

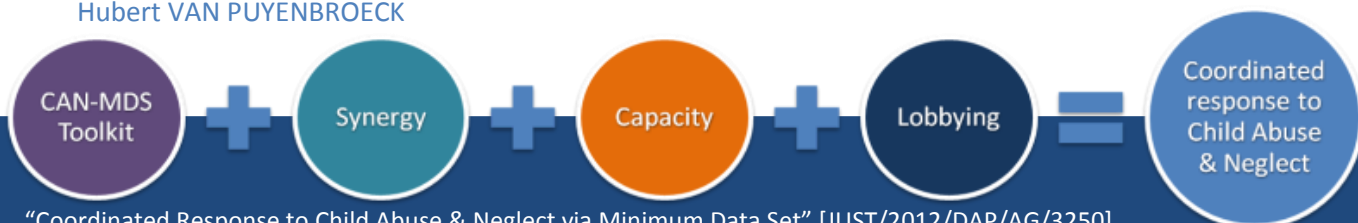
Kind en Gezin/ Child and Family Agency

CAN surveillance in Flanders: current policies and practices

Country Profile

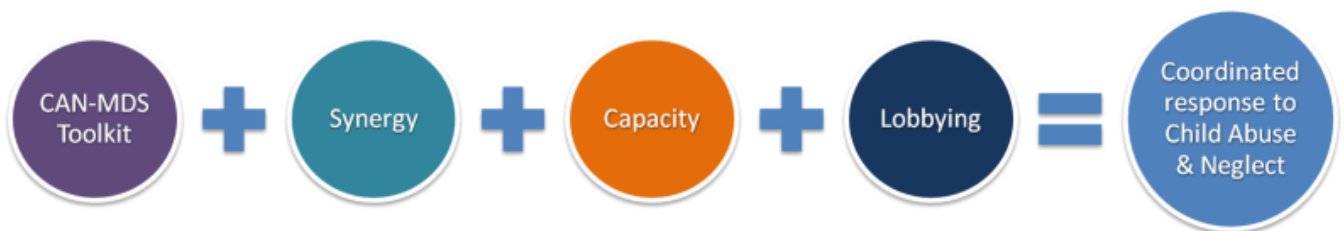
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"Coordinated Response to Child Abuse & Neglect via Minimum Data Set" [JUST/2012/DAP/AG/3250]

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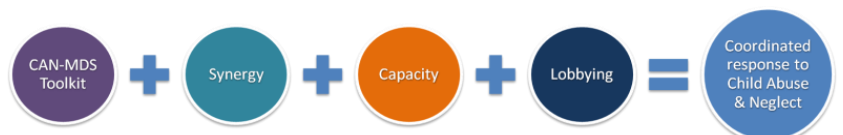
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1 – The rationale for a CAN-MDS in Flanders (Belgium)

“The United Nations Convention on the Rights of the Child came into force in 1990. With it, the UN Committee on the Rights of the Child emphasized the need for a reliable and systematic means of monitoring how children live. One that would allow us to assess the current lie of the land and see how the implementation of children’s rights has evolved over time” (Child in Flanders 2011, p6).

Designing a tool for data collection is the most essential step towards a joint reflection on what we do and how we act. Through this way, we can evolve at all levels towards a better monitoring of our target range, and towards a more efficient adjustment of our Flemish policy in relation to prevention and tackling CAN in Flanders.

In addition, concrete figures are key to sharpen the ongoing pan-European debate and inter-professional reflection, and in designing internationally monitored and regionally specified measures to preventing and tackling CAN. Quantified data are "an indication of reality, but never the complex reality (...). We cannot sufficiently emphasize the importance of this dialogue"¹. Since Flanders want to participate in the international debate on preventing and tackling CAN, we must strengthen our arguments with reliable figures. Figures help us to substantiate certain statements or opinions. In the future, there will be a growing focus on the development of indicators on prevention and treatment of CAN. Moreover, society claims accountability for spending public money. It is obvious that we have to demonstrate that the resources that are available in Flanders for prevention and tackling of CAN are spent responsibly. In the current times of economic scarcity and savings, we should underpin how we want to use the available resources and how we determine our policy. The development of a CAN-MDS tool authorizes us to a first input in that perspective. The CAN MDS project aims to empower the various stakeholders in Flanders to continuously monitor and optimize the quality of care policy in our region. Moreover, CAN MDS will be an incentive to optimize an internationally oriented quality policy wherein quality management and self-evaluation are key. European regions are not all equally advanced in their approach to CAN. This differentiation will translate into a diversity of scores within the MDS-CAN data. Based on this self-evaluation, improvement processes can be organized on both a pan-European and a national and regional level.

