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# Young children in Brussels: from an institutional approach to a systemic view

## BSI synopsis

*Les jeunes enfants à Bruxelles : d'une logique institutionnelle à une vision systémique*

*Jonge kinderen in Brussel: van een institutionele logica naar een systemische visie*

**Perrine Humblet, Gaëlle Amerijckx, Stéphane Aujean, Murielle Deguerry, Michel Vandenbroeck and Benjamin Wayens**

**Translator: Jane Corrigan**

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# *BSI synopsis*. Young children in Brussels: from an institutional approach to a systemic view

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## Introduction

1. It was only at the end of the 19th century that the door was opened a little on families, and that child protection and compulsory schooling made childhood a public matter once and for all. The law of 1914 on free and compulsory primary education up to age 14 – whose 100th anniversary was somehow forgotten – emerged from a controversial debate on the child's belonging, until then an incompetent minor under the authority of the father [Dupont-Bouchat, 2004]. A century later, parents or their equivalents have legal obligations with respect to the child and are liable with respect to the State [Neyrand, 2013]. The child is a subject of rights and is the object of public social policies. This goes to show that the child is at the heart of deep social changes.

2. The 1989 International Convention on the Rights of the Child (CRC) promulgates the right of children to survival, health and development of children. The CRC developed an international perspective of the responsibilities of states with respect to citizens under the age of 18. It also contributed to departing from the view of the fragile and incompetent child, and to promoting that of an active learner, endowed with great potential, becoming involved in the world around him or her. However, the historical, geographical and social context determines the deeply variable characteristics of childhood. While the health and education policies related to children are implemented by public services based on values of equality and non-discrimination, the observations are clear: childhoods are socially differentiated. In European countries as well, the inequalities in children's overall development observed at physical, motor, social, emotional, cognitive and linguistic level reflect socioeconomic inequalities [Pillas 2014; OECD, 2014].

3. The unequal life circumstances of children have effects in the short, medium and long term which accumulate throughout life and define their differentiated pathways. An inadequate level of economic, cognitive and health resources at a key moment could have an impact on the access to the following stage, and thus gradually increase the social disadvantage throughout life. The periods around the time of birth and early childhood are identified as being two of these key moments. There is the consensus that the impact of life circumstances during early childhood on the health of the adult population greatly jus-

tifies the implementation of policies aimed at children beginning in the prenatal period [Campbell *et al*., 2014; WHO Europe, 2013].

4. But it is also about children here and now, in addition to the interest in their future. A child develops thanks to complex, continuous and reciprocal interactions within his or her family and social environment, the services used, the immediate surroundings and neighbourhood, which are influenced by the general, cultural, social and political context [Bronfenbrenner, 1979]. This analytical framework supports an ecosystemic perspective which establishes child policies. Following on the example of a region such as Quebec [Ministry of the Family, 2014], this framework will be adopted to examine the situation of early childhood in the Brussels Region.

5. This synopsis focuses on preschool children. The literature presents variations in the definitions of this age group. We have defined it based on the organisation of our institutions, i.e. before age 6 when compulsory schooling begins. Beyond the institutional observations and guidelines, this synopsis seeks to answer one question: how can young children in Brussels be placed on the political agenda once again?

## 1. The observations

6. The Brussels Region is faced with a multifaceted challenge for the youngest inhabitants. How can an environment favourable to everyone's well-being be established, while in a context marked by globalisation the number of children increases, sociocultural diversity becomes more pronounced, and socioeconomic inequalities continue to increase? The following observations sketch the broad outlines of these elements which determine the conditions in which young children in Brussels live and grow.

### *1.1. A complex institutional context dominated by the community split*

7. The policies and the institutions related to childhood operate in a complex multi-scale institutional framework in Brussels, in the context of a highly people-related matter, interwoven by community approaches. The table below shows the fragmentation of competences related to early childhood among the different levels of authority in Brussels.

8. This fragmentation has at least three consequences:

- A dilution of political responsibilities. None of the areas listed here have a minister who is clearly responsible for a matter in the region. Thus, in the area of children's health, for example, there are seven competent ministers in Brussels.
- The specificities of the regional territory and its inhabitants are not always taken into account in the elaboration of policies by levels of authority which are usually competent on a wider scale.
- This complexity is found at the level of administrations which are forced to spend a lot of time and energy in order to coordinate their methods of operation. This is the case in particular in the area of early childhood services, in which the communities are responsible for authorising and subsidising childcare facilities while a growing share of the necessary budgets is provided by other entities through infrastructure subsidies and ACS jobs (subsidized contract staff).

9. The Sixth State Reform sometimes took these pitfalls into account. Thus, family allowances were transferred to COCOM (the Joint Community Commission), which has the virtue of putting all inhabitants of Brussels on an equal footing. On the other hand, certain transfers have not been dealt with according to the same approach. Health promotion was transferred from the French Community to French Community Commission (COCOF) as regards the Brussels territory. Although for the moment it does not reach all of the inhabitants of Brussels, this transfer at least has the virtue of transferring a competence to a level of authority close to the field and its specific problems. But ONE *(Office de la Naissance et de l'Enfance)* – and not COCOF – was given a series of competences in the area of health, including support and subsidising of school health promotion services. Certain stakeholders in the sector question the fact that all of these matters were not transferred to COCOF. How can an effective health promotion policy be carried out without the main lever to reach the population at a young age?

| | Federal | Flemish Community | French Community | Brussels Capital Region | COCOF | VGC | COCOM | Municipalities/CPAS |
|---|---|---|---|---|---|---|---|---|
| Education | Age of compulsory schooling | Subsidising of education<br>Education authority<br>Enforcement of school attendance | Subsidising of education<br>Education authority<br>Enforcement of school attendance | | Education authority<br>School transportation | Education authority | | Education authority |
| Services ages 0-3 | Tax reduction for childcare | Approval, subsidising of childcare by K&G<br>Inspection by *Zorginspectie*<br>Financing of infrastructures via the VIPA fund | Approval, subsidising, support, inspection and evaluation of services by ONE | Subsidising of infrastructures through Sustainable Neighbourhood Contracts and ERDF<br>Providing ACS jobs (*Agents Contractuels Subventionnés*) | Subsidising of public and community infrastructures<br>Support for childcare services (*Observatoire de l'Enfant*, training, financing for innovative projects) | Local authority: services for babies and toddlers<br>Subsidising of infrastructures<br>Subsidising of certain childcare services (according to the increase in accessibility)<br>Support for childcare services (training, support, financing for innovative projects) | | Education authority |
| Services ages 2.5-12 | Tax reduction for childcare | Approval, subsidising by K&G<br>Inspection by *Zorginspectie*<br>Subsidising of sports clubs, youth organisations, etc. | Approval, subsidising, support, inspection and evaluation of services by ONE<br>Subsidising of sports clubs, youth organisations, etc. | School attendance system | Financing for homework schools<br>Financing for associations providing educational support through social cohesion<br>Subsidising sociocultural associations | Local authority: before and after school care<br>Subsidising of infrastructures<br>Subsidising of activities<br>Support for childcare services (training, support, financing for innovative projects) | | Education authority<br>Coordination through participation in the ATL decree |
| Child health | Coordination of vaccinations | Subsidising of pre- and post-natal consultations and of *Centra voor Kind en Gezinsondersteuning* | Organisation of prenatal and children's consultations, home support, monitoring of SOS-Enfants teams<br>Vaccination<br>Support for and subsidising of school health promotion services<br>Child vaccination policy | | Subsidising of parent-child gathering places<br>Health promotion (except PSE) | Preventive support for families<br>Subsidising of parental support | Statistical follow-up of birth reports<br>Participation in the financing of vaccinations for children in Brussels | Monitoring of the poliomyelitis vaccination |
| Outdoor spaces | Specific safety requirements for equipment and the use of playgrounds | | | Green spaces, playgrounds and sports areas managed by *Bruxelles Environnement* | | | | 280 municipal sports and recreational areas |
| Social security | Maternity, paternity, adoption and parental leave | FESC (*Fonds d'Equipements et de Services Collectifs*) funds transferred to K&G | FESC funds transferred to ONE | | | | Family allowances, birth grants and adoption grants | |

*Table 1. Distribution of competences between the different levels of administration in Brussels, in the area of early childhood (non-exhaustive).*

10. Furthermore, while the administrative 'boundaries' are defined in territorial terms, the life of families is not. Families in Brussels may use the services in the Flemish Region in neighbouring municipalities, and the families in the '*Vlaamse rand*' may use services in Brussels [De Maesschalck *et al*., 2015].

### *1.2. Demographic growth and a spatially concentrated rejuvenation*

11. The population of Brussels is getting younger and a demographic growth has been seen since the end of the 1990s. The Region welcomes the migrations of young adults from the two other regions in Belgium, but for the most part and in a more long-term perspective, from other countries. The young age pyramid combined with the slightly higher fertility among adult migrants have led to a high birth rate, which has been growing since 1996, especially in certain municipalities [Deboosere *et al*., 2009]. For example, Anderlecht, Evere and Jette recorded more than a 50% increase in the number of births between 2000 and 2010, whereas Watermael-Boitsfort, Woluwe-St-Pierre, Saint-Josse-ten-Noode and Uccle did not experience an increase during this period [OSS, 2013a]. Let us note that the lack of precise figures related to unregistered births represents a difficulty in the planning of infrastructures intended for children. A certain number of children are not registered in the National Register due to their status (child of a diplomat, refugee, in an irregular situation, second residence in Belgium). According to an estimate, this observation applies to 3.5% of births. The Directorate-General Statistics and Economic Information states that in 2011, there was a difference of 693 births between the figures from the National Register and the figures from bulletins based on the usual residence declared at the time of birth. In addition, there were 113 births with a usual residence in a municipality outside of Belgium but a declared residence in the Brussels Region.

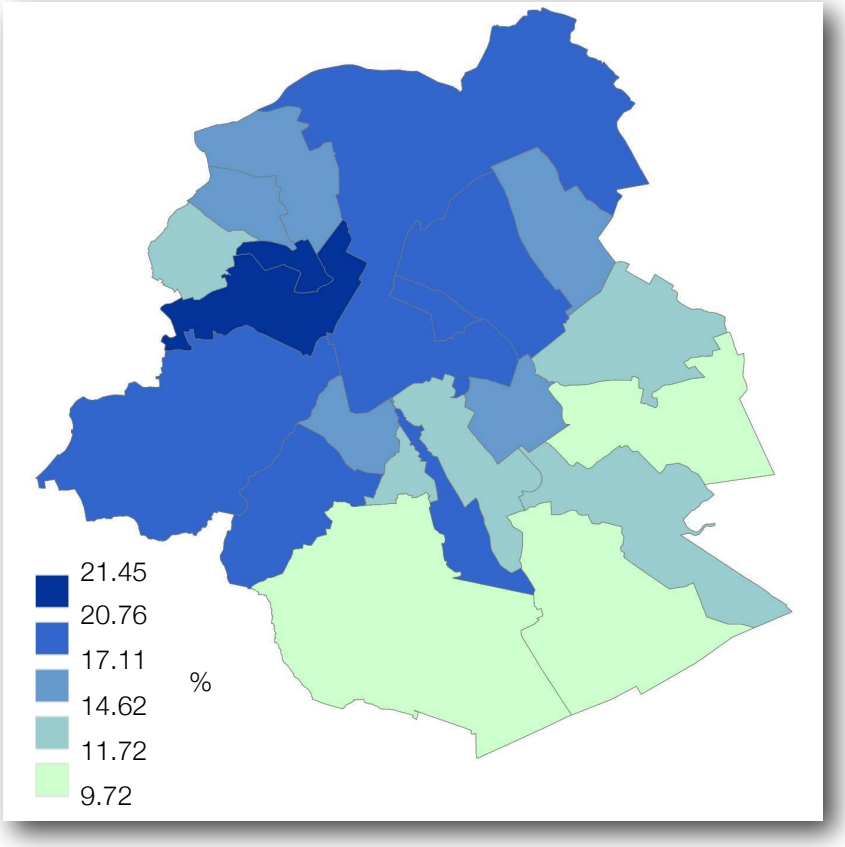



*Figure 1. Birth rate according to municipality in 2012. Source: BISA, monitoring of neighbourhoods according to the Health and Social Observatory and Statistics Belgium.*

12. The group of children under the age of 6 represented 9.0% of the population of the Region in 2012 but this proportion varies greatly between municipalities, with a minimum value of 6.2% in the municipality of Watermael-Boitsfort, and a maximum value of 11.7% in Molenbeek-Saint-Jean. The neighbourhoods in the north and northwest of the Region are home to the great majority of children under the age of 6 in the Region.

