

## Summary policy proposals for care and guidance

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### 1. SITUATION

#### **Adoption policy reform in Flanders**

The [report of the panel of experts on intercountry adoption was published](#) in the beginning of September 2021. Following the recommendations from this report, the [Flemish Government drew up a number of important outlines](#) on (intercountry) adoption. A reform of the adoption policy in Flanders is being worked on based on these outlines and the report of the panel of experts.

In the spring of 2022, the *Vlaams Centrum voor Adoptie* (VCA) [Flemish Centre for Adoption] drew up an adoption action plan in which four topics from the expert report were developed further. This action plan was endorsed by the then Minister for Welfare, Public Health, Family and Poverty Reduction, and was also included in the business plan of the *Agentschap Opgroeien* [Agency for Growing Up].

One of the four topics in the action plan concerns the development of a stronger aftercare and guidance offer for adoption.

- We want to strengthen the existing aftercare and guidance offer and to opt hereby for integration into existing services.
- We examine to what extent we can evolve towards a structural, non-committal and joint framework for follow-up and aftercare once a child is placed in a family through foster care or adoption.
- We pay specific attention to children with special developmental needs.
- We put a great deal of effort in improved data registration and document management.
- We do not limit care to underage adoptees and adoptive families, but also pay attention to adult adoptees.
- We develop a support policy for adoptees in the search for their origins and identity.

#### **From 'aftercare' to 'care and guidance'**

The term 'aftercare' does not adequately cover what we are aiming for. 'Aftercare' implies that care for adoptees is needed only after the adoption has taken place and suggests that it is about a defined period after the adoption. Adoptees and adoptive parents indicate that care and guidance should be available throughout the process and up to adulthood. Care for birth/first parents throughout the adoption process is also essential. This is in line with the conclusions of the Special Commission on Adoption of the Hague Permanent Bureau (summer of 2022) which prioritizes a holistic approach based on the idea that adoption is not an isolated moment or period in life, but a lifelong journey.

We therefore do not refer to 'aftercare' henceforth in this policy paper, but to 'care and guidance'. With the term 'care', we refer to a basic offer that is essential for all involved in adoption, because of the particular characteristics of living with an adoption story. With the word 'guidance', we draw attention to the additional support and/or more specialized assistance that may be needed during a particular period in the lives of adoptees, adoptive parents or birth/first parents. There is a need for people who can be close

to them in a preventive and caring manner from a basic offer, as well as for others who can be present as and when indicated from a more specialized assistance offer.

### Care and guidance workgroup

The care and guidance workgroup was tasked to develop concrete policy proposals based on the above principles. The workgroup commenced work in early May 2022 and finalized its proposals in November 2022. It was supported by the Flemish Adoption Centre and led by an external chairperson, Dr Nicole Vliegen, professor of Clinical Psychology at the Catholic University of Leuven, and former chairperson of said Centre’s Advisory Committee.

The workgroup was composed of the following experts:

- Individuals with experiential expertise: adoptees and adoptive parents, who, in addition to their own experience, often contribute expertise from a wider constituency and from support they offer to those affected by adoption;
- Partners in the adoption sector: the three intercountry adoption services; the domestic adoption service; *Steunpunt Adoptie* [Adoption Support Centre] and the *Afstammingscentrum* [Centre of Origins];
- Individuals with professional work experience (whether or not combined with experiential expertise) to guide and support adoption stakeholders.

In addition to the actual workgroup, a wider stakeholder group was involved in the course of October 2022 to provide feedback on whether the policy proposals were complete. In this way, we created maximum support. Stakeholders involved include a wider group of adoptees and adoptive parents, individuals with professional work experience on adoption, partners from the foster care sector and two birth/first mothers from the Netherlands. The original intention was to include birth/first parents from Flanders via the workgroup, but this did not succeed. The feedback from the two Dutch birth/first parents was incorporated into the policy proposals below to the extent possible.

## 2. AN AMBITIOUS BUT NECESSARY PLAN

### A 10-point programme from a development-oriented model

Several months of intensive work in three sub-workgroups on what we have come to call (a) basic needs, (b) origin and identity and (c) special needs (see figure) led to a 10-point programme geared to meeting the main needs of all partners involved in adoption. We relied on a development-oriented model to take stock of the current problems experienced by partners involved in adoption.

