

INSIGHTS ON FAMILY POLICIES

DOSSIER 2

THE FLEMISH HOUSES OF THE CHILD:

TEN YEARS
OF FAMILY
SERVICES
COORDINATION
AT THE LOCAL
LEVEL

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ABOUT THE INSIGHTS ON FAMILY POLICIES

Insights on Family Policies is an editorial series dedicated to examining contemporary developments in family policy across European contexts. Published by the European Observatory of Family Policy, the Insights series engages with critical debates on the design, implementation, and coordination of policies that support families in diverse and evolving societal landscapes. Its analytical focus extends to cross-sectoral approaches in service provision, particularly those that integrate health, education, and social care systems to address the complex and interrelated needs of families.

The Insights proceed from the understanding that families constitute dynamic systems characterized by varying demands, dependencies, and potential tensions across gender and generational lines. Conventional policy divisions - between child-focused programs, adult-oriented support, and elderly care - often fail to account for the interconnected nature of family well-being. The series thus emphasizes the value of multi-agency cooperation as a means to overcome fragmentation, advocating for holistic frameworks that enhance accessibility and responsiveness.

By disseminating research on national and local policy innovations, the Insights seek to inform policymakers, practitioners, and scholars while fostering dialogue on effective family support mechanisms. The series maintains a commitment to evidence-based analysis, with particular attention to initiatives that strengthen coordination among public administrations, service providers, and community actors. In doing so, it contributes to a more nuanced and integrated approach to family policy in Europe - one that acknowledges the multiplicity of family structures and the necessity of adaptable, interdisciplinary solutions.

ACKNOWLEDGEMENTS

This dossier was prepared with members of the steering group of the European Family Policy Observatory, a research partnership between ODISEE University of Applied Sciences and COFACE Families Europe. The steering group members are: Annemie Drieskens (former President of COFACE), Kathleen Emmery (Coordinator of the ODISEE Centre for Family Studies), Elizabeth Gosme (Director of COFACE), Sven Iversen (Vice-President of COFACE), Gianni Loosveldt (Researcher at the ODISEE Centre for Family Studies), and Jos Sterckx (Senior researcher and project developer at ODISEE).

THE FLEMISH HOUSES OF THE CHILD

Ten years of family services coordination at the local level

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September 2025

Building on the first dossier's exploration of Italy's integrated early childhood education system and its role in fostering cross-sector collaboration, this second installment of *Insights on Family Policies* examines another innovative approach to family support: the House of the Child [*Huis van het Kind*], Flanders' adaptation of the Family Centre model. Like their European counterparts, these centers provide multidisciplinary, integrated services - particularly during the perinatal phase and early childhood - bridging health, social care, and education to promote family well-being through coordinated support. By focusing on Flanders' decentralized policy landscape, this dossier highlights how the Houses of the Child exemplify the potential of place-based, collaborative frameworks in strengthening family-centered ecosystems.

FOREWORD

KATHLEEN EMMERY

The *Huizen van het Kind* ('Houses of the Child') were introduced in Flanders in 2013. Belgium is a federal, multilingual state comprising three autonomous Regions (Flemish, Walloon, and Brussels-Capital) and three language Communities (Flemish, French, and German-speaking). Family policy, welfare services and education fall under the jurisdiction of the language Communities, leading to divergent systems across regions. While some national frameworks exist, most regulations - including childcare, education, youth services, and family support - are determined at the Community level. Consequently, policies vary significantly between Flanders, Wallonia, Brussels, and the German-speaking Community, necessitating separate analyses. This decentralized model explains why initiatives such as the Houses of the Child - the focus of this dossier - were implemented exclusively in Flanders and Brussels. The following sections examine the origins, practices, and evaluation of this integrated model of family support.

Following the transfer of family support competencies to Communities in 1980, the Flemish Community progressively developed its own approach to family policy, culminating in the 2013 framework of preventive family support, and the establishment of Houses of the Child as integrated service delivery models. These structures emerged from three decades of policy innovation in Flanders, beginning with localized initiatives, such as *opvoedingwinkels* ('parenting shops') and socio-cultural parenting education programs. The foundational Flemish Parliament Act of 19 January 2001 formalized these efforts, providing the first regulatory framework for group-based parenting support activities. The Decree of 13 July 2007 marked a pivotal expansion of Flanders' parenting support infrastructure, introducing a multi-level framework that included local and regional-level coordinators, municipal consultation mechanisms [*'lokaal*

overleg opvoedingsondersteuning'], parenting shops, provincial support points [*'provinciale steunpunten*'], training initiatives, and the Flemish expertise center for parenting support (EXPOO). By 2008, this legislative foundation enabled the formal recognition and subsidization of parenting shops, while most Flemish municipalities had established local parenting support consultations (Nys, 2013). These developments laid the groundwork for the Decree of 29 November 2013, which integrated parenting support into the broader preventive family policy framework and institutionalized the Houses of the Child as the centralized model for local service delivery.

The Houses of the Child function as local collaborative networks delivering integrated preventive family support [*'preventieve gezinsondersteuning*'] tailored to local needs and aligned with municipal social policy frameworks. A distinctive feature of this system is its open participation model: any local authority or relevant actor in preventive family support may take the initiative to establish a House of the Child, with local government required to take the lead where no other stakeholder does.

These partnerships bring together healthcare providers, social services, educators, and community organizations to achieve six primary objectives outlined by the 2013 Decree:

1. Holistic family support: Providing comprehensive health, development, and education support to prospective parents and families with children and adolescents.
2. Enhancing community-based support: Promoting and strengthening informal social networks surrounding families.
3. Early risk detection: Early identification, monitoring, and referral of health, developmental, parenting, and educational risks in children.
4. Disease prevention: Prevention of infectious diseases through vaccination programs.

5. Targeted poverty reduction: Supporting vulnerable expectant parents and families as part of child poverty reduction strategies.
6. Family-friendly environments: Contributing to the creation of family-friendly environments through societal sensitization and promotion of support measures towards expectant parents and families with children and adolescents.

Guided by a principle of proportional universalism, Houses of the Child offer universal access while prioritizing tailored support for at-risk families, serving expectant parents and families with children up to age 25. Services span three core domains: (i) preventive healthcare (including medical and developmental consults, as well as vaccinations), (ii) parenting support, and (iii) social cohesion initiatives.

From an organizational perspective, each House of the Child operates as a decentralized network, encompassing diverse service providers. The composition and number of partners vary across localities, with services tailored to reflect community-specific needs and resources, while maintaining inclusive, low-threshold accessibility. The partnership model combines local authorities with relevant actors, including inter-municipal collaborations where applicable. Most networks maintain one or more physical locations where expectant parents, families, and children can access services related to parenting and child development. These physical locations can accommodate the support services offered by one local partner or the services offered by various partners.

Upper-tier funding is allocated by the Flemish Community to local authorities by means of annual 'core' subsidies ranging from €1,200 to €87,500 per House based on the number of minors and vulnerable families in each area. Beyond these core funds, the Flemish governmental agency *Opgroeien* ('Growing Up')¹ subsidizes additional assistance programs, typically targeted at families experiencing situations

of vulnerability, support programs for expectant and young parents, home-based volunteer support, language and developmental aid for disadvantaged parents, group-based parenting support and parent-child activities. At the local level, these initiatives are usually part of the House of the Child partnership. Combined, the additional subsidies for these targeted programs can match or even surpass the Houses' core funding. However, not all Houses can consistently rely on these upper-tier resources. Crucially, it is the co-financing from local authorities that makes the existence and operation of Houses of the Child possible. The amount of this local funding varies greatly, depending on both the size of the municipality and the political will to expand the Houses' scope of activities. By 2023, the House of the Child model had achieved near-universal coverage in Flanders, with 227 active Houses serving 294 municipalities across Flanders and the bilingual Brussels-Capital Region. Only six of Flanders' 300 municipalities remained without a House of the Child (Opgroeien, 2023).

¹ The Flemish governmental agency Opgroeien operates under the Department of Care. As a governmental organization, it actively engages in policy implementation across multiple domains including Public Health, Welfare, Family affairs, Youth care, foster care, and adoption. The agency prioritizes preventive support and guidance for children and families, aiming to foster positive outcomes in both current circumstances and future development. A central focus involves enabling children to realize their full developmental potential across physical, mental, emotional, and social domains, while respecting diversity and upholding children's rights. Among its core responsibilities, Opgroeien provides comprehensive support for expectant parents and families with young children, while also regulating high-quality preventive family support services for parents and children up to age 24. Opgroeien formed in 2019 through the merger of Kind en Gezin (Child and Family), Jongerenwelzijn (Youth Welfare), and part of the Vlaams Agentschap voor Personen met een Handicap (Flemish Agency for Persons with Disabilities). It consolidates services ranging from preventive family support (such as perinatal care, childcare subsidies) to foster care, adoption, and youth welfare, emphasizing cross-sector collaboration under a single umbrella.

KATHLEEN EMMERY (ODISEE Centre for Family Studies) draws a review the implementation of Houses of the Child in Flanders, drawing on research involving 91 local authorities. The study highlights the diverse organizational models of these family support hubs, ranging from integrated co-located services to virtual networks. Local authorities play a central role, providing co-financing and assuming leadership in coordination, financial management, and accreditation. The study identifies collaborative mechanisms across sectors, including preventive healthcare, education, and welfare services. Despite regulatory mandates for universal access, service concentration among younger children remains a challenge, prompting some municipalities to expand adolescent-focused programming. Emmery underscores the transformative potential of Houses of the Child in fostering social cohesion, parenting support, and cross-sectoral collaboration, while calling for stronger Flemish policy frameworks to address disparities in local implementation. The findings emphasize the need for proportionate universalism - balancing broad accessibility with targeted support for at-risk families.

TINE ROMMENS (Opgroeien) evaluates Flanders' Houses of the Child a decade after their 2014 launch. Surveying 227 locations, she finds 88% benefit from municipal co-financing and strong childcare partnerships, yet only 13% effectively serve families needing specialized care. The model shows diversity - 58% maintain physical hubs that better reach vulnerable families - but suffers from sectoral gaps in leisure and care services. Regional funding disparities and overreliance on individual staff threaten sustainability. Rommens frames these challenges within Flanders' 2024 Early and Nearby decree, advocating for equitable funding, standardized services, and cross-sector collaboration. While the Houses demonstrate innovation in local family support, systemic coordination remains essential to ensure equitable access across Flanders and Brussels.

IVAN PAUWELS (Association of Flemish Cities and Municipalities) examines the pivotal yet challenging role of local governments in implementing Flanders' Houses of the Child. While these family support hubs now operate in 294 of 300 municipalities, with 87.9% receiving municipal co-financing, significant challenges persist. Severe underfunding (median budget: €7,840 annually), inconsistent partner participation, and lack of clear policy frameworks hinder their effectiveness. Municipalities have evolved from policy implementers to strategic coordinators yet struggle with measuring preventive interventions' impacts and securing adequate resources for family policy amid competing priorities. The study reveals stark disparities in implementation quality across Flanders' diverse municipalities, ranging from integrated service hubs to fragmented networks. Pauwels emphasizes the urgent need for sustainable financing, stronger Flemish policy direction, and mechanisms to ensure partner engagement. He calls for aligning local innovation with systemic support to address pressing needs from early childhood development to youth mental health, arguing that only through coordinated commitment can the Houses of the Child fulfill their potential as comprehensive family support networks.

KRISTIEN NYS (ODISEE Centre for Family Studies) maps family support needs in Flanders through parent perspectives. While 92% of parents report parenting satisfaction, concerns are rising - particularly around digital media use (43% of parents with teens) and work-life balance. Formal support usage increased to 42.5%, yet critical gaps persist: Houses of the Child reach just 3.9% of families, with engagement dropping sharply after age 12. Key barriers to accessing support include stigma, service fragmentation, and accessibility challenges - especially for fathers and vulnerable groups. Parents value relational support (listening, continuity) but face systemic hurdles like long waitlists and inconsistent quality. The study highlights disparities: while early childhood services achieve 90% coverage, school-age support becomes fragmented. Nys calls for strengthened universal access through Houses of the Child, with tailored outreach to underserved groups and improved cross-sector coordination to address families' evolving needs.

LOCAL PRACTICES OF HOUSES OF THE CHILD

KATHLEEN EMMERY
ODISEE Centre for Family Studies

This contribution examines local implementation practices of Houses of the Child from the perspective of local authorities and actors. The findings are based on research on integrated local family policy in Flanders, with participation from 91 local authorities (Emmery et al., forthcoming). Data collection was conducted through questionnaires primarily completed by coordinators of Houses of the Child, and from local mandataries and policy officers. The survey was conducted by the Centre for Family Studies (Odisee) on behalf of the Association of Flemish Cities and Municipalities. Quotes in this article are taken from this survey. When relevant the findings are framed against the survey of Opgroeien (2023) as described in the contribution of Tine Rommens (see below).

