

Participatory Governance in Local Care Programs

Lessons from Bogotá and Chicago



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Acknowledgments

Virtual interviews with the following individuals provide the basis for the two case studies: **Diana Maria Parra Romero**, Bogotá's Undersecretary for care and equality policies, **Maria Hadden**, Chicago's 49th Ward alderperson for Rogers Park and co-organizer of the Rogers Park Community Response Team, and **Prerna Abbi**, community organizer and former volunteer coordinator for the Rogers Park Community Response Team. We thank them all and their organizations for their time and contributions to this report.

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Introduction

Among the many urban crises precipitated by COVID-19, the pandemic was foremost a crisis of care. Urban dwellers faced lockdowns, isolation, illness, changes in employment and schooling, and a significant increase in demand for care and unpaid care work — among many other challenges. As the pandemic unfolded, cities were thrust to the forefront of emergency response programs. At a time when governments enacted curfews, travel restrictions, and lockdowns to check viral transmission and ensure people's safety, they also placed new burdens of care on historically marginalized communities.

Against this background of increased uncertainty, many cities embraced participatory governance — that is, community involvement in decision-making, from public policy development to service planning and delivery — to respond to the challenges posed by the pandemic. These programs varied greatly in scale, operations, goals, and outcomes.

This report examines two case studies — the **Care System in Bogotá**, Colombia, and the **Rogers Park Community Response Team in Chicago**, USA (RPCRT) — to demonstrate how global cities at the metropolitan and neighborhood scale embraced participatory governance frameworks when responding to COVID-19 and its unforeseen consequences. These case studies are based on interviews with city representatives, volunteers, and activists in both cities.

These programs had stark differences in terms of geographic scale, financial resources, implementation time, and the role of civil society in their planning and challenges. Yet when viewed together, they reveal common traits that contributed to their successes. In Bogotá, the Care System was the product of extensive planning and funding, a wide-ranging effort to provide for the needs of caretakers, mostly women, and those being cared for. In contrast, the RPCRT was a rapid response, activist-led mutual aid network based in a single neighborhood, which relied on private donations and city government assistance to distribute supplies and care for those in need.

In both cases, three factors stand out as key in influencing the programs' successes. Both sought to ensure a strong sense of **public trust** by working with neighbors and volunteers when developing and implementing community-centered services. In addition, each program relied on **institutional precedent** established by pre-existing community associations or government organizations to organize and navigate challenges. Finally, when tailoring services to meet the specific needs of their respective communities, both programs drew on **expert knowledge and collective intelligence**.

Implementing participatory governance practices can be challenging, yet a payoff comes in ensuring that program services at the municipal and neighborhood level meet people's needs in a comprehensive, efficient, and equitable way. Considered together, these programs show a spectrum of strategies in participatory governance — strengths and weaknesses related to scale, time to action, and longevity. They offer lessons to help improve service efficiency, increase social inclusion and empower communities to take action and make their voices heard.

Case studies from Bogotá and the Rogers Park neighborhood in Chicago

This report provides two case studies of local care programs. Despite the contrasting characteristics of their design and implementation, they offer insights into the strengths and limitations of participatory governance. Although both cases are situated within the context of COVID-19, their policy implications and impact on the community extend beyond the pandemic.

The Care System of Bogotá, Colombia

The Care System of Bogotá provides an example of a city-led model of participatory governance in caregiving. This innovative, accessible, and award-winning system covers care needs through a co-responsible approach. The Care System also addresses a pressing challenge exacerbated by the COVID-19 pandemic: a significant increase in unpaid care work in Bogotá, which has disproportionately fallen on women.

