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CARING NEIGHBOURHOODS POLICY

After the corona crisis, Flanders wants to unpack with a major recovery plan, called 'Flemish Resilience'. The Flemish Government is allocating no less than 4.3 billion euro for this. The plan is intended to strengthen the Flemish prosperity and the well-being of the Flemish. Minister Crevits, responsible for Welfare, Public Health, Family, will also deploy resources. One of her actions to strengthen mental well-being, among other things, is to invest in 'caring neighbourhoods'.

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.

A new inspirational frame for caring neighbourhoods in Flanders and Brussels came about on the basis of vision texts, cahiers, study work by and exchanges with universities, colleges, knowledge centers and civil society organizations. We also based ourselves on insights from ongoing projects caring neighbourhoods and other related policies in the Welfare, Public Health and Family Policy Area.

I. A CARING NEIGHBOURHOOD CONSISTS OF THREE PILLARS

1. 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.



2. 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.

3. 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.

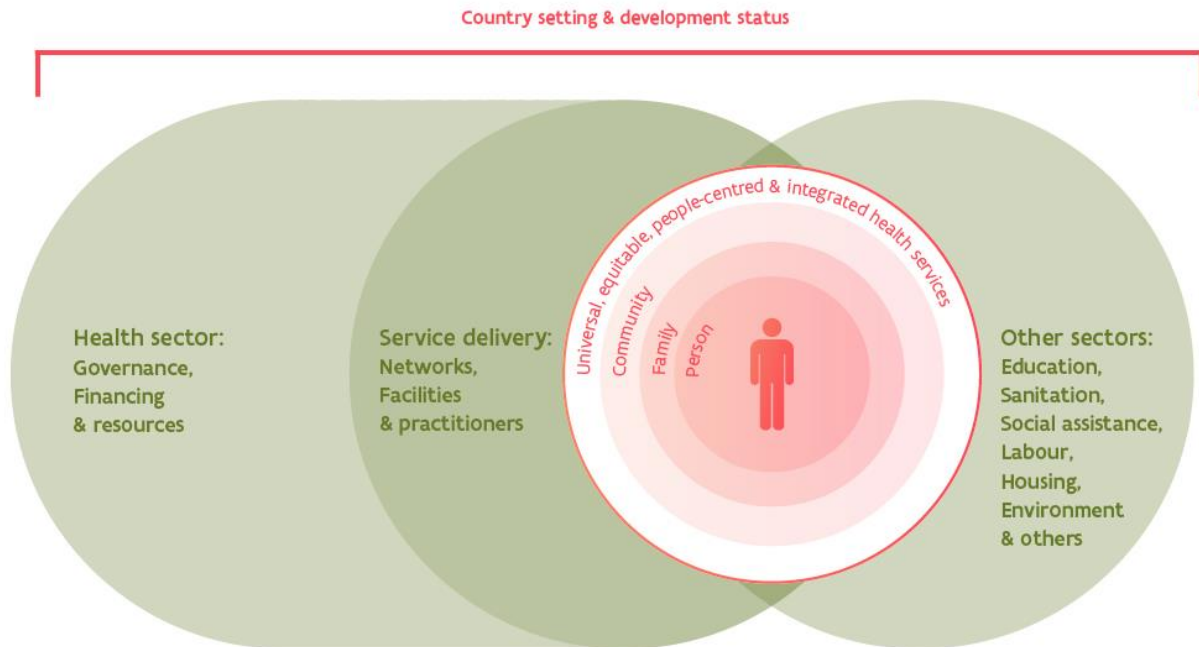
II. PERSONALIZED AND INTEGRATED CARE AS A FOUNDATION

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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III. 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)² 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 Care³.

