.be/jongerenwelzijn/assets/docs/publicaties/jongerenbrochures/ocj/jij-en-ocj_nl.pdf



is carried out. Each dossier is assigned to a counselor of the SJA. The SJA consist of a team of counsellors under the supervision of a team leader. Important decisions are discussed and taken in concertation with the entire team. The SJA can also appeal to the assistance of a multidisciplinary team for questions related to methodology or decision making or to discuss on individual cases. Once a measure is imposed by the juvenile court judge, SJA counsellors also surveill the implementation of the judicial measures. The respective social services draft an action plan in concertation with the parties involved and the providers of youth care. Furthermore, a counselor the social service will regularly or at least each 6 months visit the individual for which a judicial measure of youth care or foster care was imposed by the juvenile court or the juvenile court judge. The respective assistant will report on this visit(s) to the juvenile court or the juvenile court judge.

1.7. Youth care services in the Fédération Wallonie-Bruxelles

The Fédération of Wallonie-Bruxelles has adopted the youth care Decree in March 4th, 1991³, which allows to offer expert assistance to minors and their families and to provide a non-judiciary response to those who are in difficult or dangerous situations. It also allows to provide assistance to parents who are experiencing serious difficulties in the fulfilment of their parental obligations.

The Decree establishes three services: a service of assistance to youth (Service de l'aide à la jeunesse - SAJ) with its Advisor, a service of judicial protection (Service de protection judiciaire - SPJ) with its Director and a District Council's assistance to youth (Conseil d'Arrondissement de l'Aide à la Jeunesse - CAAJ) with its President. These services are available in each judicial district (Namur, Liege, Charleroi, Mons, Tournai, Nivelles, Brussels, Marche-en-Famenne, Neufchâteau, Dinant, Huy, Verviers, Arlon). Because they have a coordination role, the CAAJ are described in the chapter 2.1.14.

1.7.1. Service de l'aide à la jeunesse - SAJ

The "Service de l'aide à la jeunesse" (SAJ) is a public service, directly accessible by children and adolescents under 18 years of age and by parents who experience parenting difficulties. The missions of the SAJ are

essentially defined by the article 36 of the youth care Decree. The SAJ is directed by an Advisor (conseiller de l'aide à la jeunesse). The SAJ has a general role of counselling minors and their parents, orienting them towards appropriate low threshold services and coordinating social help. If necessary, the SAJ may request the assistance of the SOS Children team. Young and his/her family participate in the definition of the proposed aid. The intervention is initiated on request of the children/adolescents or family members. Interventions can also be induced by concerns reported by external parties such as neighbours, school, medical professionals, social or judiciary services.

In case of necessity, specialized assistance can be offered such as a support allowing the youngster to stay in his/her family (Centre d'orientation éducative, service d'aide et d'intervention éducative), or a placement in order to remove the child from his family environment (institution of placement or foster family). The SAJ empowers the services for the situation.

Moreover, the SAJ has a section of general prevention which translates the individual difficulties identified within the judicial district in general issues, collective needs and prevention projects. It leads this kind of actions in conjunction with the C.A.A.J towards a social diagnosis and the development of a prevention action plan for his district.

1.7.2. Service de protection judiciaire - SPJ

The "Service de protection judiciaire" (SPJ) is a specialized service that implements the measures imposed by the juvenile court. The Director of the SPJ is supported by a team of social workers and psychologists. Their mandates are to inform the Director by social investigations (problem definition, analysis of the resources of the concerned persons and of the local social network and proposals of aid), to accompany the minor and his/her family and assess whether the aid measures are still adequate and necessary.

The SAJ and SPJ are organized by a managing body (Direction générale de l'aide à la jeunesse - DGAJ). This administration manages the responsibilities of the Fédération Wallonie-BXL in the domain of youth welfare.^{ee}

^{ee} <http://www.aidealajeunesse.cfwb.be/index.php?id=332>



1.7.3. German-speaking Community

The Jugendhilfedienst which is the equivalent of the SAJ is located in Eupen and has a similar structure as in the French speaking region. In 2014 the Jugendhilfedienst dealt with seven cases of reported sexual abuse in minors. (courtesy Mrs Vanessa Schmitz)

1.8. Police and judiciary services

In case of presumed child abuse, judiciary services can intervene to impose measures to protect the child-victim (mandatory help) and/or to prosecute the offender. As mentioned earlier, except for urgent or severe cases, the common idea in all Communities is that non-mandatory care should be exhausted first and judicial services should only be involved as a last option. Whereas the organization of the actors involved in the judiciary trajectory is mainly addressed by federal legislation and thus harmonized for the Belgian territory, judicial protection measures imposed by the youth judge and their implementation differ according to the respective Community and for Brussels. The actors involved in the implementation of these measures differ as well in the Communities.

In the following sections, the tasks and organization of police and the actors involved in the judiciary trajectory of child abuse case will be described. The possible offender's judiciary trajectory will not be described in detail, because the focus of the report is the position of the victim/child.

1.8.1. Police services

The police services are organized and structured at the federal as well as at a local level. Both levels are autonomous and are governed by different authorities. The Federal Police ensures the specialised police missions and the services at the local level. As such, they fulfil specialised administrative and judicial tasks, tasks that transgress the local level, because of the specificity or complexity or because of their geographic impact⁴. The local police is assigned with basic tasks related to the local level and some federal tasks. The ministerial directive of February 20, 2002 regulates the division

of work, cooperation, coordination and integration between the federal and local police. This Directive states that investigations relating to child abuse, in principle, should be entrusted to local police, notwithstanding the specialized assistance that will be provided by the federal police (e.g. hearing of child-victims and witnessing). Moreover, the appointment of the police service in charge of a specific investigation belongs to the competence of the magistrate leading the investigation.

Police officers have both tasks of administrative and judiciary police (gerechtelijke politie). Acts of administrative police are amongst others tasks that are situated within the preventive supervision (art. 14 Police functions act⁵). In the context of difficult family contexts, their task may consist in reporting information and alarming situations to the relevant services within the care sector. If a complaint or a declaration of a (presumed) criminal act is made to a police officer, it should be included in official statement report (proces-verbaal) that is transmitted to the competent judiciary authorities (cfr. Infra).

Two 2006 circulars (COL nr.3/2006 and COL nr.4/2006) related to the collaboration between police services and the public prosecutor's offices in cases of interfamily violence, extra family child abuse and partner serve as an instrument to protect victims and to deal with offenders. Instead of repression, prevention is the central idea.^{ff} In Flanders, the CAWs have an agreement with the police services. Cases of intrafamily violence that are reported to the police can be transferred to the CAW. The CAW invites the persons involved for a discussion and a possible follow-up trajectory can be established. If the parties involved are willing to follow the assistance trajectory, a judicial trajectory can be avoided.

As regards to the tasks of judiciary police, in situations of child abuse, police officers are held to make every effort to trace and identify the crime as effectively as possible (art. 15 Police functions act⁵).

^{ff} http://www.om-mp.be/extern/getfile.php?p_name=3317215.PDF&pid=4017149 and http://www.om-mp.be/extern/getfile.php?p_name=3316961.PDF&pid=4017098



One of the other essential tasks of the police is victim support (art. 46 Police Functions Act). The tasks of victim support have been further elaborated in the ministerial circular GPI 58, May 4, 2007 regarding police victim support in the integrated police. Particular attention is given to the guidance (opvang), practical assistance, information, drafting an official statements report and referral. The victim support service consists of one or more specialized collaborators both at the local and federal police level to assist and advise the staff. The federal police have social workers at the level of the judicial districts.

1.8.2. *The public prosecutor*

The notification of child abuse case to the judicial services can take place via **different channels**.

- A victim, or any interested party can report a (presumed) case of child abuse to the police. The complaints and notifications needs to be included in official statement reports that are transmitted to the competent judicial authorities. Furthermore, victims can directly deposit an action as a claimant claiming damages with the investigating magistrate. In that case a judicial inquiry is started (in case the offender is major).
- Police officers notify statements related to observed child abuse cases in the police report (p.v.) and send it to the judiciary authorities.
- In the conditions of art. 458bis of the penal code, professionals can set professional secrecy aside and report a case to the Crown Prosecutor. If the conditions of art. 458bis are not fulfilled, other legal justification grounds can in principle be relied on to set professional secrecy aside (e.g. “emergency situation” - “noodtoestand”,...)
- The mandated services OCJ and VKs and the SAJ can transfer cases to the public prosecutor’s office specialised in juvenile cases, if voluntary care turns out to be impossible or in cases where urgent measures are needed.

At the start of each investigation, a police report report is drafted and transmitted to the prosecutor’s office specialised in juvenile cases.

One of the public prosecutors’ assignments is to ensure that a minor is brought up in a safe home environment. As such, in cases of child abuse, the public prosecutor’s office, as the representative of the society,

represents the interests of the child. Each Crown Prosecutor assigns a magistrate of the public prosecutor’s office charged with juvenile cases. This magistrate handles the files of all minors, i.e. minor victims as well as minor offenders. The magistrate can refer to voluntary care services or bring a case before the juvenile court judge, when measures are necessary to protect the child.

Another magistrate of the public prosecutor’s office is responsible for the penal approach, i.e. the prosecution of the presumed offender. Sometimes one magistrate combines these two roles. The magistrate charged with youth cases is preferably appointed as reference magistrate for care providers and police. The reference magistrate of the public prosecutor’s office is charged with the tasks to:

- Safeguard the primary safety of the child-victim
- Ensure that evidence gathering takes place in a correct and prompt way (e.g. use of the sexual aggression set, importance of the audiovisual hearing,...)
- Ensure that no evidence is lost.

