

International Network Foster Care Research

1st International Network Conference

21-23, June 2007
University of Siegen

**Prof. Dr. Hans Grietens:
Foster Care in Belgium –
Structure, politics and research**



Foster care in Belgium – Structure, politics and research

Prof. Dr. Hans Grietens
Centre for Parenting, Child Welfare & Disabilities
Katholieke Universiteit Leuven
Vesaliusstraat 2
B-3000 Leuven
Belgium
e-mail: hans.grietens@ped.kuleuven.be

1. Introduction

In this paper, we will give a summary of our presentation ‘Foster care in Belgium – Structure, politics and research’, at the International Network Conference in Siegen, Germany¹. The paper consists of three parts. First, we give a brief introduction on Belgium. In particular, we focus on the country as a federalised state and the implications this has for the (foster) care system. The second part is the main part of our presentation and deals with foster care in the Flemish-speaking part of Belgium. The third part deals with foster care in the French-speaking part of Belgium.

2. Belgium, so close but so different

Belgium is a small, densely populated country with a very complex political structure.



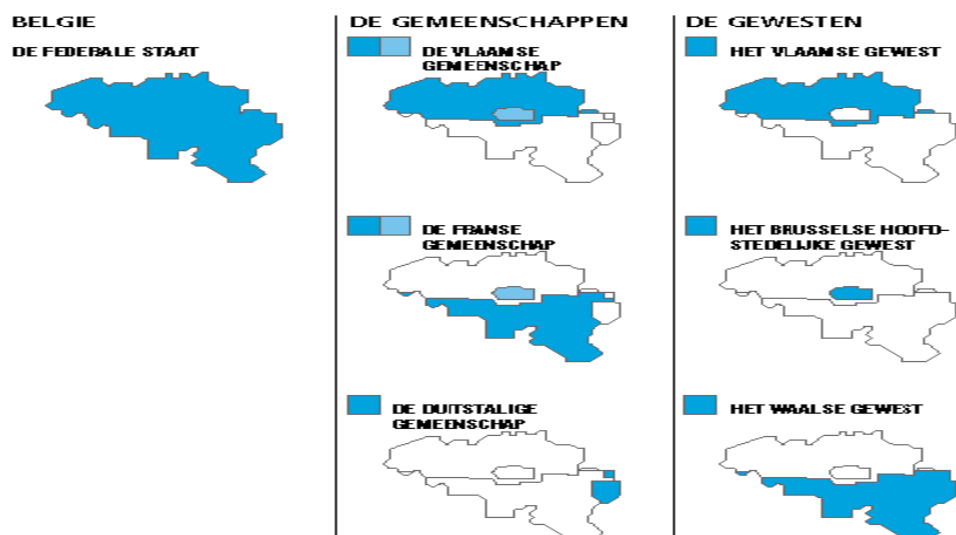
The country covers only 32.545 square kilometres (from the North Sea to the Ardennes) but has a total population of more than ten and a half million people. the majority of the citizens (> 6 million) is living in Flanders, the Northern part of the country, about 3,4 million citizens are living in Wallonia, the Southern part of the country, and about one million in the Brussels Capital region. Brussels officially has a

¹ Throughout this paper, the term ‘foster care’ means family foster care and does not include care for children and adolescents placed in foster homes.

bilingual status. Being the capital of the European Union, it is a very multicultural city.

Politically, Belgium is a very complex country. Officially, there are three different languages spoken: Dutch, French and German (only in some communities near the border with Germany). Since more than 25 years, gradually the state has been federalised (a process which is continuing). A distinction is made between regions and communities. The term 'regions' refers to an economic entity, the term 'community' refers to a linguistic and cultural entity and concerns persons. There are three regions – Flanders, Wallonia and the Brussels Capital region – and three communities – the Flemish, the French and the German Community, which all have their own, separate governments and parliaments. At the federal level, there is also a parliament and a government, the latter is for instance responsible for justice, social affairs, defence,...