INTRODUCTION

The Flemish landscape of Houses of the Child is characterized by considerable diversity. While some initiatives recently celebrated their tenth anniversary and have achieved a relatively stable organizational structure, other local authorities remain in the exploratory phase toward optimal implementation within their specific local contexts.

Role of local authorities

The implementation of Houses of the Child is strongly dependent on local government engagement. In 2023, 227 Houses of the Child operated across 294 municipalities in Flanders and Brussels. Legally, these function as associations of local partnerships, with local government representation in 205 cases. In the majority of Houses of the Child, local authorities serve as primary drivers, with 88% receiving co-financing from local government through staff deployment, operational resources, and infrastructural support (Opgroeien, 2023). Local authorities articulate their leadership role within partnerships in various ways, specifically in Houses where they assume a coordinating function: guidance of the core group of the partners, organization of thematic working groups, financial management (expenditures, project budgets, and reporting), ensuring accreditation requirements, and responsibility for communication strategies.

Personnel

According to research by Opgroeien (2023), most Houses of the Child employ a coordinator, either full-time or part-time. Larger cities and municipalities invest in one or more dedicated staff members, while smaller local authorities face limited personnel

capacity. In these cases, coordinators often juggle multiple roles across different domains, including childcare, youth work and participation, education, and poverty reduction.

Organizational models

Practical implementation varies across different organizational models:

- **Integrated, or co-located, model:** Some cities adopt an “everything-under-one-roof” [*alles onder één dak*] approach, consolidating all family support services in a single location of House of the Child.
- **Integrated welfare services:** In some municipalities, the House of the Child is not a standalone service but embedded within general welfare services for all residents [*welzijnsloket*]. A smaller number of municipalities integrate it within the Public Center for Social Welfare [*Sociaal Huis*].
- **Decentralized models:** Other local authorities operate through physical satellite locations of organizations of the network, including Social Houses, youth services, *Kind & Gezin* (‘Child & Family’) centers, and childcare facilities. In each location, families can access certain functions of the House of the Child.
- **Virtual models:** Where physical locations are absent, Houses of the Child function as collaborative networks across different organizations or rely on professionals rotating between sites. In some cases, family support is limited to town hall services, telephone/email assistance, or virtual platforms.

Infrastructure

Having or not having a physical location is a key concern for several local governments. Although Flemish regulations do not require physical spaces or provide subsidies for them, 58% of Houses of the Child maintain one or more physical locations (Opgroeien, 2023). Notably, these locations perform better in reaching target groups, including vulnerable families, compared to those without a physical presence. In 15% of municipalities without dedicated spaces plans for future location development exist. Current services in these areas are often restricted to online support and telephone helplines. Local authorities identify several advantages of proximity-based support. Key among these is the fact that families can receive assistance within their own municipality, eliminating the need to travel to larger

cities, resulting in enhanced accessibility, particularly for digitally excluded groups, such as non-native speakers.

Intermunicipal collaboration

In some regions, Houses of the Child operate on an intermunicipal basis, forming partnerships that unite all family and child services across the region. According to *Opgroeien* (2023), 29 of the 227 Houses of the Child follow this intermunicipal model. Local authorities report that such collaboration expands the scope and impact of family policy, facilitates new partnerships, and strengthens family support through access to broader and more specialized expertise.

Partnership development and collaborative framework

According to the Flemish decree, Houses of the Child must provide a minimum service encompassing preventive healthcare, parenting support, and social cohesion activities (see Foreword). The establishment and operationalization of Houses of the Child as integrated family support systems require partnership development and collaborative frameworks. This includes the processes of vision-building, strategic positioning within local family policy, and multi-sectoral cooperation.

Vision development

Local authorities vary in their progress toward developing comprehensive visions for their Houses of the Child. Several municipalities have established formal vision statements, annual action plans, or multi-year strategic frameworks specifically dedicated to their House of the Child. Others integrate House of the Child objectives within broader policy frameworks, including multi-year municipal plans, poverty reduction strategies, or social policy agendas. Contemporary vision statements reflect diverse approaches to family support. Some emphasize comprehensive developmental opportunities, articulating goals such as ensuring that *“every child, young person and their family have maximum developmental opportunities, regardless of the circumstances in which they are born”*. Others adopt community-centered perspectives, conceptualizing parenting as *“not an individual concern of parents”* but rather *“a public issue, a subject of collective concern and involvement”*. These visions frequently emphasize accessibility and proximity-based service delivery, with aspirations to create *“accessible basic facilities where families can go for everything to do with parenting and growing up.”* Some visions

also align with the new 2024 framework decree for the organization of an integrated youth care and family policy: *“Together, the various partners provide an efficient and clear network that does what is necessary, early and nearby, to ensure that children grow up well and families are supported in their education.”*

Despite these articulated visions, implementation gaps persist across Flemish municipalities. Some Houses of the Child develop operational visions that fail to translate into comprehensive family-friendly municipal policies. Coordinators report limited involvement in municipal policy planning processes, leading to disconnections between operational practice and strategic governance. Additionally, many Houses of the Child cite insufficient time allocation for vision development activities, resulting in fragmented, ad-hoc service delivery rather than coherent strategic implementation. Local authorities identify the absence of comprehensive Flemish policy frameworks and long-term strategic visions as significant barriers to effective local implementation. A more coordinated approach from Flanders would allow municipalities to make structural decisions and align themes and policies more closely. It also complicates practical matters, such as cooperation with partners and other municipalities.

Instrument in a local integrated family policy

An increasing number of local authorities view the Houses of the Child as central instruments for implementing comprehensive local family policies. They serve as platforms for accessible and coherent family support systems, bridging diverse services and policy domains. Some municipalities develop cross-sectoral multi-year plans for Houses of the Child, integrating welfare services, social services, libraries, and educational institutions. Local authorities characterize Houses of the Child as *“central to developing and concretizing family policy”*, particularly through their capacity to facilitate network coordination among child- and family-oriented services. This centralizing function enables systematic consultation and practice-based policy advice. Some municipalities position Houses of the Child as primary hubs for family policy implementation, focusing on parenting support, childcare services, and child poverty intervention through comprehensive, equity-promoting approaches. The transversal potential of Houses of the Child is evident in their capacity to establish *“child-friendly reflexes across policy domains”* and their emergence as recognized focal points for family policy coordination. Local authorities

note that parents increasingly view Houses of the Child as primary access points for family support services. Again, this can be highly dependent on the local context, and parents' perceptions might be different (see contribution of Kristien Nys, in the same volume).

Collaborative objectives and outcomes

Coordinators highlight that inter-organizational collaboration within a House of the Child offers multiple strategic advantages. Key objectives include better signal detection, improved alignment with local needs, and tailored support for children, young people, and families. Collaboration boosts operational efficiency by leveraging partners' complementary strengths, with each organization adding distinct value to family support systems. Improved accessibility is a core collaborative outcome. Partnerships ensure universal access to basic family support, supplemented by specialized services for families with specific needs. This tiered approach streamlines referral processes, speeds up support delivery, and creates integrated service delivery models to address multiple family needs simultaneously. Additional benefits include greater visibility and improved identification of gaps in support provision.

Multi-sectoral collaboration

Houses of the Child collaborate with diverse partners across multiple sectors, with partnership composition reflecting local contextual factors. Partners include Kind & Gezin services, childcare facilities, educational institutions, youth services, youth welfare organizations, healthcare providers, public social welfare centers, libraries, cultural centers, intensive family support services, student guidance centers, youth care organizations, residential elderly care facilities, mental wellbeing services, street outreach programs, and family organizations.

Collaborative mechanisms

Collaboration occurs through multiple operational modalities.

- **Integral family support** involves tandem professional working arrangements between family support specialists and social workers, sometimes co-located in shared facilities. Coordination mechanisms determine task allocation and ensure comprehensive partner knowledge through reciprocal visits, outreach activities, and shared case management.

- **Project-based collaboration** generates targeted interventions, such as partnerships with cultural services for thematic theater performances, youth service collaborations for family activities, and joint initiatives with welfare services and schools (for instance, volunteer home-reading programs for children with language difficulties). Collaboration also arises through project calls from other government bodies.
- **Infrastructure sharing** represents another dimension, with Houses of the Child for example utilizing out-of-school childcare facilities for parent-child activities, maximizing existing resources. External partners may receive dedicated days or use the Houses' venues for their programs.
- **Family-friendly advocacy:** Houses of the Child actively promote family-friendly support principles such as accessibility within other municipal services.
- **Consultation platforms:** Houses of the Child participate in various committees addressing childcare, child poverty, and education. Steering committees facilitate partner coordination, vision development, service gap analysis, multidisciplinary case discussions and joint professionalization.
- **External collaborations:** External collaborations are structured through cooperation agreements for specific roles or assignments, with some local actors eligible for House of the Child grant funding. School partnerships are especially common, with Houses providing educational support via thematic workshops, school board consultations, homework assistance for vulnerable families, and bridge personnel in educational settings.

REACHING OUT TO FAMILIES

Regulatory framework: universal access points

As described in the contribution of Kristien Nys (same volume, see below), the regulatory framework of Houses of the Child capitalizes on the near-universal utilization of Kind & Gezin consultation services (preventive healthcare). This universal healthcare foundation grants Houses of the Child access to families during early childhood, creating opportunities for comprehensive support that extends beyond health monitoring to address broader developmental and social needs.

Outreach approaches

Houses of the Child employ diverse strategies to expand family reach beyond universal healthcare access points.

- **Educational partnerships** represent a primary outreach mechanism, with Houses of the Child presenting services at school meetings, requesting schools to distribute contact information to parents, and placing bridge personnel in educational settings.
- **Community-centered strategies** utilize out-of-school childcare facilities, food distribution programs, and community events such as “National play day” and new resident welcoming initiatives to establish initial family contact. These approaches outreach within existing community networks rather than relying solely on families to seek services independently.
- **Decentralized neighborhood models:** Some Houses of the Child adopt localized approaches offering information desks, pedagogical consultation services, group programming, and exchange initiatives within neighborhood contexts. This geographic distribution strategy addresses accessibility barriers related to transportation and social proximity.
- **Digital and branding efforts:** Outreach incorporates websites, social media, and strategic use of the House of the Child logo to boost service recognition.

Target population challenges and service gaps

Despite regulatory mandates to serve families from pregnancy through age 24, age-related service concentration persists within Houses of the Child (see contribution by Kristien Nys, in the same volume).

Recognition of this limitation has prompted a number Houses of the Child to expand adolescent-focused programming. Evidence of this expansion appears in parenting education themes addressing teenage development, extension of study and family support services to secondary school populations, and strategic partnerships with specialized youth services.

The rise of *OverKop* houses represents a complementary approach to addressing youth mental health needs. These low-threshold mental health

initiatives, supported by Opgroeien since 2016 and numbering 69 facilities by 2024, focus specifically on young people’s psychological well-being (Opgroeien, 2024c). The positioning of OverKop houses alongside Houses of the Child creates a differentiated service model where OverKop houses directly engage young people while Houses of the Child maintain primary responsibility for parenting support and family system intervention. Nevertheless, coordination mechanisms between both services have been established in a number of municipalities.

Houses of the Child demonstrate moderate success in reaching vulnerable families, with 55% reporting effective engagement with at-risk families (Opgroeien, 2023). Service positioning regarding vulnerable families varies significantly across municipalities. While some local governments explicitly position Houses of the Child within poverty reduction frameworks, the majority adopt universal service models with enhanced attention to vulnerable family needs. This universal approach with targeted emphasis reflects the idea of proportionate universalism, where services are available to all populations while providing additional support intensity for families experiencing greater challenges.

A significant service gap persists in reaching families with children or young people with specific needs. Only 13% of Houses of the Child successfully engage these populations (Opgroeien, 2023), indicating substantial accessibility barriers for families navigating complex care needs.

BUILDING FAMILY SUPPORT

While the regulatory framework establishes three foundational pillars – preventive health care (including counselling centers), parenting support, and social cohesion initiatives – the operational reality encompasses a significantly broader spectrum of life domains that directly influence child development and family wellbeing. Beyond the three mandated pillars, Houses of the Child recognize that mental wellbeing, childcare services, antenatal care, housing stability, income security, employment opportunities, educational access, cultural participation, and recreational activities all exert direct influence on Kind & Gezin development outcomes. The next section starts with an examination of parenting support and cohesion initiatives, followed by a discussion of how different life domains are effectively integrated in the service delivery framework of Houses of the Child.