Criminologists of the public prosecutor’s office assist the reference magistrate for the necessary communication with the magistrate of the public prosecutor’s office responsible for the penal approach.

1.8.3. *The investigating magistrate*

The Crown Prosecutor judges on the opportunity to prosecute the presumed offender and the necessity of the investigation. Two possible scenarios are possible: a criminal investigation or a judicial investigation. The criminal investigation includes the actions aiming at the investigation of crimes, the offenders and the proof and to collect all necessary information for the criminal proceedings. In the criminal investigation the Crown Prosecutor manages the investigation with the help of the police services. Once the investigation is finished, the offender can be referred to the police court or the correctional court. For less invasive infractions an amicable settlement can be considered. The Crown Prosecutor can also assign a dossier to the investigating magistrate (judicial investigation – art. 55 e.v. Code of criminal procedure).

The intervention of the investigating magistrate is necessary for investigations that might be violating the fundamental human rights:



- medical examination of the victim
- house-search
- anonymous testimonies
- issuing an arrest warrant

Furthermore, the investigating magistrate can also intervene if a complaint claiming damages is filed by the victim, in case of where the offender is caught in the act or by mini-instruction.⁹⁹

The Crown Prosecutor or the investigating surveil the well-functioning of the investigation. Depending on the situation, they can charge the police services with extra investigations (e.g. tracing evidence (sporenonderzoek), audio-visual interview of the minor, ...). Furthermore, several experts can be assigned to carry out examinations, eg. a forensic physician to carry out a physical examination, a psychologist or a psychiatrist,...

Particular instruments, that are often used in child abuse cases are the **sexual aggression set (SAS) and audio-visual interviews**.

If the victim is a minor, the investigating magistrate or the Crown Prosecutor can claim the use of the SAS by an individual (forensic) physician or at the hospital. The SAS aims to unify statements regarding rape or sexual assault, to ensure that proof on guilt or unguilt of the offender is collected via genetic proof, DNA analysis,... to grant attention and support to the victim and his relatives to limit psychological disturbance and secondary victimization.

Audiovisual taping is another technique that is particularly used in child abuse cases. It can be imposed by the magistrate in case of severe and exceptional circumstances and is obligatory if the minor is victim of assault, rape, female genital mutilation or prostitution (see art. 91bis -101 Code of Criminal procedure)⁶. The Crown Prosecutor or the investigation magistrate can decide not to use these tools with a motivated decision. Maximum delays between the request and the realization of the taping are not defined in law. When deciding to apply audiovisual taping, the personality, the psychological maturity, the age and the circumstances will be taken into

account. Minors older than 12 years old need to consent to the taping. For minors younger than 12 years old, it is sufficient to inform them. It is not necessary to obtain the consent of the parents. The interview can in principle be done by a magistrate of the public prosecutor's office, by the investigating magistrate or by a police officer appointed by one of the former mentioned magistrates. It is preferable, however, that the interview is done by a trained police officer, to allow the respective magistrates to preserve the necessary objectivity for the criminal investigation and the judicial investigation.

1.8.4. The juvenile court

The Juvenile court is competent to receive the crown prosecutor's submissions relating to children whose health, safety or mental integrity are endangered, either because of the environment in which they are raised, or by the activities they engage in, or whose conditions of education are compromised by the behaviour of their parents/guardians. In practice, when a child is the victim of an offence, the police transmit the police report to the prosecutor specialised in juvenile affairs to consider whether the child victim is in a difficult family/upbringing situation. When the offence is committed by a member of the child's family, an investigation will be made into the family's environment.

The Juvenile court judge can order a variety of measures relating to custody, preservation and education, including measures against parents or placement of the child in a host family or in the care of a specialised centre. Where the presence of an adult person in the residence poses a serious and immediate risk to the safety of one or more persons living in the same residence, the Crown Prosecutor can issue a restraining order. The restraining order includes both the duty to leave the house and to refrain from contact with the victim⁷.

The domiciliation (verblijfplaats) of the persons exercising parental authority determines the territorial jurisdiction of the juvenile court (art. 44 Act of 8 April 1965 related to youth protection⁸). If parents are separated the tribunal of the place where the minor usually stays is competent. This implies that for that parents living in the Fédération Wallonie-Bruxelles, whose children

⁹⁹ A mini-instruction implies that the investigating magistrate decides on his own on the requested measure without starting a judicial investigation.



are native Dutch speaking and go to school in Flanders, the judge of the judicial district where the parents live is competent. This implies that the services affiliated to the Fédération Wallonie – Bruxelles will also be competent to implement to court decision (SPJ).

1.9. Indirectly accessible youth welfare services

Whereas directly accessible services can be freely contacted without any gatekeeper, indirectly accessible services can solely be appealed on with the approval of a service giving them a mandate to provide the respective assistance. Referral to indirectly accessible services can take place in the voluntary care trajectory as well as in the trajectory after a decision of the juvenile court. In the following sections, these indirectly accessible services are briefly described for the three Communities.

1.9.1. Flemish Community

Following the 2014 reform, the access to indirectly accessible services is now managed by an “Intersectoral Access Gate” (see 1.5). The indirectly accessible youth welfare services are the ultimate step of a voluntary care trajectory or they can be imposed as a protection measure by the juvenile court judge. Indirectly accessible services offer intensive assistance within the sector for youth welfare (Jongerenwelzijn) or more particularly for disabled persons. These include centers for integral family care, orientation and observation centers, centers helping young delinquents, services offering crisis help, centers providing or organising short or long term residential care, context- and day assistance, foster care, etc... The Intersectoral Access Gate does not manage some specific services such as juvenile psychiatric services or drug addiction services. The standard operating procedures of the Intersectoral Access Gate are detailed in a document available on the web.^{hh} A description is given of all directly accessible and not-directly accessible services, their contact information and modus operandi. The type of care or assistance is organised in

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<http://wvg.vlaanderen.be/jongerenwelzijn/professionelen/assets/docs/jeugdhulpaanbieders/itp/werkingsprocessen-ITP.pdf>

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<http://wvg.vlaanderen.be/jongerenwelzijn/professionelen/jeugdhulpaanbieders/modulering-in-de-jeugdhulp/>

‘modules’ that are also described in this document and on a website.ⁱⁱ Modules are a package of provided services detailing where the assistance is offered (mobile, residential), for which target group, the maximum duration, the age category of the target group, etc. The services determine which module they offer to a client, modules can be combined if necessary and they manage their own capacity. All 5.900 services for assistance to youth in Flanders can be also searched for per region, sector, etc. in the database of the “Jeugdhulpwijzer”.^{jj}

1.9.2. Fédération Wallonie-Bruxelles

The indirectly accessible youth welfare services (except the A.M.O. described above) intervene only on mandate of the Advisor (cf. art. 36 al. 6 Decree 4 March 1991), the Director of the youth care (cf. art. 38 of the same Decree) or the Juvenile court judge (cf. art. 39 of the Decree of 4 March 1991 related to assistance to minors for placement in emergency, in a service for educational and philanthropic benefits (S.P.E.P.) or in public Institution for the Protection of the youth (I.P.P.J.) under the Law of 8 April 1965). The term of mandate varies according to the kind of service. It specifies the objectives, modalities and duration of the intervention. To maximize assistance in the usual place of life, the mandated services should depend of the district where the youngster lives. However, this is not always possible, either due to a lack of place in the district concerned, or because the service does not exist in this district. We present the services in two categories: private non-residential and private residential.

The private non-residential services

- Les Centres de Jour (C.J.) are mandated by the Advisor, the Director or the Judge for welcoming (for a period of 6 months, renewable 1 time) young people during day and evening and can also provide guidance within their family environment.

jj

<https://wvg.vlaanderen.be/jongerenwelzijn/nieuws/2014/6/25/jeugdhulpwijzer-online/>



- Les Centres d'Orientation Educative (C.O.E.) are mandated for a variable duration by the Advisor, the Director or the Judge. They provide a social, educational and psychological support to the young and his/her family. They work in the socio-familial environment and can also follow youngsters who live autonomously in supportive housing.
- Les Services d'Aide et d'Intervention Educative (S.A.I.E.) : The Services of assistance and educational intervention (S.A.I.E.) are mandated for a period of 6 months renewable by the Advisor, the Director or the Judge. They offer educational help within the family environment or in supportive housing. Educational assistance encompasses any action which improves the educational conditions of the young.
- Les Services de Protutelle (S.P.) seek and support tutors who will be responsible for and represent youngsters whose parents have lost their parental rights. They are also required to inform the mandating authority (only the Advisor) about the possibility that the natural parents could reintegrate their rights.
- Les services de mise en oeuvre d'un Projet Pédagogique Particulier (P.P.P.) aim to organise a specific and exceptional project in order to help the youth in difficulties. They can be mandated to a variable duration by the Advisor, the Director or the Judge but they can also act without being mandated.

