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# CARING NEIGHBOURHOODS POLICY

## 1 WHAT IS A CARING NEIGHBOURHOOD?

In a caring neighbourhood conditions are met so that people, regardless of age and large or small support needs in multiple life domains, can (continue to) live comfortably in their home or familiar neighbourhood. It is a neighbourhood where young and old live together, where people feel good and safe, where quality of life is central, where residents know and help each other, where people and families with large and small support needs receive support and where services and facilities are accessible and available.

Would you like a visual tour of our caring neighbourhoods? Through [this video](#), we would like to take you through our policy.

### 1.1 A CARING NEIGHBOURHOOD CONSISTS OF THREE PILLARS

#### **Neighbourhood participation and inclusion**

A caring neighbourhood is aimed at building up a social network, solidarity and caring coexistence. Creating encounters is crucial here. Only when people know each other will they – after a while – also be prepared to offer each other support. This is about “helping”, not about taking the place of professional help and services. A caring neighbourhood is participatory and is there for everyone. Caring neighbourhoods strive for inclusion.



## **Connecting informal and formal care**

Caring neighbourhoods make the link between informal care (self-care, occasional neighborly help or volunteer work) and formal/professional care. This is also necessary with a view to early detection of vulnerable people, with a view to faster and better access to professional assistance if necessary, with a view to prevention and the commitment to health inequalities and with a view to supporting informal carers with special attention to carers.

## **Intersectoral collaboration between wellbeing and care partners and partners from other domains in a network that focuses on prevention, health promotion and the provision of integrated care and support with a focus on quality of life**

Based on a neighbourhood analysis, the neighbourhood, the local government, the wellbeing and care partners and other partners in the network jointly choose the priorities they want to focus on in the context of the caring neighbourhood project. It concerns a collaboration between health and well-being in collaboration with other sectors (including housing, spatial planning, youth, culture, sport, work, social economy, etc.), aimed at prevention, health promotion and the provision of integrated care and support to a person. People and their quality of life are central, which is why steps are being taken towards integrated care.

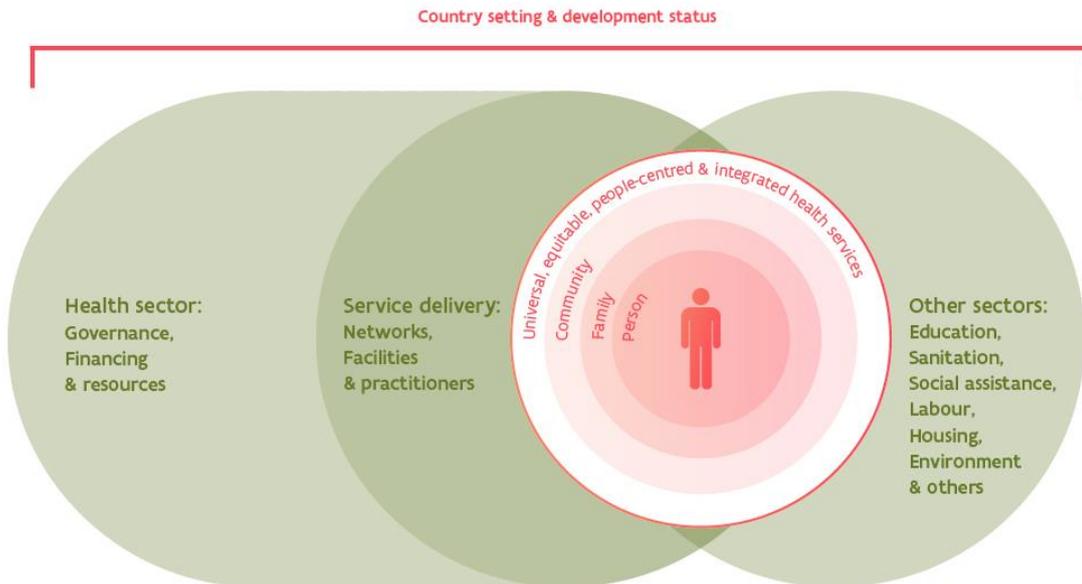
## **1.2 PERSONALIZED AND INTEGRATED CARE AS A FOUNDATION**

Our vision on wellbeing and health made a whole (r)evolution in recent years: we evolved from supply-oriented to demand-oriented care in which people and their context are central elements. From 'one size fits all' to customized care. From intra muros treatments to extra muros. Deinstitutionalization and community care are central to this. Just like self-direction, empowerment and strength-oriented working. And this with an eye to the quality of life in a caring neighbourhood.