Parenting support services

Houses of the Child prioritize accessibility through multiple low-threshold entry points designed to accommodate diverse family needs and circumstances. These include dedicated information points, walk-in consultation opportunities, accessible service counters, and community-based outreach initiatives such as professional presence at local council offices and school premises. The educational component encompasses comprehensive parenting guidance delivered through various modalities including individual consultations, group training sessions, informational workshops, and digital webinars. Programming addresses themes such as emotional development, nutritional health, sleep hygiene, emergency first aid, developmental disorders (ADHD, autism spectrum disorders), academic anxiety, digital media management, screen time regulation, non-violent conflict resolution, financial literacy, and work-life balance strategies, particularly for families with children with specific needs. Several Houses of the Child have developed packages tailored to specific family needs such as prenatal education materials for communities without local hospital facilities, toilet training support kits, parenting libraries, an information point on breastfeeding or nappies.

When families require specialized intervention beyond the scope of general support services, Houses of the Child maintain referral networks with partner organizations offering targeted expertise. Some Houses bring specialized professionals directly to House of the Child locations, ensuring continuity of care and minimizing barriers to access. Beyond immediate consultation services, Houses of the Child provide sustained support through both volunteer and professional networks. Volunteer initiatives include family mentorship programs or student-led home visiting services. They offer educational support and homework assistance. Professional interventions encompass intensive home-based support, comprehensive family coaching, psychological services, specialized prenatal support, and services for families experiencing domestic violence. Local authorities demonstrate their commitment to accessible support through several key principles: barrier-free reception areas enabling appointment-free consultations, providing immediate initial consultations with direct linkage to appropriate support services, and flexible service delivery accommodating both daytime and evening availability. Family discussion groups maintain inclusive policies allowing attendance of children aged 0-3 years. The development of educational support remains responsive to identified family needs within the community.

Social cohesion initiatives

Houses of the Child serve as open meeting places that facilitate social connections among families, enabling them to share experiences and develop supportive networks. The target populations served by Houses of the Child exhibit substantial diversity across different implementations. Some facilities focus specifically on expectant parents, providing preparation and support during the prenatal period. Play cafés and play centers typically organize parent-child activities for families with children up to three years of age, though some extend their services to include children aged three to six years. Certain programs broaden their scope beyond parents to include grandparents. To address practical barriers to participation, some toddler playgroups welcome older siblings, eliminating the need for parents to arrange separate childcare. Large-scale activities typically adopt a comprehensive approach, welcoming families with children of all ages.

When parent groups become too large to function effectively, organizations implement strategic divisions. One notable example involves splitting a mother's group into two cohorts: one serving mothers with children aged 0-6 years, and another for those with older children. The latter group focuses on developing independence through autonomous meetings, mentorship roles within the younger mothers' group, and engagement with external organizations or employment opportunities. The programming offered by Houses of the Child varies significantly in both frequency and format. Some initiatives operate on an annual or occasional basis, including family days, parent-child picnics, Easter celebrations, pop-up play areas, Sinterklaas event, children's art events, and sports activities. These events serve to strengthen community bonds and provide shared experiences for families. Regular programming includes activities scheduled at consistent weekly or monthly intervals. These may include parent-child activities such as baby massage sessions and thematic parent discussion groups. Intermunicipal Houses of the Child demonstrate coordination by rotating their offerings across different municipalities.

Complementary initiatives such as game libraries, swap shops, and library reading hours serve as additional platforms for fostering parent connections. Local authorities emphasize the importance of maintaining broad and continuous programming with recognizable, fixed schedules that families can rely upon. To sustain this level of service, some Houses of the Child utilize volunteers to support family-oriented activities. While all Houses of the Child initiatives aim to promote social cohesion, their specific objectives

vary considerably. Programs for expectant parents focus on social network expansion and preparation for parenthood. Play cafés specifically target parents who remain home for childcare, addressing social isolation concerns. Some initiatives serve multiple functions: connecting parents, expanding networks, providing structure for children, and offering professional support to lower barriers to additional assistance services.

Opgroeien subsidizes various forms of social cohesion initiatives such as integrated low-threshold parenting support points [*'inloopteams'*], parent-child activities [*'spel en ontmoeting'*] (Mertens & Hulpia, 2025), or group activities for families with children or young people with specific care needs, guided by an expert by experience [*'opvoedingsondersteuning in groep voor specifieke zorg'*]. A noteworthy development is the KOALA (Child and Parent Activities for Local Poverty Reduction) project, initiated in 2018 and currently implemented across 18 Houses of the Child (Rommens, 2022). KOALA represents an integrated service model targeting families with expectant mothers and children up to three years of age living in vulnerable situations. The program combines parent-child activities, thematic group activities, language stimulation, and childcare services. KOALA's primary objective centers on poverty reduction, but the program addresses multiple complementary goals: strengthening parental skills and support, enhancing social cohesion, facilitating smooth transitions between home, childcare, school, and neighborhood environments, connecting parents with additional services, improving linguistic competencies, enhancing children's developmental opportunities, and increasing service accessibility.

Support in different areas of life

While not explicitly defined in legislation, Houses of the Child should evolve into models of family support that encompass multiple life domains related to parenting and child development. To facilitate this multi-domain approach, Opgroeien developed a strategic Roadmap that enables Houses of the Child to assess and prioritize different life domains according to local needs and capacities (Kind & Gezin, 2018). This framework provides guidance for systematic expansion across various service areas while maintaining focus on core objectives. Opgroeien funded this cross-domain integration through pilot programs. In 2021, 24 Houses of the Child received grants as "innovative projects" specifically designed to combine preventive family support with other domains, including integration initiatives, care and education services, employment and training programs, and poverty reduction efforts (Opgroeien, 2022).

Between 2019 and 2022, six pilot "neighborhood-oriented networks" [*'buurtgerichte netwerken'*] operated with a mandate to serve children aged 0-12 and their families. These networks were required to mobilize resources across different life domains, address both material and immaterial family needs, and establish connections with existing neighborhood services (Opgroeien, n.d.). Regardless of specific project funding, many Houses of the Child have independently developed connections across multiple life domains. They serve as information hubs, providing families with guidance on education, health services, childcare, well-being resources, leisure activities, financial allowances, parenting support, and youth assistance. This information is disseminated through physical service counters and digital platforms.

The childcare sector represents a particularly important area of integration, with local childcare counters playing a crucial coordinating role. These counters are responsible for informing families about childcare options, supporting parents in finding a childcare spot, registering childcare requests, and providing policy-relevant data on childcare needs. Grant funding is available for these services, contingent upon cooperation with welfare services, parenting support services, and integration agencies. Mandatory collaboration with Houses of the Child ensures coordinated service delivery within this domain.

Preventive healthcare represents another significant area of integration, with Kind & Gezin consultation services playing a central role in monitoring infant and toddler development (see above). Houses of the Child have developed various health-focused projects. Some have adopted more systematic approaches by promoting healthcare access, establishing partnerships with health services, and implementing health promotion policies aligned with Flemish health objectives. Some Houses of the Child connect to Flemish and international mental health initiatives.

Educational support represents a major focus area for Houses of the Child, encompassing various strategies. These include assistance with digital school enrollment processes, support for transitions from nursery to kindergarten, after-school homework assistance programs, and in-home tutoring services aimed at improving academic outcomes and enhancing parental confidence in supporting their children's education. Additional educational initiatives involve school liaison programs, summer schools, and cost-conscious educational approaches to reduce financial barriers to learning.

Language development programs are implemented through various mechanisms including the Bookstart project in collaboration with libraries and Kind & Gezin, language discussion groups, accessible Dutch language lessons for non-native speaking mothers with infants or toddlers, holiday language programs for children from non-Dutch speaking backgrounds, volunteer home reading programs that facilitate connections to municipal services.

Accessibility to leisure and recreational opportunities represents another important domain of intervention. Houses of the Child address this through information dissemination strategies, including consultation services and specific attention to vulnerable families. They organize for example excursions to community facilities such as libraries, swimming pools, petting zoos, and neighborhood restaurants, thereby reducing barriers to participation.

Houses of the Child have developed material and financial support initiatives to address family economic challenges. Many Houses provide specialized assistance with child allowance applications and procedures and connect strongly with the local social welfare services to maximize the material support to families who need it. Material support programs include distribution of birth packages, diaper banks, bicycle lending libraries, swap shops, baby equipment libraries, game libraries, clothing collection, and game materials for refugee support initiatives. Additional programs address contemporary challenges such as promoting digital inclusion through Digibank projects, food security through Empty Breadbox initiatives, and menstrual poverty reduction efforts. Many of these initiatives specifically target vulnerable families.

CONCLUSION

Based on the 2024-25 survey of local authorities across Flanders, strong local engagement in the implementation processes is observed. Implementation varies significantly across organizational models, ranging from integrated co-located services to decentralized and virtual networks. Substantial diversity persists across local contexts, in terms of the pace of development, target group reach, service integration and integration across different life domains.

INTEGRATED FAMILY POLICY THROUGH HOUSES OF THE CHILD

TINE ROMMENS

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The establishment of 'Houses of the Child' in 2013 marked a significant policy innovation, implemented through new legislation and funding frameworks under the decree on preventive family support organization. This initiative introduced family centers - known as 'Huizen van het Kind' (Houses of the Child) - as a novel approach to family services. This article examines key developments over the past decade, identifies major trends, and explores both ongoing challenges and future policy directions for these institutions.

INTRODUCTION

To comprehensively assess the operations of Houses of the Child, an extensive survey was conducted in spring 2022 (Opgroeien, 2023). This research examined multiple operational dimensions including target demographics, service provisions, partnership networks, and organizational structures. The collected data, documented in a detailed report, revealed both strengths and challenges while informing future policy development. Results demonstrated remarkable diversity among Houses, with many creatively addressing local family needs despite limited resources. These needs vary significantly between urban and rural contexts due to differing community characteristics. A notable institutional strength of the House of the Child model emerges from the strong commitment of local governmental authorities. Municipalities frequently provide supplementary financial investments, as standard transfers from the Flanders Community often proves insufficient for essential operational needs such as staffing. This reflects genuine municipal conviction regarding the Houses' importance, their foundational philosophy, their integration into local policy frameworks, and consistent infrastructure support.

Local authorities serve as primary partners and essential allies in establishing and maintaining these institutions. Some municipalities have developed particularly robust House of the Child models through substantial investment, while others remain at earlier developmental stages, with the initiative still primarily situated within welfare services rather than achieving broader cross-sectoral integration with areas such as education or leisure services. This variation often correlates with the institutional placement of the House coordinator - for instance, those embedded within Youth Services or Leisure Departments typically demonstrate stronger connections to those specific life domains. This highlights the ongoing challenge of transcending departmental boundaries in service provision. The most fully realized Houses of the Child frequently share facilities with complementary services such as public libraries, Kind & Gezin

offices, community meeting spaces, or childcare centers. This co-location creates integrated service hubs where families can naturally seek guidance on various parenting and child development matters (see contribution of Kathleen Emmery in this volume). These physical spaces also facilitate valuable professional interactions that strengthen collaborative practices. The survey also identified particularly strong existing partnerships with out-of-school care providers and local childcare coordination services. This alignment benefits families through efficient service integration and supports the broader policy objective of embedding childcare services within comprehensive local support networks. Such integration enables childcare facilities to support families more effectively, whether through direct consultation or appropriate referrals to partner organizations.

OPPORTUNITIES FOR GROWTH

While the government's recent integrated policy framework appropriately identifies Houses of the Child as crucial access points for family services, substantial budget increases from the Flemish government remain necessary to fully realize this expansive mission. This need proves particularly acute for smaller municipalities where current resources remain severely limited. Many Houses face ongoing challenges in establishing connections with certain life domains, particularly education and leisure services. However, existing successful collaborations with youth care providers offer valuable models for future policy development and implementation. Several Houses excel in creating welcoming environments where professionals remain receptive to diverse family needs and inquiries. However, limitations become apparent when families require more specialized or complex support services, representing a key challenge for future policy development.

There exists considerable potential for enhancing policy development capacity of the Houses. Houses have explicitly requested support in several operational areas including quality assurance mechanisms, environmental scanning methodologies, shared vision development with partners, and improved understanding of coordination structures within network organizations. Given the proliferation of local networks (such as childcare platforms and education collaboratives), it becomes essential to balance necessary coordination with maintaining adequate time for direct family support activities. The existing diversity among Houses of the Child generally represents a positive characteristic. However, this variability makes it difficult to establish consistent expectations regarding the services families can anticipate from any given House. In principle, all

families in Flanders and Brussels should have access to consistent baseline services: welcoming, accessible neighbourhood hubs offering child-friendly spaces for interaction and information exchange, with childcare services embedded in professional networks (Decreet 2013; EXPOO, 2018). Many Houses could progress further toward integrated, outcome-focused service models that depend less on individual staff initiatives.

