CONFERENCE ABSTRACT

Communities empowered by professionals

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Rian van de Schoot, Monique Spierenburg

Vilans, The Netherlands

Generalistic working professionals in social community teams are finding ways to work together with expert professionals in healthcare and welfare in their communalities. We collected their lessons learned and dilemmas. Professionals in social community teams are also finding ways to work with citizens to empower districts and communalities. The method ‘Even Buurten’ was used in Rotterdam-city to make professionals of social community teams build strong district communities together with the citizens. They learned it using the learning method of Jennings (70:20:10).

An introduction: (comprising context and problem statement) In 2015 there has been a big change in the healthcare and welfare legislation and -system in Holland. The responsibility for health care was decentralized from state government to local government. Most communalities choose for a new organizational model: the 'social community teams'. These teams of professionals in health and social care decide which support is needed and often also provide support themselves to citizens (and their families) with (multiple) problems. Health, social needs, income, participation in society and housing are frequently encountered domains in which problems exist. In principle, these teams are targeting the entire population at risk: not only older people, but also multi-problem families, people suffering from long-term poverty, addiction of drugs and alcohol, learning and behavioral disabilities. The focus of the professionals in the social community teams is generalistic, specialized expertise is required as well as connections to primary care medical and paramedical professionals, such as general practitioners, physiotherapists, pharmacists, psychologists. We see different models of organizing cooperation of the teams with specialists. And new dilemmas in collaboration. The social community teams also aim to build a network in the district or community to be able to find solutions for citizens with singular problems by connecting to other citizens or citizens associations. The method of ‘Even Buurten’ in Rotterdam is one of the best practices.

Short description of practice change implemented: We introduced the method ‘Even Buurten’ in twelve integrated teams in the municipality Rotterdam. Twelve professionals (so called ‘de spillen’) work as a coach and ‘living example’ to provide each professional of the integrated team the skills to work with the method at case level and district level.

Aim and theory of change: The aim of the research was to learn by experiencing the way to empower districts and communities. We used the learning method of Jennings (70%-20%-10% learning) for the social community teams.
Targeted population and stakeholders:
Population: all citizens of the municipality/district with a singular problem.
Stakeholders: municipalities, healthcare and citizens.
Timeline: March 2015-December 2016

Highlights: (innovation, Impact and outcomes) New professional competences: working together with citizens, cooperation with different kind of professionals with different background, working together with citizens on care and welfare. Movement of transformation: downscaling care to welfare and community power.

Comments on sustainability: Method ‘Even Buurten’ is described for dissemination and development of implementation-tools in the Netherlands.

Comments on transferability: Toolbox is available for policymakers and professionals. There are also factsheets, short films and examples.

Conclusions: (comprising key findings) Professionals only learn in practice how to work with the power of citizens in communities. A rearrangement is needed of healthcare and welfare with professionals and citizens who are able to find new solutions to (sometimes long existing) problems.

Discussions: The complexity for the professional to work in a new organizational context (community teams), with different kind of professionals and citizens: becoming a generalist (and keep up your own expertise) and becoming a member of the community as a professional.

Lessons learned: The dilemmas of working together as different kind of professionals and working with citizens takes time and special support. Not every ‘old school professional’ is able to become a professional in the community. Learning by doing (Jennings 70:20:10) is needed to reflect with colleagues on this new way of working in the community/district.

Keywords: social community teams; empower citizens; jennings learning; generalist specialist