The complex structure of the country of course has implications for the different care systems, including the child and family welfare system and the foster care system. In the Flemish Community, the foster care system is directed by the Flemish Ministry of Welfare, Health and Family, whereas the foster care system in the French (and the German) Community is directed by a Ministry of the French-speaking Community government. Both ministries operate separately. However, the legal frameworks upon which placements are based may be a federal matter (e.g., the child protection laws, juvenile justice laws). The way the frameworks are implemented and put into practice in the communities is a federalised matter, as it concerns persons. This may sometimes lead to complex realities, particularly in cases where both the federal and the local government are involved.



3. Foster care in Flanders

3.1 A long tradition of foster care

Our country has a long tradition of family foster care for abandoned children, orphans, homeless people, etc. The origin of this type of care goes back to the Middle Ages or even earlier, although there is but little written material on it. We have only a few sources describing foster care in families before the eighteenth century.

In 1912, the first Child Protection laws appeared in Belgium. This was a milestone, as foster care now became a legalised and official way to help people with problems. Foster care was under the patronage of rich people from the bourgeoisie. Committees were installed to co-ordinate and follow-up placements. A financial contribution was given to the foster parents. The number of children in foster care grew. After the Second World War, there was again a strong increase of the number of children placed in foster families (orphans, abandoned children, refugees). The committees were gradually replaced by foster care services, the first service was installed in 1953 in Brussels. In 1965, the Child Protection laws were renewed (in fact, the current system of care in Belgium still is largely based on this laws) and so, foster care was further professionalised. The first foster care service was subsidised in 1973. In the meantime, foster care gradually became an alternative for residential care. The Child Protection laws were refined in 1981 and since that time, the federal government started to reform the state. The first Flemish government (and later, the parliament) were formed and welfare became a 'Community matter'. Flanders followed the international trend of deinstitutionalisation and the number of children in foster care grew, whereas the number of children in residential care declined from year to year. Foster care services became more professionalised and could devote more attention to the selection of candidate foster parents, the follow-up of foster care placements and the 'pedagogical project' of foster families.

Nowadays, foster care is widely spread in Belgium as an alternative for institutional care, although in some respects it still is less formalized, less visible and less known (also by policy makers) than other forms of care for people with problems (e.g., family support, residential care).

3.2 Various forms of foster care

We have four different forms of foster care: in the preventive care system, the child welfare system, the care system for people with disabilities and the mental health care system.

One of the agencies organising and co-ordinating preventive care for children and families in Flanders is Child & Family. This agency focuses on the health and psychosocial development of children between 0 and 3 years old and their families. Some of the actions they co-ordinate include children up to 12 years old. For children and families in need, short-term or long-term placements² in foster families may be

² It has been calculated that across all forms of foster care about two thirds of the placements take less than five years.

organised. These placements are preventive and organised in a very flexible way. They can either take the form of a 'crisis intervention' (taking the child for a while out of the family of origin, in case of a crisis) or of support or respite care. Support foster families are families with whom a vulnerable family can have contacts for longer periods of time (even for years) and to whom the child can come during weekends, holidays, or in times of crisis and trouble. There are very close contacts between the child's biological family and the foster family. In addition to giving support, the foster family may also become a role model for the child and his family.

Within the child welfare system foster care is a measure of out-of-home placement for children between 0 and 18 years old. It can be for a short-term or a long-term period, pending on the situation and the strengths of the child and his biological parents. The decision is either taken by the Committees for Special Youth Care (the help provided then is 'voluntary', which means 'not imposed') or by the juvenile courts. The main aim of the placement is protection of the child, but in most cases much attention is given to the contacts between the foster child and his biological parents, as well as to integration and reunification. Placement within foster families is an alternative to residential care, but notwithstanding the long tradition of foster care and the subsidiarity principle underlying the child welfare system, it is not necessarily the first option. Currently, the number of children in foster care equals the number of children placed in residential care.

Within the care system for people with disabilities, placement in foster families is possible, regardless of the person's age and the type of disability. The placements can be either for a short or a longer period. They are co-ordinated by the Agency for the Integration of People with a Disability. As in the preventive care system, flexible ways of foster care are possible (for weekends or holidays, in crisis situations, as a form of support to the family of the person with a disability).