The World Health Organization model with the concentric circles on “integrated people-centred health services” summarizes that vision well. This is not just about health, but about health and wellbeing. In this vision, the person is central and he is in control of his own wellbeing and care process. Wellbeing and care of people are seen as a shared responsibility, the concern of many.

This WHO model in which the person and the focus on life quality are the central elements, forms the basis of the welfare and care policy that we are drawing out in different domains. It forms the basis of the Flemish Social Protection and of the person-following financing for persons with disabilities. A caring neighbourhood is an indispensable link in that model.

## Conceptual framework on integrated people-centred health services



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## 2 WHY CARING NEIGHBOURHOODS?

Why do we want to commit to caring neighbourhoods? Between 2016 and 2021, we saw a huge increase in mental health problems, among young people but also in the population as a whole. We saw a 46% increase in people unable to work because of depression and burnout. In addition, 6% of the population reported that they are often lonely; 26% sometimes feel lonely. Finally, our care is under pressure: the demand for care is rising and already 15% of people between 20 and 64 in Flanders work in care. COVID put these problems on the spot.

Because of these reasons, the previous Flemish Government (2019-2024) decided - among others - to focus on caring neighbourhoods, via the Flemish Resilience plan. At the time, 4.3 billion was made available for the entire plan.

## 3 HOW DOES A CARING NEIGHBOURHOOD WORK?

We built further on the eight functions of community-oriented care of the Association of Flemish Cities and Municipalities (VVSG)<sup>2</sup> and the sector of community building (SAAMO) where we give a slightly broader interpretation to the building blocks 'analysis' and 'cooperation'. We were also inspired by the 7 Effectiveness Principles for Integrated Community Care of the Transnational Forum on Integrated Community Care<sup>3</sup>.

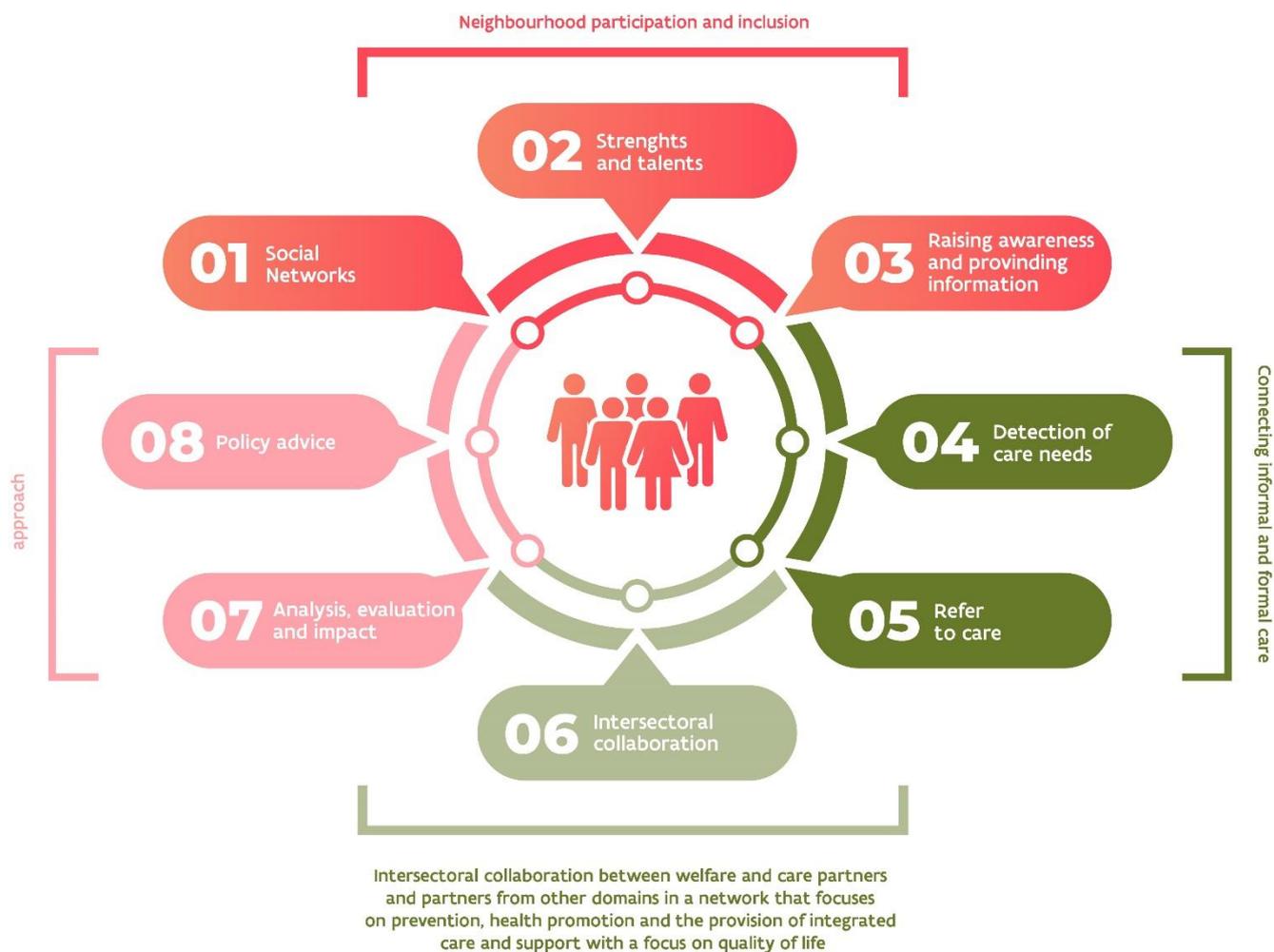
<sup>1</sup> [World Health Organization 2015 – Conceptual Framework on Integrated people-centred health services](#)

