

Compassionate Cities

The case of Bruges and Herzele
Belgium - Flanders

Ruth Raes

Project social change manager



Bring
palliative
care back to
the
community

- Issues of serious illness, dying and grieving are social experiences
- That mostly occur in an informal context



Can we foster a civic approach
complementary to institutional
health care
improving quality of life?

Institutionalised healthcare in Belgium

Government financed palliative care

- 15 area-based palliative home care teams
- Palliative care units in some hospitals (6 – 12 beds)
- Small palliative care teams in hospitals and nursing homes
- Some day-care centres

Since 2016 – Flemish Government change project towards integrated primary care

- Creation end 2019 of 60 Primary Care Zones
- Governance structure: healthcare, wellbeing, local government and the person with care needs

New pilot projects 2022 - 133 caring neighbourhoods, among which Bruges St-Kruis

Unlike Anglo-Saxon countries, we have no hospice care nor well-established charity networks

Early setup

- Top-down research project
'Compassionate City Charter'
- Social change project
 - Value systems
 - Rules of behaviour
 - Cultural symbols
 - Social organisation

How to invite people to think
and act differently
to realise this social change?

Bruges



Herzele



Bruges



- Large city (7th in Belgium)
- Urbanized (Historic centre)
- 119,000 inhabitants
- 100,000 in 12 sub-municipalities
- 140 km²
- 37% single household
- 31% aged 60 or over

Herzele



- Smaller village
- Semi-Rural (Urban centre)
- 18,500 inhabitants
- 12,500 in 8 sub-municipalities
- 47 km²
- 29% single household
- 26% aged 60 or over



Project leader, social change manager
20% FTE



PhD researchers

Sponsors city council

- Alderman Social Affairs
- Alderman Wellbeing, Personnel and Organization
- City Director

Sponsors city council

- Alderman Social Affairs and Wellbeing
- Alderman Youth and Education
- City Director



City project leader

- Team 'Local Social Policies'
- Focusses on social policy making for the city and project implementation

City project leader

- Local Services Center
- 'Open house' connecting citizens and healthcare and wellbeing service network



Creating a leading coalition

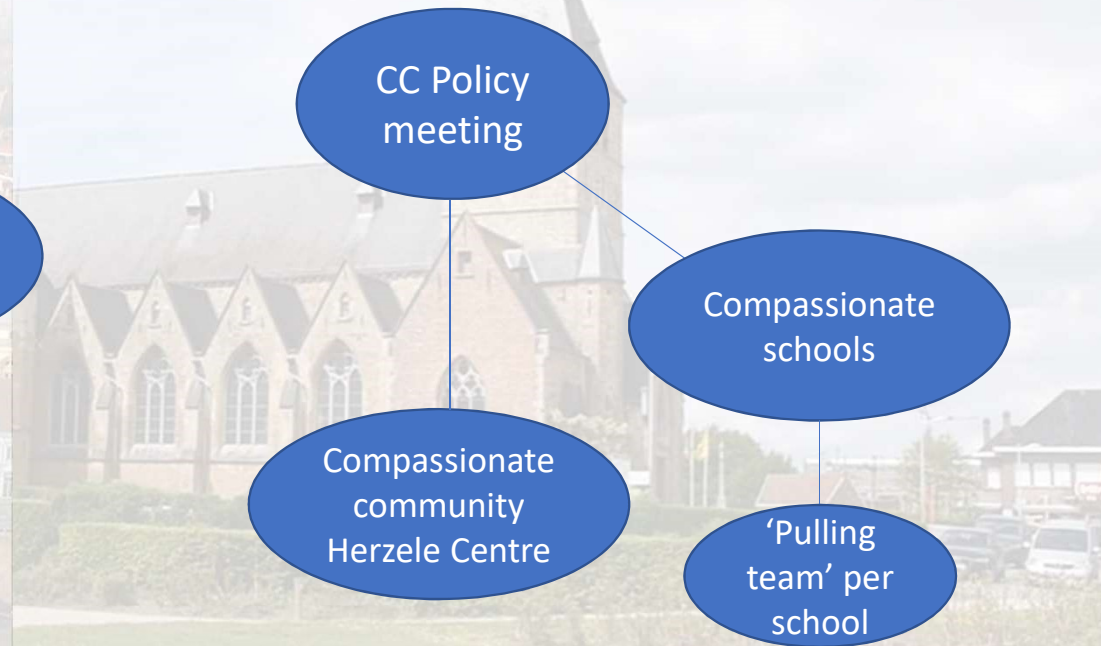
First participants

- City council and services
- Health, wellbeing organizations
- Life stance groups
- Informal care organizations
- Schools' representatives