13. The growing number of preschool children has an impact on early childhood institutions. Between the 1995-96 and 2007-08 school years, there were an additional 69 kindergarten classes of 21 children in Anderlecht, 87 in Brussels-City, 44 in Molenbeek and 49 in Schaerbeek [calculations based on Humblet, 2011]. The pressure on these institutions will continue for at least another decade [Dehaibe, 2010].

### *1.3. Diversity, bilingualism, multilingualism*

14. The Region is the host of socially contrasted migrations, some of

which are related to the European institutions, and others resulting from international socioeconomic and political factors. These migrations give the Region a marked international and multilingual character. One third of the resident population is of foreign nationality [OSS, 2014a]. The share of foreigners who had been living in Brussels for less than three years almost doubled between 2000 and 2010, reaching 10% of the population of the city. This share is composed especially of young working people of childbearing age, 58% of whom are of a nationality belonging to the EU and 70% of whom are from non-French-speaking countries [Ansay *et al*., 2012]. In the adult population, the French, Moroccan and Italian nationalities have been the top three foreign nationalities for the past ten years. However, the share of EU-15 foreigners is decreasing and that of people from the new member countries has increased since their EU membership [OSS, 2014a]. At the same time, immigration is becoming more diverse, with people arriving from more distant countries such as India and Brazil.

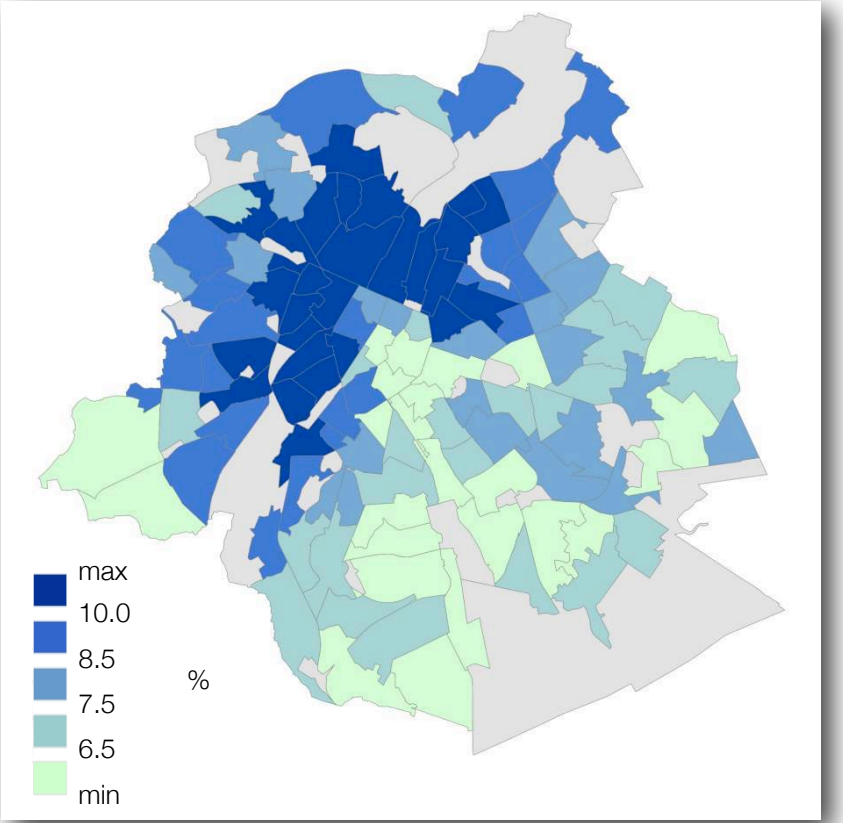



*Figure 2. Share of children under the age of 6 in the total population according to neighbourhood in 2012.*
*Source: BISA, monitoring of neighbourhoods according to Statistics Belgium.*

15. In 2012, 71.1% of children under the age of 5 were of Belgian nationality, but this proportion varies strongly according to the municipality and the neighbourhood. The migratory phenomenon is more easily identifiable among children based on the nationality of parents. The proportion of mothers of foreign nationality is very high, as regards the nationality of origin or at the moment of birth. For all births between 2008 and 2011, this was the case for 72.5% and 48.5% respectively of mothers of newborns [OSS, 2015]. The difference was due to naturalisations; the rate of naturalisation differed according to nationality, which was higher for mothers of Moroccan nationality than for mothers of French nationality, for example.

16. This international character creates a multilingual space. The third wave of the *Taalbarometer* survey, conducted in 2012 with a representative sample of adults between the ages of 18 and 70, reveals that one third of the population speaks neither French nor Dutch at home. Among the main languages spoken, 88.0% of the population surveyed know and speak French, 29.7% English, 23.1% Dutch and 17.9% Arabic. Among the young people between the ages of 18 and 25, born and raised in Brussels, half speak two languages at home (49.3%) and 3.9% more than two [Janssens, 2013]. However, no data regarding the languages known by young children currently exist. According to Rudi Janssens, since the first wave of the survey conducted in 2001, the language of parents has tended to be transmitted more often and multilingualism seems to have become a new standard in the Region.[1]

### *1.4. A socially very unequal region*

17. Economic activity makes BCR a rich region in terms of gross national product. But this favourable indicator does not reflect the revenue

[1] Vlaams Parlement, Gedachtewisseling over de Taalbarometer III van BRIO, 25 June 2013.

of all of the households which reside there. In addition to becoming poorer overall, the Brussels Region is characterised by very pronounced social inequalities in terms of revenue. The average income per inhabitant in the majority of neighbourhoods in the city centre is under the average Belgian value, while the neighbourhoods in the outer ring and the south and southeast are characterised by an above-average level of income [Vandermotten, 2014].

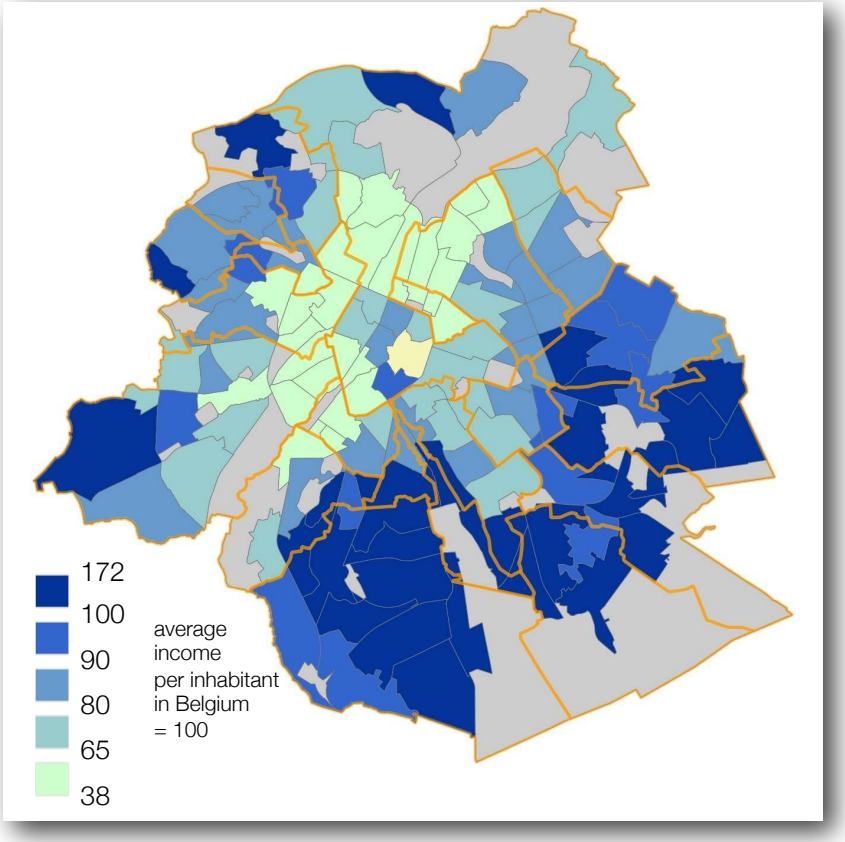



*Figure 3. Wealth index according to neighbourhood, 2011.*
*Source: BISA, monitoring of neighbourhoods according to Statistics Belgium.*

18. The wealth index compares the average income per inhabitant of a territory (for example a neighbourhood or a region) with the national average income per inhabitant. The wealth index of Belgium is defined at 100. With a wealth index of 80 for the Brussels-Capital Region for example, this signifies that the average income per inhabitant of Brussels is 20% lower than that of the country. It was only 2% lower in 1993.

19. Beyond the socioeconomic inequalities, the question of poverty is also a concern. Different types of indicator tally to estimate the prevalence of poverty as being among at least one third of the population. Based on a dichotomous representation of poverty, the at-risk-of-poverty rate (the share of the population whose median equivalised disposable income is under the poverty line set at 60% of the median level of the national population calculated by the European survey EU-SILC) is higher than the national average. For the 2011 revenue, in the population of Brussels, it was more than double (32.5%)[2] the Belgian average (15.0%) [OSS, 2014a]. The AROPE indicator (At Risk of Poverty or Social Exclusion), which integrates a criterion of income poverty, a criterion of material poverty and a criterion related to the economic activity of the household, estimates the rate at 41.2%[3] for the same year [OSS, 2014a]. The presence of a large population of non-EU-27 citizens partly explains the level of these indicators, with the risk of poverty being higher among these people.

### *1.5. The health of young children and its levers*

20. Life circumstances greatly determine the level of health. The World Health Organisation calls them levers or social determinants of health. Certain factors produce and protect health ('salutogenic') while others are 'risk factors' for diseases. The former are more common in the most well-off social groups, while the latter are found mostly in more disadvantaged groups, thus causing social inequalities. They are seen generally among young children and have to do with morbidity as well as the physical and motor, social and emotional, cognitive and linguistic development of young children beginning in the prenatal period [Hertzman,

[2] Confidence intervals of [26,2-38,8] and [12,1-18,5] respectively.
[3] Confidence intervals [34.0 – 48.4].

2010]. These social inequalities depend on structural elements, such as the socioeconomic level of the family and the neighbourhood, the family environment, housing, unemployment and poverty [Pillas *et al*., 2014].

### 1.5.1. Salutogenic factors and risk factors

21. The levers of prevention and health promotion may have a salutogenic effect and reduce social inequalities. Only two of them – breastfeeding and vaccination coverage – are measured for young children. According to the 2012 PROVAC survey, 80.9% of mothers breastfeed exclusively when they leave the maternity hospital, with an average duration (exclusive or not) of six months in Brussels [Robert *et al*., 2014b]. It is slightly higher in the municipalities with a low socioeconomic level, due to the presence of non-Belgian populations where breastfeeding is more common [OSS, 2013b].