The private residential services

- Les Centres d'Aide aux Enfants Victimes de maltraitances - CAEV are mandated for a period of 6 months renewable by the Advisor, the Director or the Judge. They offer, in collaboration with the SOS Enfants team:
 - To organize, in emergency if necessary, therapeutic hosting for young people having suffered acts of abuse (or for which there is a suspicion);
 - To provide to these children the specialized and multidisciplinary help and to develop the help program which will be implemented afterwards;
 - To provide a psycho-social or educational support to the people who have custody of the child.
- Whenever possible, they work with the family in order to reintegrate or implement autonomy of the young through supportive housing.
- Les Centres d'Accueil d'Urgence (C.A.U.) are mandated for a maximum of 20 days (renewable 1 time) by the Advisor, the Director or the Judge. They are places of collective emergency hosting, 24/24, whose mission is to welcome the youth in times of crisis and prepare the help program which will be implemented afterwards..
- Les Centres de Premier Accueil (C.P.A.) are mandated for a period of maximum 1 month (renewable 2 x 15 days) by the Advisor, the Director or the Judge. They are designed to welcome and host youth who need to be removed from their family environment and who never experienced accommodation before or coming out of an emergency welcoming centre. They have a mission of observation and orientation.
- Les Services d'Accueil et d'Aide Educative (S.A.A.E.) are mandated for a variable duration by the Advisor, the Director or the Judge. They offer specialized hosting and/or a socio-educational work within the family. They can also supervise and support young person living in autonomous housing.
- Les Services de Placement Familial (S.P.F.) seek and support individuals interested in hosting a youth in difficulty. They work the relationship between the young, the host family and the family of origin. The duration of placement in foster families is always specified in the mandate which can come from the Advisor, Director or the Judge.
- Les Centres d'Observation et d'Orientation (C.O.O.) are mandated by the Advisor, the Director or the Judge for a period of 3 months (renewable 2 x 1 month). They are designed to host young people with severe behavioural disorders, needing a specialized outside the familial environment.
- Les Centres d'Accueil Spécialisé (C.A.S.) are mandated for a variable duration by the Advisor, the Director or the Judge. They are designed to host young people either coming from a public Institution for the Protection of the youth (I.P.P.J.), either suffering of aggressive behaviours or significant violence, or serious psychological problems.
- Les Séjours de rupture propose stays abroad to young (16-18 years old) in great difficulty, follow-up by the SAJ, SPJ or the juvenile Court.



These stays concern in priority minors in danger in complete rupture with their family, institution or school. They aim to stimulate humanitarian experience.

2. COORDINATION, POLICY INITIATIVES AND TOOLS RELATED TO CHILD ABUSE

Each child abuse case implies a personal management with the intervention of different actors. That is what we call the care trajectory. Since many years, several services intervene also in a collective perspective either to stimulate the awareness of the global population on this issue, to take policy initiatives and to coordinate the actors involved in the individual management. In the following sections. The main initiatives are listed per Community.

2.1. Generic

2.1.1. *The Belgian National Commission on the Rights of the Child (NCRC)*

The National Commission on the Rights of the Child is an official human rights body where governmental and non-governmental organisations meet to discuss and find solutions for the remaining problems regarding the realisation of children's rights in Belgium, since May 2007. It is responsible for the coordination of reports that relate to children and their rights and of action plans on children's rights. Furthermore, the Commission has the task of monitoring the follow up of the concluding observations of the CRC Committee to the former state reports. It can also give advices on children's rights issues to the governments.

The CRC Committee recommended the Belgian State in its concluding observations to the former Belgian state reports, to establish this central mechanism to coordinate the implementation of the Convention in Belgium in order to achieve a comprehensive and coherent child rights policy.

First of all, the Commission was necessary because of the structure of the Belgian State. The CRC Committee expressed its concern several times in the sense that 'different laws governing different administrative jurisdictions may lead to discrimination in the enjoyment of children's rights across the State'.



A second reason why this National Commission has been installed is the important role the field actors play when it comes to children's rights. The National Commission therefore also is a forum where all bodies who are active in the field of children's rights can be present and meet with the government in order to discuss the child rights situation in Belgium and to find solutions.

2.2. Flemish Community

2.2.1. *Flemish Office of the Children's Rights Commissioner*

The Flemish Office of the Children's Rights Commissioner detects (warning) signs from children, young people, their immediate environment and professionals.^{kk} It mediates, investigates complaints and provides policy advice - always with a view to compliance with and the application of children's rights in Flanders.

Handling complaints

The Complaint Line of the Office of the Children's Rights Commissioner is available to young people under 18 and those defending their interests. Adults can file complaints as long as these concern the rights of an under 18. There, they can file complaints about violations of children's and young people's rights in different areas, such as healthcare, the environment, education, employment, justice, mobility, family, town and country planning, housing, facilities, sex and drugs. The Complaint Line investigates the complaints thoroughly and independently and mediates and provides clear advice in order to translate the complaint into a solution in the interest of the child. An investigation is started when all other means have been exhausted and no solution has been found. The first reference point is the Convention on the Rights of the Child and the legal framework. A second important reference point is the generally accepted standards for ombudsmen. These standards mainly have to do with the adequacy and thoroughness of the services provided by public authorities, services and facilities.

Advisory work of the Office of the Children's Rights Commissioner

Some reports to the Complaint Line indicate in an individual complaint that there is a deeper problem, for instance when there is unclear, inconsistent, discriminating or missing legislation or when rules or practices go against the Convention on the Rights of the Child. In such cases, the Children's rights Commissioner notifies the competent authority of this. This does not solve the child's problem immediately. But it can prevent the problems from happening again in the future.

The Office of the Children's Rights Commissioner also translates general, structural problems into dossiers, advice, opinions and reports on bottlenecks for the Flemish Parliament. It studies certain issues related to children's rights and the underlying problems in depth in order to provide information and advice to the Flemish Parliament. It also indicates possible ways to translate these into Flemish regulations. It tests policy initiatives, such as draft Acts and proposals, against the Convention on the Rights of the Child. The Office of the Children's Rights Commissioner gives advice on its own initiative or at the request of the Flemish Parliament.

2.2.2. *The Flemish Forum Child Abuse (Vlaams Forum Kindermishandeling)*

The Flemish Forum Child Abuse has been installed to discuss structural problems regarding child abuse and formulate recommendations regarding the approach of child abuse.^{ll} The forum is also charged with the implementation of the 'protocol child abuse', a partnership agreement between the Minister of Justice and the Minister of Welfare to fight together against child abuse.

The Forum is composed of representatives from the district councils ('*arrondissementale raden voor slachtofferbeleid*') in which subgroups regarding child abuse were created. These subgroups are the structural advisory body for child maltreatment for every judiciary district. If the structural problems transcend the local level, the subgroups of the district councils will report them to the Forum. The presidency of the Forum is alternately a representative of Justice or Wellbeing (Welzijn).

^{kk} <http://www.kinderrechtencommissariaat.be/en/about-us>

^{ll} http://www.dsb-spc.be/doc/pdf/Vlaams_Forum_Kindermishandeling.pdf



2.2.3. Protocol Kindermishandeling Justitie - Welzijn

The Flemish Ministry for Health and for Justice signed a common agreement on child abuse named 'Protocol Kindermishandeling Justitie-Welzijn' on March 30th 2010 and was updated in 2014 (and signed by the Minister of Justice, The Flemish minister of Health and the minister of internal affairs)^{mm} This document describes formal agreements between representatives of the federal entity and Flemish community regarding child abuse. Each judiciary district should organise a council on child abuse and a Flemish forum (Vlaams Forum Kindermishandeling) was installed. The document also describes a step wise approach and ethical code for all actors involved. In addition, the intention for interprofessional consultation on a case within a judiciary district was included. It is in this framework that the 'protocol van Moed' was initiated in Antwerp on January 19 th, 2012.

2.2.4. Pilot project: protocol of courage (protocol van moed)

The protocol 'Moed' started in January 2012 in Antwerp and ran during one and a half year⁹. It offered an experimental framework for direct collaboration between child welfare and judiciary services in child abuse cases. The current legal framework regarding professional secrecy often prevents professionals from child welfare and justice to work together in order to find the best solution for each individual case. In the protocol, agreements were made between child welfare and judiciary partners of the district Antwerp to explore the boundaries of professional secrecy and fight together against child abuse. The protocol foresaw consultations around specific cases to explore whether a case can stay in child welfare, which is on a voluntary basis (vrijwillige hulpverlening) or should be referred to judiciary services, where measures are imposed on a family.

2.2.5. CO3 project

The CO3 project is an initiative within the Province of Antwerp which offered an experimental framework for the collaboration between assistance, police and judiciary services in cases of intrafamily violence. ⁿⁿ

^{mm} http://www.dsb-spc.be/doc/pdf/Protocol_Kindermishandeling_Justitie-Welzijn.pdf

ⁿⁿ <http://www.provincieantwerpen.be/aanbod/dwep/dwg/geweld--en-slachtofferbeleid/CO3-project.html>

2.2.6. Commitment for the protection of sexual integrity of minors in schools, sports, youth sector and childcare

On the 29th of February 2012 representatives of schools, CLBs, parents and students and the Minister signed a commitment for the protection of sexual integrity of minors in schools, youth sector and childcare.

The educational sector intends to express the intention to pay attention to the prevention of unacceptable behavior (grensoverschrijdend), amongst others by focussing on sexual integrity of youngsters and training of relational skills. In that scope a "Raamwerk Seksualiteit en Beleid", a working document for schools and physical and sexual integrity was elaborated. It includes a model vision, tools and background information.^{oo}

Furthermore, a legal duty was imposed by the Quality Decree on the accredited institutes to report inappropriate sexual behavior to the accrediting government¹⁰.

2.2.7. Initiative Child Death review teams

Currently, if there is a non-natural death of a minor, the intervention of the judiciary instances is necessary. There is no immediate forensic examination. In several European countries, the circumstance surrounding child deaths are reviewed by multi-agency, multidisciplinary teams, the Child death review teams (CDRTs). A study on the feasibility of child death review teams in Belgium was conducted in 2014 on the initiative of the Flemish Forum Child Abuse. The research resulted in a proposal for a protocol – steps to undertake in case of death of a minor. One the options included in the protocol is to examine the death with a multidisciplinary team and to make a reconstruction. The report also recommended to start a pilot study to explore the feasibility for Flanders.