First participants

- City council
- Key actors in local networks
'Key people' in the community, priest, seniors council, informal caregivers
- Some (formal) caregivers

Evolution Leading Coalition



Tensions emerge

- On stakeholder level
 - Should we develop vision/strategy, than plan focussed action or do things assuming cultural change will follow
 - Activity of workgroups/school teams largely depends on
 - People who take responsibility
 - Time made available in terms of priority
 - Personal competences and preferences
 - Collaboration workgroups/schools and city is influenced by former experiences
 - Conflicting interests among stakeholders lead to tensions that might require facilitation
 - ‘Intellectual willingness’ or ‘full commitment’ based on a real sense of urgency
 - Communities don’t want to feel ‘accountable’ to the city, they want to network and be supported

Tensions emerge

The background of the slide is a composite image. The left side shows a dense, historic cityscape with many buildings, likely a European town. The right side shows a large, brick church with a tall, pointed steeple, situated in a grassy field with some trees and a fence in the foreground.

- On City level
 - Silo structures impact possibilities of cross-fertilisation between departments
 - Choice for top-down approach impacts practice of co-creation
 - Position of the city project leader impacts leverage towards others involved
 - Sponsors expect quick win results whereas (internal and external) networking work is key, time consuming and less visible
 - Concern towards city (political) leading coalition on how to guarantee sustainability

Context factors interfere

- Corona
 - Creating shared vision, facilitating co-creative processes online?
 - Time pressure/shifting priorities on agenda of partners
 - Illness of key actors
- Shortage of staff
 - Coinciding projects and conflicting priorities
 - Developing compassionate communities is very time consuming
 - Difficult labor market, e.g. neighbourhood worker for Brugge St.-Kruis
- Crisis context
 - Cities become more and more responsible (Corona, Ukraine,...)
 - In financially hostile context (energy crisis, indexation of wages,...)

Navigating tensions

- Creating support tools to reflect on strategy vs. operational actions
 - Accept workgroups stopped or could not start
 - Adapt governance structure
 - Core team repositioned as forum of mutual inspiration and collaboration
 - Later repositioned again to preparation of Knooppuntenfestival
 - To a 'learning network'
 - PhD researchers take active role
- Switch from collective to individual approach of schools
 - Switch from focus on co-creation to answering their needs for predefined actions
 - Project leader as 'pulling' facilitator to keep schools going
 - Accept some schools lower their pace
 - PhD researchers take active role

Tensions emerge

- On research team level
 - Desire to implement international examples leads to resistance if this strategy does not 'resonate' with the stakeholders
 - Desire to make partners co-create conflicts with stakeholders' operational need 'Tell me what to do' is difficult and time-consuming when more than just a 'buzz-word'
 - Tension between the need for research data versus the need to follow the pace of the project development
 - Project leader needs to stay in facilitation role, stay out of 'consulting' for which there is no mandate

Navigating tensions

- Project manager
 - Interventions focus on making objectives explicit, framing actions in context of cultural change
 - Coaching of project leaders in their facilitator role and learning process
 - At startup: active participation in, coaching of workgroups
- PhD researchers: from observation to action research
 - Creating new tensions
 - Action research creates expectations the city may be unable to fulfill
Thus may undermine trust and jeopardise final project results
 - Keep social change objective in mind: ownership should stay with the actors involved, not been taken over by an external team

Going on in Bruges

- Resonance on PHPCI-congress and Knooppuntenfestival
 - Enabler/motivator for workgroups to organise specific actions
 - Attractor to new partners
- From 'core team' to establishing a 'learning network'
 - Connecting all partners concerned in themes of illness, dying, loss and grieving
 - Stimulate partners to reinforce each other
 - City as facilitator rather than actor: learning network as an attractor to city-wide stakeholders and grassroots initiatives
- Start-up of Compassionate Community Brugge Sint-Kruis
 - 'Caring neighbourhood' pilot upon arrival neighbourhood community builder
 - Continue to organise events and strengthen local networks



Going on in Herzele

- Continuation of the school action plan
- Start-up of compassionate community Herzele centre
 - Develop a network of citizens and informal care partners
Engaging existing social groups and key persons
 - Develop a network of formal and informal (institutionalised) care partners
Tap into Primary care zone network
 - Connect both networks, creating crossroads