Women participating in flexible learning programs offered through the Care System. © City of Bogotá

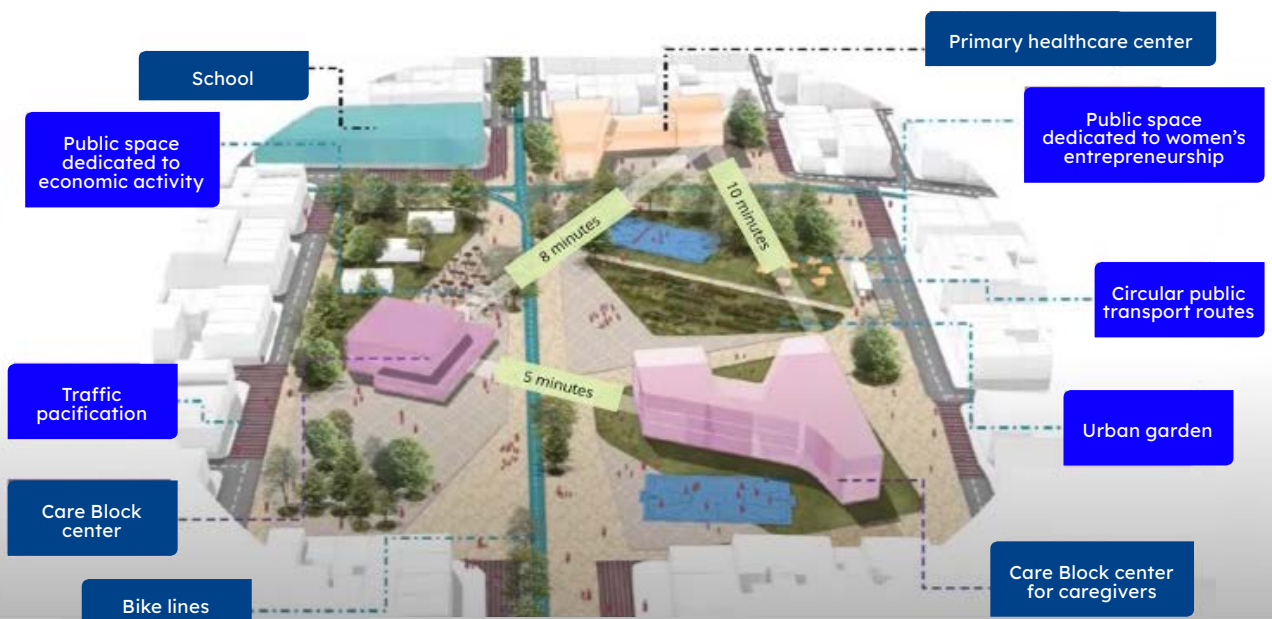


The Care System offers a network of services and programs to caregivers, mainly women, and those who require care, including children under the age of 13, people with disabilities, and the elderly. Along with Bogotá’s recent public policy on women and gender equity, the Care System builds a new social contract whereby the unpaid care work is redistributed among society, the State, and the community. Its governance principle of co-responsibility enables the Care System to achieve its overarching goal of recognizing, redistributing, and reducing unpaid care work in the city.

In the capital city of Colombia, over one-sixth of its 7.9 million dwellers carry out unpaid care work. This figure accounts for an increase of nearly 500,000 caregivers since the pre-COVID era. In Bogotá, 9 out of 10 caregivers are women and almost 34% of them are over the age of 50. What’s more, women spend five and a half hours a day on unpaid housework. If paid at market rates, caregiving would account for 20% of Colombia’s GDP. Considering this untapped potential for economic opportunity and in support of the growing number of women caregivers in Bogotá, the Care System presents a necessary policy solution that alleviates and redistributes care work equitably.

“Care blocks” at the core of caregiving

Pivotal to the implementation of the Care System are Bogotá’s care blocks (*las manzanas del cuidado* in Spanish). The city has repurposed existing public infrastructure such as schools, healthcare centers, and sports facilities to set up care blocks, which are available within a 15- to 20-minute walk for dwellers. Care blocks are designed to help women care for themselves, and thus provide them opportunities for relaxation, personal development, and participation in politics and civic life. Continuing education services include business classes, courses toward primary and secondary school diplomas, yoga, or learning to ride a bicycle. To ensure that caregivers, especially women, are able to participate, simultaneous programs and services are offered for caregivers and those they care for. For example, while a child takes swimming classes, a mother can enrol in an educational or recreational activity at the same care block. This innovation in the way the municipality plans and offers its services has responded to a key challenge, how to create time for those who lack it.