Within the mental health care system, Flanders has the 'case of Geel', which seems to be unique in the world. For centuries Geel, a small city near Antwerp, is hosting people of all ages with mental disabilities and psychiatric problems. The origins of this form of therapeutic family foster and community-based care are to be found in the legend of saint Dymphna (7th century), whose relics attracted people with mental illness from all over the world. These people came to Geel to be cured, stayed there and were hosted by the local people. Some families already host people for more than half a century. Although during the last decade the number of hosts and foster families has been declining (there are still about 450 patients and 360 foster families), Geel remains a unique case and a model of care for people with problems, the more since an 'open psychiatric hospital' nowadays may provide services to the foster families and their hosts.

The following tables give an overview of the number of people in foster care in the different systems as well as of the type of foster care provided.

Table 1 Number of people in foster families distributed by care system

	2005	2004	2003	2002	2001	2000	1999	1998
Child welfare	3.781	3.334	3.505	3.254	3.158	3.132	2.895	2.624
Disabilities	880	933	1013	992	960	904	856	816
Child & Family	305	202	262	252	303	332	335	282

In Figure 1 the evolution of the number of people in foster care is shown visually. We see that the total number of people in foster care is growing from year to year. This trend is explained by the growing number of minors placed in foster families within the child welfare system. The fact that more children are placed in foster families does not necessarily mean that foster care is now becoming the first option when out-of-home placement of children is to be considered. It can also be explained (and research in the field learns that this most often the case) by the current lack of places in residential care settings. Within the field of child and family welfare residential care seems to stay the first choice in case of out-of-home placement, notwithstanding the very high cost (e.g., in 2003, one placement in a foster family costed 7.328 euro, whereas one placement in a residential care setting costed 40.806 euro).

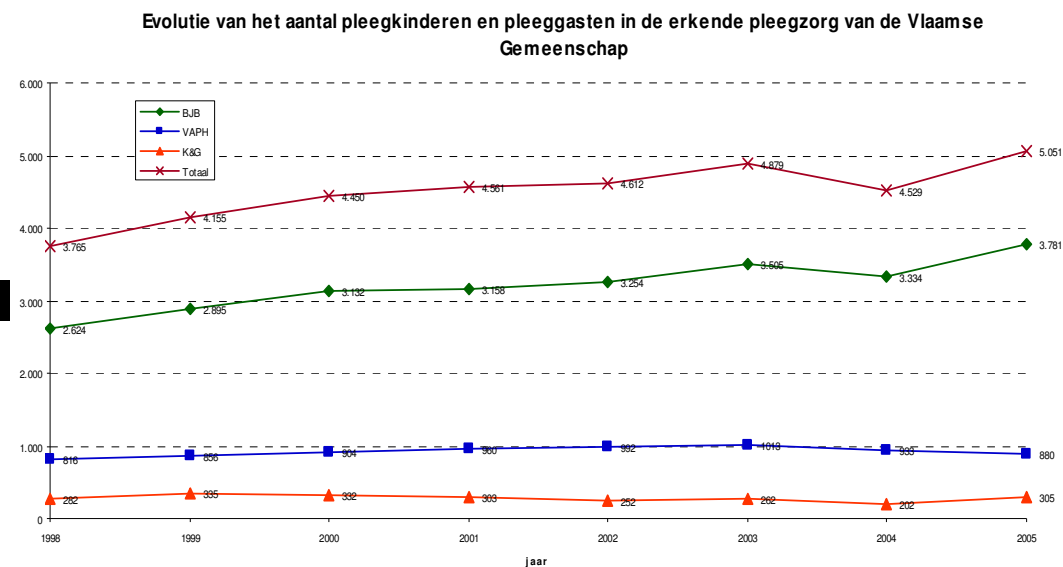


Figure 1 Evolution of the number of people in foster care

Table 2 *Distribution of people in foster care by type of placement*

	2005	2004	2003	2002	2001	2000	1999	1998
Family	1.361	1.330	1.294	1.227	1.145	1.112	978	909
Network	572	507	509	455	388	391	340	313
Other	1.601	1.619	1.718	1.660	1.655	1.659	1.530	1.521

3.3 In a professional way

There are now 25 foster care services across the Flemish Community, all of which provide professional help to foster families, foster children and their biological parents. Some services only co-ordinate foster care in one system (e.g., within the child welfare system), whereas others co-ordinate care in different systems.