Intensiteit van hulp en ondersteuning	Voor komst van het kind	Na aankomst in het gezin	Periode van peuter-, kleuter-, kindertijd	Puberteit en adolescentie	Volwassenheid	
Met adoptie verbonden thema's voor elk kind en elk gezin	<b>Thema 1. Basisnoden:</b> met adoptie verbonden thema's voor elk kind en gezin, evoluerend met ontwikkelende kind					<b>Thema 2.</b> Herkomst en identiteit
Bijzondere ontwikkelingsnoden en/of gezinsmoeilijkheden	<b>Thema 3. Bijzondere noden:</b> Op de bijzondere noden van een kind en/of een gezin afgestemd aanbod					

Intensity of assistance and support      Before the arrival of the child      After arrival in the family      Period of infranhood, toddlerhood,      Puberty and teenage      Adulthood

## childhood

Adoption-related topics for every child and every family	Topic 1. Basic needs Adoption-related topics for every child and family, which change as the child develops	Topic 2 Origin and identity
Special development needs and/or family difficulties	Topic 3. Special needs Offer tailored to the special needs of a child and/or a family	

### **An ambitious 10-point programme as a necessary response to current needs**

The 10-point programme of policy proposals to optimize care and guidance for adoptees and those involved in adoption is to be seen as a preventive model. When deployed from the start of an adoption process, it could prevent many of the difficulties that a number of adult adoptees encounter in their lives. In that respect, the model reflects where we want to go in the future from a sensitive perspective on adoption specifically.

The 10-point programme is not however meant to be exclusively preventive, nor does it focus solely on the longer-term perspective for the future. It actually aims first and foremost to address the particularly significant and current needs of both minor and adult adoptees and adoptive stakeholders today. When it comes to today's adoptees and adoptive families, we can speak of a great sense of urgency regarding the needs for care and guidance which are explained further. In particular, guidance in the search for origins and identity is now needed for a number of adult adoptees. After all, their birth/first parents are already later in life, so time is short in case they still need to be searched for.

The order of the policy proposals is inspired by the above developmental model and does not imply any ranking in terms of importance.

### **3. GENERAL CONSIDERATIONS ON THE POLICY PROPOSALS**

#### **Multi-parenting as a new common framework at the *Agentschap Opgroeien***

It is a social reality that a large group of children have more than one or two parent figures who are important in their lives. As part of the future story of *Opgroeien* ('an integrated youth and family policy'), multi-parenting can provide an opportunity for shared responsibility, support and enrichment as a child grows up. The best interests of the child and the dynamic interplay between the child and all persons assuming a form of parenthood take centre stage here. This principle is closely aligned with the policy proposal around 'open adoption'. The Agentschap Opgroeien is aware that giving multi-parenting and open adoption a chance implies a number of new challenges. First of all, it requires more attention to the perspective of birth/first parents, which is less visible in Flanders in 2022. This in turn requires a sensitive search process, as these parents are often confronted with feelings of shame and/or failure, and with the taboo associated with not caring for your child yourself and/or giving it up for adoption. Involving birth/first parents in intercountry adoption is even more complex because of the geographical distance involved. The screening of cooperation with sending countries will examine what support and guidance birth/first parents receive. With the concept of open adoption, the possible roles and expectations of all those involved in the adoption process need to be examined situation by situation and with professional support.

#### **Development of a joint care pathway for foster care and adoption, with focus on the specific nature of adoption**

The task of this workgroup is to strengthen the care offer in adoption, starting from the needs that are currently experienced. The search process for greater integration of the frameworks concerning adoption and foster care lies beyond the scope of this workgroup, as this topic has been broached in a parallel workgroup. Foster care partners were not part of this workgroup, but were involved as stakeholders. Deliberate consideration has however been given to the extent to which care provision in foster care could inspire adoption, and the connection between foster care and adoption in terms of care and guidance was considered important. The connection with foster care is present in a number of policy proposals. Other policy proposals are more adoption-specific.

### **The link between being adopted and trauma**

Here we note a number of observations on the link between being adopted and type 3 trauma which are crucial to understanding the need for a care pathway (basic offer) for all adoptees and for bespoke guidance (specialized care) in specific situations. Type 3 trauma is also called complex trauma, developmental trauma or attachment trauma. Two details in an adoptee's life explain the link with trauma:

- the loss of care figures during childhood is a cause of trauma that is inherently present in every adoptee because of the loss of the birth/first parents;
- when a child cannot grow up with the birth/first parents or care figures, there is a greater likelihood that other sources of trauma are also present in the family of origin.