Between October 2020 and October 2022, Bogotá has developed 14 care blocks and mobilized fully equipped vehicles to bring care services to those who live in rural areas. In its first two years of implementation, the Care System has provided more than 230,000 services to caregivers and care receivers. The city plans to build a total of 45 care blocks by 2035, widening access to a network of care services throughout the city. Circular public transport routes will continue to increase accessibility to care blocks. This spatial approach to care establishes the foundation for Bogotá's 2022-2035 development plan and leads the city toward a gender-equal and sustainable city.

Communities decide

Community participation has been integral to the design and implementation of Bogotá's Care System. Not only was the care system conceptualized in discussions with women and caregivers, but the city also continues to foster a permanent, constant, and direct dialogue with communities. While the care system is a city-led initiative, Bogotá's city-led care system provides an excellent example of embracing participatory governance and placing communities at the center of decision-making. Through civic participation, Bogotá was able to determine that its priority for the Care System should be to provide more free time to caregivers so that they could participate in further education opportunities, improve self-care and partake in politics and civic life.

During the design phase of the care system, the city conducted 21 focus groups, 17 interviews, and 17 interviews with caregivers. The participants included women of different races, sexual orientations, and those with disabilities, bringing diverse perspectives to the table. The voices, visions, and experiences of nearly 5,500 women have further shaped Bogotá's public policy on women and gender for 2020-2030.

While the Care System is managed by the Women Secretariat of Bogotá, it is supported by a city-wide intersectoral commission, highlighting the cross-sectoral nature of caregiving. Moreover, to ensure the continued participation of women caregivers in the design and implementation processes of the system, Bogotá has introduced in the Commission a citizen participation mechanism that brings to the table the voices of a diversity of women and caregivers. Additionally, local care system roundtables hosted across the city provide neighbors with a platform to engage with the administration. Together, feedback from the Commission and the roundtables shape the future of the Care System.

Challenges to participatory governance

Despite the successes of the award-winning Care System, it has also faced challenges. For instance, the "historic distrust" of government institutions in Colombia posed a barrier to participatory governance. The city continues to engage with neighbors and caregivers to develop a sense of ownership of the Care System. The administration is also working to codify the Care System in national law and secure funding to sustain this initiative so that administrative change does not leave women stranded. The city continues to evaluate the Care System and its outcomes to incorporate feedback from caregivers and care receivers so that it can truly achieve the goals of recognizing, reducing, and redistributing the responsibilities of caregiving.

Furthermore, education plays a critical role in sustaining the Care System. Bogotá provides training to women in local planning and participatory budgeting to encourage them to participate and influence policies that impact them and their communities. As gender stereotypes continue to place the burden of caregiving on women, the city conducts cultural transformation workshops¹ focused on teaching men how to care for themselves and others. Participatory governance thus will be most effective if it coincides with broader shifts in the discourses and perceptions of gender.

Successes

Tailoring services through public participation

Before establishing the Care System, Bogotá conducted focus groups and interview to better understand the needs of women and caregivers. Once the program was in place, Bogotá put in place an Intersectoral Care Commission, a citizen participation mechanism and Local Care System Roundtables to receive granular feedback and adapt the care program.

Innovative thinking and use of resources

By placing care at the center of decision-making and mainstreaming gender issues across city departments, Bogotá has created a program that uses city resources across departments to meet the needs of caregivers and those who need care (e.g. circular transportation routes, service proximity and simultaneous activities).

A spatial approach to care

Civic participation and exploiting existing infrastructure have enabled Bogotá to develop a new Urban Master Plan that integrates care into urban planning and provides services within a 15- to 20-minute walk.