22. The complete immunisation schedule (Hexavalent, MMR, meningococcus and pneumococcus) is effective for 83.5%[4] of children. In Brussels, the coverage per disease has reached the collective immunity thresholds beyond which the potential for an epidemic disappears, but it is sometimes situated at the lower limits, except for Haemophilus influenzae type b. The results are stable with respect to the 2006 survey. The rate of vaccination refusal is very low in the population (1.7%) although a quarter of parents state that they are not totally satisfied with the information received on this subject, mentioning the rigidity of certain vaccinators in particular [Robert *et al*., 2012].

23. The complete vaccination coverage in the Brussels Region does not vary according to social background. However, vaccination is often more complete among children monitored by ONE or K&G than by a private doctor [Robert *et al*. 2014a]. In this respect, the consultations for children organised by ONE and K&G therefore represent a favourable lever in terms of public health, but their coverage rates are not known with precision.

24. As regards the risk factors in the development of young children, the data collected on a regular basis concern mainly the perinatal period. In 2010, the high-risk pregnancies identified according to a summary indicator[5] represented 35.1% of births compared to 21.7% for the country [Agence intermutualiste, 2013]. The difference is mainly due to the weight of the socioeconomic criterion.[6] The factor related to the age of the mother concerns especially the older ages. Among the mothers of newborns, the proportions of mothers over the age of 35 (17.9% in 2000 and 23.6% in 2012) and over the age of 40 (3.3% in 2000 and 4.9% in 2012) have been increasing slowly for the past ten years or so [Hercot *et al*., 2015]. However, this is not the case with very young mothers, whose proportion has decreased from 3.3% in 2000 to 2.1% of live births in 2012.[7]

25. In the population of Brussels, the proportions of premature births (before 37 weeks) and low birth weight babies (less than 2.5 kg) have fluctuated correlatively for the past decade between 6% and 7% of live births, with a stability in the proportions at around 1% of extremely premature infants younger than 32 weeks and of children weighing less than 1.5 kg.[8] This last observation is worrying in view of the risks to child development. As the absolute number of children keeps increasing, the number of cases requiring adequate support increases accordingly. The two risk factors vary according to the social situation of the mother and in relation to nationality, but in a non-uniform manner. Thus, unlike mothers from sub-Saharan Africa, Turkish mothers or mothers of northern African nationalities give birth to less children with a low birth weight (which is linked to gestational diabetes) and less premature births than the other nationalities, including the Belgian nationality [Racapé, 2010].

[4] Confidence intervals [80.3-86.6].
[5] Age under 16 or over 40, low socioeconomic background estimated by the BIM status (increased intervention beneficiaries), presence of comorbidity [IMA, 2013, p. 9).
[6] This percentage has increased significantly in the past 5 years, from 28.1% in 2005 to 35.1% in 2010 following the change in inclusion criteria for the BIM status which included the OMNIO status as of 1-7-2007 [IMA 2013, p 12].
[7] Updated perinatal sheets OSS, 30-4-2015.
[8] Updated perinatal sheets OSS, 30-4-2015.

### 1.5.2. Level of health

26. The available health measures depend on the data collected. They concern the perinatal period and the first year of life, and are limited to survival and a few diseases. The other facets of health and the overall development of young children are not usually measured.

27. The perinatal indicators depend greatly on the definition used, which should be harmonised [OSS, 2013a, 2014b]. Foetal-infant mortality has decreased over the past ten years. Infant deaths occur especially in the first months due to congenital anomalies, immaturity and pathologies related to the perinatal period [Hercot *et al*., 2015]. In Brussels, the groups of northern African, sub-Saharan African and Turkish nationality present a risk of 80% for perinatal mortality. This high risk decreases significantly among the mothers of the same nationalities of origin but who are naturalised Belgians, thus leading to a hypothesis which has yet to be validated, regarding better prenatal care and more adequate perinatal care for this particular group [Racapé, 2013].

28. Infant mortality reached 3.4 deaths per 1000 live births in 2012. This result varies according to the socioeconomic background of the family, with infant mortality varying according to the indicator 'number of work incomes in the household': rates of 3.0/1000, 2.7/1000 and 2.0/1000 are observed respectively according to whether the household has no revenue, one income or two incomes from employment, i.e. a risk of death multiplied by 1.5 between the extreme groups [OSS, 2014a]. Thus, 996.6 children out of 1000 celebrated their first birthday. After the age of 1, the mortality rate is very low among young children and is measured as the number of cases per 100,000: in 2012, the mortality rate for children in Brussels between the ages of 1 and 4 was 27.5 per 100,000, and 16.6 per 100,000 children between the ages of 5 and 9.[9]

29. A few pathologies are measured following their screening during the stay in the maternity hospital. In Brussels, INAMI covers the screening of haemoglobinopathies (genetic diseases of the blood), which is justified due to the presence of populations from countries with a high prevalence. Between 1994 and 2007, 1.5 newborns out of 2000 were diagnosed with a major form of haemoglobinopathy and 2% of newborns were diagnosed as healthy carriers [Gulbis, 2009]. Other screening data depend on programmes organised by the two Communities. For example, this is the case with the neonatal screening for deafness, implemented in 1998 by the Flemish Community and in 2006 by the French Community. The consolidated results of this screening for the region are not available, but the prevalence of unilateral and bilateral deafness amounts to 4.8 cases out of 1000 children tested completely in the 8 maternity hospitals out of 11 which were covered by the French Community programme.[10] The results for Brussels obtained by the Flemish Community programme are not available.

30. After the age of 1, regional morbidity indicators are rare. Increased family allowances are issued by ONAFTS if a child has an ailment. The medical-psychosocial definition used distinguishes 9 levels of seriousness. For children under the age of 6, the prevalence in Brussels of this allowance is lower than in the other regions (705 children in 2012, i.e. 1.0%), however, ONAFTS observes two times more cases in Brussels in the three higher levels of seriousness of the ailment. For this organisation, the regional differences are due to the prevalence of ailments themselves rather than differences in the age distribution between the regions [ONAFTS, 2013].

31. Many biomedical and health-related psychosocial data are collected separately by ONE and *Kind en Gezin* but they cannot be consolidated at regional level, as these organisations with community competences do not gather them in this perspective but rather with respect to the families they see. The data from the *Banque de Données Médico-Sociales* (BDMS) collected by ONE are published at the different organisational, community and sub-regional levels [ONE, 2011a]. However, they concern only the children who went to the same consultation on a continuous basis. Thus, for all of the Fédération Wallonie Bruxelles, the check-ups after 9 months, 18 months and 30 months represent respectively 25%, 22% and 14% of the number of children registered during the first contact with ONE in 2009 [ONE, 2011a].

[9] OSS, http://www.observatbru.be/documents/indicateurs/mortalite.xml?lang=fr Updating of mortality indicators according to age, gender and year, 1998-2012.
[10] Personal communication of B. Vos, 09/05/2014.

Their representativeness with respect to the target population is not evaluated. For its part, K&G developed two continuous databases: Osiris for childcare facilities and Ikaros for all births. For Brussels, unlike the BDMS collected by ONE, Ikaros registers the newborns seen at least once by the services [K&G, 2009].

32. For children aged 3 and up, the data are also from a community source and concern pupils. Two programmes are in charge of health promotion (school health promotion and *Centra voor leerlingenbegeleiding* - CLB). The first carries out a complete check-up in the first and third years of kindergarten, and the second, in the second year of kindergarten. They both record the prevalence of a health indicator which is becoming more and more important: the body mass index (BMI). Excess weight and obesity are biomedical and psychosocial health indicators, as their prevalence differs according to the social background of the child. For French-language education, i.e. 76% of students at kindergarten level, the rates in Brussels are raised and are the most unfavourable in the community. In 2011-12, the standardised rate of prevalence (for gender and age) of excess weight among students enrolled in the first year of kindergarten was 21.2% (compared to 16.4% in FWB). Excess weight includes obesity, whose specific rate is 8.8% in Brussels, compared to 6.2% in FWB [Santé pour tous, 2014]. As a comparison, the rate of obesity of 8.8% for children around the age of 3 is comparable to the value of 8.4% observed in 2011-12 in the United States for the 2-5 age group, but the latter rate had undergone a favourable evolution since 2003-2004 when it was 13.9% [CDC, 2014].

## 2. Outline of a systemic view of childhood in Brussels

33. In what conditions do the youngest in the population of Brussels spend their childhood? '*For the exercise of their rights, young children have particular requirements for physical nurturance, emotional care and sensitive guidance, as well as for time and space for social play, exploration and learning.*'[11] In this perspective, we examine the immediate environment of the overall development of the child, i.e. his or her family background and the social, medical and educational services he or she uses, as well as the accessible public spaces.

### *2.1. The family environment*

34. The professional activity of parents, the family structure (two-parent, single-parent, stepfamily), and the number of children in the household represent significant factors in the immediate environment of the child, at material, educational and emotional level.

35. The statistics regarding the family environment of children are rare. The available data concern households with or without children. The most common type of household is the traditional family, with parents and children, followed by single-parent families and then stepfamilies. According to the Belgian demographic panel study (Panel Study on Belgian Households - PSBH), in 2002, traditional families represented 76.1%, stepfamilies 3.8% and single-parent families 20.1% of families with children in Brussels [Fondation Roi Baudouin, 2008]. According to the National Register, in Brussels, 13.9% of women aged 20-49 are single mothers.[12] According to the birth registrations, the percentage of single mothers at the time of birth was 14.4% in 2012.[13] Finally, based on an economic definition of a single parent who raises one or more children under their financial responsibility, a study of single-parent families concluded that this concerns one out of four children in Brussels, with, in more than eight out of ten cases, the mother as the head of the household, and in more than four out of ten cases, several children [Plateforme technique de la Monoparentalité en Région de Bruxelles-Capitale, 2013].

[11] United Nations, Committee on the Rights of the Child, 2005. General observation n°7. Implementation of the rights of the child during early childhood. Geneva, 12-30 September 2005. CRC/C/GC/7/Rev.1. 20 September 2006.

[12] Monitoring of neighbourhoods, 2006 data.

[13] OSS, updated sheets, perinatal health indicators.

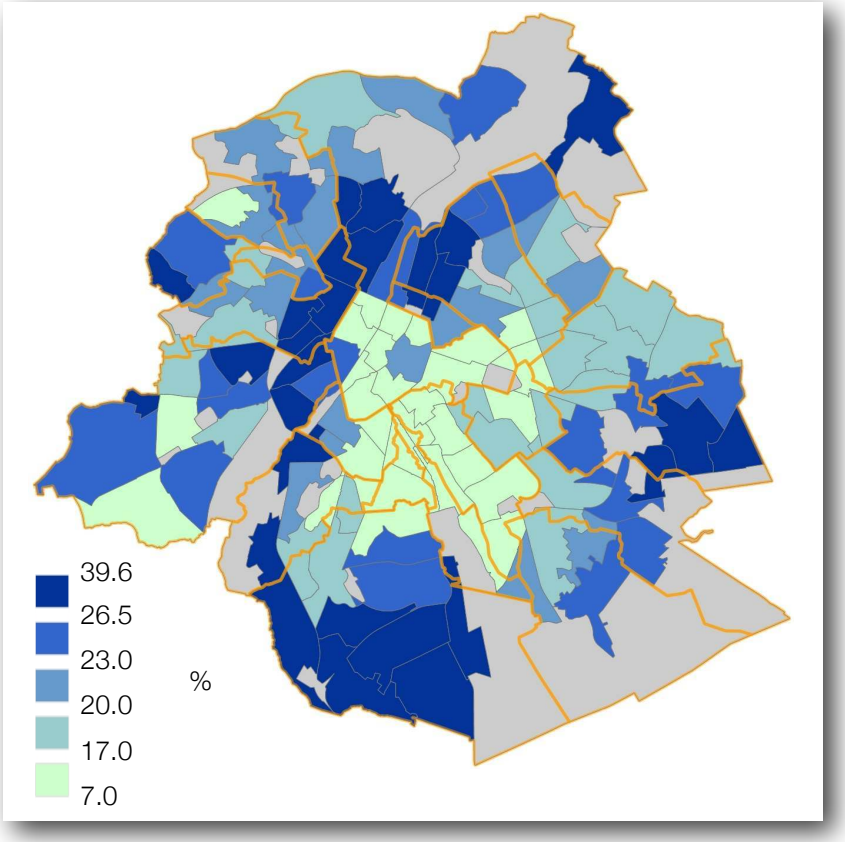



*Figure 4. Share of couples with child(ren), according to neighbourhood, 2006.*
*Source: BISA, monitoring of neighbourhoods according to the National Register.*

36. The geography of couples with children differs from that of single-parent families, with an explanatory factor being the variable density of social housing for which single-parent families have priority access (figures 4 and 5).