The literature<sup>1</sup> shows that one-third of all adopted children and adolescents experience difficulties that can be termed complex trauma. We distinguish between:

- the essential loss: the hurt or potentially traumatic experience that affects every adoptee at the loss of the birth/first parents and/or first care figures and that requires care and guidance at some period of life;
- the consequences of severe traumatization that interfere with life to the extent that an adoptee can no longer function.

Whereas any adoptee may need professional guidance at a certain period of their life, individuals with severe traumatization need intense and long-term psychological care. In this sense, widely available adoption and trauma-sensitive care that integrates experiential, practical and scientific knowledge is crucial.

### **The impact of terminology on adoption**

The workgroup calls attention to the terms used when talking about adoption and adoptive caregivers. After all, language use has a great impact on those involved in adoption and awareness of and sensitization on this matter is important. However, a set list of terms that can be used by everyone is not easy to put together. Consensus does not come easily because perceptions can be very different and certain word choices encompass various sensitivities. In this paper, we use the following terms for adoption stakeholders:

- Adoptees: is preferred by consensus to 'adoptive children' because it applies to everyone who has been adopted, both children and adults.
- First parents or birth parents: the terms "biological parents" and "relinquishing parents" seem to imply that there is no further role for these parents. Domestic adoptees in the workgroup prefer the term "birth parents" because it most closely reflects their reality, while intercountry adoptees in the workgroup prefer the term "first parents". During our exchange with birth/first parents from the Netherlands, the term "parents" was preferred. On the one hand, there are the original parents who gave life to the child, and on the other, the adoptive parents who raised them.
- Adoptive parents: this term covers the subject, and there is consensus on the matter.

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<sup>1</sup>Luke, N., Sinclair, I., Woolgar, M. & Sebba, J. (2014). What works in preventing and treating poor mental health in looked after children.

- Candidate adopters: adoptees indicate that the term "candidate adoptive parents" may create the expectation that they are already "older" ("ouder" in Dutch) or will definitely become so. Candidate adopters is perceived as a more neutral term.

#### 4. CONCRETE POLICY PROPOSALS: A TEN-POINT PROGRAMME

The care and guidance workgroup arrived at a broad range of concrete policy proposals. In this paper, we summarize the policy proposals in a ten-point programme. We append the fully written out policy proposals in an annex.

##### **1. Increasing sensitivity to adoption in society**

There is a need for greater awareness in society about adoption in all its facets. The lack of knowledge about adoption-related issues and difficulties leads to wrong assumptions and difficulties for those involved in adoption that can be avoided. An annual awareness campaign on adoption in November (in line with "national adoption week" in the UK) addresses this need. The workgroup deliberately does not opt for a joint awareness-raising campaign on adoption and foster care because the purpose of awareness-raising is different. With foster care, it is more a matter of encouraging people to become candidate foster carers, whereas with adoption it is about making visible what adoption means for all involved.

Such an annual campaign could be developed jointly by the various partners in the adoption sector: Steunpunt Adoptie, VAG, Afstammingscentrum, adoption services and interest groups of those involved in adoption. There is currently no interest group for birth/first parents in Flanders. How their perspective can be adequately addressed will be examined further. Targeted policy choices for a particular campaign will require the necessary budget. Support can be provided by the communication service of the Agentschap Opgroeien.

##### **2. Transfer of knowledge and expertise on adoption and 'out-of-home care' to training, education and assistance**

The workgroup notes that there is a lot of knowledge in Flanders about adoption and related topics and difficulties and about out-of-home care in the broader sense. This knowledge does not however flow sufficiently into education and care. As a result, those involved in adoption, foster care and other forms of growing up outside the original family are sometimes approached on the basis of erroneous assumptions or social notions, which can lead to new and avoidable difficulties. Two concrete policy proposals were developed to address this issue.