Empowerment

The Care System recognizes the importance of unpaid care work and gives women the tools to follow their dreams, complete continuing education, dedicate time for themselves and participate in civic life.

Challenges

Historic distrust of government institutions

Trust is the backbone of the Care System, yet gaining trust – making sure that caregivers enjoy the program and fostering a sense of ownership – is easier said than done. Addressing mistrust in public institutions demands actions that go beyond the scope of the program and seek to change the current climate.

Viability beyond political cycles

Ensuring the longevity of the Care System requires legal formalization, a strong financial plan and a civic participation process that continuously informs the program.

Evaluation

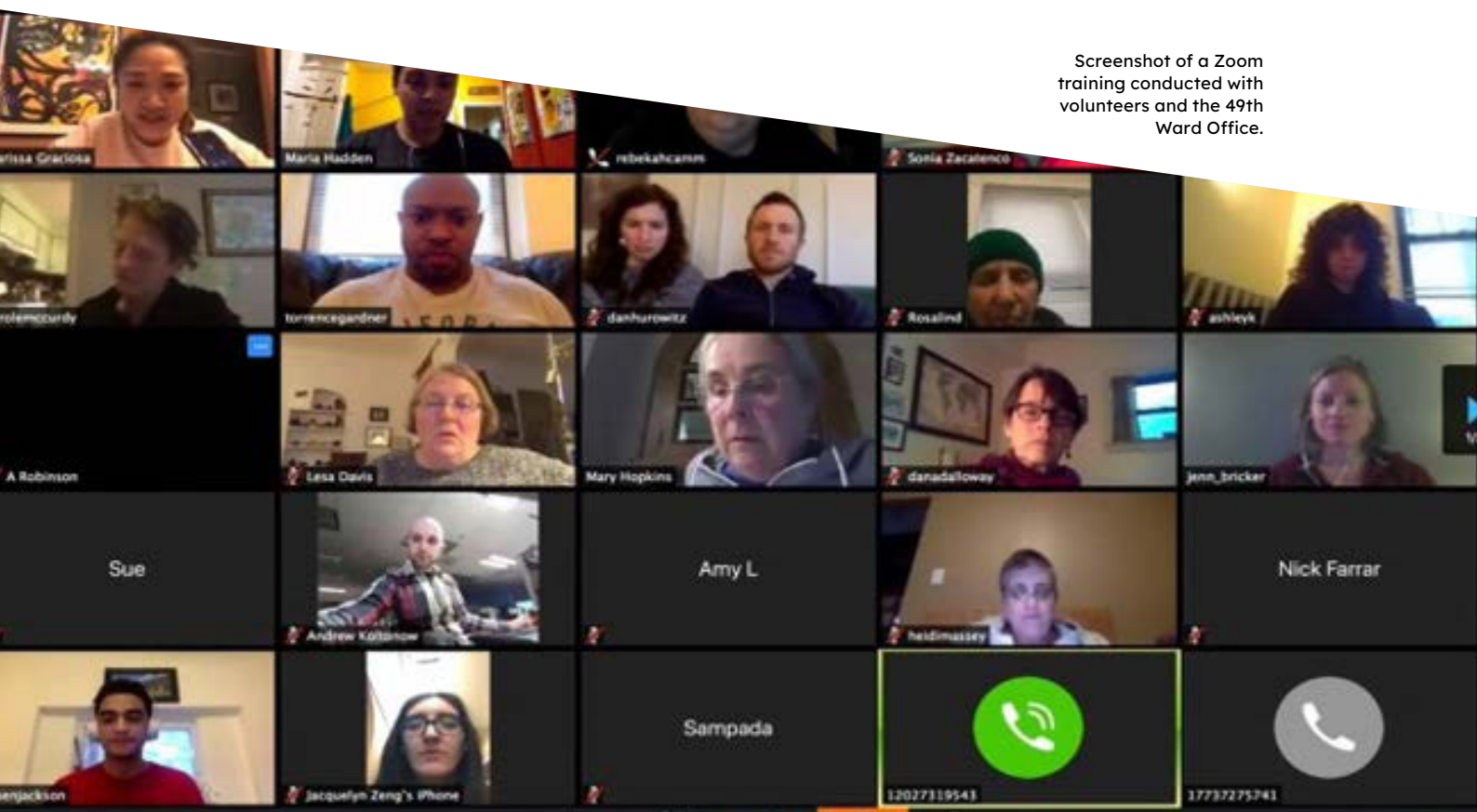
Examining the impact of the Care System using an inclusive lens is essential to understand the current state of the program and continue improving it.