37. The situation of single-parent families is a complex educational and emotional framework, associated with very concrete difficulties in terms of resources and organisation. But it does not necessarily constitute a social problem, in particular in the case of negotiated parenthood and spousal support [Plateforme technique de la Monoparentalité en Région de Bruxelles-Capitale, 2013]. However, single-parent families are at higher risk of living under the financial poverty threshold. In Belgium, more than one third of single-parent families are at a risk of poverty [SPP Intégration sociale, 2013]. In concrete terms, this poverty signifies more difficulties in the area of expenses for daily life (rent, heating, bills) and travel, as well as in the area of leisure and social life [Plateforme technique de la Monoparentalité en Région de Bruxelles-Capitale, 2013; Guio *et al*., 2013]. In the particular case of single-parent families of migrants, gender inequalities often combine with social inequalities, which strongly accentuates family and social isolation as well as the risks of conflicts as regards parental responsibility and of financial difficulties [Kaat *et al*., 2011].

38. The professional activity of mothers [Health and Social Observatory, 2015c] also determines the educational framework of young children who may have to live a dual socialisation every day, i.e. with the family on the one hand, and in an extra-familial environment on the other hand. The specificities of the urban environment and immigration have the combined effect of decreasing the availability of family support, in particular from grandparents. For the 2008-2011 period, at the moment of birth, dual-career families dominate slightly (39.3%), followed by two-parent families with a single income from employment (29.6%), and two-parent families without income from employment (14.1%). This is followed by 10.8% of single-parent families without income from employment and 6.1% of single-parent families with a single income from employment. This configuration varies geographically according to the social characteristics of populations. In 2007, the last year available at municipal level, in Woluwe-Saint-Pierre, 65.0% of births took place in a two-parent dual-career household, compared with 30.0% in Brussels-City and 20.5% in Molenbeek-Saint-Jean for example [OSS, 2010].

39. The employment and activity rates of women in the age group of mothers of young children (25-49 years) were 59.6% and 71.1% respectively in 2013. The employment rate differs from the activity rate in as much as it takes into account only people who are actually employed, while the activity rate also takes into account people available on the labour market but who are unemployed.

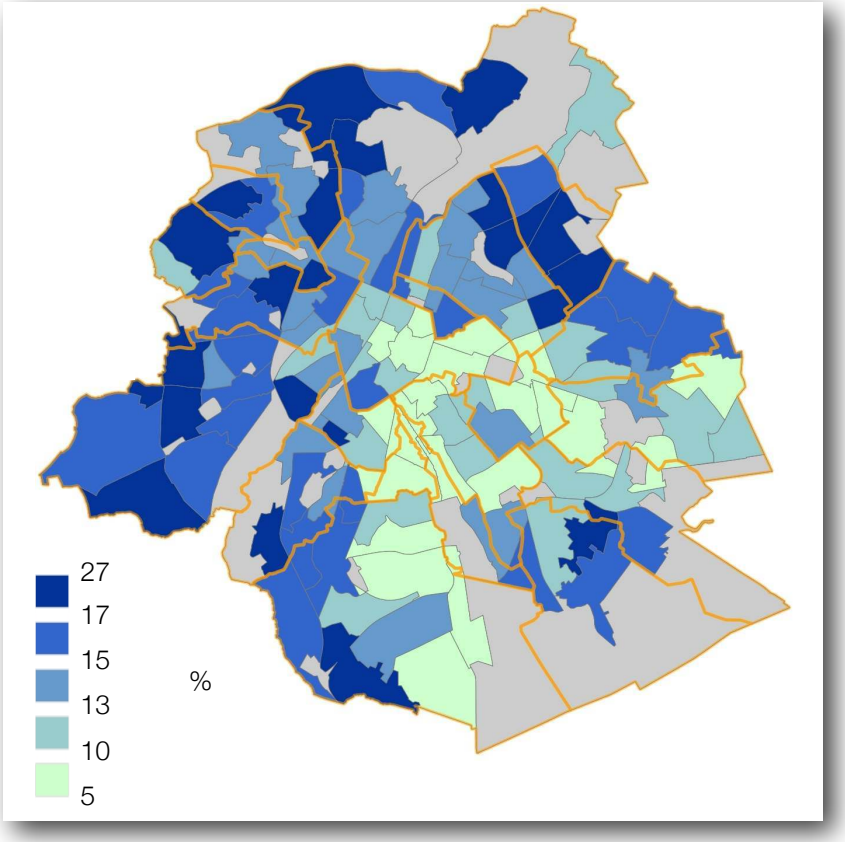



*Figure 5. Share of single mothers among women aged 20-49, according to neighbourhood, 2006.*
*Source: BISA, monitoring of neighbourhoods according to the National Register.*

40. The activity rate is the result of many factors, some of which are individual and others dependent on the context and public policies. The activity varies in particular according to the education level of women, and more so when they are mothers. In Brussels, according to the 2014 labour force survey, the employment rate of women with a higher education level is close to three times (2.7) that of women with a lower education level. The activity rate also depends on the type of household and the number of dependent children. Few differences are observed between women living in cohabitation without children (60.9%), women living in cohabitation with one child (58.0%) and women living in cohabitation with two children (55.6%). The drop in activity is seen when the second child is born for single mothers and when the third child is born for mothers in a conjugal relationship [OSS, 2015c]. The age of the last child also intervenes, especially under the age of 3 [Observatoire bruxellois de l'Emploi, s.d.]. Finally, nationality and foreign origin are associated with practices which are unfavourable to the employment of women. Thus, it has been shown that an ethnostratification of the distribution of employment, statuses and salaries in the Region hindered access to employment for non-Belgian women [Martens *et al*., 2005].

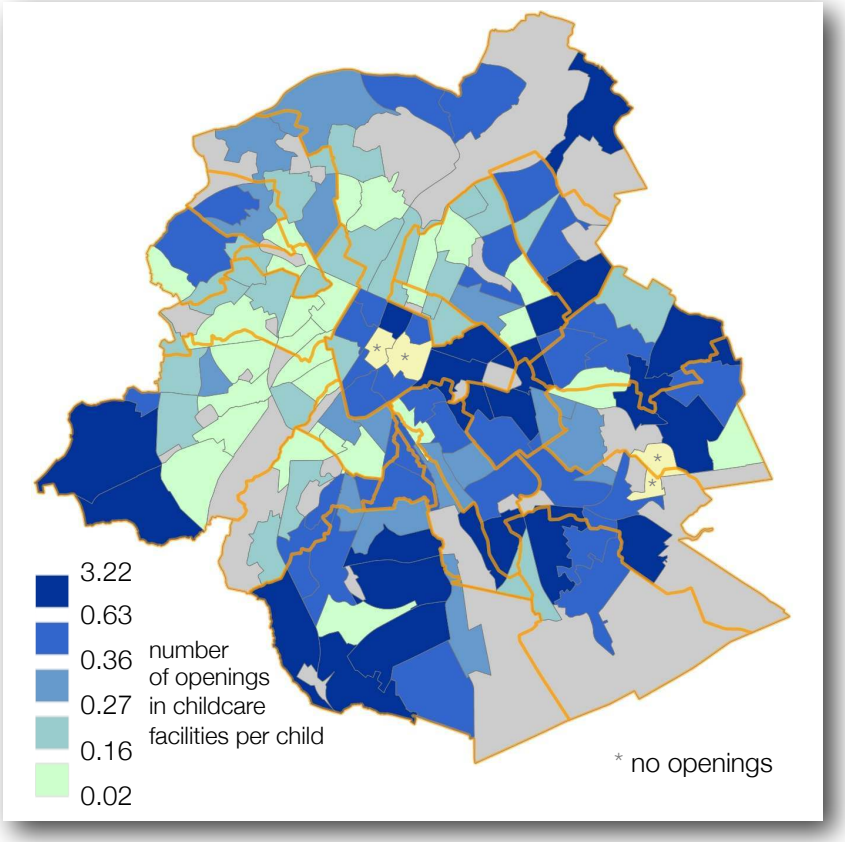
41. The employment of mothers also depends on the public policies aimed at reconciling family life and professional life, such as parental leave, childcare services and preschool or together ECEC [IWEPS, 2013]. This is not the case, however, among fathers [Meulders, 2010].

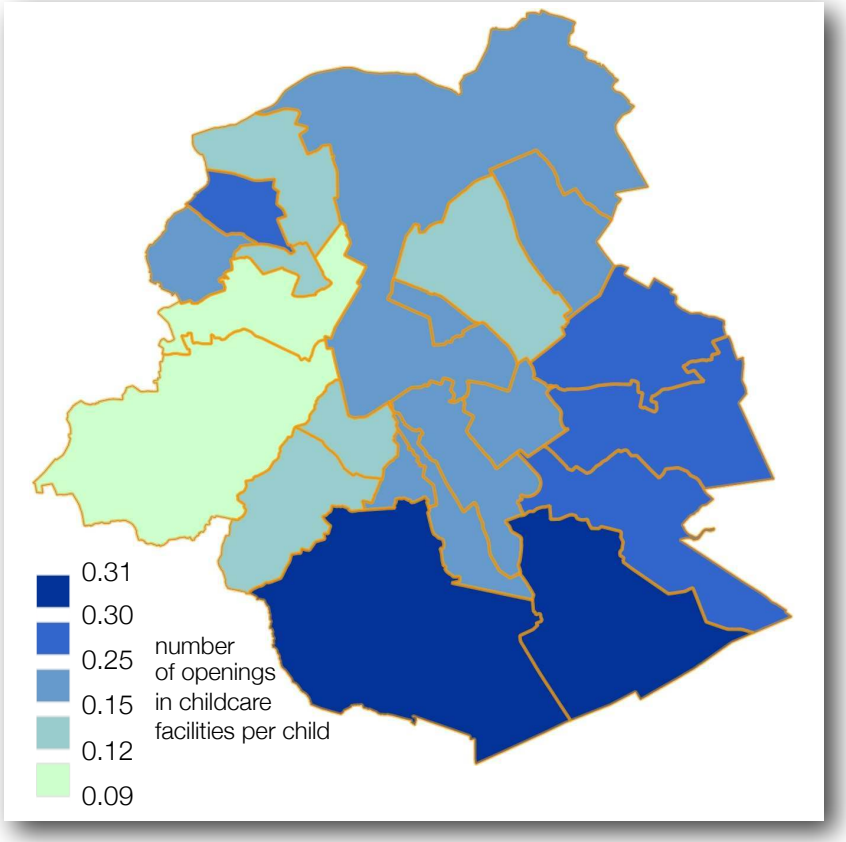
42. The openings in childcare facilities depend on *Office de la Naissance et de l'Enfance* (ONE) for French-language services and on *Kind en Gezin* (K&G) for Dutch-language services. These two parastatal community organisations have the mission to ensure the approval of childcare services, and to subsidise a certain number. However, this represents a service which is available unevenly in the Brussels territory. In 2013, it was lower than 1 opening per 5 children in the 25% of neighbourhoods which were the least well equipped, and 1 opening per 2 children in the 25% of neighbourhoods which were the best equipped. The best equipped neighbourhoods are located especially in the outer ring of Brussels and in the neighbourhood of the European institutions, whereas those which are the least well equipped are located mainly in the north and the west of the Pentagon.