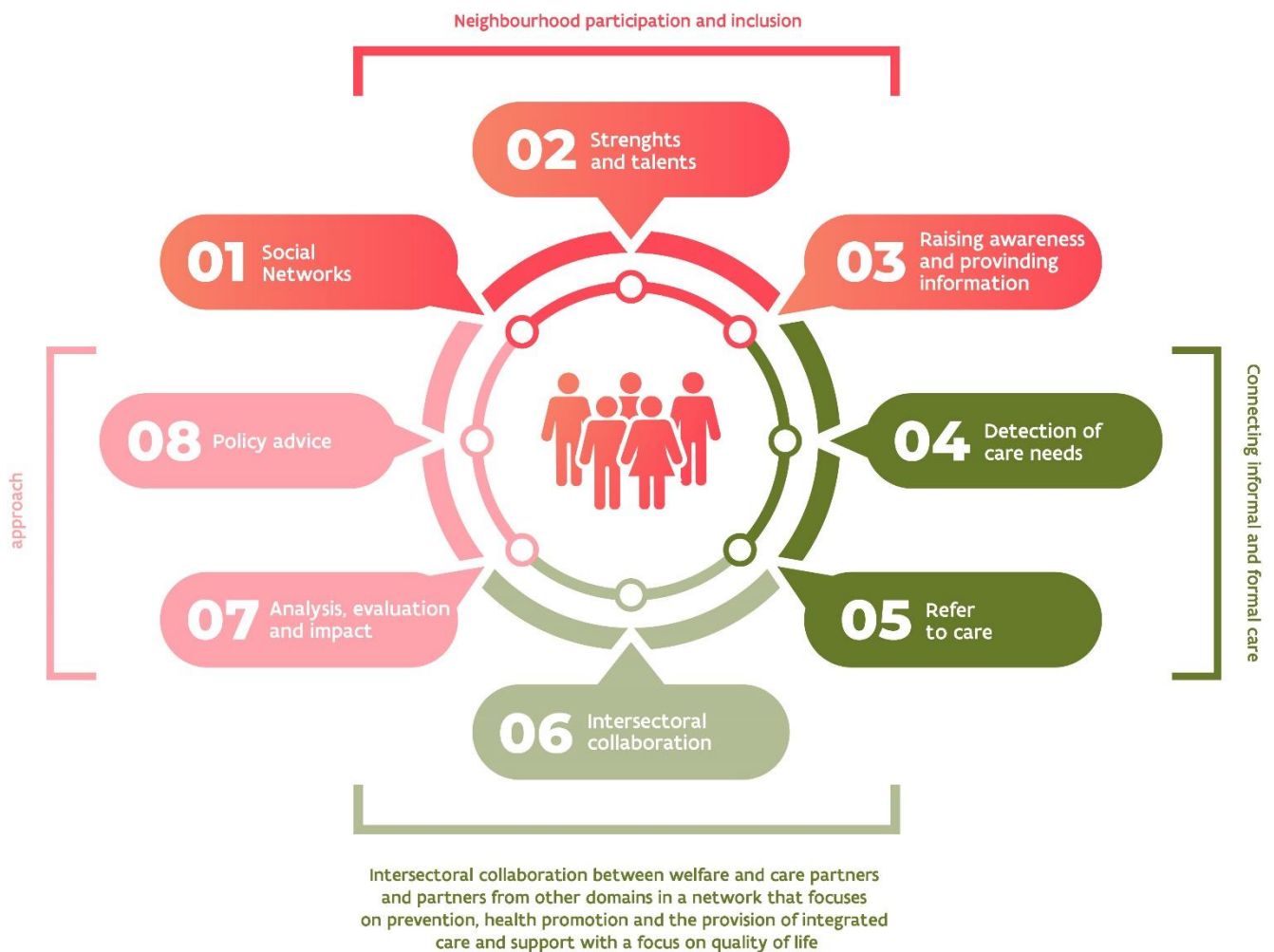
As stated above (point I), a caring neighbourhood consists of **three pillars**. We elaborate on these pillars and how you approach them in a guideline of eight building blocks of a caring neighbourhood:

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

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

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

³ [ICC4All-Strategy_EN.pdf \(transform-integratedcommunitycare.com\)](#)



A caring neighbourhood is not a fixed prescribed model. It is about a systemic approach for a better quality of life, better health, social cohesion and resilience within a defined neighbourhood.