Approximately half of Houses report challenges in effectively reaching all family demographics. Those embedded within social services often successfully engage vulnerable populations but risk being perceived as exclusively serving this demographic. Conversely, other Houses more effectively reach mainstream families while struggling with vulnerable group outreach. Maintaining balanced engagement across this spectrum remains an ongoing challenge. Most Houses also demonstrate room for improvement in serving families with children requiring specialized support. Strategic partnerships with organizations possessing relevant expertise and established connections to these populations could prove particularly valuable in addressing this gap.

FUTURE CHALLENGES

A decade after their initial establishment, Houses of the Child now operate throughout Flanders and Brussels, with each institution working to better integrate basic support services for families and children. The most developed partnerships currently emerge within preventive family support, childcare, and education sectors. Each collaborative arrangement remains unique, and the survey demonstrates that implementing the three foundational pillars of the 2013 decree continues to present significant challenges. The research identified several institutional strengths, including strong local commitment to House development, active municipal support in coordinating activities and aligning with local family policy priorities, and a rich diversity of innovative practices that provide inspiration for cross-domain integration. Particularly robust connections exist with infant/toddler childcare and out-of-school care/leisure services, with generally effective referral networks among local partners.

The value of physical locations proves substantial for both families and professional collaborators (the partnership). Simultaneously, numerous challenges persist. Additional resources remain essential for Houses to fulfill their comprehensive mission, with significant funding disparities existing between Flemish/federal support and contributions from local governments and other stakeholders. These

financial variations substantially impact operational capacity and service quality. The family support field and related domains face multiple systemic challenges, with some organizations making independent progress while others experience persistent inadequacy (Opgroeien, 2024d). Effectively serving highly diverse family needs proves difficult, as does establishing consistent service expectations given current operational variations. Overreliance on individual coordinators threatens both policy capacity and partnership sustainability, creating fragility in collaborative networks dependent on personal commitment levels.

Several areas require focused development, beginning with enhanced policy capacity through more systematic methodologies. While various support tools exist for network analysis, vision development, and coordination structures, additional resources for strategic planning and quality monitoring would improve operational effectiveness and sustainability (e.g. EXPOO, 2020; Opgroeien, Impact en evaluatie, n.d.; Van Leeuwen & Nys, 2020). Strengthening integrated collaboration represents another priority, particularly through addressing sectoral barriers. Breaking down these silos and cultivating cooperative cultures could yield more holistic family support systems. Existing promising collaborations with youth care partners suggest potential for further development in this area. Enhancing family participation in service design ensures better alignment with actual needs, while optimal utilization of numerous local and regional networks requires careful consideration of specific community requirements and capacities.

STRATEGIC RECOMMENDATIONS

To address these challenges while building on existing strengths, several strategic approaches merit consideration:

1. **Enhanced financial investment:** Additional dedicated funding could expand House capabilities and impacts, particularly in underserved regions.
2. **Establishment of a basic/standardized service framework:** Clear minimum service expectations would ensure consistency across locations while allowing for local adaptation.
3. **Promotion of inclusive engagement strategies:** Innovative outreach methods could

improve access for all families, including those requiring specialized support services.

4. **Leadership development:** Shared leadership models and coordinator training programs would increase institutional sustainability and impact-focused operations.
5. **Cross-sector collaboration:** Incentivized partnerships across health, education, and social services could create more integrated support ecosystems.

In April 2024, the Flemish Government adopted the new decree for the organization of an integrated youth care and family policy. This legislative framework fundamentally reshapes the organization of services and assistance for children, young people, and families by establishing a robust, integrated policy foundation. The approach mandates that support services operate within families' immediate environments - specifically within neighborhoods and school settings - while strengthening connections between preventive family support and integrated youth care systems.

A cornerstone of this integrated approach involves early identification of potential challenges or support needs, enabling timely intervention. The policy particularly emphasizes both the critical first 1,000 days of child development and the broader strengthening of preventive and early detection systems.

The *Decree* initiative pursues three primary objectives:

1. Delivering comprehensive services that enable children, young people, and parents to thrive within nurturing environments supported by high-quality, accessible basic services
2. Establishing inclusive childcare systems and visible access points including Houses of the Child and OverKop centers, with seamless transitions to additional care when needed
3. Ensuring supplementary care occurs primarily within children's and parents' familiar environments, including for youth involved in judicial systems

First steps of implementation started in September 2024 with six pilot projects addressing three core assignments informed by the 2022 survey data. The first assignment focuses on enhancing Houses of the Child through five key functions: creating welcoming environments, developing comprehensive information

hubs, expanding infant welfare services, organizing diverse low-threshold activities, and facilitating community connections. These improvements aim to transform Houses into high-quality, inclusive, physically accessible hubs serving expectant parents, families with children (0-24 years), and children directly (0-12 years).

The second assignment concentrates on professional capacity building, while the third establishes effective support programs featuring: systematic needs assessment protocols, generalist support for complex needs, access to specialized expertise, and coordinated care pathways for multifaceted challenges. These two-year pilots will generate critical insights for broader policy implementation across all Houses of the Child.

CONCLUSION

The Houses of the Child represent an innovative, integrated approach to family policy that successfully bridges traditionally siloed sectors including health, education, and social services. As community-based hubs, they provide essential, locally embedded support systems where families can access parenting resources and child development services. Their physical locations serve as both service access points and community spaces that facilitate professional collaboration. However, fully realizing this model's potential requires addressing persistent challenges including funding disparities between regions, inconsistent service standards, and fragmented cross-sector collaboration. The implementation of the new decree of 2024 presents a timely opportunity to systematically build upon existing strengths while addressing these limitations. By maintaining their innovative character while implementing more standardized frameworks for service quality and accessibility, the Houses of the Child can evolve into exemplary models of comprehensive family support. Their continued development offers valuable insights for similar initiatives across European contexts, demonstrating how locally embedded, integrated services can effectively support diverse family needs throughout childhood and adolescence.

HOUSES OF THE CHILD FROM THE PERSPECTIVE OF LOCAL GOVERNMENTS

IVAN PAUWELS

Association of Flemish Cities and Municipalities

This article examines the pivotal role of local governments in Flanders in implementing Houses of the Child, a nearly universal initiative across municipalities. While these centers facilitate multi-stakeholder collaboration in family support, from discussion with 90 local authorities we observe persistent challenges such as resource limitations, ambiguous operational mandates, and inconsistent partner participation hinder their effectiveness. Municipal authorities advocate for enhanced Flemish government support - including sustainable financing, robust policy frameworks, and mechanisms to incentivize cross-sectoral cooperation - to strengthen local coordination and service delivery. Establishing a coherent long-term strategic vision is critical to optimizing their contribution to family welfare.

INTRODUCTION

Municipal governments bear fundamental responsibility for sustainably enhancing citizen wellbeing at the local level. Given that most citizens belong to family units, this responsibility naturally extends to family support initiatives. Communities increasingly expect - and local governments increasingly embrace - this role in securing positive futures for children through enriched living environments.

The Houses of the Child were established through a 2013 Flemish decree. The concept recognized that every municipality, regardless of size, contains numerous organizations supporting children, adolescents, and families through diverse means - including not just educators but also midwives, childcare centers, schools, youth services, and public social welfare centers. The decree's objective was to unite these stakeholders, or those willing to cooperate, forming local networks with sufficient participation and expertise to identify area-specific challenges affecting these groups and implement appropriate responses. These challenges and solutions may encompass all life domains affecting children, youth, and families. Legislators established limited substantive requirements, mandating only that provisions address preventive healthcare, parenting support, and social cohesion promotion. The Houses of the Child employ a proportionally universalistic support model: services are designed for universal accessibility while providing additional, targeted attention to vulnerable populations.

Over the last decade, Houses of the Child have been implemented in nearly all Flemish municipalities, with only minimal exceptions. While not mandated by the Flemish government, their establishment has been consistently encouraged through policy measures.

The majority of these Houses operate under municipal governance (227 out of 300 municipalities), though inter-municipal models exist where local stakeholders determine such cross-boundary cooperation would enhance service quality and coverage. Recent statistics from a 2022 study of the the Flemish governmental agency Opgroeien, highlight the pivotal role of local governments in these initiatives (Opgroeien, 2023):

- Implementation is nearly universal, with only 6 of Flanders' 300 municipalities lacking a House of the Child
- Local governments are identified as core partners by 73% of Houses
- Municipal authorities provide leadership for most operational Houses
- Financial co-investment occurs in 87.9% of cases, primarily through personnel allocations, program-specific funding, and provision of municipal infrastructure

The context for these initiatives reflects Flanders' remarkable municipal diversity. Population sizes range from approximately 550,000 in the largest city to just 80 residents in the smallest municipality. Population density varies from over 3,400 inhabitants per square kilometer to fewer than 100, while municipal poverty rates span from 32.7% to less than 1%. These substantial variations in local conditions naturally generate distinct community needs, divergent approaches to solutions, and consequently varied policy decisions. This diversity represents an appropriate expression of local democratic governance, as elected municipal officials are best positioned to determine community priorities. Within this framework, Houses of the Child consequently demonstrate variation in their programmatic focus and developmental progress, reflecting the strategic importance assigned to them within each municipality's family policy architecture.

While many of these differences can be viewed as positive adaptations to local circumstances - assuming they result from informed municipal decision-making processes - it must be acknowledged that other systemic factors also contribute to this variation in implementation approaches and outcomes.

LOCAL CHALLENGES

Family policy formulation has historically been dominated by higher governmental tiers, with federal and subsequently Flemish authorities establishing comprehensive frameworks that

municipal governments then implemented locally. This traditional top-down approach has undergone significant transformation in recent years, marked by an evolution in municipal roles from mere policy implementers to strategic coordinators (Luyten et al., 2014). Municipalities are now actively defining their coordinating functions and establishing collaborative frameworks with various stakeholders. This paradigm shift is exemplified by recent innovations including the Houses of the Child initiative, Local Childcare Counters (*'Kinderopvangloket'*), and the regulatory framework for Out-of-School Care and Activities [*'Buitenschoolse Opvang en Activiteiten'*].

Concurrently, the conceptual boundaries of local family policy have expanded substantially beyond their original focus on parenting support services typically associated with organizations like *Kind & Gezin* ('Child and Family'). Contemporary family policy now holistically addresses all factors enabling diverse family structures to nurture children's development within supportive environments. This expanded scope transcends domestic spheres to encompass quality childcare provision, educational accessibility, comprehensive leisure opportunities, safe mobility infrastructure, and related domains where municipalities exercise considerable influence.

Local governments now perform crucial coordination roles, facilitating collaboration between service providers (exemplified by childcare counters) while ensuring comprehensive support across multiple life domains including social welfare, education, childcare, and recreational services (Pauwels, n.d.). Two strategic approaches have emerged for achieving integrated family policy: clustering child- and family-related objectives within policy cycles and institutionalizing a "family reflex" - a systematic process ensuring all policy decisions undergo rigorous assessment of their potential impacts on families within the municipality. This evaluative process must account for effects on all family members individually and collectively. Practical manifestations include incorporating play spaces in urban planning, implementing work-family balance measures in social employment programs, adopting whole-family approaches in parenting support services, and recognizing intergenerational family dynamics.

This reconceptualization moves family policy beyond its traditional confines within social welfare frameworks toward a comprehensive, cross-sectoral approach that acknowledges all families' diverse circumstances and requirements. While special attention remains necessary for vulnerable populations, contemporary family policy now systematically considers the full spectrum of family needs across all policy domains.

The development of integrated family policy at the municipal level presents both substantive and organizational challenges that require careful consideration (Pauwels, 2021). Substantively, municipalities must determine which policy domains properly constitute family policy, while organizationally, they must establish effective collaboration frameworks between internal and external service providers to deliver cohesive support systems. These dual challenges demand significant effort to coordinate services across the comprehensive spectrum of family policy initiatives.

Integrated work from a local government raises both substantive questions ("which domains are part of that family policy?") and organizational ones ("which (internal and external) services should collaborate in what way to provide an integrated support?"). It often takes some effort to figure out how to organize the services to cover the entire span of a broad theme like family policy.

Many family policy interventions employ preventive approaches whose impacts manifest over extended timelines, complicating precise measurement and valuation. For instance, early childhood playgroups simultaneously serve multiple functions: preparing toddlers for formal education, facilitating parental networking, and normalizing access to parenting support. While these multidimensional benefits are widely acknowledged, quantifying their cumulative value remains methodologically challenging. The growing adoption of impact evaluation methodologies promises to better capture these benefits, though significant measurement hurdles persist.