43. Among the services, those which are subsidised have better financial accessibility, as their pricing is based on an official scale for each community, according to household income. The two scale systems are complex but are based on a complete daily contribution which

*(left) Figure 6. Total number of openings in childcare facilities per child, according to neighbourhood 2013. Source: BISA, monitoring of neighbourhoods according to ONE,* Kind en Gezin *and the National Register.*

*(right) Figure 7. Share of openings in childcare facilities with social pricing or based on the revenue of parents and accessible to all, according to neighbourhood, 2013. Source: BISA, monitoring of neighbourhoods according to ONE,* Kind en Gezin *and the National Register.*




varies between €2.34 and €33.04 for ONE and €5[14] and €27 for K&G in 2015. The distribution between openings which are subsidised by ONE and K&G and those which are non-subsidised also varies locally. The number of openings with social pricing or based on the revenue of parents and which are not restricted to a specific category of children varies from a minimum of 9 per 100 children in Anderlecht, and a maximum of 31% in Watermael-Boitsfort and Uccle (Figure 7).

44. To be fair, a service which is in a sense public aid for employment should be used equally by working families, regardless of their social background. Among families with an employed mother, a positive relationship is often seen between the level of use and social background, with a higher use of childcare services in privileged social environments [Krapf, 2014]. This was observed in Brussels in 2003 during a postal survey conducted on the initiative of the *Observatoire de l'Enfant* with a sample of children under the age of 3 [Cremers *et al*., 2012]. More re-

[14] If a family is truly destitute, they may obtain the rate of €1.56 through CPAS, but in Brussels, the request is processed by the non-profit association 'Samenwerken aan Kinderopvang in Brussel'.

| Type of arrangement/ education level of the mother | Family environment | Childcare with free pricing | Childcare with social rates | Total |
|---|---|---|---|---|
| None, primary or lower secondary | 46.2 % (12) | 0.0 % (0) | 53.8 % (14) | 100 % (26) |
| Upper secondary | 47.1 % (24) | 15.7 % (8) | 37.3 % (19) | 100 % (51) |
| Higher or university | 23.3 % (35) | 32.0 % (48) | 44.7 % (67) | 100 % (150) |
| total | 31.3 % (71) | 24.7 % (56) | 44.1 %(100) | 100 % (227) |

*Table 2. Daytime childcare arrangements according to the education level of the mother, among employed mothers (as a %) (n = 227).*
*Source: PROVAC survey, 2012.*

**Box 1. The challenge of population data gathering for an activity under the remit of the community. The PROVAC survey**

*Provac is a survey of vaccination coverage conducted periodically in* Fédération Wallonie-Bruxelles *with an aim to evaluate the vaccination coverage of children between the ages of 18 and 24 months who reside in Wallonia on the one hand, and in the Brussels Region on the other hand. Moreover, it allows the elements in the implementation of the vaccination programme to be identified in view of improving the monitoring of the recommended immunisation schedule. Information on the socioeconomic background of the family, the professional activity of parents, their nationality and their level of education complement the data on health. It has been conducted four times in the Brussels Region since 1995. It has the advantage of adopting a population perspective for matters whose competence is 'communitarised'. The sample is stratified, proportional to the size of the municipalities of Brussels, with a theoretical sample size of 600 cases, with calculations based on the vaccination coverage for the measles, mumps, rubella (MMR) vaccine in 2006 in Brussels. The survey questionnaire is available in French and Dutch. The last survey was conducted in 2012 with the financing of the Brussels-Capital Health and Social Observatory. It allowed some additional data to be collected on breastfeeding and the use of childcare services [Robert and Swennen 2012].*

cent data collected in 2012 allow this issue to be re-examined. The PROVAC survey (see box 1) was conducted with a representative sample of the population of children between the ages of 18 and 24 months (n = 519). For this age group of children, the data show that among the employed mothers (n = 227), 68.8% use a childcare service authorised by ONE or K&G, and 31.3% use an informal family-type environment, for example. The use of an ECE service is more frequent among those whose education level is higher (76.7%), than among those with a secondary education level (53.0%) or lower (53.8%). This social inequality is also seen according to nationality, with working Belgian mothers using childcare services more often than mothers of a non-Belgian nationality, as nationality plays a role independent of the education level of the mother.

45. However, if the type of pricing of the childcare service authorised by ONE or K&G (Table 2) is considered, it is especially the use of a free pricing service which differentiates the social groups: their use is not observed among children whose mother has a lower education level (0.0%), but is in 15.7% of cases when the mother has a secondary education level and in 32.0% of cases for a higher level. The hypothesis may be put forward that a segmentation of the service market exists, with the most well-off families using private pricing services more often.

46. Unequal access to childcare structures is therefore observed, even though this access affects the possibility of finding employment and of being able to meet the needs of one's children properly. The satisfaction of basic needs in terms of food, clothing, home comfort and cultural resources depends greatly on the economic level of the household. The main areas of hardship for children who live in a disadvantaged household are, in order of significance: holidays, furniture, leisure, housing and a place to do their homework [Guio and Mahy, 2013]. According to estimates, child poverty affects between one third and a quarter of children under the age of 18. As indicated by the 2013 Labour Force Survey, 26.2% of these children live in a family without income from employment. Other data, for example increased intervention (BIM) for healthcare, indicate that almost one third of children under the age of 18 benefited from increased intervention in Brussels in January 2014 [OSS, 2014a].

47. Different sources confirm that this proportion of a quarter of children also applies to those under the age of 6. At birth, a quarter of chil-

| | ordinary | increased | | |
|---|---|---|---|---|
| | | *unemployed* | *invalid* | *orphan* |
| Brussels-Capital Region | **74.3 %** | 20.5 % | 4.9 % | 0.3 % |
| Walloon Region | **81.4 %** | 13.4 % | 4.9 % | 0.3 % |
| Flemish Region | **91.9 %** | 5.6 % | 2.3 % | 0.2 % |

*Table 3. Distribution of ordinary and increased family allowances from ONAFTS, children aged 0-5, according to region, 2012. Source: ONAFTS, www.famifed.be*

dren live in a household without income from employment.[15] Likewise, according to ONAFTS data regarding family allowances for employed workers (approximately 75% of children allow the right to family allowances), 25.6% of children aged 0-5 benefit from increased allowances for children of an unemployed, retired or invalid parent, as well as for orphans (Table 3).

48. As with other aspects of childhood conditions, the situation of families and children without established residence status deserves attention. This is, by nature, not measured, and a recent defence of children without INAMI coverage underlined that they are victims of a shortage of access to care [Médecins du Monde, 2014]. Inequalities of access to information and the non-take-up of rights are the main challenges faced by disadvantaged populations. However, in Belgium, children without established residence status (and who are therefore not included in the National Register) may benefit from family allowances in the framework of the general law related to family allowances (LGAF) if the claimant meets the conditions. Family allowances may be paid to a beneficiary without established residence status if the child is present on the territory.

### *2.2. Early childhood services*

49. The CRC is in keeping with an ecosystemic approach, and the signatory states must guarantee access for all young children to appropriate and effective services, including health, care and education programmes especially designed to ensure their well-being.[16] In the Region, ONE and K&G implement services and offer different resources intended for children and their families: longitudinal medical-psychosocial support for mothers beginning in the preconception period and for children up to age 6, parental support and family support, ECE services for children, after school services for children aged 3 to 12, homework schools and special care for looked-after children.[17] These are services of a preventive nature which families use on a voluntary basis.

#### 2.2.1. Medical-psychosocial and health promotion preventive consultations

50. The consultations organised by ONE and K&G offer longitudinal medical-psychosocial support free of charge. For pregnant women, K&G does not formally provide prenatal consultations (CPN). In Brussels, the 14 prenatal consultations provided by ONE have the best regional coverage rate, with a monitoring of 48.8% of births in 2013 [ONE, 2013].

51. Many medical-psychosocial consultations for children (CE) are organised: 80 by ONE, 22 by K&G. Their coverage rates are not published. In the absence of a consensus on a measurable and widely available indicator of the overall development of children and their health, the ONE and K&G consultation rates for children represent a reliable indicator of this lever favourable to health [Köhler *et al*., 2003]. As young children develop at their own rhythm and in close connection with their environment, these consultations have the advantage of a

[15] OSS, updated sheets, perinatal health indicators.
[16] CRC/C/GC/7/Rev.1, 20 September 2006, p. 12
[17] The Sixth State Reform will modify the competences of ONE: it will be responsible once again for health promotion at all levels of schooling, as well as for vaccinations.

longitudinal perspective and of taking into account the context of children's lives. Unfortunately, it is not easy to calculate the coverage rate in Brussels. ONE and K&G each refer to a non-measured portion of the population of Brussels, so it would be necessary to combine their data if they were adapted to this exercise, which is not the case.

52. In the end, only the PROVAC survey of vaccination coverage of children between the ages of 18 and 24 months provides estimates: 63.5% of children in this age group have gone regularly or always to one of these two public organisations since birth, 14.9% occasionally and 21.7% of children have not gone to these consultations [Robert *et al*., 2012]. In social terms, these public institutions for health promotion play a special role in the more disadvantaged social environments. According to the provisional results of the PROVAC survey, the consultation rates are higher among the less-educated social groups, the unemployed with a lower income, and the families of foreign nationality. The professionals who work at these ONE consultations for children notice a high demand in the poorest municipalities when means are limited.

53. Let us mention the health promotion programmes in the two communities: the medical monitoring of students and the establishment of a standardised collection of health information (including the body mass index, or BMI) carried out in kindergarten.

### 2.2.2. Early Childhood Education and Care Services (ECEC)

54. Apart from their function – discussed above – as childcare services allowing parents to work, ECEC services play an educational and social role for children and their families. There is an international consensus that every child should be able to benefit from a quality ECE service before beginning primary school [Dieu, 2014]. The beneficial effects on health and well-being are documented, in particular for children in vulnerable or insecure social environments, but we must underline the importance of the quality of services in order to obtain these results [Dumcius *et al*., 2014]. It is therefore essential for these services to be accessible to all and for underprivileged social groups to have facilitated access.

55. In the Brussels Region, this sector is split in two ways: it is 'communitarised' and then split between early childhood services and preschool. ECEC services before and after the age of 3 differ especially due to the number of professionals per child, and to the levels of training and salaries of professionals in contact with the children (secondary vocational level for children under the age of 3, and bachelor's degree for those over age 2 1/2). Differentiation factors are also seen to a lesser extent between ONE and K&G services.

56. According to the 2012 PROVAC survey, 40.1% of all children between the ages of 18 and 24 months (with an employed or unemployed mother) had been to a childcare service offered by ONE or K&G during the week before the survey: 26.2% in a subsidised service and 13.9% in a private service. The Brussels Region has the distinctive feature of mainly offering community childcare services, as home-based childcare authorised by ONE and K&G is practically nonexistent (3.2% of openings in 2012).

57. These proportions vary according to social background (estimated here according to the education level of the mother). Before the age of 2 1/2, the educational and developmental environments of children vary in a statistically significant way according to education level (Figure 8). Thus, the great majority (82.9%) of young children from a modest social background are raised only in their family setting, i.e. twice as often as when the mother has a higher level of education (37.2%). These variations are also seen with the nationality of origin and the current nationality, with respect to the Belgian nationality (results not shown here).