##### **2.a. Assignment of responsibility in Flanders for the "flow of knowledge and expertise on adoption"**

There is a need to assign responsibility in Flanders for the "flow of knowledge and expertise on adoption" with special focus on cultural sensitivity. Steunpunt Adoptie is the designated partner, based on the expertise and assignment that already exists today. Steunpunt Adoptie has been tasked and given the resources to transfer professional knowledge and expertise on adoption to society in various ways such as to:

- Engage with and pass on knowledge through training leading to care, education and outreach. This can be done in cooperation with the other existing services in the adoption sector. This task is already taken up sporadically and should be strengthened. Where necessary, Steunpunt Adoptie can organize training that fills persistent gaps in other training.
- Expand and update the existing adoption map. This should include and centralize the knowledge and experience of other services in the adoption sector.
- Offer additional coaching and support on demand to professionals in care and assistance: Information sessions and workshops around adoption issues can be provided in consultation with experiential experts. Dealing with diversity and racism is an important issue here. Expertise on giving children up for adoption and the trauma associated with it for adoptees and birth/first parents should also be gathered and passed on.

In this regard, the workgroup calls attention to fair remuneration for the services of experiential experts.

### **2.b. A provincial contact for "Growing up outside your first family context" for the Mental Health Services**

Cooperation with the provincial Mental Health of Children and Young People networks is facilitated by the relevant authorities. A contact for 'Growing up outside your first family context' is appointed under the Crosslink care programme for each province and for Brussels. We see this assignment more broadly than just for adoption. This person serves as a liaison who is tasked and given the resources to pass on more specialized professional knowledge about guidance for those involved to the mental health services and mainstream care services of the first, second and third line. Such a contact could focus on a broader area than adoption alone, such as children in foster care or residential contexts, so as to strengthen youth services as a whole. There are already examples of Crosslink referrals in other areas, for instance regarding ADHD, refugees and Infant Mental Health.

### **3. Development of a joint standard care pathway for adoption and foster care**

The current offer of care in adoption is too limited and too non-committal. Adopted children face the great challenge of adapting to a completely new environment and becoming attached to a new and strange context. In addition, the substantial loss of the birth/first parents leads to wounds in each adoptee that require specific care and attention. A care offer as an inherent part of the adoption process is therefore appropriate. This implies a care counsellor who advises and guides the adoptive family throughout the process and acquires a good understanding of family dynamics. The care counsellor has an eye for the connection with and the needs of the birth/first parents, can detect and assess when there are more intensive needs, and makes a connection to the broader care services where necessary.

#### **3.a. A standard basic offer for every adoptive family**

The workgroup proposes to develop a joint standard care pathway for adoptive and foster families, as the needs for care and guidance are to some extent similar. This concerns a standard offer inherent in a binding adoption agreement and offered on a canvassing basis. This in turn requires adequate resources for adoption services, which are the main partner in offering care to adoptive families.

A strong, quality offer implies the government's commitment to provide more resources for this. Further discussions should be held with the foster care sector on how to make the joint offer concrete.

#### **3.b. An offer for birth/first parents**

Guidance is provided to birth/first parents in intercountry adoption in the country of origin. Flanders has little impact on this and can only include it as a criterion in the decision on cooperation with countries of origin. With domestic adoption, guidance for birth/first parents, up to the choice they make and after relinquishment, is provided by *Adioptiehuis* [Adoption House]. Here, too, we would like to work in a more canvassing manner in the future.

#### **3.c. Easy access to additional modules on specific topics**

It is important to develop a comprehensive demand-driven offer in addition to these standard offer. The workgroup recommends that the foster modules specified in the annex be expanded, opened up to and implemented in adoption pathways. The workgroup also wants to pay special attention to the theme of 'diversity and racism' in this regard. It will be necessary to ascertain what reinforcement of resources is needed for this in budgetary terms.

To facilitate such easy access, Steunpunt Adoptie offers each adoptive family a welcome kit, including an overview of the available adoption support possibilities. This will also have a budgetary impact.

### **4. Professional development of peer contacts for those involved in adoption**

The workgroup wants to develop further and to professionalize peer contacts, in terms of services as well as an independent offer from interest groups. Such peer contacts for adoptees, adoptive parents and birth/first parents are currently offered by Steunpunt Adoptie, adoption services and interest groups of adoptees and adoptive families. Examples of good practices include the A-buddy offer at Steunpunt Adoptie, Adoptie Schakel Connecteert [Adoption Link Connects] and CAFE. There is a lack of a professional framework, an overview of existing offerings and resources for adoption stakeholders to bring expertise and experience to organising such peer contacts.