The sector concurrently faces chronic resource constraints that limit its political prioritization. Within municipal policy agendas, resource allocation frequently determines issue salience, placing family policy at a persistent disadvantage relative to more visibly resourced domains. This resource scarcity compounds existing challenges in an already complex and rapidly evolving policy landscape.

A lot of actors in this sector work preventively, meaning that their impact is often long-term and difficult to measure precisely. Playgroups help prepare toddlers for kindergarten, help parents connect with other parents, and lower the threshold for receiving parenting advice. But how do you quantify this added value? The fact that we are increasingly working with impact research will help us better map these gains. The lack of resources in the sector also does not help to bring it higher on the local agenda, as topics often gain weight in policy discussions depending on the budgets associated with them.

The family support sector has undergone rapid transformation, marked by the emergence of Houses of the Child, youth mental health initiatives [*‘Overkophuizen’*], and novel collaborative frameworks (see contribution of Kathleen Emmery in this volume). This dynamic environment presents adaptation challenges for municipal administrators requiring sectoral familiarization. These cumulative challenges - measurement difficulties, resource constraints, and sectoral complexity - contribute to variable municipal ownership of family policy. Some municipalities struggle to develop coherent local visions, resulting in fragmented interventions rather than strategic, integrated approaches. This implementation gap generates several operational consequences:

1. **Underutilized policy instruments:** Houses of the Child frequently remain peripheral to municipal strategic planning, with action plans often lacking systematic connections to identified local needs and visions. Municipal services frequently escape accountability for cross-departmental collaboration.
2. **Unclear staff mandates:** Frontline workers often lack clarity regarding institutional expectations and performance metrics, constraining professional development pathways and service coherence.
3. **Ad hoc partnerships:** External collaborations frequently emerge opportunistically rather than strategically, lacking defined frameworks for engagement. Municipalities struggle to articulate clear expectations given partner autonomy in participation decisions. Partners concurrently weigh organizational priorities against network participation benefits, sometimes perceiving imbalance in collaborative governance - particularly when municipal financial controls limit operational autonomy (as exemplified by centralized payment approval requirements).
4. **Citizen awareness gaps:** These systemic uncertainties inevitably produce public confusion in many municipalities regarding House of the Child services and accessibility.

The VVSG (‘Association of Flemish Cities and Municipalities’) provides crucial support to municipalities through tailored advisory services that assist in developing locally-adapted family policies. Our fundamental premise maintains that all municipalities possess existing organizational assets - the essential building blocks - for coordinating support systems serving children, youth and families. By

formulating clear visions regarding target populations and service approaches, municipalities can effectively align these resources to create cohesive support frameworks. This strategic integration enables the systematic incorporation of family policy objectives and interventions into municipal long-term planning processes. Consequently, while micro-level support for local governments remains critically important, this must be complemented by macro-level policy support and resource allocation from higher authorities, particularly the Flemish government, to ensure comprehensive and sustainable implementation.

CONCLUSIONS: WHAT SUPPORT DO MUNICIPALITIES EXPECT FROM FLANDERS?

From discussions with 90 local governments on local family policy, we formulate a number of conclusions.

The Flemish government states that it intends to respect local autonomy. Indeed, it is the responsibility of local governments to implement local policy. However, this should not serve as an excuse to leave local governments without adequate support. As we have addressed above, many aspects of local family policy often remain unfamiliar at the local level. Providing sustainable tools does not undermine local autonomy but is instead essential. Local governments require a framework and a Flemish long-term policy within which they can define their own priorities. This is not an appeal for strict regulation but rather for a shared long-term vision, linked to a general and sustainable framework, within which local and regional organizations as actors and local governments as coordinators can establish their role in co-creating a local support network.

Local authorities know that appeals for additional resources to higher levels of government are a regular occurrence. However, to establish effective Houses of the Child, local governments must be equipped with adequate resources and their coordinating role must be formally recognized. Currently, resources in this sector are severely insufficient, leading to systemic challenges: shortages in childcare, underfunded Houses of the Child, waiting lists for youth care and disability services, and similar issues. In 2023, the median annual funding for a House of the Child stood at just 7,840 euros (Opgroeien, 2023). Moreover, resource allocation should prioritize local governments. As experts in their municipalities, they

are best positioned to determine how and where resources should be deployed to align local and Flemish objectives within their specific contexts. Evidence shows that local governments already make substantial investments in supporting children, youth, and families. Their initiatives – ranging from poverty reduction and leisure programs to childcare and resourcing Houses of the Child (both personnel and logistics) – demonstrate their leadership in these areas. This coordinating role deserves explicit support and recognition in Flanders' resource distribution strategy. Rather than fragmenting funds across existing organizations or ad hoc projects, resources should be consolidated and allocated directly to local governments. This would enable them, as coordinators, to collaborate with partners to deliver tailored care based on identified needs.

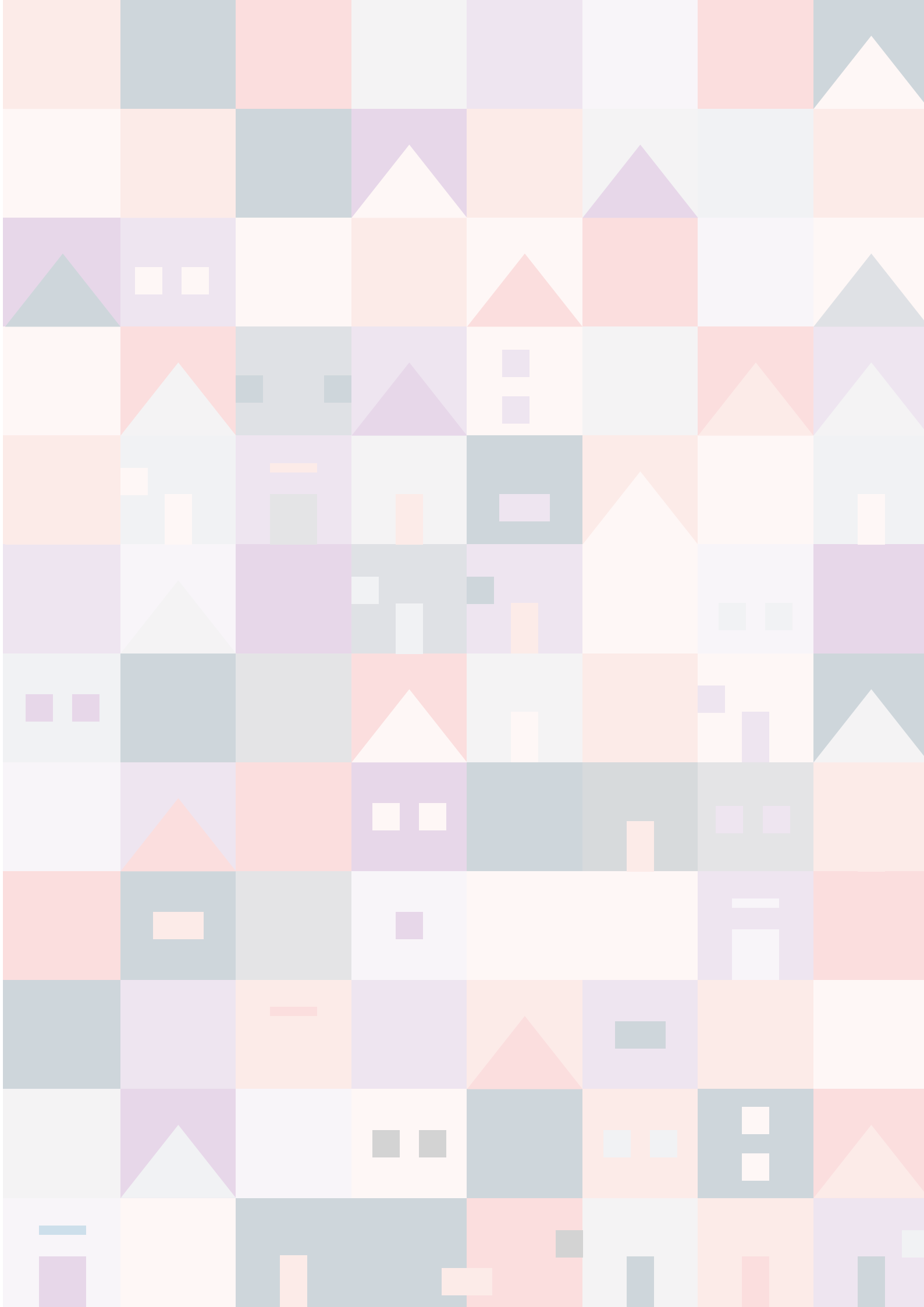
Locally integrated support also requires the involvement of all local expertise, not just that of a local government. To achieve this coordinated collaboration, it is important that organizations which can contribute to realizing this goal are sufficiently encouraged to deploy their expertise within local networks. In practice, we see that collaboration is generally working well for some sectors or with certain organizations (think of childcare or collaborations with Kind & Gezin), but for others, such as youth care, health, or with the distributors of child benefit, the results are much less encouraging. Local governments often feel abandoned, while a commitment from local partners to collaborate would make the network much more effective. The Flemish government could be a clearer advocate for this collaboration, for example, by making it a condition for receiving subsidies from organizations to participate in local networks.

Finally, we emphasize the need for Flanders to adopt a consistent and coherent long-term vision. The Statement of the Coalition Agreement 2024-2029 dedicates merely one sentence to the Houses of the Child which states that further development will await the results of a two-year pilot project. Meanwhile, it identifies numerous pressing challenges - including parental support, high-conflict divorces, domestic violence prevention, youth mental health, and fostering inclusive societies - areas where the Houses of the Child could meaningfully contribute.

Local authorities urge the Flemish government to establish sustainable policy frameworks that enable local governments to make informed decisions. With a new administrative term commencing locally, multi-year plans must now be formulated. Critical investments - such as constructing physical Houses of the Child - cannot be evaluated without clear Flemish policy direction. The absence of such vision leaves local authorities without necessary guidance

for strategic planning.

In conclusion, the model of locally coordinated collaborations has demonstrated its validity. While quantitative adoption by municipalities has been widespread, qualitative advancement requires sustained support. This responsibility falls jointly to Flanders and the Association of Flemish Cities and Municipalities. Only through wholehearted commitment to this framework can the Houses of the Child achieve meaningful qualitative progress and effectively address pressing societal challenges.



FAMILY SUPPORT FROM THE PERSPECTIVE OF PARENTS

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This article examines family support from the perspective of parents in Flanders and Brussels, drawing on large-scale survey data and qualitative insights. While most parents report high parenting satisfaction, yet concerns persist - varying by child age - and support needs are rising. While uptake of formal family support has increased, barriers like stigma and accessibility continue to limit access. Houses of the Child epitomize a service model that provide key elements of support but struggles with continuity and outreach. Strengthening universal and tailored services remains crucial for equitable family support.

INTRODUCTION

For several decades, the majority of parents in Flanders and Brussels have reported high satisfaction with their parenting and perceive themselves as capable of managing its demands. This trend is supported by the Family Survey, a large-scale representative study, which indicates a significant decline in average parenting burden scores between 2016 and 2021 (Audenaert et al., 2025). Nevertheless, parenthood inevitably raises questions and concerns due to the dynamic transitions experienced by children, parents, and society at large. Notably, 92.4% of parents with such concerns report grappling with multiple (up to 10 or more) interrelated topics (Vancoppenolle et al., 2023). These concerns are often age-dependent: physical development, health, nutrition, and sleep dominate among parents of young children (under 5 years), while emotional challenges (such as tantrums) peak between ages 3 and 11. For older children (12–24 years), school performance, internet/social media use, and insufficient physical activity emerge as prominent concerns. Age also shapes the specificity of themes -for instance, “intense emotions” in younger children versus “low self-esteem” or “fear of failure” in adolescents (Vancoppenolle et al., 2023).

Despite the overall reduction in parenting burden (2016–2021), the proportion of parents expressing questions or concerns has risen significantly (Vancoppenolle et al., 2023). While the top five themes remain stable, certain issues have intensified. Parents of infants (0–2 years) increasingly report challenges related to feeding, sleep, health, and parenting strategies, whereas concerns about internet/media use among 12–17-year-olds surged from 29.8% to 42.8% during the same period. Concurrently, organizations observe a rise in complex or systemic issues (CLB in cijfers, 2023–2024; De Keerkring, 2024; Opgroeien, 2024a).