There are numerous advantages in using a uniform pan-European data collection on CAN, and we suggest that the development of a simple administrative and between European partners coordinated system is appropriate. The various partner countries acquire a lot of vital experiences, which other European countries and regions can and may learn from. The CAN-MDS project is an important pillar for the development of an intra-and inter-national exchange platform, which is also in favor of the further unification of preventing and tackling CAN in Europe without losing the diversity within Europe and the cultural identity of each region. With CAN-MDS an important motive on data collection within the context of CAN is now being initiated, whereby a certain commonality is created across the diversity within Europe. It is for the benefit of all children in Europe, including Flanders, that actions and policy adjustments are undertaken in a sound manner.

¹ Steunpunt Jeugdhulp vzw. Begeleiding in cijfers. Rapport ter gelegenheid van de Binc-dag , 19 maart 2012 [Internet] (Guidance in figures. Report on the occasion of the Binc-day, March 19 2012). Brussels, 2012 [cited 2013 June 25]. Available from: https://wvg.vlaanderen.be/jongerenwelzijn/assets/docs/ons/studies-onderzoeken/bincrapport_2012.pdf , p.2

1.1 - Aims & Objectives of developing a CAN-MDS at community level

The Daphne III programme, part of the General Programme “Fundamental Rights and Justice” aims to contribute to the protection of children, young people and women against all forms of violence and to attain a high level of health protection, well-being and social cohesion.

The Project “Coordinated Response to Child Abuse and Neglect via Minimum Data Sets”, co-funded by the EC under the Daphne III Programme, aims to contribute to the protection of maltreated children and children at risk and to improve child protection services by creating the scientific basis, necessary tools and synergies for establishing national child abuse and neglect (CAN) monitoring systems using minimum data sets (MDS). Such systems are expected to provide comprehensive, reliable and comparable case-based information at national level for children who have used child protection services. The data that will comprise the CAN-MDS could be used in multiple ways: for development of annual country profiles indicating current needs for services in the field, exploration of the relationship between specific factors and types of child maltreatment and as a point of reference indicating the priorities arising at local, national and international levels (benchmarking). Moreover, it could support development of CAN National Surveillance Mechanisms / improvement of the available mechanisms (according to country specifics). Lastly, CAN-MDS data could be used as a baseline for services and interventions' effectiveness evaluation, identification of good practices and for planning future policies and legislation.

The need for working towards the development of such national systems derives from the current situation in the EU countries where CAN case-based data are derived from a variety of intersectoral sources and follow up of victims at local and national level is not sufficiently coordinated among the involved services. Specifically, the main barriers for effective CAN monitoring concern a. the lack of common operational definitions, b. the lack of common registering practices and c. the use of a variety of methods and tools for data collection and sharing among stakeholders.

The establishment of a CAN registration mechanism via MDS at national level could be part of the routine administrative process in all child protection services and the MDS could be uploaded in a single database operating via a restricted-access on-line network. National child protection services that would initially join these MDS collection/sharing of information would also be expanded to include more services, with an ultimate aim being to capture the entire EU area. Insofar efforts for unifying European CAN related information resources have focused mainly on judicial cases or cases involving authorities' involvement; this project targets at providing a common ground for CAN cases that do not involve legal or public order authorities as well and will be handled and managed by services in the health, welfare and educational sectors as evidence suggests that the vast majority of CAN cases fall into this particular category.