Structural transformation takes a long time

More than 9,544 persons have attended cultural transformation workshops, yet driving a cultural change that redistributes and reduces women's unpaid care work may be the work of generations to come.

The Rogers Park Community Response Team in Chicago

Formed in March 2020 in response to the COVID-19 pandemic, the Rogers Park Community Response Team forged a model of grassroots volunteerism. The rapid response team brought together local government officials, community organizers, and volunteers to care for fellow neighbors impacted by the pandemic. The organization provided a wide range of volunteer-driven services in the Rogers Park neighborhood.



Screenshot of a Zoom training conducted with volunteers and the 49th Ward Office.

Rogers Park in Chicago is the city’s northernmost neighborhood, located 10 miles from the central business district and boasting approximately 55,000 dwellers. Although the City of Chicago is known for its stark racial segregation, Rogers Park is one of Chicago’s most racially and ethnically diverse neighborhoods. According to US Census figures, in 2020, 44 percent of dwellers were White, 27 percent were Black, 19 percent of Hispanic or Latino descent, 5 percent were Asian, and 4 percent identified as another category. More than a quarter of dwellers were foreign-born, and more than one-third of dwellers spoke a language other than English at home. More than a quarter of households had incomes of less than \$25,000 per year.

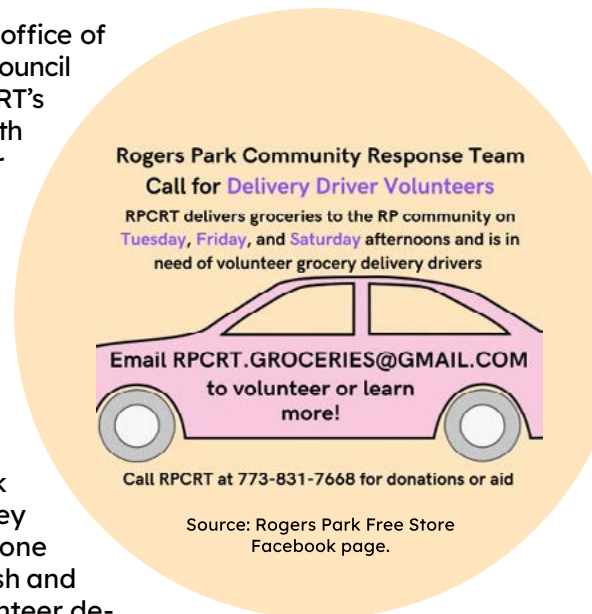
Responding to concerns over potential food scarcity, social isolation, and financial hardship, the Rogers Park Community Response Team was formed at the start of the COVID-19 pandemic to distribute a wide range of volunteer-driven services. These included a resource telephone hotline; a delivery network for groceries, household goods, and prescription medicines; and monetary assistance for at-risk members of the community in the form of no-questions-asked hardship payments and gift cards.

RPCRT received much of its early structural support from the office of Alderwoman Maria Hadden, an elected member of the City Council who represents the Rogers Park neighborhood. During RPCRT’s developmental stage, the alderperson’s office collaborated with local community organizers who had expertise in volunteer coordination, fundraising, and technology and communication support. Alderwoman Hadden’s background as a participatory budgeting activist and facilitator contributed to the structure of these early meetings. The advisory board, which took the lead in organizing the group’s activities, established volunteer schedules, maintained the program’s website, and oversaw fundraising and financial allocation initiatives.