The main tasks of the services are:

- selection of foster parents
- matching
- administration
- co-ordination and follow-up of the placement
- coaching and training of foster parents
- maintaining and optimising contacts with biological parents and family of origin

The Foster Care Federation groups the foster care services, although each service can act independently. The objectives of the Federation are:

- to co-ordinate the services
- to recruit new foster families and inform candidate families
- to follow-up legal and political issues
- to bring foster care into the attention of politicians, professionals and public opinion
- to stimulate research on foster care

3.4 Policy issues: Foster care, the stepchild of the child and family welfare system?

Notwithstanding its long and rich tradition, the various and flexible forms it may take, the low cost and the continuous efforts to guarantee high-quality, foster care in Flanders (and more general: in Belgium) still is underestimated. In some way, it can be considered as the stepchild within the child and family welfare system. It often is not well-known by professionals nor by the public opinion, despite the campaigns undertaken by the Federation (e.g., each year in October a ‘Foster care week’ is organised). Policy makers regularly seem to forget that foster care exists. We give one

example. In March 2006, the Flemish Minister of Welfare, Health and Family launched a Global Youth Care Plan. This ambitious and highly-rewarded plan sets up an agenda to meet the most urgent needs within the child welfare system (e.g., more places in residential care, better management of care trajectories, more prevention in at-risk families with young children, more evidence-based interventions,...) between 2007 and 2011. The plan stipulates 38 concrete objectives which should be realised within a four-year period. However, only two objectives directly concern foster care. They deal with the implementation of ‘orthopedagogical’ foster care for children with problems and specific needs.

We hope that change may come within due course, as foster care offers many possibilities to help solve current problems in child welfare. The concept of ‘support families’ for instance opens new ways for foster families to help families in need. Further, foster care may be part of more flexible and integrative care systems. Today in Flanders, an evolution can be seen in the way help to children and young people is structured and organised, within the child welfare system (e.g., in the Global Youth Care Plan the concept of ‘multifunctional centres’ has been launched, these are centres grouping different forms of care – e.g., family support, crisis intervention, residential care – with very flexible possibilities to switch between forms in order to serve better the best interests of children and families; but again, foster care has not been included in this concept) as well as across different care systems (e.g., the Flemish Government decided recently to implement the Integrative Youth Care decree; this implies a restructuring of the whole system in terms of building bridges between the child welfare system, the preventive care system, the care system for people with disabilities, the school counselling services and the mental health care system).

Current problems foster care is faced with are:

- a lack of candidate foster families; finding new foster families seems to be a very difficult job
- establishing the position and status of the foster families; until now, foster parents do not have a legal statute and daily allowances are too low (this may explain the difficulties in finding new foster families and keeping foster parents motivated)
- making foster care more visible to politicians, professionals and public opinion (the Federation intends to organize an international congress on foster care in 2009, without doubt this initiative will help to make foster care more visible in our country)

3.5 Practice issues: Towards an ‘orthopedagogical’ foster care?

Foster care is voluntary help to people in need. The more complex the problems and backgrounds of these people are, however, the more coaching and training is needed, in order to optimise placements and prevent early and painful breakdowns. All too often, placement fails because the foster parents were not aware of the foster child’s problems and background and/or could not meet his needs. Formulating clear criteria for placement in foster families vs. residential care settings and taking time for matching may prevent breakdowns, but it is obvious that some children need more,

because their problems are too complex and their strengths less visible and unexplored. The implementation of 'orthopedagogical' foster care in Flanders offers hope that within the near future all children in need may benefit from foster care.

As in many other Western countries, the welfare system in Flanders is looking for ways to provide help to children from ethnic minority groups and unaccompanied young minors. For the latter, foster care may be a good alternative. In Flanders, the Foster Care Federation has undertaken efforts to guide unaccompanied young minors towards foster families and to motivate foster parents to take care of these young people. At the local level and with the support of the Federation, there are initiatives to simplify foster care procedures and administration.