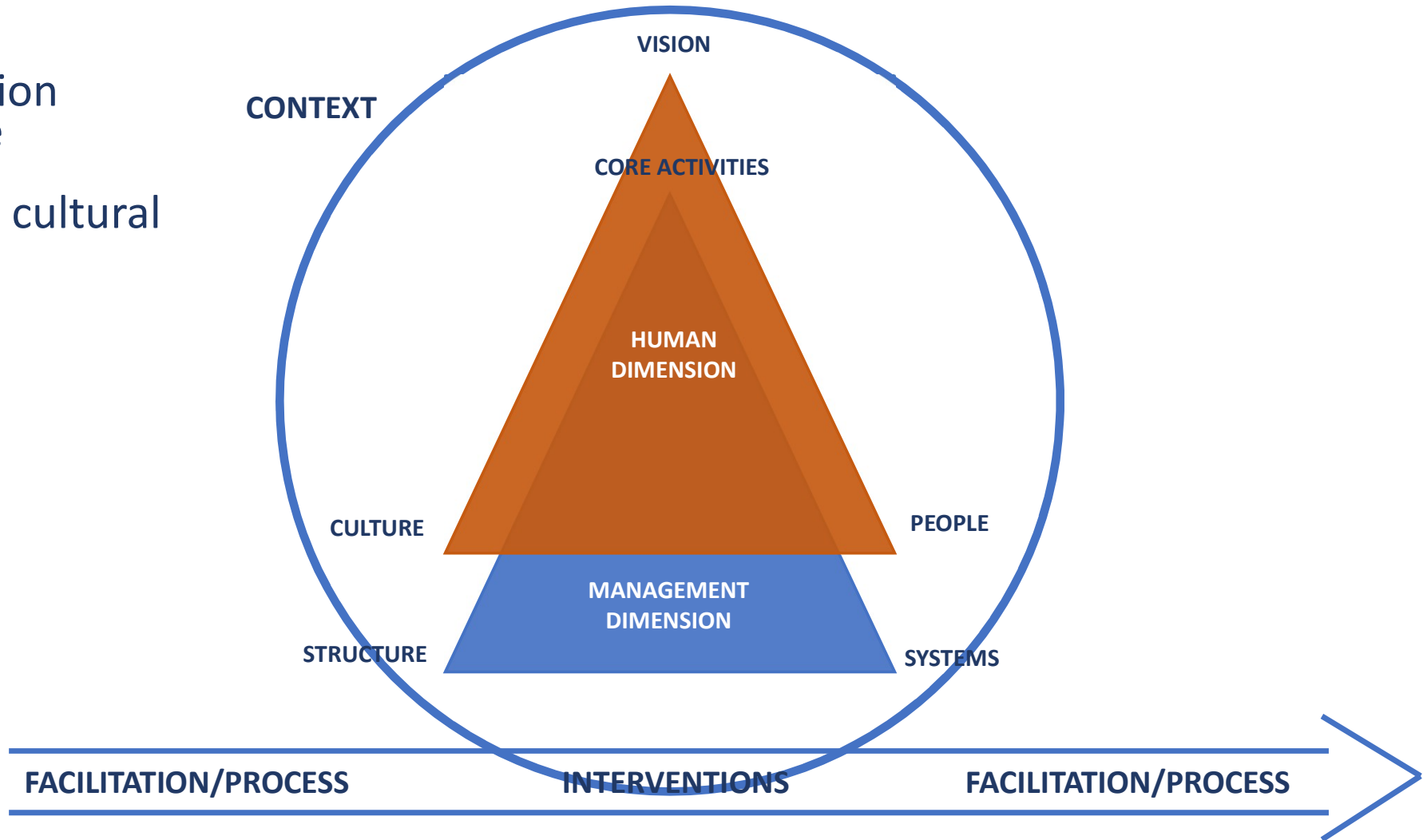
Learnings and reflections

- Compassionate cities/communities develop in a very complex context
- It's a people's business
 - Creating a 'dream' vision that 'attracts' us all towards the same goal
Reconciling very long term, social change goals and slow build-up with other priorities and delusions of the day
 - Working with the people as they are
Beliefs, conflicting interests, personalities, competencies,...
 - Working with the dynamics as they are
'Know-like-trust' factor, leadership culture, culture of working together,...
- Management structures/systems impact possibilities
- Being a city project leader requires maturity and great networking and facilitating skills

Toward a framework

Navigation
Triangle

Leading cultural
change



Thank
you

Bruges

Herzele

**For having the courage to keep
choosing with us for this longterm
commitment of fostering more
compassion**

Congres visitors

**For reflecting with us these four days
on how to further engage people in
dealing with illness, dying, death and
grieving**