Volunteers used WhatsApp to communicate and coordinate their efforts, as well as social media such as Facebook to recruit volunteers and solicit donations using the money transfer apps Venmo and PayPal. A volunteer-staffed telephone hotline offered services to those seeking assistance in English and Spanish. RPCRT also provided operators with training. Volunteer delivery drivers, recruited from Facebook and other platforms, delivered groceries to community members on Tuesday, Friday, and Saturday afternoons. RPCRT also collected and distributed household goods such as cleaning supplies and clothing, toys, books, diapers and other equipment for babies and children.

RPCRT’s reach and ability to rapidly organize depended on pre-existing volunteer networks, communications systems, and financial structures used by other local organizations. Much of the initial volunteer base grew out of Protect Rogers Park, a grassroots organization formed to oppose US Immigration and Customs Enforcement raids on dwellers. In addition, organizers took advantage of the financial structures of Northside Community Resources, a non-profit agency that offers a range of housing, education, and youth services to Chicago’s north side communities, to collect donations.

By the end of December 2020, as the first wave of the crisis waned, RPCRT dissolved and core members began to reorganize RPCRT’s aid services into a more permanent, central depot known as the Rogers Park Free Store. RPCRT’s remaining financial assets were donated to the Free Store, which moved first to a rent-free location in the Living Water Community Church in Rogers Park before establishing itself in a storefront on Rogers Park’s main business street. It continues to serve as a resource and distribution center for people in need of food, goods, information, and economic aid, having raised more than \$70,000 since its founding. More than \$54,000 of the donations was used to purchase, and make available, an array of goods for the Rogers Park community, including products used for personal hygiene, childcare, and household cleaning.



Successes



Rapid formation and mobilization

Government officials, local organizers, and volunteers from Rogers Park united under emergency circumstances to form RPCRT. Adhering to social distancing and shelter-in-place measures, RPCRT initiated a broad range of community-centered services.



Building on established networks and institutions

In addition to recruiting members with volunteer management and mutual aid experience, RPCRT leadership built on other community organization's pre-existing financial structures and communication networks. These early decisions enabled RPCRT to quickly address the needs of Rogers Park dwellers.



Adherence to participatory governance

Once resources were made available, RPCRT leadership actively sought feedback from volunteers and Rogers Park dwellers, which allowed the organization to modify and tailor the myriad services they provided. For instance, grocery packages were made culturally relevant to reflect the needs of Rogers Park's diverse community.

Challenges



Leveraging Horizontal Leadership

Distributed leadership allowed the group to respond quickly and creatively to the crisis, but also created ambiguity about responsibilities.



Diversity and representation

Volunteers noted the racial, ethnic, and economic diversity of RPCRT's mostly white leadership did not reflect the residential community it served.



Role of local government

While the alderperson's office was crucial to launching and initially sustaining RPCRT, local officials' presence created tensions with volunteers who sought to build an independent mutual-aid organization.



Pandemic cycles

The efficacy of the services that RPCRT provided relied on levels of public demand and availability of community volunteers. As the COVID-19 pandemic peaked in mid-2020, residential demand and volunteer availability was high; however, by fall 2020, volunteer burnout posed a problem for a community still in need of assistance.

Key themes

Three key themes have emerged from conversations with the local officials and volunteer leadership of Bogotá and Chicago. While the two case studies present contrasting typologies of governance, they share some common elements in their design and implementation:

- 1 Public trust
- 2 Institutional precedent
- 3 Community knowledge and decision-making

1 Public trust in local care programs

To enable widespread engagement and participatory governance, care programs must earn the trust of the public. This section outlines possible avenues to respond to public trust issues in local care programs.