Demographic disparities also exist. Mothers, parents of Belgian origin (compared to EU and non-EU

parents), single parents, individuals aged 35–54, and highly educated parents report significantly more questions or concerns about parenting, particularly those with children aged 6–18 (Vancoppenolle et al., 2023). Transitions – such as family expansion, divorce, new partnerships, caregiving responsibilities (e.g. a child's disability or a parent's health issues), or recent migration – intensify these challenges, generating domain-specific concerns (Emmery, 2025; Hermans et al., 2016; Opgroeien, n.d.; Vancoppenolle et al., 2023). For instance:

- **Parents of children with disabilities** frequently grapple with balancing attention among siblings, future planning, behavioral and emotional management, developmental support (academic progress), and securing financial or material assistance.
- **Divorced parents** face difficulties in solo parenting and coordinating with ex-partners, while also worrying about their children's well-being (instability, academic performance) and strained household finances (such as housing, education, and leisure costs).
- **Blended families** often navigate complex dynamics between stepparents and stepchildren, as well as between partners who are not co-parents.

Families in socially vulnerable positions - marked by intersecting financial instability, housing insecurity, health disparities, and systemic barriers - experience compounded, multidimensional challenges (Nys et al., 2024).

NEEDS FOR SUPPORT IN RELATION TO THE ACTIVITIES OF THE HOUSE OF THE CHILD

Parents primarily express a need for support regarding child development and parent-child interactions (Nys et al., 2016; Vandewaerde et al., 2019). Additionally, approximately one-third of parents report needing childcare services and expanded leisure activities for children - areas commonly addressed by Houses of the Child through initiatives such as informational websites, parent-child activities, workshops, individual consultations, and the organization of occasional recreational programs (Opgroeien, 2023). However, up to a quarter of parents struggle with work-family balance and desire support in this domain (Nys et al., 2016; Vancoppenolle et al., 2023; Vandewaerde et al., 2019), a theme less prominently featured in the House of the Child's activities. This gap likely

stems from the fact that systemic factors - such as parental leave policies, childcare accessibility, and employer flexibility - play a decisive role, limiting the capacity of local initiatives to effect meaningful change in this area.

THE USE AND GAPS IN FORMAL SUPPORT

Capturing a complete picture of formal support sources proves challenging due to the expanding variety of support forms (see previous section), uneven regional availability, and the absence of comprehensive registration systems. Research approaches also vary significantly in how they measure support utilization patterns (Nys, 2020). Studies consistently show that parents most often turn to local professionals like General Practitioners, childcare workers, and teachers for parenting support (Nys, 2020). For families with infants and toddlers (0-2 years), pediatricians and Kind & Gezin services emerge as particularly prominent resources (Dierckx et al., 2014). Across studies, 50-80% of parents report using informational supports including workshops, websites, printed materials, and media programs (Nys et al., 2016; Vandewaerde et al., 2019).

Recent Family Survey data (2016, 2021) reveals some shifting patterns, with over half of parents now consulting specialized mental health professionals for child-rearing advice, while about 40% utilize school-based support services (Vancoppenolle et al., 2023). Digital resources and General Practitioners serve approximately 30% of families, General Practitioners 27.5%, and pediatricians 22.5% of families (Vancoppenolle et al., 2023). Notably, research identifies distinct preferences among demographic groups - for instance, higher-income fathers predominantly use websites for child health information, valuing their immediate accessibility (Gaynor et al., 2025).

Some concerning gaps emerge in the utilization data. While institutional records show over 90% of families engage with Child & Family services during their child's first three months (and 76% in the first three years), survey data suggests only about 19% of parents recall using these services (Audenaert et al., 2025; Opgroeien, 2024b). Even more strikingly, Houses of the Child appear to reach just 3.9% of families, raising important questions about public awareness and service accessibility. This discrepancy persists even when accounting for potential differences in how parents interpret questions about support utilization (De Roos et al., 2021).

Overall trends show a modest but significant increase in parenting support usage, rising from 39% to 42.5% between 2016 and 2021 (Audenaert et al., 2025). Services targeting vulnerable families - such as KOALA work, meeting spaces, buddy's, family coaching - report particularly strong demand growth, sometimes exceeding their capacity to provide immediate assistance. The early childhood period (0-3 years) demonstrates the most systematic support infrastructure, with over 90% of families receiving home visits and counseling services. This comprehensive approach continues for most families through the child's third year, though at slightly reduced levels.

The transition to school marks a significant shift in support structures for families. While parents gain access to school-linked services through Centers for Pupil Guidance (*CLB*), these differ markedly from the proactive, regular contact characteristic of early childhood support from Kind & Gezin. Where Kind & Gezin maintains scheduled appointments (tied to developmental milestones and healthcare needs) for families with children under three, CLB services tend to be less systematic in their outreach. Many parents describe this transition as a jarring discontinuity in support services, with one parent noting: *"Babies and toddlers are monitored by Kind & Gezin, but afterwards that contact falls away when your children go to school. Many parents then feel they are on their own. There are differences in the guidance provided by the CLB between schools. There is a higher threshold to access the CLB, it is not a visible actor in every school."* (Emmery & Loosveldt, 2025). This perception is compounded by variability in CLB services across schools and their generally lower visibility compared to early childhood programs.

In principle, Houses of the Child are designed to provide continuous support throughout childhood and young adulthood (ages 0-24). However, service utilization data reveals a sharp decline in engagement as children grow older. While over 70% of locations report serving children up to age 12, this drops dramatically to just 14.2% for adolescents (12-18) and 6.2% for young adults (18-24). This disparity reflects both reduced service availability for older age groups and physical accessibility challenges, as many locations lack walk-in facilities - such as a physical location with a reception, discussion or meeting room where parents can go without an appointment, and that would enable more spontaneous access to support.

Research consistently shows significant disparities in formal support utilization across demographic groups. Mothers demonstrate higher engagement with professional services compared to fathers

(Audenaert et al., 2025; De Keerkring, 2024; Vancoppenolle et al., 2023). Other key predictors include child age (with parents of 0-2-year-olds accessing more support than those with older children), cultural background (non-EU+ parents utilizing services significantly less than Belgian parents), and financial stability (parents unable to cover unexpected expenses showing greater reliance on formal support) (Audenaert et al., 2025; Vancoppenolle et al., 2023). The relationship between informal and formal support networks reveals interesting patterns. Multiple studies indicate that parents with stronger informal support systems tend to engage more with professional services, suggesting that existing social connections may facilitate access to formal resources (De Roos et al., 2021; Emmery & Pasteels, 2022). However, the Family Survey (2021) found no correlation between formal support usage and the parenting assistance received from partners or social networks (Audenaert et al., 2025). Parenting experiences themselves significantly influence help-seeking behavior. Parents who report lower parenting satisfaction, greater concerns, perceived need for assistance, or feelings of being overwhelmed are markedly more likely to utilize formal support services (Audenaert et al., 2025; De Roos et al., 2021).

Research from the past decade reveals persistent gaps in parents' access to professional support. Earlier studies indicated 20-25% of parents with child-rearing concerns required professional assistance (Nys, 2013), while more recent data shows 25-33% of parents with significant concerns still do not seek help (Vancoppenolle et al., 2023). Between 11-24% of parents report finding it (very) difficult to access support services (Nys, 2020).

Multiple barriers hinder help-seeking behaviors (Lecoyer et al., 2023; Meppelder et al., 2014; Morawski et al., 2018; Nys, 2020). Common obstacles include lack of service awareness, cultural/religious mismatches, stigma, financial constraints, self-reliance preferences, and long waitlists. Parents of young children frequently cite time constraints and local service shortages, while parents of adolescents report unique barriers like perceived failure, privacy concerns, and child resistance.

Fathers face challenges in accessing support, compounded by most programs' mother-focused design (Carpenter & Towers, 2008 in van Beurden et al., 2025; Copland & Hunter, 2025). Key father-specific barriers include:

- deep-seated feelings of shame and the persistent stereotype that seeking help signifies personal weakness

- internal conflicts about masculine identity, particularly when traditional provider roles appear to clash with the need for parenting support
- maternal gatekeeping (controlling conversations about parenting or discouraging fathers' participation in support programs)
- Further systemic issues:
 - Exclusionary design of support programs
 - Lack of father-specific information and support tailored to fathers, overly academic or lecture-based language, content being mother-focused or 'too basic'
 - Anti-father bias in service delivery, stigmatization

Negative prior experiences deter both mothers and fathers from future help-seeking (Emmery, 2025; Steyaert et al., 2025; Vancoppenolle et al., 2023). Common complaints include inadequate information, service fragmentation, administrative burdens, poor continuity of care, repetitive retelling of problems, and unaffordable costs.

These challenges multiply for vulnerable families facing intersecting difficulties like poverty, housing instability, language barriers, or limited social networks. Parents of children with developmental concerns face additional systemic hurdles, including diagnostic delays, treatment costs, and poorly tailored interventions (Emmery, 2025).

For both mothers and fathers, barriers to seeking future support frequently stem from prior unsatisfactory experiences with support systems. Multiple elements may discourage parents from pursuing additional assistance (Emmery, 2025; Steyaert et al., 2025; Vancoppenolle et al., 2023): inadequate information provision, insufficient actual support, experiences of stigmatization, organizational hurdles including extensive waiting lists, bureaucratic obstacles, fragmented and geographically dispersed services, inconsistent support continuity, poor inter-agency cooperation, inefficient referral systems ("umbrella system"), repetitive retelling of problems to multiple providers ("pillar to post"), and prohibitive costs. Families often confront multiple concurrent limitations in accessing support. This proves especially true for families experiencing pronounced vulnerability, those grappling with challenges across multiple life domains (including health complications, housing instability, financial constraints, language barriers, restricted

informal networks), and households including children with potential developmental disabilities. Numerous parents express anxieties regarding their children's developmental trajectories and describe difficulties navigating diagnostic processes and subsequent treatments. These families commonly encounter extensive waiting periods, substantial financial burdens, and interventions that fail to adequately address their specific familial needs (Emmery, 2025).

When examining whether parents feel adequately supported, research indicates most parents generally perceive the support they receive as beneficial. This holds true across geographical regions (Flanders and Brussels) and persists across diverse family structures and background characteristics. Comparative data reveals parents in 2021 were somewhat more likely than their 2016 counterparts to report deriving substantial benefit from professional advice (Audenaert et al., 2025). Most parents utilizing professional services (Lecoyer et al., 2023; Nys et al., 2016; Vancoppenolle et al., 2023) report satisfaction with the guidance received, express contentment with service providers, feel positively impacted by professional advice, and perceive meaningful assistance from support workers. Nevertheless, a considerable minority of parents remain either partially or completely dissatisfied with their support experiences.

Qualitative insights from parents highlight critical components of valuable support, as exemplified by one mother's description: "The most important thing was that she always listens. She listens well and, most importantly, she doesn't judge. And she helps wherever she can... The key is to keep listening and to support mothers." (Mother in OPkomst+ program, Delanghe et al., 2024). Quantitative studies identify five primary factors encouraging future service utilization (Vancoppenolle et al., 2023): professional demeanor, accessible knowledge resources, established trust/personal connections, demonstrated competence, and provision of effective solutions. These preferences align consistently with international research across varied parent demographics (including differing backgrounds, children's ages, and disability status) regarding optimal support characteristics (Jukes et al., 2024; Nys, 2020; Vandewaerde et al., 2019; van Beurden et al., 2025).

Despite generally positive parental satisfaction levels and documented reductions in parenting stress indicators, the number of parents reporting substantive questions and concerns has demonstrably increased over a recent five-year period (Audenaert et al., 2025). Many parents continue experiencing isolation in their parenting roles (e.g. Vancoppenolle et al., 2023; Steyaert et al., 2025), while significant portions find initiating contact with support services particularly challenging (Nys, 2020).

MULTIDIMENSIONAL ACCESSIBILITY CONSIDERATIONS

The process of engaging support services involves complex parental decision-making: "...Although heightened levels of experienced parenting stress might be required for support seeking, they may not be sufficient. When parents perceive a need for support, the next step is to appraise the availability of support and determine whom, how, and when to ask for support" (Meppelder et al., 2014). Even after navigating potential waiting periods and identifying appropriate services, many families find their needs remain incompletely addressed or must repeatedly explain their situations to multiple providers (Emmery, 2025; Storms, 2019).