^{oo} <https://www.law.kuleuven.be/linc/.../onderzoekintrafamiliaalgeweld.pdf>

<http://www.ond.vlaanderen.be/antisociaalgedrag/maatregelen/files/engagementsverklaring.pdf>



2.2.8. Policy initiatives 2015-2016

Different policy initiatives are ongoing or in the pipeline to improve the approach of child abuse cases.^{PP} They relate to several domains:

- Accessibility of youth care:
 - The A documents needed to enroll to the Intersectoral Access Gate will be evaluated and simplified.
 - The multidisciplinary teams will have a mandate to set the indication for a particular type of help. If an indication has been set by an accredited MDT, the dossier is considered as a consensus dossier, for which no further discussion between the client and the staff of the Intersectoral Access Gate is needed.
- To ensure coordination of care trajectories:
 - Clarify the role and positions of the contact-person/reporter and indicating who will take the responsibility for the coordination
- Approach in case of alarming situations (verontrustende situaties)
 - A report analyzing the processes in the approach of alarming situations, based on case-analyses will be published in 2016.
 - A uniform and clear organizational model is needed for the mandated services. Furthermore the evolutions in the sector of the OCJ and VK need to be aligned.
 - For the VKs:

The VKs will set up a collaborations (amongst VKs), with a focus on content, communication and expertise.

The core tasks of the VKs will be specified, in relation to the actors involved in an outside youth care and in relation to the OCJs.

These initiatives will be set in a legal framework that will redefine the financing mechanisms, adapted to the new needs.

Sensibilisation campaigns related to the chatbox www.nupraatikerover.be will be set up in 2016.

- For the OCJs:

A reform trajectory similar to the VKs will be implemented. In 2015 the trajectory included the phases: strategy setting, process analysis and workload measurement. The OCJ staff will be further supported by department days, the gradual implementation of “Signs of Safety”, interventions and training sessions.

- Hotline 1712:
 - Accessibility for children will be enhanced by the installing of 2 websites for children aged -12 and +12. Furthermore the 1712 e-file will be rendered more user-friendly and training sessions and intervention will be optimized.
- Commitment for the protection of sexual integrity of minors:
 - Training sessions on the “Raamwerk Seksualiteit en Beleid” and the Flag system will be elaborated. The Flag system is a tool for teachers (and other persons involved in the education of minors) or to assist them in the evaluation of what is (un)acceptable sexual behavior of minors.⁹⁹
- Resolution related to the recognition of victims of earlier abuse and violence in youth institutions and schools in Flanders and management of violence in general

In the scope of this resolution, quantitative research will be carried out related to violence to children in the family, at school and in free time. This is a follow-up study of the research carried out by the Kinderrechtencommissariaat in 2011 that demonstrated that violence amongst children and youngsters is significant.
- In collaboration with the federal government, the opportunity to set up an umbrella deontological commission that surveils the respect of the deontological code of professional will be explored.

^{PP} <http://www.vlaanderen.be/nl/publicaties/detail/beleidsnota-2014-2019-welzijn-volksgezondheid-en-gezin>

⁹⁹ <http://www.seksuelevorming.be/projecten/sensoa-vlaggensysteem>



- Information exchange between youth care, police and judiciary services
A stepwise implementation of the instruments ‘risk assessment’, casus intervention and casus coordination between the actors involved in youth care and police and justice is foreseen. The challenge is to create (virtual) family justice centers as a framework for the information exchange between police, care providers and judicial services. The idea of a family justice center is that all actors in the chain of assistance for victims of intrafamily violence, i.e.

Police, assistance and judiciary services are integrated in one building. For each case, a case manager should coordinate the collaboration between the different services. The projects CO3 and Protocol van Moed will be guiding for this.

2.2.9. Tools

- Generic

Several tools including guidance for professionals on several aspects (red flags, how to talk to parents,...) of child abuse case management are available on the Integral Youth help website.^{rr} The ‘signal list’ (signaallijst) for instance is a list with red flags to indicate alarming situation to support professionals in their decision.^{ss}

- For GPs

In 2013 a guideline related to the management of presumed child abuse was published by Domus Medica, a professional association of general practitioners.^{tt}

This guideline helps first line physicians in the detection of child abuse and the differential diagnosis of signs and symptoms. The guideline is

communicated to the general practitioners via the local quality groups (the LOKs).

- Institutions involved in youth care

The “Raamwerk Seksualiteit en Beleid - Integrale Jeugdhulp” is a guiding document facilitating institutions involved in youth care to elaborate or complete their policy related to physical and sexual integrity. It includes a model vision, specific instruments and background information.^{uu}

- Care institutions and hospitals

Zorgnet Vlaanderen drafted a guidance for the elaboration by care institutions of a protocol related to inappropriate sexual behavior in the care provider – patient relationship.^{vv}

- Day Care Centers

Day care centers need to elaborate a protocol on their approach in situations of inappropriate behavior of their staff or other persons present in the center, towards the children cared for. Each case of inappropriate behaviour needs to be reported to Kind & Gezin. This policy does not target situations of inappropriate behaviour in the home situation.^{ww}

2.3. Fédération Wallonie-Bruxelles

2.3.1. Délégué général de la Communauté française aux droits de l'enfant

The missions of the Children's Rights Commissioner (Délégué aux Droits de l'enfant) were defined in the Decree 20 June 2002 (Official Journal 19 July 2002) and in the Decree 7 December 2007 modifying the first Decree (instituant un Délégué général de la Communauté française aux droits de

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http://www4wvg.vlaanderen.be/wvg/ijh/vlaanderen/verontrusting/Paginas/de_fault.aspx.

ss

www.signaallijst.be

tt

<http://www.domusmedica.be/documentatie/richtlijnen/overzicht/kindermishandeling.html>

uu

<http://www.seksuelevorming.be/materiaal/raamwerk-seksualiteit-en-beleid-integrale-jeugdhulp>

vv

<http://www.zorgneticuro.be/publicaties/het-taboe-doorbroken-seksueel-grensoverschrijdend-gedrag-tussen-zorgaanbieders-en>

ww

<http://www.kindengezin.be/kinderopvang/sector-babys-en-peuters/veiligheid-en-gezondheid/grensoverschrijdend-gedrag/#Een-voorbeeld>.



l'enfant en vue de renforcer l'indépendance et l'impartialité de ce dernier (Official Journal 6 February 2008)).

The Délégué aux Droits de l'enfant has to:

1. ensure the promotion of the rights and interests of the child and organizes actions of information on those rights and interests and their observance;
2. inform private, natural or legal persons and persons of public law of the rights and interests of children,
3. check the correct application of the laws, decrees, ordinances and regulations concerning children;
4. submit to the Government, the Council and any competent authority with respect to children, any proposal to adapt the rules in force, for a fuller and more effective protection of children's rights and develop any necessary recommendations in these matters;
5. receive, from any person concerned, information, complaints or requests for mediation relating to disrespect of the rights and interests of children;
6. conduct all investigations on the functioning of the administrative services of the Fédération Wallonie-Bruxelles affected by this mission at the request of the Council.

In the matter of Child abuse, the Délégué has joined from March 2013, a group of professionals concerned by the harassment at school ("réseau Prévention Harcèlement") that aims to stimulate exchanges between actors from different sectors (education, youth, opportunities equality, health promotion, youth care...).^{xx}

2.3.2. *The "Coordination de l'aide aux enfants victimes de maltraitance"*

The Coordination of assistance to the victims of abuse implements information and training programmes in the field of child abuse. It ensures the coordination of the actions carried out by the different public services in this concern. It conducts and organises the campaign "Yapaka"^{yy}, a

prevention programme initiated by the Ministry of the Fédération Wallonie-Bruxelles in 2006.

Yapaka addresses specifically child abuse and its prevention. Activities are oriented towards professionals, parents, children and adolescents. Actions are targeted for these audiences.

- towards professionals: Yapaka provide information, education and tools.
- towards the general public: Yapaka raises critical questions about the parent- or adult-child relationship, invites each child to express themselves freely by sending an email to yapaka@yapaka.be and organizes informative campaigns for parents and children such as « Jeu t'aime » which invites parents to reconnect with the pleasure of playing with their children.

2.3.3. *The « Commissions de Coordination de l'Aide aux Enfants Victimes de Maltraitance » - CCAEVM*

There is a Commission on coordination of assistance to abused child in each judicial district. Its mission is to improve procedures for the management of situations of abuse. To do this, it brings together around the table all the professionals involved, including the Advisor and the Director of the youth care, a representative of the SOS-Enfants teams, the judge of the Juvenil Court, the parquet, PMS centres, PSE services... The CCAEVM does not treat individual cases. It ensures professional training (in the detection of child abuse), provides a description of professional resources to be contacted in case of suspicion of child abuse and ...

2.3.4. *The Conseil d'arrondissement de l'aide à la jeunesse - CAAJ*

The C.A.A.J. has a mission of general prevention. It aims to put its actions in an ongoing process of youth participation. It does not have a permanent structure and is composed of volunteers to perform its action. It stimulates and participates in the implementation of the general prevention across his district. The general prevention is according to the decree for aid to youth "actions in socio-educational field at local, regional or community level in order to reduce the overall quantity of - institutional, symbolic, family or even

^{xx} <http://www.dgde.cfwb.be/>

^{yy} www.yapaka.be



relational - violence suffered by children and young people and to avoid that children and youth reactions cause further violence".

To do this:

- It develops a social diagnosis of his district every three years including the findings in its sector but also in other sectors.
- It designs and coordinates a three-year action plan and proposes the allocation of the budget available in this context.
- It promotes dialogue and the collaboration of all the actors involved in general prevention.
- It informs and if necessary, he calls the public authorities of all levels of Government and all public services and local actors about its social diagnosis and any unfavourable condition of the self-development of young people and their social integration in the territory of the district.