Lessons from Bogotá

Without public participation, the Care System would not exist as it is today. For the design of the Care System program, Bogotá conducted 21 focus groups, 17 interviews and with caregivers from different populations to help the city government better understand what it means to assume responsibility of care for a woman and the needs of women caring for others. These exchanges supported the municipality in the development of the three services that composed the Care System: training, relaxation, and income generation. Once the Care System was put in place, the stride for participation translated into a **participatory body** of caregivers. This group is made up of a diverse group of women who are caregivers with diverse ethnicities, abilities, and LGBTQ+ identities. Overall, various participatory bodies of women caregivers provide granular feedback to continue to tailor the Care System for the needs of its participants.

Lessons from Chicago

From its inception, RPCRT's advisory board approached public trust as integral to the program's ability to address hardships endured by members of the Rogers Park community. In particular, the board believed a strong foundation of public trust was essential among key stakeholders – volunteers and the community members in need of immediate assistance.

To ensure public trust, the advisory board embraced participatory governance when interacting with the community and volunteers. For instance, organizers refined and restructured program services like the delivery of household goods and groceries after learning that some of the products being distributed were impractical or unusable depending on the recipient's needs immediate and personal background. Similarly, at bi-weekly virtual meetings, the advisory board solicited feedback from other organizers and volunteers, some of whom began to question the role of local government officials in a grassroots mutual aid society. Taking these concerns into consideration, the alderperson's office gradually withdrew from the day-to-day operations of RPCRT. By June 2020, her office was providing organization support and funding for back-end services, including RPCRT's website and fundraising platform.

2 Building on Institutional Precedent

In times of crisis, care program organizers can embrace, mobilize, and transform pre-existing networks and government infrastructure to meet various community needs. This section explores how institutional precedent can influence the success of local care programs.

Lessons from Bogotá

In Bogotá, the success of the Care System has been dependent on two institutional features: **political will** and **co-responsibility**. Political will is the starting point for any good public policy. Without political will, it is difficult to raise awareness and put in place programs with the necessary resources for their implementation. The Care System builds upon and feeds into the women and gender equity public policy of the city, thus making the Care System a fundamental part of Bogotá's gender-sensitive public policy for the next 10 years. While this policy (*Política Pública de Mujeres y Equidad de Género*) predates the Care System, it has been revised to incorporate caregiving.

Secondly, **co-responsibility** has been a crucial aspect of the success of the Care System. The whole city administration works for the same goals and creates a dialogue and synergies between the public and private sectors, the national government and, of course, caregivers. As the objectives of the Care System expand beyond political cycles, responsibility also takes the meaning of ensuring the continuity of the program in the long term. The institutionalization process consisted first of the creation of an Intersectional Care Commission to govern the program by consensus (from where to open care blocks to their design). The program is then managed by the Directorate of the Care System in the Secretariat for Women. Thirdly, the local government is working on creating a regulatory framework to make the Care System a city-wide pact instead of an administrative plan that can change in the next local election. Lastly, Bogotá is working with the national government to integrate the Care System into the national development plan. This would enable the program to access additional funding, thus increasing the viability of the Care System. Yet the true success of the program may depend on its appropriation by local caregivers. For this reason, Bogotá is working with stakeholders (the private sector, academia, etc.) and primarily women’s associations to develop a sense of ownership of the Care System. Appropriation is key to creating a system that stands the test of time.

Lessons from Chicago

Because RPCRT collaborated with local government officials in its first iteration, its leadership structure, methods, and scope closely reflected the expertise and experience of the 49th Ward office. Although some RPCRT members objected to the involvement of the alderperson’s office, community ties and established networks created a useful springboard. Northside Community Resources, an established organization, managed its financial accounts, as that organization already had experience with non-profit fundraising and navigating tax and legal requirements. Similarly, RPCRT mobilized an active volunteer group and telephone hotline created by Protect Rogers Park, another local organization, to field request by community members for resources. Though the hotline’s intended use was to protect immigrant community members from police and Immigration and Customs Enforcement (ICE), it was quickly repurposed to connect volunteers with dwellers in need of groceries and other essentials during the COVID-19 pandemic. RPCRT also benefited from training sessions organized by Protect Rogers Park to inform volunteers on best practices for serving community members.