58. As of age 2 1/2, children may attend preschool. This is the case with 97% of children between the ages of 2 1/2 and 5, distributed between French-language education (76%) and Dutch-language education (21%). The preschool enrolment rates range from 90 to 100% according to municipality, without compulsory attendance. These proportions are however slightly overestimated due to the fact that the number of children with an illegal status is not included in the denominator, and underestimated due to the fact that children enrolled in private and international schools are not included in the numerator [Humblet, 2011]. In terms of equality, the demographic pressure of the past ten years has made it difficult for families to find a school, which probably

affects more children from families who have arrived in the Region recently, although this phenomenon is not being measured.

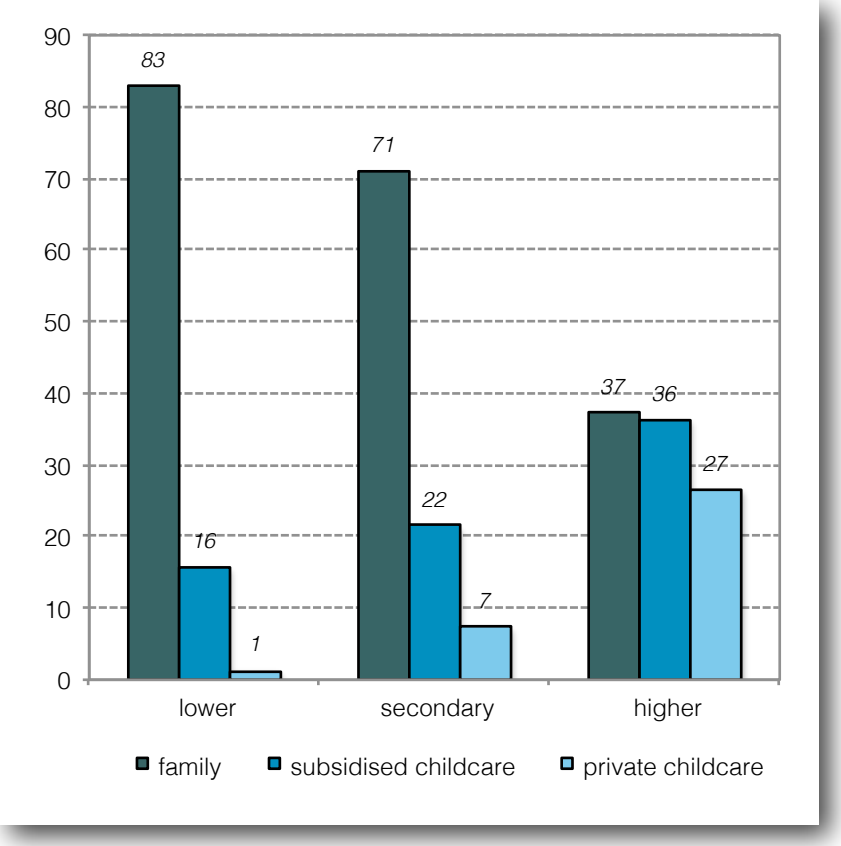



*Figure 8. Type of daytime childcare facility according to level of education of the mother, 2012.*
*Source: PROVAC survey, 2012, data processed by E. Robert.*

59. A high quality preschool has advantages which go beyond simple learning and are very important factors in the success at school later on: emotional and social maturity, attitudes and motivation with respect to school, and competences in the area of communication [Dumcius, 2014]. In this respect, several elements lead to the hypothesis that the situation in Brussels is unfavourable to children with a modest and/or migrant background.

60. A qualitative study conducted in French-language basic schools in Brussels indicates that children who start preschool without previous experience in a childcare facility are often considered by the teachers as requiring more attention in order to adapt. With the demographic pressure in disadvantaged neighbourhoods, this type of need is more difficult to meet, due to the increase in the size of classes [Amerijckx, 2015].

61. Based on their experience in early childhood services for children under the age of 3, a multidisciplinary team (psychologist, anthropologist and architect) observed several reception classes in a school environment for children between the ages of 2 1/2 and 3. The different perspectives of the researchers led them to observe the relative inadequacy of the physical environment, the daily organisation, communication, relationships between children and adults, and the level of support in reception classes when one takes into account the needs of 2 1/2 year-old children [Masson, 2014].

62. A third study conducted in French-language education based on education data shows that children who attended the 20% of preschools with the lowest ranking, according to a socioeconomic index describing the neighbourhood of residence of students, have an average educational delay rate of 28% in the third year of primary school. This is only the case with 3% of children who attended the 20% of preschools with the highest ranking [Marissal *et al*., 2013].

63. Finally, there is a rising demand for services during leisure time (after school services) for children under the age of 6 which is not being met. The evaluations in Brussels indicate the lack of information for parents, the unequal quality of infrastructures, and the costs for parents [Aujean, 2014]. The sector receives little support from *Fédération Wallonie-Bruxelles* and relies a lot on goodwill, but has also developed in the private sector in the privileged neighbourhoods, which has resulted in commodification and a two-tier service [Acerbis, 2014].

### 2.2.3. Early childhood professionals

64. The level of training of early childhood professionals is the main object of reflections, due to its impact on the service quality.

65. In *Fédération Wallonie-Bruxelles*, the heterogeneity and insufficient level of training do not prepare students well for the complexity of childcare and early education work as well as the work with families, as regards the social, educational and community service components [César *et al*., 2012]. The nursery nurses ('*puéricultrices*' in Wallonia, and '*kinderbegeleiders*' in Flanders) and nursery assistants are employed in the subsidised community services. The former hold an upper secondary vocational diploma (including a 7th year), yet the level of the latter varies and is probably lower [Plateforme technique de la monoparentalité 2012]. Family daycare workers as well as professionals in non-subsidised services under ONE must simply prove that they have training. For K&G, no diploma is required for family daycare workers but a decree provides for obligatory qualifications in ten or so years, without a clear implementation for the moment.

66. While the current requirements of the two competent organisations differ, they are both marked by movements aimed at the professionalisation of the sector. Since 2011-12, a bachelor's degree in 'early childhood education' has been offered at *Erasmus Hogeschool* in Brussels. It focuses on the support functions of the staff as well as the work with children and their families [Peeters, 2013]. For its part, ONE created the position of educational adviser by subregion a few years ago, and has supported action research on two occasions, aimed at expanding the competences of childhood professionals and at planning the initial training for all professionals who work in the sector of childcare for children aged 0 to 12 [César *et al*., 2012].

67. The training also marks out the development of this sector, as the subsidised services are financed by ONE and K&G according to the position and the diploma. According to the ONE employment register, in Brussels in 2010, the subsidised childcare staff represented 78% of the total staff, 85% of whom are nursery nurses, and a little less than half (45%) of whom work part-time. If the support staff non-subsidised by ONE are also included, the nursery nurses only represent 45% of staff. However, the grants provided are not enough to cover the actual needs, due to the gap between the grant criterion (for example 1 staff position per 7 openings for children) and the regulatory obligation to be open at least 10 hours per day, 5 days per week, i.e. 50 hours per week. This is also the case for the Flemish childcare facilities for which K&G grants cover only 1 staff position per 8 children for the first staff position, and 1 per 9 children for the following staff positions. The educational authorities therefore hire staff with their own funds or seek other public grants. According to the ONE employment register, in the subsidised services, regional subsidised employment represents 23%, and employment under the remit of the educational authority, 18%. The Flemish data will be available soon.

68. Government-regulated family daycare workers represent a very residual service in Brussels. Their professional, social and fiscal status is incomplete and causes much dissatisfaction. Thus, in the Flemish system, there are only 16 family daycare workers for the entire Brussels Region, distributed in three municipalities. In the French system, there were less than 100 family daycare workers as of 31 December 2013, i.e. less than 4% of openings for children. The Region also has a large number of services non-subsidised by ONE and K&G. In total, on 30 June 2013, the paid employment recorded by ONSS in the childcare sector represented 4,362 jobs in 385 establishments, three quarters (73.8%) of which had the status of employee, the majority in the private non-profit sector (59%) and one third (38%) in the public sector.

69. On the job market, the number of offers for nursery nurses is much higher than those for unqualified childcare workers. This number remains constant, between 450 and 500 per year, and according to Actiris, the percentage of vacancies filled is about 80% [Plateforme technique de la monoparentalité, 2012]. But a shortage of qualified job seekers seems to be developing. Thus, ONEM has added the profession of nursery nurse to the 2014-2015 list of professions for which there is a significant shortage, in the Brussels-Capital Region only.

70. As regards preschools, in total, approximately 5,000 additional students are expected in 2020 compared with 2013/2014, almost 4,000 of whom will be in French-language education (+ 8.9%), and more than 1,000 in Dutch-language education (+ 9.6%). But it is clear that most of the increase in the school population has already been absorbed and that the Brussels-Capital Region will not face a shortage in this respect, as the demand for new preschool teachers should be largely offset by the graduates from the training institutions.

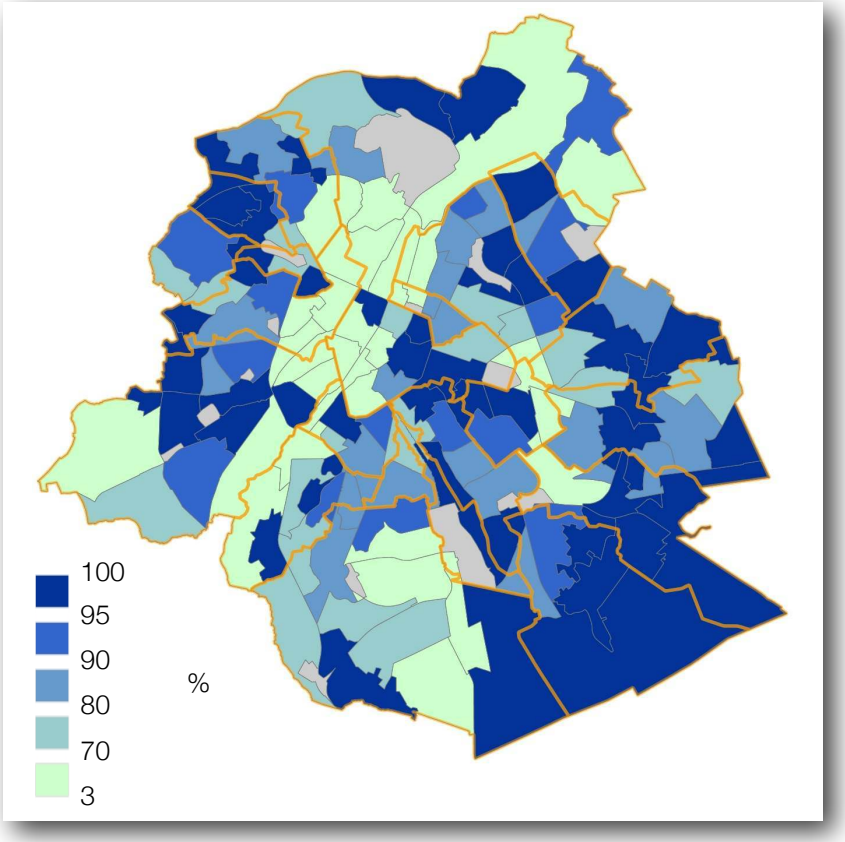



*Figure 9. Share of the population close to a green space accessible to the public, according to neighbourhood, 2012.*
*Source: BISA, monitoring of neighbourhoods according to* Bruxelles Environnement *and Statistics Belgium.*

### *2.3. The residential environment*

71. The economic level of households determines for the most part the place of residence, the quality of the neighbourhood and the access to green spaces, childhood services, recreation centres, after-school services, etc. The question of the adaptation of housing to the families who live in them is obviously essential. But without a reliable housing register, it is difficult to evaluate the share of over-occupied housing [Bauwelinckx and Dumont, 2015], a proportion evaluated in 2001 at 10% of housing, which concerns 20% of inhabitants [Surkyn *et al*., 2007]. The fact that it is more or less accessible to children and families with children also deserves some special attention [Montulet and Hubert, 2008], especially since there is already a significant level of mobility in kindergarten education [Marissal *et al*., 2013].