To this end, a Toolkit will be developed consisting of the necessary protocols, tools, a short-training module and a Guide for potential operators of a CAN-MDS system, namely professionals who will be in charge of collecting and registering data. Partners serve as national "focal points" who have undertaken the initiative to create and train their national "core" groups of operators (social/health/other professionals working in the field of child protection or with child victims) as well as to promote the Policy Manual for the establishment of national CAN-MDS systems.

Specific objectives of the project are:

- Development of the methodology for defining a minimum data set on child abuse and neglect (CAN-MDS)
- Mapping of national child protection related services, case-based follow up and CAN monitoring mechanisms
- Development of a CAN-MDS Toolkit and evaluation of its quality
- Formation of national core groups of professionals-potential operators of CAN-MDS
- Building the capacity of professionals working in child protection and CAN prevention related services for collecting and sharing CAN-MDS via a short-training course conducted by trained facilitators and Evaluation of trainings' effectiveness
- Creation of a Policy and Procedures Manual addressing policy makers and other related stakeholders towards the establishment of national CAN-MDS and adaptation of the Manual according to country specifics
- Conduction of a variety of dissemination and lobbying activities for the adoption of CAN-MDS in participating countries

For lobbying towards a uniform systematic registry and monitoring of abused children at local and national levels (also facilitating international comparisons), a Policy & Procedures Manual including ready-to-use tools is going to be created addressing policy makers and other related stakeholders.

1.2 – Ethical Considerations

At all times confidentiality of all child abuse and neglect reports and records must be preserved in order to protect the privacy rights of the child and of the child's parents or guardians. As in many other countries, in Flanders "confidentiality provisions mandate that such records are confidential, and many include specific mechanisms for protecting them from public view"²

Both the accessibility of information and intervening in the data should be organized careful and attentive.

Interpretation and discussion of results can only thrive in a context of *inter partes* transparency, giving priority to avoiding marginalization or exclusion of social groups.

The question of parental and/or a child's consent is key in the debate on ethics in relation to data collection on child maltreatment.

² U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2010). Disclosure of Confidential Child Abuse and Neglect Records: Summary of State Laws. https://www.childwelfare.gov/systemwide/laws_policies/statutes/confide.pdf, p2.

2 - Country Profile

2.1 - How well known is the CAN problem in the country?

Although there are regional differences in the roles of social and professional stakeholders in dealing with alleged child abuse, the expertise of the six Flemish Confidential Child Abuse Centers has evolved in terms of an increased mandate to investigate reports of alleged child maltreatment, mobilize professionals or refer cases to court. As for the country, in Flanders “preventing and dealing with child abuse and neglect is commonly considered a social responsibility shared by public and private partners and not only residing with governmental institutions”(p204).³

The annual editions of “The Child in Flanders” present data on a variety of aspects of children’s world and family context and includes annual rates of reported child abuse. The most recent data of 2011⁴ show that the Confidential Child Abuse Centers received 7.71 reports per 1000 children in the Flemish Region. The number of reports of child abuse or neglect (physical or emotional abuse, neglect, sexual abuse) increased in 2011 in up to 5.94 per 1000 minors compared with 5.63 in 2010.

A recent study by the Flemish Child Rights Commissariat⁵ highlighted that

- children face the full spectrum of violence, from the least to the most extreme;
- all forms of violence correlate with one another
- violence occurs in various settings (school, at home, leisure)
- Sexual abuse is quite often perpetrated by peers.

Concluding with ten recommendations for policymakers, the report stressed the plea for an immediate legal ban on corporal punishment in the Belgian legislature. Also, it recommended to acknowledge the right of minors to attend juvenile courts. Finally, clear procedures and protocols to detect risky situations as well as specific roadmaps for preventing bullying in health care organizations, school settings, child and special youth care and other welfare settings are key when improving policy in relation to prevention and tackling CAN in Flanders.

³ Desair, K., Adriaenssens, P. (2011). Policy Toward Child Abuse and Neglect in Belgium: Shared Responsibility, Differentiated Response. In: Gilbert N., Parton N., Skivenes M. (Eds.), *Child Protection Systems: International Trends and Orientations*, Chapt. 10. Oxford: Oxford University Press, 204-222.