Peer contacts for birth/first-time parents are the least developed at this time. Subject to expansion of resources, Steunpunt Adoptie and Adoptiehuis can also commit to uniting, supporting and reaching out to birth/first parents. Note that the threshold for birth/first parents to come forward is high, even among peers. There is added value in identifying what groups exist for birth/first parents in the countries of origin for intercountry adoption. Adoptiehuis could launch an initiative for domestic birth/first mothers. Independent interest groups of birth/first parents are currently lacking in Flanders. Partners in the adoption sector want to explore further how this need can be met, possibly with the involvement of birth/first mothers who participated in the stakeholder group.

## **5. Medical care for adoptees**

Intercountry adoptees are a particularly vulnerable target group on the medical front due to possible infectious diseases, malnutrition, neglect, exposure to toxic substances, limited hygiene and the lack of developed/accessible health care in the countries of origin, but also due to sometimes insufficient knowledge of specific medical problems.

Health should not be taken for granted even among domestic adoptees. There are always unknown factors that make proper follow-up with each child crucial. Stakeholders also specifically mention the problem of FASD.

Our aim here is to pass on knowledge about adoption to doctors so that they will pay attention to medical needs relating specifically to adoption. The workgroup considers it important that referrals can be made to doctors with specific knowledge on adoption.

Concrete policy recommendations regarding the follow-up of the medical component in care are as follows:

- A systematic, multidisciplinary assessment of the pre-adoption medical record in order to anticipate health problems and necessary medical follow-up, organize assistance for the development gap and plan the necessary support for adoptive parents.
- Systematic, professional coaching from the outset and during the transition period from first meeting with the child to returning home, including proper travel preparation in case of intercountry adoption, so as to avoid health risks.
- A thorough and comprehensive medical examination in the first weeks after arrival in Belgium and a follow-up examination after six months, including a home visit by someone with medical and adoption expertise.
- A systematic multidisciplinary monitoring of all adoptees by a team with adoption experience. Serious medical problems can be monitored over the long term in existing specialized services.
- For children with special care needs, it is important to organize medical and other guidance early, i.e. even before adoption so as to avoid unnecessary waiting times.
- It is important to record the medical problems of adoptees from a social science point of view.

## **6. Accessibility of assistance for underage adoptees and foster children in mental health networks**

For adoptees and foster children who have been severely traumatized and for whom the consequences of such severe traumatization hamper their lives to such an extent as to stunt their development, it is crucial that intensive guidance services be available in the mental health care networks within a reasonable timeframe. At present, however, we encounter long waiting lists for all children and adolescents in need of counselling. Hence, the following proposals:

### **6.a. A mental health pilot project for underage adoptees and foster children**

The workgroup proposes a pilot project on good practices and accessibility of care for underage adoptees and foster children and their families in the mental health networks. This pilot project can explore further how care can be secured for these minors in the short term.

#### **6.b. Extension of criteria for care allowance for children with complex trauma**

The workgroup requests that the Agentschap Opgroeien look into the criteria for granting a care allowance for children with specific care needs whose functioning is influenced by early experiences and meets the characteristics of complex trauma. So far, there are five clusters of problems that give direct access to entitlement to an increased care allowance. We recommend adding complex trauma as a sixth cluster.

### **7. Care for adult adoptees**

#### **7.a. A mental health pilot project for adult adoptees**

The workgroup suggests starting a pilot project within mental health networks around good practices and accessibility of care for adult adoptees. Adoption- and trauma-informed services for these adults and their contexts are currently all but non-existent. A pilot project aims to explore further the needs for a broader and more easily accessible mental health offer for adult adoptees and their relatives, with attention to and, where possible, involvement of birth/first parents.

#### **7.b. Adoption coaches and counsellors**

More care for adult adoptees is essential, as adoption is a lifelong affair, which does not stop after the adoption process or when the adoptee is an adult. Care for adult adoptees should not be only clinical. The services offered by adoption coaches and counsellors should also be expanded and professionalized.

### **8. Archiving and preservation of adoption files**

The workgroup considers it essential for all adoption files to contain correct and as complete information as possible and that this should be a condition for cooperation with the countries of origin. All completed adoption files should be delivered to the VCA and kept centrally in a professional archive. Access to files should be organized in a low-threshold manner for adoptees and their descendants. Such files should be kept in perpetuity in case descendants of adoptees have questions about them. The further elaboration of such preservation will call for a deeper debate on legal and ethical issues.