72. There is no connection between access to green spaces and the child population. In order to make up for this, the plan for the restructuring of sports and recreational areas was established in 2009 by *Bruxelles Environnement*, which took stock of the situation [Tondeur *et al*., 2009]. The Region had a total of 321 spaces, 87% of which were municipal spaces. This number is unevenly distributed in the region, in particular with respect to the density of the child population, the presence of gardens and socioeconomic level. By highlighting these considerable deficiencies in the area of geographical coverage, priority areas of action were able to be identified [BRAT and Kind en Samenleving, 2009].

73. As regards the qualitative offer, it also became apparent that certain under-represented groups should receive special attention, such as pre-teenagers and disabled children. The diversification of the offer, which was also pursued by the Brussels organisation, included the development of projects which took into account the point of view of children, observed how they played and had them participate in the layout of the parks. These projects are aimed explicitly at a better use of these recreational spaces by children and their families. Expertise with respect to the integration of the point of view of children in the development of public space is more established in the Flemish Community (for example in organisations such as *Kind & Samenleving* and *Speelsr*), yet the French Community is just beginning to take steps in this direction.[18] What is more, the reality in Brussels as regards urban pressure leads to a view of the public space through this prism, designed as an 'essential component of the quality of life in the city' [Duvivier, 2014]. This characteristic of the public space was formalised by *Bruxelles Environnement* through the development of a 'networking' which '[…] refers to the integration of the different levels of playfulness (street, neighbourhood, municipality and region) and the improvement of connections between

[18] Cahier Espace public, 2015/13, VGC.

the formal playgrounds (equipment) and the informal recreational spaces (parks, squares, etc.)' [Duvivier, 2014].

74. This conception of the public space implies an intellectual revolution in as much as it is designed through principles of continuity (fluidity) and public accessibility for children. It integrates the reality of current urban constraints (pressure on the space) and sometimes only requires small investments (developments). Children's interests are based on the simplicity and the flexibility of spaces.

| | 1996 | 2001 | 2007 | 2012 | Difference 2012-1996 | Growth 2012/1996 |
|---|---|---|---|---|---|---|
| **Capacity:** | | | | | | |
| Subsidised | 7,353 | 7,399 | 8,029 | 9,190 | 1,837 | 125.0 |
| Non-subsidised | 3,646 | 5,381 | 7,854 | 7,659 | 4,013 | 210.1 |
| Total of openings | 10,999 | 12,780 | 15,883 | 16,849 | 5,850 | 153.2 |
| **Demand:** | | | | | | |
| Number children 0-3 | 36,753 | 40,402 | 47,440 | 54,249 | 17,496 | 147.6 |
| **Coverage rate:** | | | | | | |
| Subsidised | 20.0 % | 18.3 % | 16.9 % | 16.9 % | -3.1 % | 84.7 |
| Non-subsidised | 9.9 % | 13.3 % | 16.6 % | 14.1 % | 4.2 % | 142.3 |
| Total | 29.9 % | 31.6 % | 33.5 % | 31.1 % | 1.2 % | 103.8 |

*Table 4. Evolution of the capacity of services authorised and subsidised ONE and K&G, 1996-2012. The year 2012 was chosen due to the fact that in 2013 there was a switch from K&G to ONE of 1032 openings in the childcare facilities of the European Commission. Source: ONE and* Kind en Gezin.

## 3. The challenges

### *3.1. Develop childcare for children under the age of 3*

75. The childcare offer is unevenly distributed at geographical level and is unevenly used at social level. While all families with young children are likely to be interested in this service for social, educational or economic reasons, the restructuring of openings is limited by institutional and demographic factors.

76. In 2012, 55% of all openings were authorised by ONE, and 45% by K&G. However, three quarters of non-subsidised childcare facilities authorised by K&G were, in practice, French-language [Vandenbroeck and Geens, 2011]. Since a Flemish decree introduced new provisions related to the use of Dutch in childcare facilities as well as new requirements in the area of initial training, the distribution could move in the opposite direction. But, for the moment, it is not possible to predict whether this rebalancing will take place. Firstly, as underlined by the stakeholders in the field, facility closures cannot be ruled out, which would decrease the share of the non-subsidised sector. Secondly, several independent childcare facilities are reluctant to switch from K&G to ONE as the rules in force still allow more children per adult in the Dutch-language system than in the French-language system and with less training requirements for the staff. A joint working group for the two institutions was created on this matter, a few closures were observed between 2012 and 2013 and a first report is expected soon.

77. A little more than half (55%) of the total number of authorised openings were subsidised by ONE or K&G. Between 1996 and 2012, the overall service capacity increased by 53.2%, but the growth in subsidised and non-subsidised services differs, the former having increased by 25.0% and the latter by 110.1% (Table 4).

78. Unfortunately, the increase in the number of openings has not resulted in an increase in the coverage rate. Despite the creation of 5850 openings, the coverage rate has remained stable (from 29.9 to 31.1%) following the demographic growth, with an increase of 17,496 openings for children under the age of 3 between 1996 and 2012. While the number of children was the same as in 1996, the coverage rate was 45.87%, i.e. 15% higher. Moreover, there has been a shift in dominance

from the subsidised sector to an almost equal distribution between the subsidised and non-subsidised sectors. This evolution is significant with respect to quality as well as financial accessibility.

79. As regards financial accessibility, the evolution is less significant than it appears. The expression 'subsidised facility' refers only to grants from ONE and K&G. The 'non-subsidised' sector is heterogeneous, and financial and social accessibility is not necessarily absent. Among the non-subsidised services are therefore services financed by other public authorities which apply social rates, for example the drop-in services authorised by ONE. This is also the case with *Gemeenschaps-Kinderdagverblijf* KDV-GO, which are community childcare facilities within the educational network of the Flemish Community, created in the 1970s in Brussels in certain school locations. The private services which choose to reserve 20% of their capacity for social needs may benefit from a financial incentive from K&G (IKG - *het inkomensgerelateerd systeem*) for the openings concerned. The rate is therefore identical to that of the subsidised services. However, this system has encountered difficulties in terms of implementation [Vandenbroeck *et al*., 2011].

80. On the other hand, as regards quality, there are differences in the number of children per adult in private facilities whose limit is higher for K&G than it is for ONE, and in the training requirements of services subsidised by ONE and K&G and non-subsidised services. *Kind en Gezin* carried out a major reform in 2014 in order to simplify and improve the legibility of services, and a reform of this type is part of the ONE management contract for 2018, which will only benefit families in Brussels.

81. In the end, the development of new openings depends on a mosaic of public authorities with ONE and K&G in the front line. The decision-making power of ONE has to do with the recognition of new projects for openings or structures. For the Flemish community, the distribution between Brussels and the Flemish Region is handled by the Flemish executive and not by K&G. Other financing stakeholders have gradually intervened, prompted by the demographic context, public policies and European guidelines in this area.[19] This involves the region, community commissions, 'neighbourhood contracts' (deprived neighbourhoods), the ERDF for infrastructures and Actiris for employment (ACS). The high number of stakeholders adds greatly to the complexity of the development of new services, but their intervention is necessary, as the grants from ONE and K&G cover staff costs only partially. For the infrastructures, the level of intervention from COCOF and VGC and the priority given to the projects submitted to them vary mainly according to social criteria and coverage rates. Finally, the educational authorities, municipalities and non-profit associations are also stakeholders, with the non-subsidised share based on their own resources. This has resulted in a rather confused situation as regards accessibility, service quality and professional practices.

82. Let us point out, however, that in the French-language system, considerable financial investments were made in 2014. ONE planned 2,214 subsidised openings for children between 2015 and 2018. These openings will not become a reality without assistance from the Region, which will provide the necessary staff (ACS), whereas as regards infrastructures, COCOF incurred expenses of no less than 16 million euros in order to meet the demand of project promoters and to aim for nursery openings for one out of two children by 2024. Finally, the Region will continue the neighbourhood contracts whose financing will allow new childcare facilities to be built.

83. These considerable financial investments are accompanied by major coordination work between the respective administrations in order to channel the financial means towards the same projects and to simplify procedures for project promoters. Thus, in 2014, the COCOF and ONE administrations launched a joint call for projects, providing financial means in a coordinated manner for infrastructures and for the operation of new childcare facilities.

[19] Council conclusions on early childhood education and care: providing all our children with the best start for the world of tomorrow (2011/C 175/03). 15.6.2011, *Official Journal of the European Union*. C 175/8.

### *3.2. The equality of conditions for the development of young children today, and the adults of tomorrow*

84. Providing support to all families – especially the most vulnerable ones – represents a challenge. The social inequalities of children's developmental contexts have led to various interventions as well as specific actions, services and programmes in Brussels, in a perspective of equality in the development of young children, from before they are born.

85. The approach based on cross-sectoral partnerships according to the principle of 'progressive universalism' seems to be the most appropriate [Hamel *et al*., 2012, Eurochild, 2012]. It responds to the unequal distribution of social determinants of health by implementing adapted services for the entire population, and additional services for more disadvantaged families who are included in this universal offer, rather than in targeted services. Prenatal consultations and consultations for children organised by ONE and K&G in Brussels are available to all, intended for all families and free of charge. A large proportion of newborns in Brussels are brought to these services on a regular basis, probably in higher proportions among the poorest children, without a global evaluation in this respect. On the other hand, the ONE/K&G home visits as well as the interventions of other types of organisation such as CPAS, drop-in services, medical centres, family planning and mental health centres, '*Opvoedingswinkels*', '*Centra Algemeen Welzijnswerk*', and various associations offer more specialised services and provide additional resources to the most disadvantaged families. These services should be integrated in universal services, but in reality, they are still very fragmented, without true coordination and often too isolated. Those who work with young families agree that it is important to begin during the prenatal period and to ensure an interdisciplinary, holistic and reassuring network at least during the first year of a child's life [Humblet *et al*., 2013; Sierens and Van Avermaet, 2015]. This is the philosophy of children's homes (huizen van het kind), which are a recent initiative in Flanders by K&G. Two such projects exist in the Brussels Region [Médecins du Monde, 2014].

86. The use of a quality childcare and educational facility by children from disadvantaged social environments may be beneficial not only with respect to their well-being but also to that of their families. An OECD study on the redistributive effects of public aid in the form of funding and ECE services underlines that in Belgium, the impact of the combination of these two types of aid on the poverty reduction of families with young children is one of the most effective among the member countries [Förster *et al*., 2012]. Social equality in the use of childhood services is a challenge in Brussels which is recognised by many stakeholders: this is the case not only with ONE and K&G, but also with COCOF and the *Observatoire de l'Enfant*, VGC, *Fondation Roi Baudouin*, *Délégué Général aux Droits de l'enfant*, Health and Social Observatory (COCOM) as well as training and service coordination organisations, to name the most important.

87. In Belgium, the childcare facilities are regulated separately from the education system. The aim to provide better access to services for children under the age of 3, regardless of the economic activity of their parents, has gradually become more common. This has been the case for more than 20 years in the Actiris children's home, which welcomes children of parents who are seeking employment while they take the necessary steps and/or begin work. Today, 3 daycare nurseries and 99 openings distributed in 14 other structures are devoted only to this purpose. The children's home has a total of 224 openings which were filled by 450 children in 2013.

