
CONFERENCE ABSTRACT

Neighbourhood civic engagement around serious illness, death, and loss: results of the development of initiatives in two neighbourhoods in Flanders

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Introduction/background: Worldwide, civic engagement initiatives concerning serious illness, caregiving, and bereavement are gaining momentum, as a result of the increasing interest in communities addressing challenges around these topics. In Flanders too, a diverse range of civic engagement initiatives are being developed, among which two research-initiated neighbourhood initiatives in municipalities in Herzele and Sint-Kruis (Flanders, Belgium). Most of the existing civic engagement initiatives around serious illness, death and loss have not been evaluated thoroughly, though this would generate important knowledge about community development on these topics.

Aim: To offer insights into the facilitators and barriers in the development process of neighbourhood civic engagement initiatives in two municipalities in Flanders (Belgium), e.g., the municipality context of development, stakeholder engagement, complexity and compatibility of developed initiatives.

Methods: To study the development process of the initiatives, we performed observations (n=159) of all meetings between stakeholders, interviews and focus groups (n=72) with the different stakeholders, and a document analysis of all the relevant written materials (n=32). The results were iteratively analysed using the Consolidated Framework for Implementation Research (CFIR).

Results: The studied civic engagement initiatives were both initiated by the municipality, which facilitated the co-creative process with formal and informal stakeholders in the neighbourhood. We identified a lack of leadership engagement to formulate and support clear goals for the project, as a barrier. These goals and interests should be compatible with existing municipality projects and with the interests and needs of the people in the neighbourhoods. Non-compatibility decreases stakeholder engagement since stakeholders do not wish to conduct new initiatives but want to strengthen the topics of illness, death and loss in their regular activities. A challenge is to not just include stakeholders who already have a core formal function around wellbeing, illness, death and loss, but also include stakeholders that are indirectly involved with these topics (e.g. neighbourhood police, local merchants, neighbourhood committees). Sufficient resources, especially in terms of staffing, seem to be a facilitator for starting neighbourhood civic engagement initiatives. Results suggest that having a neighbourhood worker on the ground for engaging neighbourhood stakeholders, facilitates network formation around illness, death and loss in the neighbourhoods.

Conclusion: Leadership engagement, compatibility and sufficient resources are three key concepts in facilitating neighbourhood civic engagement initiatives around serious illness, death and loss. Non-compatibility between existing workflows in the municipality and the needs of stakeholders can lead to decreased stakeholder engagement. We suggest the goals of the city be adjusted to the interests and needs of the neighbourhood. Sufficient resources need to be provided to realise these goals.