There is also a Conseil communautaire de l'aide à la jeunesse which gathers one representative of each CCAJ and of several services involved in the youth protection. Its acts as a body for reflection in order to provide, even on its own initiative, advices and proposals on all matters interesting both assistance to youth and protection of youth, including assistance to child victims of the abuse.

2.3.5. *The « 'Observatoire de l'Enfance, de la Jeunesse et de l'Aide à la Jeunesse - OEJAJ*

The OEJAJ is a service for public decision aid in childhood and youth matters. It gathers continuously information on policies and social data on childhood, youth and youth care. It develops indicators, and carries out or requests transversal studies. It promotes all initiatives that aim to improve children and youth situation in the Fédération Wallonie-Bruxelles. It can also develop recommendations in order to stimulate collaborations e.g. between ONE and Government services. The OEJAJ works in the European network of Childhood observatories « ChildONEurope »

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http://www.ssmg.be/images/ssmg/files/PDF/RBP_maltraitance_infantile_2014.pdf

2.3.6. *Tools*

Many leaflets, posters, books are developed by the ONE, PSE, PMS on the development of the child and its needs (e.g. « Un bébé et après ? » ; « Il ne faut jamais secouer un bébé » ; « Grandir avec des limites et des repères »). There are also specific interventions at school in order to promote well-being (e.g. GrIS Wallonie which tries to demystify homosexuality among young people)

Some professional associations develop also tools for their staffs (e.g. the Scientific society for general practitioners which has translated the recommendations on child abuse developed by Domus Medica but has also elaborated a project on intrafamilial violence.^{zz}

2.3.7. *Protocols*

Several protocols of coordination were developed by the French-speaking Community:^{aaa}

Protocol of cross-sectoral collaboration aiming to develop abuse prevention in the Fédération Wallonie-Bruxelles – Protocole de collaboration intersectoriel visant à développer la prévention de la maltraitance en Fédération Wallonie-Bruxelles (2013).

This protocol involves the Ministers of the Fédération Wallonie-Bruxelles, the Minister-President, the Ministers of Youth, Youth care, Child, Mandatory Education, Health, Culture, Sport, High Education, Equality of opportunity, Child rights and the General administrator of the ONE. Each 3 years (from 1st February 2014) an action plan for the prevention of child abuse should be adopted by the Government. The plan aims to inform and make the public, parents and children aware of child abuse. It aims also to inform, make aware and train professionals concerned by child well-being. A referent 'Child abuse' should be defined in each sector and a cross-sectoral platform for concerted policy, common culture and practice and tools sharing is set-up. This platform gathers many actors (referents 'Child abuse', the General Administrator of the ONE, the General Director of Youth care, the General Delegate of Child Rights, the "Cellule de Coordination de l'Aide aux enfants victimes de maltraitance", the "Observatoire de l'Enfance, de la

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<http://www.aidealajeunesse.cfwb.be/index.php?id=4019>



Jeunesse et de l'aide à la Jeunesse”, the “Service Ecoute enfants 103”, CAEM, CCAJ, PSE, CCAEVM, SOS enfants and several experts in child abuse. The task of CCAEVM is to implement this protocol.

Protocol of collaboration between the representatives of teams “SOS Enfants” and the Advisors and Directors of the Youth care – Protocole de collaboration entre les Conseillers & les Directeurs de l’Aide à la Jeunesse et les équipes “SOS enfants (2010).

This protocol aims to improve the management of the children who are suspected or victims of abuse by optimizing the collaboration between the actors of the team “SOS enfants” and the SAJ or SPJ. It defines the modalities of collaboration in several situations such as when the team “SOS enfants” calls the Advisor of the Youth care in order to formalize an aid program, when the Advisor of the Youth care calls the team “SOS enfants” in the framework of article 36 §2 or 3 of the 1991 Decree or when the Director of the Youth care is requested for a situation already managed by the team “SOS enfants”..

This protocol is included in a set of other actions aimed at improving the collaborations between actors in the field (see below).

Protocol of collaboration between the Youth care and the Childhood sectors of the FBW and the Child Focus Fondation in the matter of fight against abuse - Protocole de collaboration entre les secteurs de l’Aide à la jeunesse et de l’Enfance de la Fédération Wallonie-Bruxelles et la Fondation Child Focus en matière de lutte contre la maltraitance (2014).

This Protocol is concluded between the General Direction of Youth care in the French-speaking Community, the ONE and the Child Focus Fondation.

In this Protocol it is specified that Child Focus is committed to forward cases of child abuse first to the “team SOS enfants” and then, eventually, to the Youth care service.

Framework protocol of collaboration between the Public Centres of Social Action and the Advisors and Directors of the Youth care - Protocole cadre de collaboration CPAS-DGAJ (2012)

This protocol includes general principles to guide collaboration, a legal framework applicable to the two sectors including a reminder of the rules relating to professional secrecy; a guide to general procedures, two specific guides (school boarding costs and urgent management) and an appendix on autonomy and the minor/major transition. Protocol also provides for the designation of an institutional referent within each public Centre of social action, each Service of the youth care and each protection Judicial Service in order to facilitate contacts.

Protocol of collaboration between the ONE and the Advisors and Directors of the Youth care – Protocole de collaboration entre l’Office de la Naissance et de l’Enfance et les Conseillers de l’Aide à la Jeunesse, d’une part et les Directeurs de l’Aide à la Jeunesse, d’autre part (2010).

This protocol includes general principles to guide collaboration and specifies the collaboration in three situations: when the medico-social worker or the physician of the ONE calls the Advisor and conversely, and when the Director calls the medico-social worker or the physician of the ONE.

Protocol of interventions between the medico-psycho-social sector and the judiciary sector - Protocole d’intervention entre le secteur médico-psycho-social et le secteur judiciaire (revised in 2014),

In the hypothesis where the situation of abuse is draw to the attention of the Justice, this Protocol aims to enable more optimally articulated intervention between the medico-psycho-social and the judicial sectors. This protocol mentions several difficulties in the management of abuse (transmission of information between the sectors, management of information in each one) and proposes some solutions, highlighting the complementarity between the two sectors. It describes the role of each actor within the two options, the voluntary and the mandatory aid.



3. TRAJECTORY FOR ASSISTANCE IN (PRESUMED) CHILD ABUSE CASES

Child abuse cases can follow different trajectories depending on several factors such as the circumstances and the character of the situation (urgency, underlying problems, intra- or extra family abuse...), the underlying problems (poverty, drug addictions,..), the reporters, etc... Consequently, there is no such thing as a classical pathway. In Belgium, professionals are not obliged to report cases of child abuse and neglect to the judicial services. Yet, there is a general duty of help to persons in need (art. 422bis) and a provision in the Penal Code allowing professionals who are held by professional secrecy to disclose confidential information in case of mistreatment or sexual offences against minors (art. 458bis). In line with the absence of a mandatory reporting system, regulations in Flanders and the Fédération Wallonie-Bruxelles focus on prioritization of a non-mandatory help trajectory rather than referral to judiciary services (mandatory help). Non-mandatory help implies that consent of the parent(s) or persons responsible for the education of the minor and the minor him/herself. In principle, minors aged over 12 and mature children younger than 12 years old also need to consent. Mandatory help can only be imposed by a juvenile court judge. The main steps in the non-mandatory and the mandatory help trajectory for Flanders and for the Fédération Wallonie-Bruxelles are described in the following sections. The steps are not necessarily consecutive. For the judicial trajectory, some steps are organized on a federal level and thus generic for the Belgian territory. The description of these steps is included in the description of the 'police and judiciary services' (see 3). The steps in the judiciary trajectory described in the next section, relate to the judiciary measures and the services implementing them as these are Community-specific.

3.1. Flemish-speaking Community

3.1.1. *Attempt of management by low-threshold services and individual professionals*

Professionals or the low threshold services where the problem of (presumed) child abuse is initially deposited, can decide to manage the problem themselves or in concertation with colleagues, refer to other colleagues or low threshold services, submit a request for access to an

indirectly accessible service to the Intersectoral Access Gate with the consent of the family or report the case to specialized services or the competent judicial actors. The low threshold services are the main professional reporters of child abuse to the VKs.

3.1.2. *Management by 1712 and/or VK*

If a case is reported to the hotline 1712, the staff will, based on a risk taxation, if necessary, redirect cases to the VK if the reporter consents and if there are sufficient client data, to other low threshold services for advice or to Judicial services. When a case of suspected child abuse or neglect is reported via the hotline and there is no urgency, it will be transferred to the VK for diagnostics or care provision. Working practices differ amongst VKs but in general, the VK tries to make a first assessment of the seriousness and the dimension of the problem. This happens in different ways:

- By contacting other social workers: the family general practitioner, a centre for student assistance, services concerning child welfare. The information reported is bound by professional secrecy.
- By means of a conversation with the child or adolescent, his parents or other directly related people.

The centre can offer advice about the diagnosis and how to supply assistance, offer and organize the assistance and/or coordinate the assistance. VKs can support and follow the family in their trajectory as long as necessary or the family can be referred to other care providers. In the latter situation, the centre remains informed about how the situation evolves. In their role as care provider, all services are based on voluntary participation of the minor, the parents or the persons responsible for the education.

Sometimes, a reported situation is so alarming, that urgent interference is necessary. The VK then tries to organize a meeting on the same day with the parents, child or other people concerned. In this stage, all participation is still voluntary. When the child's safety cannot be guaranteed, other steps are considered, such as reporting the office of the public prosecutor in juvenile affairs.