Graduation ceremony for flexible learning programs offered through the Care System.
© City of Bogotá

3 Expert & Community Knowledge for decision-making

Expert knowledge and community know-how are integral in supporting organizers and governments in better planning and delivering local programs. This section examines the extent to which a care program's success depends on expert knowledge and collective experience.

Lessons from Bogotá

Bogotá has used expert knowledge and collective intelligence to design and implement the Care System. For instance, expert knowledge was used to develop a prioritization index for care services. The index measures the demand for care in the city (i.e. a higher percentage of people with disabilities, elderly, and children under 13 years old), caregiver density, poverty levels and participatory budgets that voted for the implementation of care initiatives (50% of the local budget is chosen by citizens). This has been particularly important in supporting the local government to make decisions regarding the priority zones where care blocks should be implemented. Expert knowledge has also been key in institutionalizing the Care System and using a gender lens in the design and implementation of the program.

Yet collective intelligence is the element that sets the Care System apart from other public policies. The Bogotá Care System has a solid participatory component that allows the municipality to source input directly from local caregivers. As inequality is such an important issue in Bogotá, diversity is an essential aspect of participation. The collective intelligence of the women from different ethnicities, abilities and the LGBTQ+ community has supported the city in better understanding the variety of experiences and needs of caregivers in Bogotá. This has been essential to move beyond data and humanize the everyday challenges that women face due to sexism, the unequal distribution of care work and the offer of public services available to them. The challenge today is to move from top-down implementation and create an active local community at the forefront of cultural change.

Lessons from Chicago

Some members of RPCRT brought previous experience in volunteer management to their role in the organization, as did those members affiliated with the alderperson's office. Other volunteer coordinators and members of other community groups like Protect Rogers Park and Northside Community Resources brought experience to their work in establishing and running RPCRT. Because of the decentralized structure of RPCRT, this expert knowledge was distributed throughout the organization.

Collective intelligence also shaped the work of RPCRT, which made use of the skills of dozens of volunteers and whose work was shaped by the demand for goods and services expressed by dwellers. Feedback from community members demonstrated that grocery deliveries, for example, had to be tailored in such a way that food and household goods provided were not only usable but also sensitive to residents' cultural diversity. Managing these needs, in turn, points to the different types of expert knowledge useful when serving diverse communities. When the leadership structure became homogeneous so as to no longer reflect the constituencies it served, it pointed to shortcomings in this type of expert knowledge.

Additionally, RPCRT members were ill-equipped to handle some of the needs of the community that could be more appropriately handled by experts and professionals, such as social workers and public health officials, thus underscoring the limits of a volunteer-run organization in facing such profound need.

Rogers Park in Chicago.
© Choose Chicago



Lessons learned for participatory governance in local care programs

Lessons learned from the Bogotá and Chicago case studies present a blueprint for forging successful models of participatory governance in local care programs. The following policy recommendations are intended for local government officials, community organizers, and volunteer activists.

- ✓ **Public trust is essential for the successful implementation of local care programs.**

This is especially true for contexts in which the public has historically distrusted city-led programs, as well as contexts in which systemic injustices prevail.
- ✓ **Participatory governance must not be an afterthought or a mere instrument through which the illusion of democracy is presented.**

Such programs will not garner community support in the long run and can lead to public distrust of the governing bodies.
- ✓ **Building on institutional precedent and existing networks can allow programs to scale quickly.**

Institutional precedent — either in the form of pre-existing community organizations or government infrastructure and frameworks — enables local care programs to rapidly mobilize under emergency circumstances and overcome structural challenges more effectively.
- ✓ **For governance to be genuinely participatory, decision-making bodies must be equitably and proportionally representative of the communities they serve.**
- ✓ **A spectrum of participatory governance models enable tailored policy solutions.**

Participatory governance programs can be government-led or community-driven according to the context, and each approach has its strengths and weaknesses. Organizers of local care programs should thus evaluate a range of participatory governance models when considering the needs specific to their cause and community.

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