

# Houses of the Child

## Integrated family services in Flanders



### Description

Houses of the Child ('Huizen van het Kind' in Flemish, HvK) are local collaborative networks of partners providing integrated, preventive family support. As partnerships, HvK can take the form of one-stop-shop hubs, where **co-located services** are delivered from a single building, but they can also be organised as a **decentralised structure**, a **virtual platform**; or be **Integrated within local welfare services**.

Quantity	Coverage	Municipalities	Location
<b>227</b>	<b>98%</b>	<b>73%</b>	<b>58%</b>
Active Houses of the Child across Flanders, as of 2024	Municipalities in Flanders that are served by a House (294 of 300)	House of the Child partnerships with local authorities as the core partner	Houses of the Child with one or more physical location (not virtual)

Source: European Observatory on Family Policy (2025). *The Flemish Houses of the Child: Ten years of family services coordination at the local level*. COFACE Families Europe - Odisee University of Applied Sciences

City	Population	Active HvK	HvK w/physical location	HvK per inhabitant
Brussels	1.219.970	11	11	110.906
Antwerp	529.417	20	18	26.470
Ghent	263.703	1	0	263.703
Bruges	118.467	2	2	59.233
Leuven	101.032	1	1	101.032

Source: Statbel - Census 2021. Retrieved from: <https://statbel.fgov.be/en/themes/census/population/population#figures>

### Structure and organisation

Most HvK are coordinated by a dedicated coordinator, often employed by the local authority. They bring together a diverse network of local partners, including local authorities, healthcare providers, early childhood education and care facilities, schools, youth services, welfare organisations, libraries, and cultural centres. Collaboration happens through thematic working groups, shared projects, consultation platforms, and infrastructure sharing.

### Key future challenges

The HvK system is strained by some key challenges:

- **Underfunding / funding disparities** between regions
- **Service gaps**: HvK struggling to effectively reach adolescents (12+)
- **Fragmented collaboration**: inconsistent engagement from essential partners health and youth care, while Over-reliance on individuals threatens sustainability
- **Need for clear, long-term policy framework** from government to provide authorities with stronger vision and standardised expectations,

### Partnership models

<b>Co-located:</b>	Integrated: all services under one roof
<b>Decentralised:</b>	Services offered through multiple satellite locations
<b>Virtual:</b>	Network without physical space (digital platform)
<b>Integrated within local welfare:</b>	Embedded within a municipality's general welfare desk

### Financing

<b>Subsidies</b>	<b>Co-financing</b>
<b>100%</b>	<b>87,9%</b>
HvK receiving government subsidies	HvK receiving additional co-financing from local authorities
<b>87,500 €</b>	<b>7,840 €</b>
Maximum government annual subsidy provided to a HvK (2023)	Median municipal annual budget contribution (2023)

### Key activities provided

<b>Preventive healthcare</b>	Vaccinations, developmental monitoring
<b>Parenting support</b>	Thematic groups, consultations, workshops
<b>Social cohesion</b>	Parent-child activ., meeting spaces, playgroups
<b>Cross-domain support</b>	Information on ECEC, education, language support.

### Contact

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