88. However, it does not suffice to simply declare such an objective. The action research '*Accueil pour tous*' (childcare for all), conducted by RIEPP on the initiative of the *Observatoire de l'Enfant* in 5 childcare facilities, focused on the necessary conditions for developing a function of social inclusion which is open to disadvantaged families (low income, isolated, residing illegally, insecure jobs, newly arrived, single-parent, etc). Their recommendations[20] focus on different levels of action: ensure that the service takes root in the life of the neighbourhood, adapt the registration procedures, and support concrete innovations in the area of childcare practices and relationships with parents in a spirit of openness towards the neighbourhood. The stimulant must come from

[20] RIEPP http://www.riepp.be/spip.php?rubrique3 consulted on 15-01-2015.

management, which mobilises and supports their teams in the notion of inclusive childcare. VGC is also sensitive to this question. The last evaluation conducted in 2011 of the services authorised by K&G underlines the effectiveness of the combined upward and downward approaches to improve the social mix: propose incentives to establish criteria of social priority for registration, on the one hand, and carry out actions in facilities to support the teams in this respect, on the other hand. Following these actions, the percentage of parents who live in poverty and single-parent families in Flemish subsidised daycare nurseries doubled between 2005 and 2010 [Vandenbroeck *et al*., 2011].

89. Several educational authorities (EAs) for subsidised daycare nurseries – and far from the least important – have taken the initiative of reinforcing the presence of disadvantaged families in all of their services with the aim to better reflect the local social diversity. This is the case with Brussels-City, one of the biggest EAs, with an objective of 20% of children enrolled [Dusart *et al*., 2011]. Social and educational inclusion objectives are the basis of drop-in services authorised by ONE for young children and their families (37 in Brussels for 470 openings at the end of 2013). Although their number is insufficient, they receive the financial support of local devices, and ONE – which does not subsidise them – recognises their social usefulness for disadvantaged families who are the priority users [CHACOF, 2013]. As regards the Flemish subsidised nurseries, this concern for a social accessibility policy has led to the organisation of a '*Lokaal Loket*' (local office) where childcare requests are centralised for more than 10 EAs, i.e. the great majority of Flemish nurseries in the Brussels Region. This 'one-stop shop' (www.kinderopvangbrussel.be) takes into account the wishes of applicants, but also uses social criteria to determine the priorities.

90. As regards education, the lack of openings in preschool education with respect to the number of children has been the focus of concern for several years [Wayens *et al*., 2013]. The accessibility challenges exist especially at registration level, where parents have very unequal abilities in terms of obtaining information and meeting the criteria for acceptance [Aujean, 2012]. The experiences differ between French-language and Dutch-language education. For the Dutch-language education system, the local coordination platform (*lokale overlegplatform Brussel*) which was created in June 2009, is in a position to make an assessment: it estimates that there is a shortage of 900 openings in the first year of kindergarten, and 600 to 700 openings in a reception class, with respect to the demand.[21] For the French-language system, a centralised management of preschool registration requests in the official subsidised education system was the object of recent inter-municipal initiatives, and an information website was made available recently for the French community.[22] This coordination of registration is confined to the communities, which divides the local stakeholders with respect to helpless families who cannot find a school for their children. A recent agreement between the two Ministers of Education is aimed at exchanging information on the identification of families who have been denied in both systems.[23] For Brussels, this responsibility should fall within the remit of the federal government, but this is not the case.

91. The recent awareness of the urgent nature of the demographic situation triggered – belatedly – a plan for the creation of classes and schools in the Region. The recent assessment of the creation of openings does not, however, allow the preschool openings to be distinguished among the 18,000 openings created or planned in 2014 in the French-language and Dutch-language basic schools [ADT, 2014, p. 6].

92. Academic failure unfortunately occurs as early as preschool. With respect to equality, the rate of preschool enrolment of particularly vulnerable groups, such as newly arrived children, children living in poverty and children without a residence permit are not documented. In view of reducing social inequalities throughout life, the most vulnerable children should begin school in the best possible circumstances. Once they are enrolled in their school, children should benefit from an equality of means and resources adapted to their level of need.

[21] *De Standaard*; Brussel zal eindelijk weten waar kleuters zitten. 26 March 2015.
[22] http://www.placesécolesmaternellesetprimaires.cfwb.be/.
[23] *De Standaard*; Brussel zal eindelijk weten waar kleuters zitten. 26 March 2015.

### *3.3. Promote the multilingualism of children*

93. For a long time, the debates in Brussels were limited to the question of bilingualism in Belgium, but today must include how multilingualism is dealt with in educational practices with respect to families. Linguistic wealth is also cultural wealth. Today, the majority of children born in Brussels will be multilingual. For almost half of newborns, their family language(s) are neither Dutch nor French. The official language at school will be their second, third or fourth language. The multilingualism of children with an immigrant background is too often seen as a problem and a hindrance to success at school. However, for children of French-speaking, Dutch-speaking, English-speaking or German-speaking expats, multilingualism is seen as an essential asset in Brussels.

94. For a long time, multilingualism has been the subject of debate among scholars, researchers and politicians. The question is complex because a language is more than a language. A mother tongue is part of an identity, of a belonging to one or more groups of reference, and is therefore essential for at least part of one's personality. The inevitable refusal or denial of this language is also a denial or a refusal of part of oneself. Fortunately, for this reason, it is increasingly rare to forbid children to speak their mother tongue in the playground or during moments of play.

95. The academic world has for a long time been divided into two sides [Garcia, 2009]: that of monolingualism and that of multilingualism. On the side of monolingualism, there are those who favour educational settings where only the dominant language is spoken. This implies that children are forced to leave outside the school part of what constitutes their identity. The childcare or preschool service is the first passage of the family into society, where they find answers (most often implicitly) to existential questions: Who am I? Am I allowed to be who I am? What is my role in this society? A strict monolingual approach could have negative effects on self-image and on the pleasure of learning. Moreover, longitudinal studies on the effects of this method are not convincing and are rather disappointing. The bi- or multilingual approach is based on the presence of bilingual assistants who help the children in their mother tongue. Although these bilingual professionals provide important emotional support, this practice is becoming less and less possible. Ten years ago, there were groups with three or four languages, but today there are so many languages spoken in these groups that almost as many professionals as children would be required.

96. Thus, the discussion is pointing in a new direction, which goes beyond these two historical sides [Hélot, 2005; Maire-sandoz, 2014]. In early childhood services, this involves functional multilingualism, which means that the multilingualism of children, their families and their communities is used as a teaching tool. This involves the promotion of all forms of multilingualism (and not only languages which have an economic value). Today, we know that it is not a good idea to advise parents to change the language they speak at home: it is preferable for a child to be surrounded by several languages rather than to speak an impoverished language at home, which happens when parents force themselves to speak a language which they do not know well enough. This means that parents and communities will be addressed in order to facilitate children's learning. The first initiatives are still experimental, but are promising [Sierens *et al.*, 2015].

### *3.4. 'Communitarised' institutions in a regional project for childhood*

97. Difficulties which are partly structural prevent the elaboration and implementation of a regional project for childhood. In the area of health promotion and education, the formulation and implementation of an integrated early childhood policy in Brussels as well as its evaluation are difficult in the present state. The communities have kept their monopoly, and the distribution of competences between them allows each one to act independently in the region as though they had responsibilities only towards the users of their own services instead of towards the population of Brussels as a whole.

98. Child policies, in particular for children under the age of 6, are mainly people-related – and therefore community – matters. But in the Brussels-Capital Region, the community commissions in Brussels, the Region, the federal level and the 19 municipalities all play a role. The result is that it is extremely difficult to have a clear vision and for families to find their way. The ways of life of children depend in part on whether they attend a French- or Dutch-language institution. Those responsible

for childcare facilities and preschools practically do not know each other. The amount of parental participation differs between ONE and K&G services, as do the registration procedures and professional training. Finally, following the Sixth State Reform, the missions of ONE concern children up to and over age 18, with health promotion at school (PSE) transferred to ONE, which is not the case for K&G.

99. In the area of medical/psychological/social support during the perinatal period and for young children, the populations covered by both organisations are considered separately. What programmes could be developed while the main socioeconomic determinants of health fall under territorial and therefore regional policies in the area of mobility, economy, employment and training? In that respect, the transfer of family allowances to the Joint Community Commission is a favourable decision and exception. The Brussels-Capital Health and Social Observatory gathers, processes and accumulates data, but the community character of data related to young children represents an obstacle in the development of analyses of entire local populations and service users. How can the regional coverage of a health or educational action be measured without a measurement of the reference population (in other words, without a denominator)? How can we identify the social groups of children with little or no monitoring at a preventive level and who are not fully immunised? How can the programmes be evaluated? The EDUVAC immunisation survey, conducted in collaboration with the Brussels-Capital Health and Social Observatory and financed by COCOM, was successful as regards the need to work at the level of the regional population in this respect. But it remains isolated.

## Conclusion

100. With respect to competences in childhood matters, it can be seen that the Brussels Region is faced with a paradox. Its socioeconomic future depends greatly on the way in which the different shortcomings will be dealt with concerning the development of children today, while the main tools are under the remit of two communities which, for different reasons, often do not place the region among their priorities.

101. A childhood policy is cross-sectoral by nature. ONE or K&G on the one hand, and the two Education Ministries on the other hand, result from a divided view of early childhood. According to this view, the services for the youngest children were the responsibility of the social-health sector, and as of age 2 ½ - 3, of the education system in which they make up the first level. The boundaries have moved, especially in early childhood services, whose educational function is widely recognised by professionals and parents. They are more firmly fixed at preschool level, where the 'care' dimension is still struggling to make itself felt.

102. The socioeconomic determinants related to work and unemployment, housing, families, public spaces and the support of multilingualism determine the health inequalities of social groups among children in Brussels. The result is that some children in Brussels do not have the necessary conditions to fully develop their potential. The lack of representative data for the regional population beyond the age of 1 prevents an assessment of the extent of these inequalities. Let us not forget that in addition to physical health, the social, cognitive, linguistic, neurological, emotional, physical and motor aspects of the young developing child must be taken into consideration.

103. With 1 out of 4 children (or 1 out of 3 according to the indicator) living in a disadvantaged family at economic and social level (including a large number of children from single-parent families), up to 50% of children in a multilingual situation, an educational delay which may be observed from the beginning of school, and an unknown number of families and children without legal status, all of the elements are there to justify an emergency plan for childhood in Brussels.

104. One of the main challenges is to ensure that the demographic growth does not have the effect of increasing social inequalities in terms of development and schooling. Growth is strong especially in the neighbourhoods and municipalities where there is a concentration of socioeconomic difficulties. Currently, children born at the end of the 2000s who live in the northwest half of the region represent a generation which was marked by the expansion of their age group and by the shortage of accessible openings in ECEC institutions. If adequate measures are not taken in their favour, the negative experience of this group could repeat itself throughout their schooling, labour market entry and the moment they look for their own housing. Major investments were granted in order to increase the number of openings in early childhood facilities and open new schools. But the reaction targeted the quantitative aspect of the problem, without always improving the situation (the coverage rate did not increase for ECEC). That was the first step, but now the question of social equality and the overall development of children must be confronted.

105. The Brussels Region is rich due to its children, and provided that they develop favourably and are educated correctly, it will also be rich in socioeconomic terms. The diversity of cultures could also contribute to its cultural wealth. In order to implement an overall plan for childhood, it is essential to clarify responsibly and with transparency which authorities are competent. Which one, in the end, is responsible, beyond the operators, for ensuring that all young children who live in the region develop overall, have optimum health and benefit from childcare and education which meets the challenges? It is essential to take responsibility, to find the means to evaluate the efforts and results in this direction, and to refuse once and for all the ways of thinking which are in keeping with an institutional and community approach in order to integrate a population approach.

106. A first step in this approach would consist in creating meeting places between the different competent organisations. These would be places where data could be exchanged, knowledge could be shared and policies could be developed, going beyond the multiple boundaries which hinder solutions to the urgent problems of families in Brussels.

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