All contacts with the VKs are registered. If it concerns a request for an advice, however, the identification data of the child are not registered. Once the identity of the child is known by the VK, the family needs to be informed of the fact that a dossier related to the child was created. Mostly the identity of the person that requested for the advice and the child's age is registered. Yet, anonymity of the person that requested for the advice can be guaranteed if necessary. Statistics of the reporting data of the VKs are available in the annual reports of Kind & Gezin.

3.1.3. Referral to mandated services VK or OCJ

When care providers consider that they can no longer guarantee the integrity of the minor or his/her family or when the development opportunities (e.g. minor often omits to go to school) of the minor are threatened (verontrusting), they can contact a mandated service. VKs and OCJ are assigned as mandated services. In principle, the reporting to the mandated service is a team decision, which implies that the professionals involved in the actual assistance trajectory and the 'clients' (minors and/or parents) are informed on the reporting. When a case is reported, the mandated services are entitled to start an investigation to assess whether there is a "social exigency" (maatschappelijke noodzaak) to start youth care. The notion of social exigency refers to the necessity to deal with alarming situations or environments. A situation can be alarming when the development of the minor is threatened or his/her integrity is affected (e.g. child abuse, drug use, minor runs away from home,...). Requests to start this procedure can also come from the public prosecutor's office or via internal referral from the VK staff members. Minors and their parents or persons responsible for the education can also directly contact a mandated service when the current care trajectory fails and they consider additional help to be necessary. The mandated service will then first organize a meeting with the minor, the parents or the persons responsible for the education of the minor.

The result of the evaluation of the social exigency and the necessity of the youth care needs to be motivated. If youth care appears to be socially exigent, the mandated service will organise or follow-up assistance. If youth care is ongoing and sufficiently guarantees the development opportunities and the safety of the minor, this assistance trajectory will be followed up by the mandated service (art. 35 Decree related to integral youth care). If there is no ongoing youth care or the particular ongoing assistance is

inappropriate, or if appropriate youth care is not immediately available, the mandated service organises directly accessible assistance or submits a request for indirectly accessible assistance at the Intersectoral Access Gate (art. 36 Decree related to integral youth care). At least once every 6 months the youth care and the socially imperative character of the assistance will be evaluated in concertation with the minor, the parents or the persons responsible for the education of the minor. If non-mandatory care is not accepted or if the minor, his/her parents or persons responsible for the education or if these persons refuse to collaborate to the procedure "social exigency", the case is referred to the public prosecutor's office specialised in juvenile cases. Before official referral, the persons involved are invited for a concertation.

There are several formal conditions for the procedure 'social exigency': the submission to a mandated service needs to take place via a M(otivation) document (via e-health), the investigation 'social imperative' can take maximum 65 working days,...

The process via the mandates services does not replace the "right to speak", as foreseen in art. 458bis Penal Code. If there is an acute dangers for the physical, psychological or sexual integrity of the minor, any professional can ask for protection and report the case to the Crown Prosecutor based on this article.

The mandated services are able to process personal data in the scope of the investigation for the social exigency and the necessity of the youth care, without the informed consent of the persons involved. Professionals submitted to professional secrecy can reveal information, without the consent of the persons involved, to the mandated services to allow assessment of the alarming situation with a presumption of a socially imperative character of youth care. In the interest of the minor, the personal data that are necessary to investigate the alarming situation and only those data can be processed or exchanged without immediately informing the minor, the parents or the persons responsible for the education. Each professional submitted to the professional secrecy can report information necessary for the investigation of an alarming situation to mandated services without the consent of the minor, the parents or the persons responsible for the education (art. 76 Decree related to integral youth care).



3.1.4. Referral to judiciary services

As mentioned earlier several parties can report a case to the public prosecutor's office. The public prosecutor's offices can request the juvenile court judge to impose a judicial measure when the former can demonstrate that^{bbb}:

1. Voluntary assistance is impossible or everything has been done to realise voluntary assistance. The latter implies that an OCJ or VK has been involved and this centre has referred the case to the public prosecutor because
 - a. Although the necessity of youth care was decided on via the procedure "social exigency", the minor, his/her parents or the persons responsible for the education do not accept appropriate youth care
 - b. The minor, his/her parents or the persons responsible for the education refuse to collaborate to the investigation for social exigency
2. The following conditions are cumulatively fulfilled:
 - a. a judicial measure is urgent and necessary
 - b. sufficient indications are available that the minor immediately needs to be protected against physical or mental violence, abuse or injuries, physical or mental neglect, mistreatment or exploitation, included sexual abuse and
 - c. voluntary assistance is not immediately possible because the necessary consent of the persons involved was not obtained

The following general measures can be taken by the youth judge;

- Providing an educational guideline to those responsible for the education of the minor
- Putting the minor under supervision of the social service of the juvenile court for max. 1 year
- Imposing contextual assistance for max. 1 year

- Imposing an educative project to the minor or imposing the minor with the parents or the responsible person for the education to participate in a project and this for max. 6 months
- Imposing regular visits to an ambulatory service for max. 1 year
- Letting 17 years old minor live independently under permanent supervision
- Putting a minor for max. 30 days under the assistance of a and hosting and orientation centre
- Putting a minor for max. 60 days under the assistance of an observation centre
- Entrusting the minor to a candidate-foster parent or foster parent for max. 3 years
- Exceptionally and for max. 1 year entrusting a minor to an 'open institution' where the minor has to stay under supervision during week days (open inrichting)
- Exceptionally and for max. 3 months entrusting minors of at least 14 years old to a closed inrichting if it appears that the minor did not succeed to successfully stay with the foster parent or in an open inrichting and if this measure is necessary for the protection of the personal integrity of the minor.
- Entrusting the minor for max. 1 year to a psychiatric institute, if this appears necessary after psychiatric expertise

Several measures can be combined but must be coordinated. Before imposing one of the above mentioned measures the youth judge submits a request for indirectly accessible assistance to the intersectoral registration list.

In case of urgency, the social service of the juvenile court explores with the persons involved the possibilities to organise voluntary assistance. If voluntary assistance is not possible, the social service reports this to the public prosecutor and the youth judge, who will impose one of the above mentioned measure.

^{bbb} art. 47 Decree related to integral youth assistance



3.1.5. *Access to indirectly accessible services via the Intersectoral Access Gate*

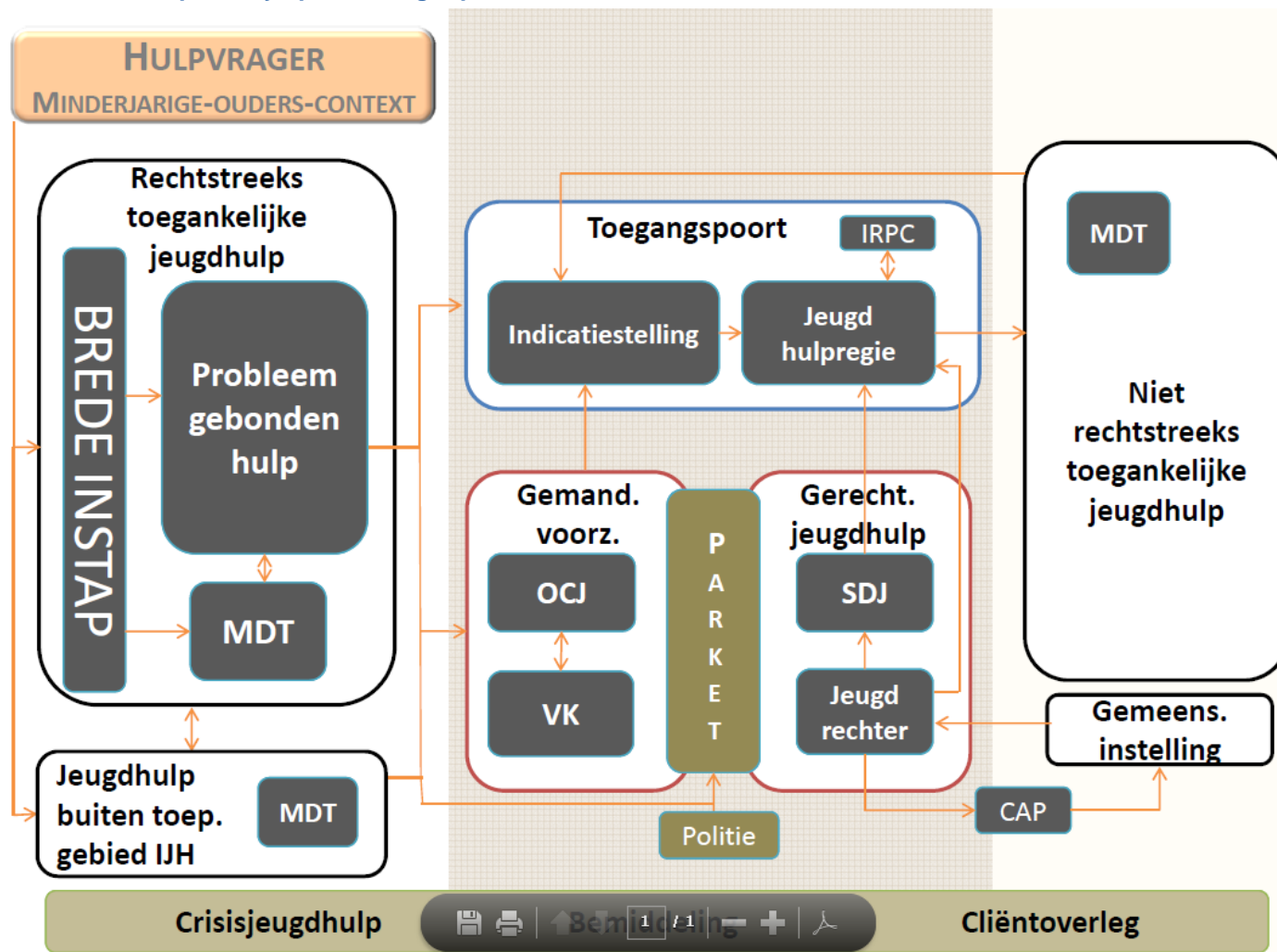
Indirectly accessible services, be it in a trajectory of voluntary care or following a court decision, are only accessible via the Intersectoral Access Gate. The demand must be initiated via a specific document (A-document). Consent of the minor and his/her parents or persons responsible for the education is necessary, except if it was a measure imposed by the Juvenile court. Only in the exceptional situation, where a professional refuses to initiate a demand for another reason than shortage in the offer, when a tentative for mediation has taken place and there is no procedure at a mandated service, the demand can be initiated by the minor and/or his/her parents.