<sup>2</sup> [Cahier “Aan de slag met buurtgerichte zorg” of the Association of Flemish Cities and Municipalities \(VVSG\) \(Dutch only\)](#)

<sup>3</sup> [ICC4All-Strategy\\_EN.pdf \(transform-integratedcommunitycare.com\)](#)

As stated above (point 1), a caring neighbourhood consists of **three pillars**. We elaborate on these pillars and how you approach them in a model of eight building blocks of a caring neighbourhood:

- Social Networks
- Powers and Talents
- Raising awareness and informing
- Care Needs Detection
- Guidance to care
- Intersectoral cooperation
- Analysis, evaluation and impact
- Policy advice



The sector of Community Building (SAAMO) further elaborated this model in a brochure. The model may also be applicable outside the Flemish context. So definitely check out this [publication by SAAMO](#).

The model allows us to work in a tailor-made way for each neighbourhood. After all, every caring neighbourhood is different (people, environment, housing, available services and organisations, etc.).

In this way we want to work systemically focused on a better quality of life, better health, social cohesion and resilience within a defined neighbourhood.

## 4 HISTORY OF OUR POLICY

The Flemish Government decided to launch a project call in Flanders and Brussels. 132 projects set to work from 1 March 2022 to 29 February 2025 to turn their neighbourhood into a caring neighbourhood. They worked bottom-up, in a cooperation network with local residents, local authorities, welfare and health organisations and organisations from other domains (housing, leisure, work, etc.). Priorities were set on the basis of a neighbourhood analysis. They learned to look at the long-term impact they wanted to achieve by working together on a theory of change.

To bring this to success, the projects were supported through training and coaching, by a consortium of knowledge organisations and midfield partners, coordinated by the King Baudouin Foundation. More than 15 different colleges, universities and research centres were involved within this consortium. The projects received training in neighbourhood analysis, impact-oriented work, working in a network, outreach work and content-related topics such as participation, inclusion, neighbourhood help, healthy neighbourhoods, asset-based community development, etc.

A scientific study was conducted, based on these projects, by the Support Centre for Welfare, Public Health and Family (SWVG). The researchers drew up a toolbox with methodologies and examples that can help caring neighbourhoods (further) on their way. The study showed that after a good 1.5 years of operation, the caring neighbourhoods had already achieved a great deal: the projects focused on strengthening informal networks, local residents found a place that belonged to them and where they could meet each other, more local residents were reached, residents found their way to professional help more quickly, professionals from the neighbourhood knew each other better, there were evolutions in the partnerships involving professionals from other domains (than care), etc. You can find a short [summary](#) of that survey on our website.

## 5 CURRENT POLICY

The current Flemish Government and the Minister responsible for Welfare, Caroline Gennez, decided to focus on the structural embedding of caring neighbourhoods.

To achieve this, we will have to focus on multiple policy measures. Earlier this year the minister indicated to local authorities that focusing on caring neighbourhoods is one of the policy priorities so that local authorities will include this in their local social policy and their local multi-year policy plans (2026-2031) in the coming years.

In addition, we will include the insights of caring neighbourhoods in the development of our integrated care programme, one of the sub-projects being the organisation of our care at neighbourhood and local level.

From the Department of Care we continue to support the field of caring neighbourhoods. For this we count on the Association of Flemish Cities and Municipalities (VVSG) and the Flemish Institute for Primary Care (VIVEL), among other organisations.

From the Department of Care itself, we will also continue to focus on disseminating information and inspiration via our [website](#), newsletter, inspiring articles, videos and knowledge clips.

Finally, we can also count on our stakeholders (universities, colleges, civil society organisations, support centres) who continue to focus on caring neighbourhoods by providing training and further disseminating knowledge.