3.6 What about research?

For more than two decades, there has been done research on foster care in Flanders. Before presenting an overview of the main topics of research, however, we want to make some important comments:

- There is not as much research on foster care in Flanders, as in many other countries (e.g., United Kingdom, the Netherlands, Germany, United States, Australia); compared to the place foster care takes in the welfare system and to the number of studies on residential care (e.g., on children placed in residential care settings), we can state that foster care is understudied; this may be due to a poor input from the government and the agencies, but the issue is also neglected by the academic world; notwithstanding, the Federation (as well as are some services) is eager to start up research (although the Federation is a non-funding agency and cannot subsidize research) and is keeping a lot of data on foster care in Flanders;
- Most studies are based on small groups;
- There are no visible research lines with regard to foster care.

Although research is fragmented we tried to group studies and identified following themes:

- Characteristics of foster families (e.g., family functioning)
- Characteristics of foster children
 - emotional and behavioural problems
 - attachment problems in foster children
 - interactions between foster-parent and foster-child
- Perspectives on foster care
 - children's perspectives
 - foster parents' perspectives
- Outcomes
 - foster care in the preventive care system
 - the case of 'Geel'
- Specific issues
 - kinship foster care in ethnic minority groups
 - unaccompanied young minors

Time has come for more systematic research on different forms of foster care in Flanders. We fully agree with the quote by the Foster Care Federation (see below) and hope that the International Foster Care Network may stimulate our government and agencies to put research on foster care on the agenda.

“However, as yet no large scale, systematic, scientific research has been undertaken in this field in Flanders. There is also a striking lack of long-term outcome studies on foster care.”
(www.federatiepleegzorg.be)

In our opinion, following issues with regard to foster care need to be put on the research agenda:

- Matching foster families and foster children;
- Long-term follow-up of placements;
- Outcomes of foster care in child welfare;
- Implementation and evaluation of the ‘orthopedagogical’ foster care project;
- Implementation and evaluation of integrative care systems within child welfare;

4. Foster care in Wallonia

Welfare has been federalised gradually since the beginning of the eighties. This means that the structure and organisation of the care systems in the French-speaking part of Belgium are still very closely linked to the systems in Flanders.

As in Flanders, Wallonia has various forms of foster care: within the child welfare system, the care system for people with disabilities, and the mental health care system. Foster care within the preventive care system does not exist, at least not in the way it exists in Flanders (under the direction of Child & Family). Placements can be short-term or long-term, and have different functions (e.g., respite care, crisis intervention, placement during weekend or holidays, etc.).

The placements are co-ordinated by 15 ‘Services de Placement Familial’, spread across the Walloon provinces and Brussels. They have the same tasks and responsibilities as the Flemish services and are also united in a Foster Care Federation

In 2006, about 1.924 people were in foster care. The majority of placements occur within the child welfare system and are based upon decisions taken by either the Committees for Special Youth Care or the juvenile courts. As in Flanders, in child welfare foster care placement is not the first option in Wallonia and the number of minors in residential care here today is still higher than the number of minors in foster care.

Inspired by the ‘case of Geel’, Wallonia also has foster care for people with mental disabilities and psychiatric problems. In Lierneux, a village in the province of Liège, there is a psychiatric hospital (Centre Hospitalier Spécialisé) providing foster care and community-based care for this group (since 1884). There are about 80 foster families for about 130 people (all ages, with a substantial number of elderly people). As in Geel, the numbers of foster families and patients are declining.

Literature

- Grietens, H., Vanderfaeillie, J., & Hellinckx, W. (Red.) (2005). *Handboek orthopedagogische hulpverlening – 2. Nieuwe ontwikkelingen in het zorgveld*. Leuven/Voorburg: Acco. (373p. ISBN 90-334-5979-5).
- Roosens, E., & Van de Walle, L. (2007). *Geel revisited. After centuries of mental rehabilitation*. Antwerpen/Apeldoorn: Garant Uitgevers.
- Vervotte, I. (2006). *Globaal Plan Jeugdzorg. De kwetsbaarheid voorbij...Opnieuw verbinding maken*. Brussel: Vlaams Ministerie van Welzijn, Volksgezondheid en Gezin.
- www.belgium.be/eportal
- www.federatiepleegzorg.be
- www.wvc.vlaanderen.be