IV. Policy plan in order to invest in caring neighbourhoods in Flanders and Brussels

The approach from the Department of Welfare, Public Health & Family for the coming years in order to invest in a policy of caring neighbourhoods:

1. A **project call 'caring neighbourhoods'** in Flanders and Brussels was launched (152 projects were submitted within this call in Flanders, 13 in Brussels). 'Caring neighbourhood' projects are initiated by municipalities and health and welfare services and establishments; the municipality is involved within every project. Projects were encouraged to apply with a broad network within their neighbourhood. 132 projects of caring neighbourhoods have been selected and started March 1, 2022 for two years until February 29, 2024. These 'caring neighbourhoods' receive a maximum of 50.000 euros each year. In addition, the projects must commit the same amount themselves, so the caring neighbourhoods have a total maximum budget of €100,000 per year in order to develop their caring neighbourhood in a sustainable way.

2. All **projects are supported by a consortium, coordinated by the King Baudouin Foundation, consisting of all colleges, universities, research centers and midlevel body with expertise** on the topic. More than 15 different colleges, universities and research centers are involved within this consortium. In this way we want to ensure that all projects have a solid foundation after two years and that they can continue to sustain their caring neighbourhood. The support consists of process guidance by coaches: every caring neighbourhood can count on 10 days of coaching per year. These coaches support the caring neighbourhoods in a generalistic way. In addition the consortium delivered a substantive support during the first months in the field of neighbourhood analysis, theory of change, participation and inclusion, diversity, working together in a network, outreach and communication (with citizens, network partners, local and Flemish government, local press, etc). In the second project year, starting in March 2023, trainings will be organized around reaching and involving specific target groups, volunteering and neighborly assistance, asset-based community development, healthy neighbourhoods, healthy community residents and communication.
3. Not only do we want to end up with 132 solid caring neighbourhoods in the spring of 2024, we want to immediately focus on **scaling the caring neighborhoods up during the duration of the projects**. From the **Department of Welfare, Public Health & Family** we will follow up the projects and share useful information, webinars from the consortium, well-running processes with the broad field of professionals through our website (www.zorgzamebuurten.be), newsletter (more than 700 people are member of our newsletter, started in the Spring of 2022), inspiration days, etc.. In March 2023 several regional inspiration days are planned; in April 2024 we will organize a final symposium. In this way we want to support and inspire all local authorities and welfare and care organizations to get started with caring neighbourhoods. Of course we cannot do this alone, we also consult with stakeholders (employer and employee federations, client and patient organisations, etc.) so that they can further disseminate this information to their members. In a second phase, we also want to make the concept of caring neighbourhoods better known to the general public, as citizens can also take the initiative to start working on a caring neighbourhood.
4. An **accompanying scientific study** is linked to this policy. The research is conducted by the **Policy Research Centre for Welfare, Public Health and Family (SWVG)** and led by the VUB, Thomas More and the University of Antwerp. The research assignment consists of making a toolbox with working methods with which caring neighbourhoods can get started. In addition, it is requested to give policy recommendations, in the first place, to the Flemish Government, the policy domain of welfare, public health and family. Finally, the researchers will share their findings with the entire field in a symposium that we will organize in the spring of 2024.
5. The Department and the agencies of the Welfare, Public Health and Family policy area **screen their own regulations** to determine whether we can provide **incentives** – whether or not through regulations – to caring neighbourhoods or **solve obstacles**. In this way, we are looking to see whether we can generate quick wins ourselves in the next two years.
6. We involve as many relevant partners within the field:
 - a. In a very broad stakeholder consultation that we will convene at least once a year (employers, employees, patient and client organizations, etc.)
 - b. In the steering committee of the research study we involve relevant partners (e.g. Association of Flemish Cities and Municipalities (VVSG) and primary care..)