

Novel Use of Communities of Practice as a Methodology to Enhance Social and Health Care **Integration in Brussels**

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INTRODUCTION

Communities of practice (CoP) are groups of practitioners who share a domain of interest and strive to learn from each other by interacting regularly in order to improve clinical practice. The Brussels-based organization Brusano currently supports four CoPs as a methodology to help develop new roles and innovative practices rooted in local contexts, thus contributing to an improved integration of the health and social care system.

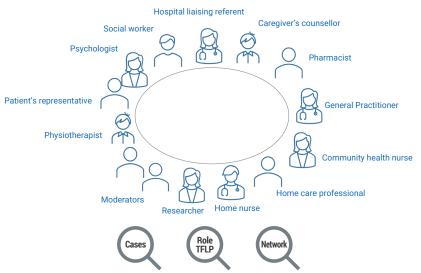
Description of the CoPs

Each CoP brings together health and social care practitioners - both salaried and self-employed - representing wide-ranging disciplines, organizations and sectors. CoPs are anchored in four neightbourhoods. CoP members are identified as «Trusted Front-line Professionals» (TFLP), providing support and guidance to people with complex needs by activating relevant local resources based on the principles of Goal-Oriented Care. Two facilitators moderate each CoP, while a researcher observes and documents in order to capitalize on their added value.

Goals of the CoPs

- · Strengthening the local network by increasing the visibility of existing services and organizationss
- · Promoting collaboration between different professions, organizations and sectors
- Defining the role and enhancing the value of TFLPs

PRELIMINARY RESULTS



« Trusted front-line professionnals » (TFLP) CoP Centre

CoP activities

- · Sharing problematic situations encountered by the CoP members in their daily practice and looking together for solutions (by exchanging views and experiences, proposing appropriate local network resources and services)
- Exploring and sharing tools to support the goal-oriented care approach adopted by the TFLPs
- Working on the professional stance in complex situations (attitudes, beliefs,

METHODOLOGY

- Participatory observation and documentation (Septembre 2022-March 2023)
- · Data sources: CoP field notes, administrative data, and sociograms of CoP members
- · Analysis: thematic analysis, network analysis

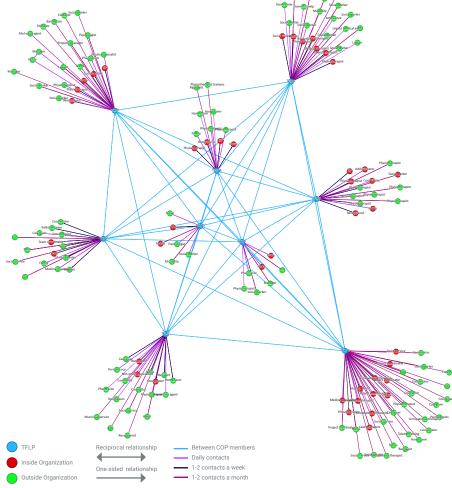


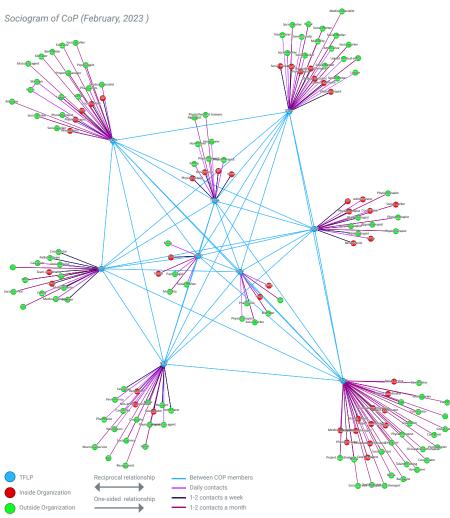
« Trusted front-line professionnals' » (TFLP) CoPs in Brussels-capital region

Meetings, attendance and composition

Meetings	CoP South	CoP North	CoP East	CoP Centre
No. of meetings	7	7	5	7
No. of hours of meetings	21	14	10	14
Attendance	CoP South	CoP North	CoP East	CoP Centre
No. of participants in meetings* (mean ±Sd)	10(±1)	7 (±2)	6 (±1)	11 (±1)
Min./Max no. of meetings per participant	1-6	1-7	1-5	1-7
Composition	CoP South	CoP North	CoP East	CoP Centre
Total number of CoP members*	21	13	8	18
No. of organizations	13	10	7	13
No. of organizations	10	10	1	10
Self-employed members	(-)	2	3	1
5			3	1 4

*excluding moderators, researcher and visitors





boundaries and limits)

TFLP Role

• The latent role of the TFLP appears to be activated when a person's needs are at the intersection of various domains (medical, social, financial, legal and relationnal) and the existing network does not meet these needs

Impacts of the CoP on members

- At the individual level : being reassured or guestioned in one's professional stance, feeling supported, increased openness to other ways of seeing the situation
- At the collective level: increased awareness of interdependence ("we need each other"), trust and belief in interprofessional collaboration and the added value of networking. Reinforcing reflective practices (for/about)
- At the organizational level: testing and implementation of some tools and methods within certain organizations

Network analysis

- The sociogram of members can be a tool for sharing and improving networking and reflecting on organizational practices
- · Levels of networking vary according to the functions, disciplines and missions of the organization.

DISCUSSION

The Community of Practice for TFLPs facilitates the exchange of experiences and perspectives on problematic situations, promoting collaboration and professional growth. The CoP also raises awareness of the importance of networking for effective integration of social and health care, contributing to stronger local collaboration networks. However, it is important to reflect on the TFLP role in relation to other functions such as case managers, as well as its structural legitimacy and adoption within organizations.

CONCLUSION

The Community of Practice (CoP) can provide valuable contributions towards defining the role of TFLPs, drawing from the experiences of practitioners and the networking opportunities in complex situations. This can ultimately contribute to better integration of social and health organizations in Brussels.