In order to prepare the demand, the requesting professional can ask for extra information to colleagues of other services or ask for assistance of a multidisciplinary team. Multidisciplinary teams (MDTs) are experts, recognised by the authorities to set diagnoses and to define which help is

necessary. MDT's can be part of directly accessible services (such as CLB, CAW, Services mental health,..). When a request is submitted to the Intersectoral Access Gate a team "indication" will define the necessary help. Then a team 'jeugdhulpregie' assesses which modules match with the defined necessary help and formulates a proposal including who will provide help and for how long. If the 'client' does not agree with the proposal, a second opinion, implying an assessment from scratch, can be introduced with an Intersectoral Access Gate of another region. If this team proposes another solution, the client can choose between the two proposals. Once the assistance has been started, the teams of the Intersectoral Access Gate do not follow up the case. The (specialised) youth care services involved or the social services for judicial assistance own the follow-up and responsibility for the outcome.



Figure 1 - Various pathways processing reported child abuse cases in the Flanders



Source: <http://vvg.vlaanderen.be/jongerenwelzijn/assets/docs/hulp/schema-jeugdhulplandschap.pdf>

Afkortingen

- A-document: aanmelddocument bij de intersectorale toegangspoort
- AWW: algemeen welzijnswerk
- CAP: centraal informatie- en aanmeldpunt
- CGG: centrum geestelijke gezondheidszorg
- CLB: centrum voor leerlingenbegeleiding
- CO: cliëntoverleg
- COS: centrum voor ontwikkelingsstoornissen
- EMK: experimenteel modulair kader
- FID: frequentie intensiteit duur
- GV: gemandateerde voorziening
- IJH: integrale jeugdhulp
- IPH: intersectorale prioritaire hulpvragen
- IRPC: intersectorale regionale prioriteitencommissie
- IS: indicatiestelling
- ISV: indicatiestellingsverslag
- ITP: intersectorale toegangspoort
- JHB: jeugdhulpbeslissing
- JHR: jeugdhulpregie
- IMB: individuele materiële bijstand
- JRB: jeugdrechtbank
- MN: maatschappelijke noodzaak
- MDD: multidisciplinaire dossier
- MDT: multidisciplinair team
- MFC: multifunctioneel centrum
- NRTJ: niet rechtstreeks toegankelijke jeugdhulp
- OBC: observatie en behandelingscentrum
- OCJ: ondersteuningscentrum jeugdzorg
- OOOO: onthaal, oriëntatie en observatiecentrum
- PAB: persoonlijk assistentie budget
- PVF: persoonsvolgende financiering
- RTJ: rechtstreeks toegankelijke jeugdhulp
- SDJ: sociale dienst gerechtelijke jeugdbijstand
- TM: typemodule
- VAPH: Vlaams agentschap voor personen met een handicap
- VIST: versnelde indicatiestelling en toewijzing
- VK: vertrouwenscentrum kindermishandeling

3.2. Fédération Wallonie-Bruxelles

3.2.1. *Detection and management by low-threshold services*

Each health professional, teacher, educator, social assistant has an essential role in the detection, but also in the communication with other actors to ensure adequate support for children (presumed) victims of child abuse. The Decree of the Fédération Wallonie-Bruxelles of 12 May 2004 on aid to child victims of abuse¹¹ in its article 3 §2 mentions that to prevent or put an end to such a situation “any person who is confronted with a situation of abuse or risk of abuse can notify one of the instances or following specific services in order to be supported, directed or relayed in the management: the psycho-medico-social centre (PMS), the health promotion service at school (PSE), the teams “SOS-children”, the Advisor of the youth care or any other appropriate specialized professional caretaker.

The **ONE** and the **psycho-medico-social centre (PMS)** and the **health promotion services (PSE)** are important actors in the management of the abused or at risk child. They have to ensure a medical supervision of children and students, and collaborate with parents, general practitioners and pediatricians, local centres for the health promotion (CLPS), services of assistance to children and youth. The Decree of December 20, 2001 stipulates that “this collaboration aims at optimizing the reciprocal exchange of information relating to actions of prevention, education, health and medical follow-up of students” (art. 10)¹².

The **SOS Children teams** also play a major role in the management of children 'at risk' or victims of child abuse. Their activities are regulated by the decree of 12 May 2004¹¹. SOS Children teams can act:

- By their own initiative
- Following the request of any person, institution or service
- Following the request of the Advisor of the youth care (article 36, § 3 of the Decree of 4 March 1991 related to assistance to minors)
- Following the request of the Director following a judicial decision (article 38 of the Decree of 4 March 1991 related to assistance to minors).»

When a SOS enfant team suspects or receives a report of potential child abuse or neglect, a multidisciplinary group gathers additional information through contact with the reporter in agreement with the family. The aim is to document the situation in terms of severity and size of the problem. After



this exploratory phase, the team proceeds with an evaluation of the situation. This evaluation is carried out through direct contact with the child, the parents or those who are responsible for the child. Parents and the minor are invited for an exploratory conversation. If necessary, professionals (e.g. general practitioner, the school, PMS center etc.) or other members of the family are contacted. This allows the team to gather different views and build a global picture of the problem(s). Based on this evaluation the team decides within a pluridisciplinary meeting about the measures to be taken to protect the child and provide him/her with appropriate help. The team can refer to other services (e.g. hospital, SAJ) or judiciary authorities or follow-up with the family and child themselves, at their offices or at the family's home. The SOS Children team could, in this context, establish a regular social, or possibly medical and psychological monitoring.

The intervention of the SOS team is on a voluntary basis, this means that the persons involved agree with the proposed intervention(s). If voluntary cooperation is impossible and the child/adolescent is at risk, SOS enfants can refer to the court but always has to notify the SAJ (see below). The court will then investigate whether an intervention should be imposed.

The **Youth care service (SAJ)** is another main actor in the management of child abuse. This service can receive a demand of help, directly from the children, his/her family or a professional. First the SAJ analyses and clarifies the demand. Second, an evaluation of the network of relatives and the social network is performed in order to define the availability of resource persons. According to the difficulty and urgency of the situation, the Advisor of the SAJ can propose:

- to reorient the management towards the different actors from the low-threshold services (as PMS/PSE, CPAS) or request the intervention of a SOS-Children team.
- to ensure a (medical and psycho-social and educational) follow-up of the children and his/her family
- to organize care of children removed out their family environment
- to coordinate the services if there are several to be involved;

- to organize specialized and exceptional assistance if necessary (art. 36, §6 of the Decree of 4 March 1991³). If a specialised help proposal is accepted by the parents, the SAJ will mandate a service offering appropriate help for the situation.
- to facilitate the entry into autonomy if the young has more than 16 years.

The framework of the SAJ intervention is a **voluntary assistance** and requires assent of the young person (if he is more than 14 years old) or persons which assumes the custody of child of less than 14 years old. The consent has a duration of one year. However, if the situation changes, this period may be shortened. The contract can be renegotiated and new procedures can be implemented but all proposals from the SAJ must be negotiated, discussed and accepted.

If the intervention proposed by the SAJ is refused and this places the child or adolescent at serious risk, the Advisor can transfer the case to the public prosecutor. According to the level of danger, the parquet can decide to refer the case to the Juvenile court in emergency. As such for the SOS teams, the court will then investigate whether an intervention should be imposed.^{ccc}

3.2.2. Referral to Judiciary services

If a child or youngster is in a state of danger, if his/her health or safety are threatened or if he/she, his/her parents do not accept the help of the SAJ or fail to implement the terms of the program, the intervention of the Juvenile court may be required (by the youth, family member parquet) and impose a constraint measure. Three kinds of measures are available for the Juvenile court judge:

- Request an educational guidance for the child staying in his/her family environment;
- Decide to temporarily remove the child from his/her family environment and entrust him/her to an institution;
- Allow youngster of at least 16 years of living alone in autonomy or in supervised residence.

^{ccc} <http://www.aidealajeunesse.cfwb.be/index.php?id=331>



The protection measures will be different depending on whether it is urgent or not^{ddd}:

- In case of emergency, when the child's mental or physical integrity is currently and seriously threatened and when it is shown that the interests of the young person cannot wait for the organization and the implementation of the voluntary aid, the juvenile court judge on basis of article 39 of the Decree of the Fédération Wallonie-Bruxelles of 4 March 1991 has no other measures at its disposal than to place the child (less than 14 years old) in a shelter institution. This placement lasts for 14 days maximum.
- In the **absence of urgency**, in cases where no consent can be found with parents or young people, the juvenile court judge can, on basis of article 38 of the Decree of the Fédération Wallonie-Bruxelles of 4 March 1991, verify the existence of a current and severe threat for the child and arrange constraint assistance: educational guidance or follow-up, temporary hosting outside of family environment, development of an autonomy status for the child over 16 years. Implementation of the measure in this context is provided by the Director of the youth care (SPJ) who selects the services to be involved. The director is also empowered to – if all parties agree – implement another intervention than the one proposed by court. In this case, the court has to ratify this agreement and the case can return to the situation of voluntary collaboration. The director can also decide to close a case if he/she considers that measures are no longer necessary.