⁴ Kind en Gezin. The child in Flanders [Internet]. Brussel, 2011 [cited 21 June 2013]. Available from: <http://www.kindengezin.be/algemeen/english-pages.jsp> .

⁵ Children's Rights Commissioner. Geweld, gemeld en geteld: aanbevelingen in de aanpak van geweld tegen kinderen en jongeren [Internet] (Violence, reported and counted: recommendations in addressing violence against children and young people). Brussels, 2011 [cited 2013 June 25]. Available from: http://www.kinderrechtencommissariaat.be/sites/default/files/bestanden/dossier_geweld_09_2011.pdf .

2.2 – Critical review of the available data

In Flanders there is no mandatory reporting, and no exception to the obligation to maintain confidentiality - even in case of CAN - is provided. Information concerning a case of (alleged) child maltreatment may never be disclosed to the public.

In Flanders there exists no central registry. Records with personal data on child maltreatment victims are maintained by the various child protection and social services agencies to support the investigation and treatment program. It provides information to maintain statistical reports for funding purposes and it provides agencies with background information on staffing. The various responsible governmental agencies that provide funding for these services have no access to their databases. Annual statistical reports from all child protection and social services, however, are mandatory.

Thence, dealing with data collection in relation to child maltreatment and coordinating with all stakeholders is extremely challenging.

3 – Legal Framework

3.1 - Legislation, policies and mandates for reporting and recording of CAN cases in different professional fields

Mandatory reporting

As stated, there is no mandatory reporting in Flanders.

Professional secrecy

Professional secrecy is the professional obligation to remain silent about personal facts and data, which a person in the exercise of his profession has come to know. Professional secrecy does not apply if the person consents to provide information to third parties. Professional secrecy ensures that clients can speak freely with a professional such as medical practitioners, surgeons, health officers, pharmacists, midwives and all other persons who by virtue of their status or profession have knowledge of secrets entrusted to them.

Violation of professional secrecy is a criminal offense (Belgium: Art 458 Criminal Code and Art 458bis Penal Code) which can be punished with imprisonment from eight days to six months and a fine.

3.2 – Legal provisions for administration of sensitive personal data

The Privacy Act regulates the registration and use of sensitive data very strictly. In principle it is prohibited to collect, register or ask for the disclosure of the abovementioned sensitive data. Nevertheless, there are a few exceptions to this rule. Controllers may process sensitive data (excluding judicial data) if: the data subjects have given their written consent; it is necessary to provide care to the data subject; it is compulsory under employment law or with a view to the application of social security; the data subjects themselves have made the data public; it is necessary to establish, exercise or defend a right; it is necessary for scientific research.

“The Privacy Act (officially the Act of 8 December 1992 on the protection of privacy in relation to the processing of personal data) is intended to protect citizens against the abuse of their personal data. The rights and obligations of the individual whose data are processed as well as the rights and obligations of the processor have been laid down in this act” (<http://www.privacycommission.be/en/glossary/privacy-act> , retrieved 30 July 2013).

Since 1 January 2004 the Privacy Commission has been an independent supervisory authority under the auspices of the House of Representatives. The Privacy Commission's mission is to ensure that privacy is respected when personal data are processed. It is a federal body, although there has been a Flemish Supervisory Commission for Electronic Administrative Data Flows since December 2009. The Flemish Commission has similar powers, but only at Flemish level. Sector committees have been established within the Privacy Commission in order to supervise a specific sector (<http://www.privacycommission.be/en/in-a-nutshell> , retrieved 30 July 2013).

4 - Brief overview of child maltreatment prevention and child protection

4.1 – Roles and responsibilities

Welfare, Health and Family (based on: “Jaarverslag Departement WVG 2012”, http://www4wvg.vlaanderen.be/wvg/jaarverslag/2012/Documents/printversie_jaarverslag_dept2012.pdf)

The policy area of Welfare, Health and Family (Welzijn, Volksgezondheid en Gezin (WVG)) includes: the Flemish Ministry of Welfare, Health and Family, the Department WVG and the various agencies (Youth Welfare, Care & Health, Inspection, Child and Family, Flemish Agency for Persons with Disabilities, the Public Psychiatric care centers, Integrated Youth Assistance (Integrale Jeugdhulp),...).