The Afstammingscentrum is the focal point for the perusal of adoption files, with those requesting to see them being free to decide at which agency or agencies (e.g. adoption services, VCA,...) they wish to conduct the perusal interview.

Note that the formulation of the Afstammingscentrum as the central point of contact is not supported by everyone in the workgroup. Adoption services are pushing for them to remain a point of contact for adoptees also. Guidance before, during and after the search for adoptees is already part of their operation in 2022 and there is a lot of expertise in this area. They are working to preserve this freedom of choice. The social workers involved in this workgroup also emphasize that freedom of choice can lower the threshold for young adoptees to seek information. Policy will have to make a choice in this regard.

### **9. Guidance before, during and after the search for origins and identity**

A standard care and guidance offer for searches for origin and identity is important for both adoptees and birth/first parents searching for relatives. We start here primarily from the right of the adoptee to information on origin and identity, without losing sight of the interests of birth/first parents. The workgroup stresses the importance of professional guidance in the search for origins and identity



throughout the search process. Guidance before, during and after this search should therefore be offered as standard.

In this context, the establishment of the Afstammingscentrum in the spring of 2021 was perceived by the workgroup as great added value in the adoption sector. The resources available for guidance during a search by the Afstammingscentrum - but also at Steunpunt Adoptie - are currently insufficient however and should be expanded.

The adoption services (Adoptiehuis and intercountry adoption services) have years of experience in guiding search, roots and care requests. Adoptiehuis is an important point of contact to obtain first-hand information from birth/first parents. Intercountry adoption services have years of experience in working with certain countries of origin. They often have good contacts with the competent authorities in those countries and conclude agreements with contact persons on the spot around guidance on questions of origin and identity.

There is no consensus in the workgroup on the role of the Afstammingscentrum as a central contact point for guidance during the search for origin. This is further clarified in BV 9A. The policymaker will have to tie the knot in this regard.

In a separate proposal (BV 9B), the workgroup calls for an extension of the tasks of the Afstammingscentrum with regard to the support of questions on origin and identity, including the development of a centralized database with information on search options per country of origin. The options for the Afstammingscentrum should be expanded so that searches and DNA research can be carried out more efficiently and effectively, including by descendants of adoptees.

Finally, a separate proposal (BV 9C) was also worked out regarding the costs in the context of a search, such as travel and being able to call on confidants, which are currently borne entirely by adoptees. The workgroup's proposal is that a separate fund be set up for this purpose, to which adoptees can appeal under certain conditions. For adult adoptees, it is suggested that a one-off tax benefit, similar to the tax benefit for adoptive parents, be granted. In this regard, stakeholder group members prefer a fund funded and managed by the government.

A second possibility is to have adoptive parents pay an amount into a fund, managed by the government, as soon as they enter into a mediation agreement with an adoption service. Stakeholders - both adoptees and adoptive parents - note here that this proposal seems to be based on the premise that adoptive parents themselves do not wish to take on this responsibility.

## **10. Translating open adoption into policy and practice**

The last policy proposal deals with the principle of open adoption, which has long been advanced as a guiding principle in adoption, without being translated as such into current regulations. The workgroup formulates a proposal of changing the legal framework towards open adoption, as also recommended in the final report of the expert panel on intercountry adoption. Veronique Van Asch, chair of the expert panel and a lawyer, collaborated on this proposal.

The intention at the Flemish level is to focus more strongly on changing social attitudes, in particular that birth/first parents from near or far will always play a role in the adopted person's life.

On the regulatory front, the workgroup asks the minister to sit down with the relevant federal minister to discuss how the principle of open adoption can also be enshrined in regulations.

Adoptive parents and adoptees from the stakeholder group note that it is important to indicate precisely first what we mean and want to achieve with open adoption before putting it into regulation.

The two Dutch birth/first parents in the stakeholder group advocate customization in this context. They indicate that it is crucial to make room for the feeling of guilt and grief. All parties must first come to an

acceptance of the fact that there are different types of maternal love and that ideally there should be no competition in that respect.

As indicated in the introduction, open adoption is part of the intention of Agentschap Opgroeien to adopt multi-parenting as a new common framework. Both are interlinked and need further elaboration within the agency.