3.2.3. *Access to indirectly accessible services*

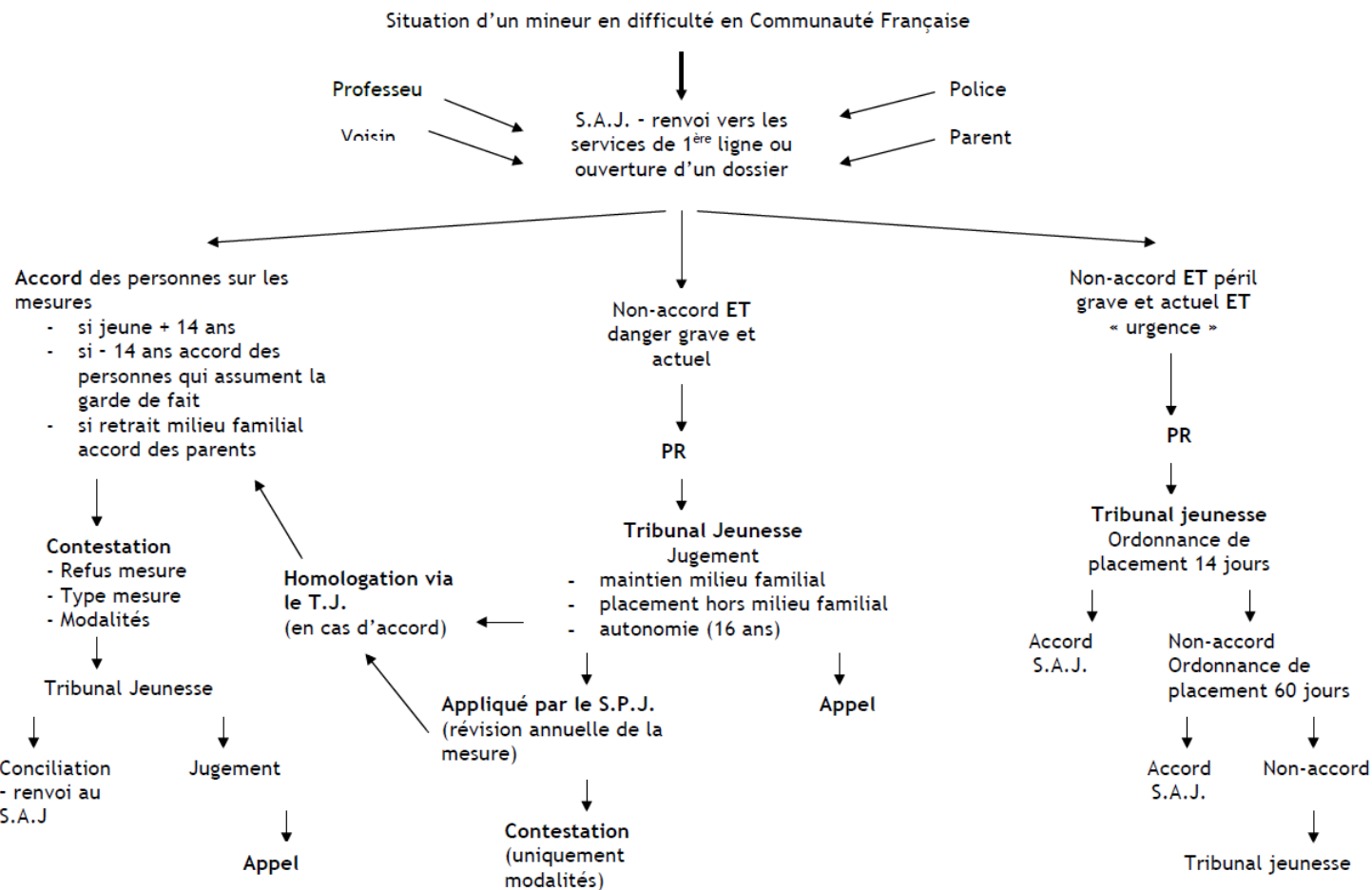
The SAJ or the SPJ are mandating services: they select the indirectly accessible services which will be involved in the management of the child abuse (see chapter 1.9.2) and implement the appropriate measures and access to indirectly accessible services.

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http://www.aidealajeunesse.cfwb.be/index.php?eID=tx_nawsecured&u=0&g=0&hash=160e8d103b80dec29427e5ea5466d30468b1effa&file=fileadmin/sites/ajss/upload/ajss_super_editor/DGAJ/Publications/rapport_aj2011.pdf



Figure 2 - Various pathways processing reported child abuse cases in the Fédération Wallonie-Bruxelles



Source Intact: [http://www.intact-association.org/images/stories/documents/protection-jeunesse/Situation%20d'un%20mineur%20en%20difficulte%20en%20CF%20\(2\).pdf](http://www.intact-association.org/images/stories/documents/protection-jeunesse/Situation%20d'un%20mineur%20en%20difficulte%20en%20CF%20(2).pdf)



3.3. Brussels

- In the voluntary process, assistance is provided by the assistance services linked to the Fédération Wallonie-Bruxelles or the Flemish Community, according to the language preference of the minor, his/her parents or persons responsible for the education.
- However, the mandatory assistance for minors domiciliated in Brussels is regulated by the Ordonnance of the Common Community Commission Brussels-capital of 29 April 2004 relating to the youth care¹³.

The Juvenile court judge can intervene if the **health or safety of the minor is immediately and severely compromised and the non-mandatory assistance failed** (art. 8 Ordonnance) . This Ordonnance gives a more detailed list of measures (art .10) that can be imposed by the Juvenile court judge (10 measures) than in the Decree of the Fédération Wallonie-Bruxelles of 4 March 1991 (see 3 options in the Decree):

- Give an educational guidance to those who have authority parental or have the child's custody;
- Place the youngster under the supervision of the competent social service, with possibly some imposed conditions such as regularly attend a school of common or special education, observe the educational and medical guidance from a centre of educational counselling or mental health, have regular encounter with the competent social worker;
- Order a family, psychosocial, educational, and/or therapeutic guidance for the youngster, his family or his relatives;
- Order an educational project to the youngster, his family or his closes;
- Order the young person to attend a semi-residential service;
- Allow the youngster, if he has more than 16 years, to stay in a independent or supervised residence and to be recorded in the population register of the place of residence;
- In case of emergency, place the youngster in a foster centre;
- Place the youngster in a center of observation and/or orientation;

- Place the youngster in a family or at a trustworthy person;
- In exceptional circumstances, decide that the youngster will be hosted temporarily in an open and appropriate institution for his/her treatment, education, statement or professional training.

In contrast to role of the SPJ described in the 1991 Decree of the Fédération Wallonie-Bruxelles, the Director of the Brussels SPJ cannot choose the institution or service that which will be mandated to assist the youngster but has to implement the decisions taken by the judge of the juvenile court. The Social Service for Judicial Assistance will be charged with the implementation of the imposed measure if it concerns a "Flemish" case.

In case of **urgency**, where the physical or psychological integrity of the minor is immediately and directly jeopardized and if it was established that in the interest of the minor, the organizing and providing non-mandatory help is not feasible (art. 9 Ordonnance), the Juvenile court judge can impose the following temporary measures (art. 12 Ordonnance): place the youngster in an emergency foster centre, an observation and/or orientation centre, in a foster family or in a person worthy of trust or in an open establishment appropriate to his/her treatment, his education or his professional training. The selected measure will be valid for a period of 30 days, renewable once for thirty days.

When the juvenile court took an emergency measure, he immediately informs either the Advisor of the youth care of Brussels or the Social Service for Judicial Assistance, according to the language in which the procedure was conducted before the juvenile court, so that they can eventually organize voluntary assistance. If voluntary assistance can be organised by these respective services within the first period of 30 days, the juvenile court judge will cancel the emergency measure. If voluntary assistance could not be organised within the first 30 days, the emergency measure will be prolonged for another 30 days if the emergency situation was maintained. If the emergency situation was not maintained, the public prosecutor's office is informed and can launch the case with the juvenile court judge and ask for a measure foreseen in art. 10 of the Ordonnance.



If the young person does not understand the language of the proceedings, the juvenile court has the right to designate a service or an institution which depends on the competence of another authority.

3.4. The German-speaking Community

In the German-speaking Community, reporting follows the same pattern as in the Fédération Wallonie-Bruxelles but since there is no service SOS enfants, reporting is generally made to the SAJ or to the police. The SAJ manages the case or refers to the public prosecutor. Institutions such as SPZ are very useful for educational and psychosocial support. Referring to SOS enfants in neighbouring regions (Liège) is not feasible because of the language barrier. Sometimes families are referred to 'Kinderschutz' in Aachen but this may be difficult due to cultural barriers.^{eee}

Whenever hospitalisation is needed the French speaking children are transferred to the Wallonia (Liège) but the majority of German speaking children and families are transferred across the border to Germany (Aachen). The RIZIV/INAMI allows for in patient care in Germany but not for specialized programs that are available there for joint care of the child and the mother for instance in case of at risk situations (e.g. Mutter Kind Kur). There are no pediatric inpatient facilities in the German speaking region. St Vith has a day care unit and a mobile team for urgent intervention.

^{eee} <http://www.kinderschutzbund-aachen.de/>



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