The Policy Council (Beleidsraad WVG) is the forum where the political and administrative level consult each other in order to support the government.

In the Management Committee (Managementcomité WVG) are all leading officials represented. The Management Committee is a networking platform for interaction between the department and the agencies.

Education (based on: “Education in Flanders: a broad view of the Flemish educational landscape/2008”, Afdeling Informatie en Communicatie, Agentschap voor Onderwijscommunicatie/ Agency for Educational Communication, 2008)

“The pupil guidance centers (CLB’s, Centra voor Leerlingbegeleiding) is a service financed by the government. Pupils, parents, teachers and school management teams can call on the CLB for information, help and guidance. CLB guidance is free of charge and is based on four key pillars: learning and studying, school career, preventive health care, and social and emotional development. To this end, a CLB co-operates with welfare and health institutions. The CLB provision focuses on pupils at risk of dropping out due to their social background and (problematic) living conditions. The CLB has a pivotal function and signposts young people to appropriate assistance” (p42).

Justice

(based on: “ [www.provincieantwerpen.be/binaries/protocol%20kindermishandeling%20zndr%20handtekening%20\(2\)_tcm7-104591.pdf](http://www.provincieantwerpen.be/binaries/protocol%20kindermishandeling%20zndr%20handtekening%20(2)_tcm7-104591.pdf))

On March 30th, 2010, the Minister of Justice and the Flemish Minister for Welfare, Public Health and Family signed a child maltreatment protocol concerning Justice and Welfare: a Code of Conduct for high quality intervention and appropriate approach to child maltreatment. Without intending to be exhaustive, the pretense was to develop a common guideline for all actors involved in treatment and for all working in the domain of Justice. It was conceptualized as a "roadmap" in relation to preventing and dealing with child maltreatment, a mutually coordinated approach to child maltreatment in Flanders. It provides guidelines towards formal arrangements with respect to structural consultation between representatives of the federal government and the Flemish community about (the approach of) child maltreatment. Continuous attention

should be given to non-case-related information, dissemination of findings and training of stakeholders. A code of conduct for high quality intervention is to be distributed in the form of a common directive. This is the so-called "Roadmap".

4.2 - Agencies mandated with the recording of child abuse and neglect cases

All who is involved as a professional in the care for children is mandated with the recording and any referrals of cases of (alleged) child maltreatment to the appropriate services: either services for child health, welfare, education or justice.

4.2.1 - Creating synergies: *Who could participate in the CAN-MDS Core and extended national CAN-MDS groups*

All who is involved as a professional in the care for children can be invited to participate in the CAN-MDS extended national groups.

At least the following may be invited to participate in the CAN-MDS core group:

- Confidential Centers for Child Abuse and Neglect (Vertrouwenscentra Kindermishandeling)
- Centers for Welfare (Centra Algemeen Welzijnswerk)
- The pupil guidance centers (CLB's, Centra voor Leerlingbegeleiding)
- Team members involved in Preventive Family Care (Preventieve Gezinsondersteuning)
- Services for Mental Health Care (Centra Geestelijke Gezondheidszorg)
- Representatives of Justice (vertegenwoordiging vanuit Justitie)
- Actors in the domain of Integral Youth Assistance (actoren uit de sectoren van Integrale Jeugdhulp)

4.3 – Available infrastructures and resources

Data collected by various agencies in the domain of Flemish Welfare, Health and Family:

- Integral Youth Assistance (e.g. A-document registration)
- Case-based registration of the Flemish Confidential Centers for Child Abuse and Neglect (Vertrouwenscentra Kindermishandeling)
- Case-based registration of the Supporting Centers Special Youth Care (Ondersteuningscentra Jeugdzorg)
- Child and Family Agency's data analysis of cases of alleged child maltreatment that were reported to the the Flemish Confidential Centers for Child Abuse and Neglect

All the annual reports of the above can serve as up to date resources for information on current data collection in relation to incidence and prevalence of referrals of alleged child maltreatment in Flanders.