Research emphasizes three critical dimensions of effective service accessibility:

1. **Physical proximity:** Services located conveniently near families' regular routes (such as daycare centers, schools, shopping areas)
2. **Attitudinal alignment:** Support workers who actively listen, recognize family strengths, and connect families with neighborhood resources
3. **Relationship continuity:** Ongoing contact with consistent providers, with warm referrals when specialized help becomes necessary

Current implementation varies significantly, particularly within Houses of the Child. The predominant focus on early childhood services creates discontinuity, exacerbated by funding limitations, local policy variations, and insufficient community partnerships. As one parent noted: "I think it is important to always be able to turn to the same person (where you feel comfortable) when addressing a professional or service. Follow-up is important. If the person changes or you don't feel with that person, it can be negative." (Nys et al., 2016, p.42)

This integration proves crucial because interconnected basic services can better address families' multifaceted needs. As Dierickx et al. (2014) advocated, there remains a "Need for a global and easily accessible front door." The Family Cabinet similarly recommends "upgrade of [all] Homes of the Child to all ages, all family forms, to offer." (Steyaert et al., 2025, p.59).

Effective Houses of the Child should provide:

- Individualized support through accessible reception, consultations, and home visits
- Group-based opportunities for connection, exchange, and education
- Cross-domain support addressing various life challenges and transitional periods

This requires generalist staff with broad foundational knowledge and referral capacity to specialists when needed (benefits access, childcare registration, school placement). Specialized intervention may emerge during initial contacts or after extended engagement. Families particularly value having consistent “anchor” professionals who coordinate additional services - especially important given frequent inter-organizational collaboration challenges in both youth services (CLB in cijfers, 2023-2024) and broader family support sectors. These systemic difficulties stem from project-based funding with shifting priorities and high workforce turnover, negatively impacting both service coordination and family experiences.

Vulnerable families facing multidimensional challenges (for instance children with disabilities, parental health issues) particularly struggle with managing multiple providers' conflicting expectations and timelines. While longer-term support options exist, these typically cap at 2-3 years, often focus exclusively on young children (through local Kind & Gezin teams or House of the Child programs), and demonstrate uneven regional availability (e.g. family coaching models) (Nys et al., 2025).

Future efforts must prioritize engagement with socioeconomically disadvantaged families. Current House of the Child outreach to vulnerable populations shows significant variation - while 54.7% score highly on engagement metrics, 17.5% demonstrate minimal outreach (Opgroeien, 2023). Relational approaches like family coaching and school-community bridging show particular promise, as described by one practitioner: “It begins with a conversation from one person to another...families may attend the coffee moment, and during that time, someone might mention that they've received a letter they don't understand. At that point, we can simply say, ‘Oh, I've experienced that too. Shall we take a look at it together?’ And from there, the process begins naturally.” (Family Coach, Van den Cruyce et al., 2023)

Structural investment must secure both low-threshold universal support and integrated specialized services. Since some families benefit from anonymous initial

contact points (Nys, 2023), maintaining platforms like Awel (youth helpline), CLBch@t (school counseling), and De Opvoedingslijn (parenting hotline) remains essential.

Parenting inherently involves questions and concerns requiring varying support levels - from minimal intervention to intensive, long-term assistance. Effective support begins with attentive listening (Lam, 2018 notes “social workers have too few such real conversations and too quickly reach for intervention”). Building multidimensional understanding of parental needs proves universally important across all family circumstances (Jukes et al., 2024). Professionals should validate concerns without unnecessary pathologizing. As Návratová et al. (2025) emphasize: “Counselors should emphasize that the goal of parenthood is not to eliminate all uncertainties ... Although accumulated uncertainties may be associated with stress or anxiety, these feelings should not be viewed as inherently negative.” Developing parental resilience includes recognizing “the limitations of their efforts and accepting that parenting involves a balance between factors within and beyond their control.” This perspective does not advocate blanket non-intervention, but rather responsive calibration to each family's situation - from routine questions to complex, persistent needs. Providers (including House of the Child staff) must remain attuned to inter-parental differences in concerns, needs, and service preferences. While many Houses of the Child currently meet these standards (as evidenced by satisfaction reports), ensuring universal access across Flanders and Brussels requires ongoing investment and development.

REFERENCES

- Audenaert, V., Nys, K., Emmery, K. (2025). *Gezinsondersteuning in Vlaanderen. Trends in het gebruik tussen 2016-2021. Deel 1. Relatie- en opvoedingsondersteuning*. www.gezinsenquête.be
- Bronselaer, J. & Van der Gucht, A. (2023). *Gezinsenquête 2021: Het sociaal leven van ouders. Gezinnen in Vlaanderen over hun deelname aan sociale activiteiten, het sociale netwerk, de steun die men van het netwerk krijgt en de tevredenheid met het sociale leven*. www.gezinsenquête.be
- CLB in cijfers. Schooljaar 2023-2024. www.vrijclb.be/files/Jaarverslag_CLB_Sector_23_24.pdf
- Copland, F. S., & Hunter, S.C. (2025). Paternal Perinatal Mental Health Support: Fathers' Perspectives on Barriers, Facilitators, and Preferences." *Discover Mental Health*, vol. 5, no. 1, pp. 39–14, <https://doi.org/10.1007/s44192-025-00165-x>
- Decreet van 29 november 2013 houdende de organisatie van de preventieve gezinsondersteuning. <https://codex.vlaanderen.be/Portals/Codex/documenten/1023668.html>
- Delanghe, H., Van Thielen, L., & Storms, B. (2024). *OPkomst onder de loep. Een onderzoek naar de impact van de Mechelse methodiek in het ondersteunen van aanstaande ouders*. Onderzoek met steun van het Kinderarmoedefonds van de Koning Boudewijnstichting. Mechelen – Expertisecentrum Budget en Financieel Welzijn Thomas Moore. <https://kinderstad.mechelen.be/opkomst/publicatie> (voor de samenvatting: zie https://thomasmore.be/sites/default/files/2024-04/20240416_Brochure%20Opkomst%20samenvatting_0.pdf)
- De Keerkring (2024). *Jaarverslag De Keerkring 2023*. https://keerkring.be/wp-content/uploads/2024/04/Jaarverslag_DeKeerkring_2023.pdf
- De Roos, S. Bucx, F., & van den Berg, E. (2021). Sociale netwerken van ouders. Steun bij de opvoeding en andere ouderschapstaken. Sociaal en Cultureel Planbureau. <https://www.scp.nl/publicaties/publicaties/2021/03/09/sociale-netwerken-van-ouders>
- Dierckx, H., Snoeck, G., Tambuyzer, E., Roelants, M., Van Leeuwen, K., Desoete, A., Wiersema, R., De Cock, P., & Hoppenbrouwers, K. (2014). *Zorgen, behoefte aan hulp en zorggebruik bij Vlaamse kinderen en jongeren van 0, 6 en 12 jaar: resultaten van de eerste bevraging*. Leuven: Steunpunt Welzijn, Volksgezondheid en Gezin. https://cdn.nimbu.io/s/5s8z9pq/channellentries/bsfvfif/files/2014_12-rapport_27-zorgen_behoefte-aan-hulp_zorggebruik-bij-vl-kinderen-en-jongeren.pdf?i25b6tj
- Emmery, K. (2025). Verkennend onderzoek Gezinskabinet. Brussel : Kenniscentrum Gezinswetenschappen Odisee <https://kcgezinswetenschappen.odisee.be/sites/default/files/public/2024-12/Verkennend%20onderzoek%20gezinskabinet%20DEF.pdf>
- Emmery, K., Buyle, S., & Nys, K. (in print). *Lokaal geïntegreerd gezinsbeleid. Een onderzoek bij lokale besturen in Vlaanderen*. Brussel: Kenniscentrum Gezinswetenschappen Odisee
- Emmery, K. & Loosveldt, G. (2025). Welke ondersteuning hebben gezinnen nodig? Ouders van schoolgaande kinderen aan het woord. *Caleidoscoop*, 37(3), pp. 27-39.
- Emmery, K. & Pasteels, I. (2022). *Gezinsenquête 2011: De relatie met de partner. Gezinnen in Vlaanderen over de relatie met de partner, relatiekwaliteit, steun van de partner, tevredenheid met de partnerrelatie en het gebruik van relatieondersteuning*. www.gezinsenquête.be
- EXPOO (2018). Roadmap Huizen van het Kind. <https://www.opgroeien.be/kennis/toolbox/materialenpakket-roadmap-huizen-van-het-kind>
- EXPOO (2020). Samen lokaal het verschil maken voor gezinnen, kinderen en jongeren. <https://www.opgroeien.be/kennis/toolbox/materialenpakket-samen-lokaal-verschil-maken-voor-gezinnen-kinderen-en-jongeren>
- Gaynor, M., Hesketh, K., Gebremariam, K., Wynter, K., & Laws, R. (2025). Practicality of the My Baby Now App for Fathers by Fathers: Qualitative Case Study. *JMIR Pediatrics and Parenting*, 8, e64171-. <https://doi.org/10.2196/64171>
- Griffith, D. M., Jaeger, E. C., Pepperman, P., Chustz, K. A., Frazier, D., & Wilson, A. (2025). Expectant and new fathers say they need resources and sources of support. *BMC Pregnancy and Childbirth*, 25(1), 205–210. <https://doi.org/10.1186/s12884-025-07290-z>
- Hermans, K., Van Leeuwen, K., Vanderfaellie, J., & Maes, B. (2016). *Analyse van de behoeften aan en het gebruik van opvoedingsondersteuning door ouders van een kind met een specifieke zorgbehoefte*. Steunpunt Welzijn, Volksgezondheid en Gezin. <https://www.opgroeien.be/sites/default/files/tool-documents/hermans-opvoedingsondersteuning-handicap.pdf>
- Jukes, L. M., Di Folco, S., Kearney, L., & Sawrikar, V. (2024). Barriers and facilitators to engaging mothers and fathers in family-based interventions: A qualitative systematic review. *Child Psychiatry & Human Development*, 55(1), 137–151. <https://doi.org/10.1007/s10578-022-01389-6>
- Kind & Gezin. (2018). *Roadmap Huizen van het Kind*. Brussel: Kind & Gezin. Geraadpleegd via <https://www.opgroeien.be/kennis/toolbox/materialenpakket-roadmap-huizen-van-het-kind>
- Lam, E. & Van Dorp, M. (2018). Help ouders in plaats van de kinderen. *JeugdenCo*, 12(1), p. 22-25.
- Lecoyer, K., Oizaz, S., Nys, K. & Emmery, K. (2023). *Verbindend werken met moslimgezinnen. Een onderzoek naar de bezorgdheden en noden van moslimouders en de betekenis voor diverssensitieve gezinsondersteuning. De ouderbevraging*. Schaarbeek: Kenniscentrum Gezinswetenschappen (Odisee). <https://www.odisee.be/sites/default/files/public/2023-07/>

[Onderzoeksrapport PWO moslimgezinnen Ouders.pdf](#)

Luyten, D., Emmery, K., & Rondelez, P. (2014). *Mozaïek en dynamiek van het lokaal gezinsbeleid in Vlaanderen*. Antwerpen-Apeldoorn: Garant.

Meppelder, M., Hodes, M., Kef, S., Schuengel, C. (2014). Parents with intellectual disabilities seeking professional parenting support: The role of working alliance, stress and informal support. *Child Abuse & Neglect*, Vol. 38(9), 1478-1486. <http://dx.doi.org/10.1016/j.chiabu.2014.04.006>

Mertens, E., & Hulpia, H. (2025). Spel en ontmoeting. Antwerps Netwerk Spel- en Ontmoetingsplaatsen en VBJK. <https://www.opgroeien.be/kennis/databank-kwaliteitsvolle-praktijken/spel-en-ontmoeting>

Morawska, A., Weston, K., & Courtney, B. (2018). Early Parenting Support and Information: A Consumer Perspective. *Infant Mental Health Journal*, 39(2), 145-152. <https://doi-org.odisee.e-bronnen.be/10.1002/imhj.21688>

Návrátová, H., Lacinová, L., Pátková Daňšová, P., Lacina, R., Neužilová Michalčáková, R., & Kaňa, S. (2025). "What makes me uncertain?" Czech mothers' experiences of parenting 13- to 17-month-old toddlers. *Family Relations*, 74(1), 234-252. <https://doi.org/10.1111/fare.13101>

Nys, K. (2013). Een blik op opvoedingsondersteuning vanuit de regelgeving. In *Gezinsbeleid in 2012. De rol van het gezin, de buurt en de burger in de Huizen van het Kind* (pp. 205-222). Brussel: Hoger Instituut voor Gezinswetenschappen.

Nys, K. (2018). *Ouderschaps- en ouderbegeleiding. Opvoedingsondersteuning* [cursus]. Odisee, Schaarbeek.

Nys, K. (2020). De stem van ouders in opvoedingsondersteuning. In: K. Emmery, J. Van Puyenbroeck, G. Loosveldt (Eds.), *In verband met gezinnen. Het gezinsperspectief in beleid en praktijk*, Chapt. 3, (39-56). (Gezinnen, Relaties en Opvoeding, 6). Antwerpen: Garant. ISBN: 9789044137576.

