

## POSTER ABSTRACT

### Investing in integrated care education in health and social care. Development of a framework to facilitate education and reflection on integrated care in primary and community care

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According to the WHO 1 It is essential to match health workers' knowledge and skills to population needs. Therefore it is important to educate and support future health and social workers on these competences and on how to put integrated care in practice. As delivering integrated care is very complex and influenced by a variety of variables, it is a challenge to provide a useful practical framework for this purpose. The aim of this study is to explore how integrated care is accomplished in practice by professionals working in interdisciplinary community care teams, in order to conceptualize a comprehensible framework that can be used for education and reflection.

This exploratory study, consisting of document analysis, participant observations, interviews and focus groups, primarily took place in 3 Community Health Centers CHCs in Ghent Belgium. Those settings were selected because they distinguish from other primary care settings by factors known as facilitators for integrated care. First of all there is the interdisciplinary approach by at least 3 disciplines: a general practitioner, a nurse and a third discipline at the primary care level, for example a social worker. A second facilitating principle is the accessibility and the low financial threshold. Finally, the CHCs devote a lot of attention to prevention, health promotion and detection of local health needs. Often these centers are situated in areas with a lot of welfare problems.

Based on the research, a two-step approach for implementing integrated care was designed. The first step is to assess current and future needs of a person. In this assessment it is crucial that every social and health professional picks up health and wellbeing, and takes in account different relevant life domains. The second step is to deeply reflect on 5 dimensions, starting from the needs of the person, situated in his/her social context: shift between health and social care, and between life domains, shift between formal and informal care, shift between professionals both inside as outside the organisation, shift between the supply of

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organisations, and shift between the perception of a problem as an individual problem or as a collective problem.

There is a sequence between those dimensions, but no hierarchy. All these dimensions need consideration. However, it is possible that in one particular case or setting, one dimension is more important or explicit.

As the model is mainly built on the results of research in CHCs, and is tested until now with professionals of the CHCs and with bachelor students in social and healthcare, further research and testing is needed to explore if this model can be adopted in other primary and community care teams.

**References:**

1- Langins M, Borgermans L. Strengthening a competent health workforce for the provision of coordinated/integrated health services. WHO, 2015.

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