5 - Advocating towards the adoption of a CAN-MDS

The primary operators involved in policy making in relation to tackling CAN are: Child Rights Commissariat, the Federal Government of Justice, the Flemish Ministry of Welfare, Family and Health and the Flemish Ministry of Education – and all their agencies involved. In second order, but nevertheless highly important may be the Federal Government of Health.

Those representatives who may contribute to the development of a CAN MDS will be informed primarily by means of:

- bilateral informative meeting with the National Coordinator (Ms. Anneliese Hendrickx) and Researcher (Mr. Bert Van Puyenbroeck)
- talks on a variety of platforms and meetings that relate to CAN
- being invited to a steering committee which is chaired by the Child & Family Agency and in collaboration with the Department of Welfare, Family and Health

The proposed policy recommendations may best be development in collaboration with the above mentioned stakeholders and/or their representatives. Based on a first draft, the stakeholders may be consulted to adjust the draft toolkit in relation to the Flemish culture, policy and local needs. A focus-group method may be most appropriate to meet this intention.

5.1 - Recent and on-going developments

Developments in relation to the European privacy legislation may be/ become one of the directives with a high impact on each of the individual European local legislation and policies. Currently, the Belgian Privacy Law is already very strict concerning any data collection of personal data.

In March 2012 the Flemish Minister of Welfare, Health and Family launched a central hotline (1712) for violence, abuse and child maltreatment. Soon this helpline will be extended with the possibility to include e-mail contact.

An important extension of Art 458bis of the Penal Code concerning Confidentiality in relation to domestic violence entered on 01.03.2013 (extension of existing Law of 23.02.2012). This article states that any person who by virtue of his status or profession holds secrets and thus has knowledge of a crime committed on a minor or a person who is vulnerable due to age, pregnancy, domestic violence, illness or a physical or mental defect or inferiority may notify this crime to the public prosecutor when (x) there is a serious and imminent danger to the physical or psychological integrity of the minor or vulnerable person and he can not protect this integrity itself or with the help of others, or (x) where there is evidence of a significant and real danger that other minors or vulnerable persons identified are victims of the offenses referred to and he can not protect them.

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- Online resource on the sections in relation to a Flemish hotline 1712: <https://1712.be/>

Annex

List of Agencies in Flanders working in the fields of child abuse and neglect prevention and child protection AND could be potential allies for the CAN-MDS (by participating in the core and extended groups, in the conferences etc.)

Child Protection/ Social Welfare Services including child residential institutions

- We collaborate with the Department of Welfare, Health and Family in order to reach for the most appropriate stakeholders in this field
- all agencies and institutions that apply to “Integrale Jeugdhulp”, the “IROJ” (Interregional Platform Youth care) may be most appropriate to meet all stakeholders that are involved.

Mental Health Services including helplines for children

- The “Vertrouwenscentra Kindermishandeling” (confidential child abuse centers) and “Centra Algemeen Welzijn” (centers on welfare) collaborate together in order to manage the 1712-hotline.

Health Care Services (primary, secondary & tertiary)

- The “centra geestelijke gezondheidszorg” (Centers for Mental Health Care) may be eligible as stakeholders

Judicial Services, including Social workers working in judicial services + Law Enforcement-related Services including Police officers with specific training and mental health professionals working in Police Services

- We may have to collaborate with the Federal Government of Justice in order to reach for the most appropriate stakeholders in this field

Educational Services (primary & secondary, public & private), including Early childhood educators (pre-school/kindergarten), School Psychologists and School Social Workers

- We collaborate with the Department of Welfare, Health and Family in order to reach for the most appropriate stakeholders in this field, cfr the “Forum Kindermishandeling” (Platform Child Maltreatment) gathers both stakeholders in the domain of Educational Services and in the domain of Welfare, Health and Family on a regular basis to discuss on recent developments in relation to child maltreatment.

The Child Ombudsman – we contact the Flemish Child Rights Commissariat.

Research Organizations/ Institutions, including Academic Institutes

- Vrije Universiteit Brussel – as an expert in the domain of Youth Care, it is prof. Dr. Johan Vanderfaeillie who is willing to contribute to the CAN-MDS project.