Nys, K. (2023). *Vroeg en nabij. Een huis voor alle ouders (?)* Studiedag 'Bijschakelen naar Vroeg en Nabij', Schaarbeek, 15 februari 2023. Kenniscentrum Gezinswetenschappen (Odisee). https://kcgezinswetenschappen.odisee.be/sites/default/files/public/2023-05/bijschakelen_naar_vroeg_en_nabij_kristien_nys_2023-02-15.pdf

Nys, K., Van Leeuwen, K., Emmery, K. (2016). *Dilbeekse Huis van het Kind in ontwikkeling. Behoeftenbevraging bij ouders*. Brussel: Kenniscentrum Hoger Instituut voor Gezinswetenschappen (Odisee) - Onderzoekseenheid Gezins- en Orthopedagogiek (KU Leuven). https://kc-gezinswetenschappen.odisee.be/sites/default/files/public/2023-03/Behoeftenbevraging_hvhk_dilbeek_2016_cover_inhoud.pdf

Nys, K., Van Puyenbroeck, J. Vandewaerde, S., Stoové, E., Emmery, K., & Loosveldt, G. (2025). *Exploratieve vergelijking trajectondersteuningsvormen (Onderzoek i.o.v. Opgroeien)*. Brussel: Kenniscentrum Gezinswetenschappen (Odisee).

Nys, K., Vandewaerde, S., & Stoové, E. (2024). *Methodiek gezinscoaching*. Kenniscentrum Gezinswetenschappen (Odisee). Retrieved from <https://www.opgroeien.be/kennis/databank-kwaliteitsvolle-praktijken/gezinscoaching>

Opgroeien (z.d. a). *Inclusie specifieke zorgbehoefte. Perspectief van ouders*. Geraadpleegd op 14 maart 2025 van www.opgroeien.be/kennis/themas/inclusie-specifieke-zorgbehoefte/perspectief-van-ouders

Opgroeien (z.d. b) *Buurtgerichte netwerken*. Geraadpleegd van <https://www.opgroeien.be/kennis/themas/buurtgerichte-netwerken>

Opgroeien (2022). *Vernieuwende projecten Huizen van het Kind*. Geraadpleegd van <https://www.opgroeien.be/kennis/themas/huizen-van-het-kind/vernieuwende-projecten-huizen-van-het-kind>

Opgroeien (2023). *Huizen van het Kind. Rapport 2023*. https://www.opgroeien.be/sites/default/files/tool-documents/rapport2023_huis_vh_kind_0.pdf

Opgroeien (2024a). *Cijferrapport. Aanvragen crisisjeugdhulp en niet-rechtstreeks toegankelijke jeugdhulp in 2023*. Geraadpleegd op 25 maart 2025 van www.opgroeien.be/kennis/cijfers-en-onderzoek/aanvragen-crisisjeugdhulp-en-niet-rechtstreeks-toegankelijke-jeugdhulp

Opgroeien (2024b). *Bereik medisch preventieve gezinsondersteuning in 2023*. Geraadpleegd op 14 maart 2025 van www.opgroeien.be/kennis/cijfers-en-onderzoek/bereik-medisch-preventieve-gezonsondersteuning-kind-en-gezin

Opgroeien (2024c). *Binnenkort openen acht nieuwe OverKop-Huizen in Vlaanderen*. Geraadpleegd op 19 juni 2025 van <https://www.opgroeien.be/over-opgroeien/nieuws-en-pers/binnenkort-openen-acht-nieuwe-overkop-huizen-vlaanderen>

Opgroeien (2024d). Afdeling Preventieve gezins- en jongerenondersteuning (PGJO) en Lokale teams. Interne presentatie Opgroeien.

Pauwels, I. (2021). *Huis van het Kind is er voor iedereen, met extra aandacht voor meest kwetsbare gezinnen*, <https://sociaal.net/achtergrond/huis-van-het-kind-proportioneel-universalisme/>

Pauwels, I. (z.d.) Wegwijs in lokaal gezinsbeleid. https://www.vvsg.be/aan-de-slag-als-mandataris/wegwijs-in-lokale-besturen?gl=1*1oy2t7z*up*MQ.*ga*MTA5MzA5MzI0OC4xNzUxMjA0MjI2*ga_181E9BZ8PR*czE3NTEyMDQyMjUkbzEkZzAkdDE3NTEyMDQyMjUkajYwJGw-wJGgw*ga_43NGK32P3K*czE3NTEyMDQyMjUkbzEkZzAkdDE3NTEyMDQyMjUkajYwJGw-wJGw#gezinsbeleid

Rios, J., Frieson, T., Ray, N., Edwards, D., Pérez-Escamilla, R., & O'Connor Duffany, K. (2025). Black Fathers' Views on Breastfeeding Facilitators, Barriers, and Support Services: Insights From a Qualitative Community-Based Participatory Research Study. *Maternal and Child Nutrition*, vol. 21, no.

2, pp. e13776-n/a, <https://doi.org/10.1111/mcn.13776>

Rommens (2022). *KOALA. Kind- en ouderactiviteiten voor lokale armoedebestrijding*. Opgroeien. <https://www.opgroeien.be/kennis/databank-kwaliteitsvolle-praktijken/kind-en-ouderactiviteiten-voor-lokale-armoedebestrijding-koala>

Shawna, J.L., Hoffman, G., & Harris, D. (2016). Community-Based Participatory Research (CBPR) needs assessment of parenting support programs for fathers. *Children and Youth Services Review*, 66, 76–84. <https://doi.org/10.1016/j.childyouth.2016.05.004>

Steyaert, J. Borgers, A., Bamps, H. (2025). *Gezinskabinet. Gezinnen aan het woord. Hoe kunnen gezinnen (beter) ondersteund worden, door wie en wanneer?* Gezinsbond - Kenniscentrum Gezinswetenschappen. <https://kcgezinswetenschappen.odisee.be/sites/default/files/public/2025-02/Gezinskabinet%20Eindrapport%20DEF.pdf>

Storms, B. (2019). *GO tegen gezinsarmoede. Een onderzoek naar de werking en resultaten van het GezinsOndersteuningsteam in Mechelen*, CEBUD. <https://www.mechelen.be/go-team-boek>

Vancoppenolle, D. & Dupont, G. (2018) *Gezinsenquête 2016: Opvoeding en opvoedingsondersteuning. Wat vinden gezinnen belangrijk in de opvoeding van hun kinderen, hoe beleven ze het opvoeden, welke vragen en zorgen hebben ze en maken ze gebruik van opvoedingsondersteuning?* www.gezinsenquête.be

Vancoppenolle, D., Dupont, G. & Nys, K. (2023). *Gezinsenquête 2021: Opvoeding. Gezinnen in Vlaanderen over opvoedingsbeleving, opvoedingsvragen en -zorgen en het gebruik van opvoedingsondersteuning*. www.gezinsenquête.be

Vandewaerde, S., Fagardo, B., Nys, K., & Emmery, K. (2019). *Toegankelijke gezinsondersteuning in het tweetalig gebied Brussel-Hoofdstad voor toekomstige ouders en ouders met jonge kinderen. Onderzoek met steun van de Vlaamse Gemeenschapscommissie*. Schaarbeek: Kenniscentrum Gezinswetenschappen (Odisee). https://kcgezinswetenschappen.odisee.be/sites/default/files/public/2023-05/onderzoeksrapport_gezinsondersteuning_brussel_2019.pdf

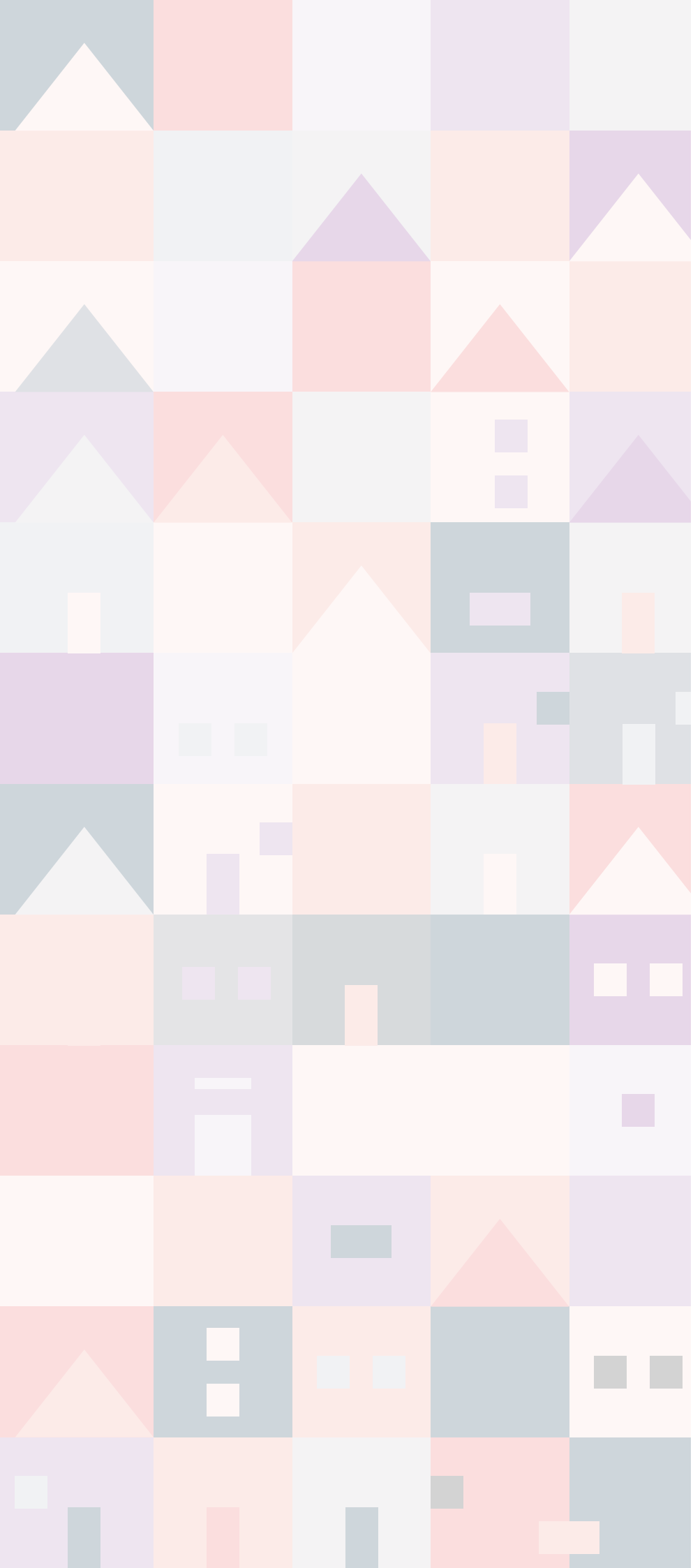
Van Beurden, K., Vereijken, F.R., Frielink, N., & Embregts, P.J.C.M. (2025). The needs of family members of people with severe or profound intellectual disabilities when collaborating with healthcare professionals: a systematic review. *Journal of Intellectual Disability Research*, 69(1), 1-29. <https://doi-org.odisee.e-bronnen.be/10.1111/jir.13199>

Van den Cruyce, N., De Wilde, M., Hermans, K., & Van Lancker, W. (2023). *Een kader voor lokale gezinscoaches in Vlaanderen. Publicatie nr. 20 / SWVG-Rapport*. Onderzoek met steun van de Vlaamse overheid. Steunpunt Welzijn, Volksgezondheid en Gezin. https://cdn.nimbu.io/s/5s8z9pq/channelentries/r2odabx/files/1712831012277/2023_15-rapport_26_ef_09_lokale_gezinscoach.pdf?80813x9

Van Leeuwen, & Nys (2020). Zicht op lokale noden en behoeften. https://kcgezinswetenschappen.odisee.be/sites/default/files/public/2023-02/Tool_HvhK_zicht_op_lokale_noden_en_behoeften_def.pdf

Vink, C., & Nys, K. (2023). *Het belang van steun bij opvoeden en ouderschap vanuit Vlaams en Nederlands perspectief*. (Lezing op het congres Opgroeien). In Opgroeien congres. Brussel: Nederlands Jeugdinstituut - Kenniscentrum Gezinswetenschappen. Retrieved from <https://www.opgroeien.be/kennis/toolbox/presentatie-het-belang-van-steun-bij-opvoeden-en-ouderschap-vanuit-vlaams-en-nederlands-perspectief>





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Co-funded by
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Co-funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or the European Commission. Neither the European Union nor the granting authority can be held responsible for them.