

Finding common ground for action: How developing a shared terminology can improve access to health and social care services for vulnerable groups in Brussels

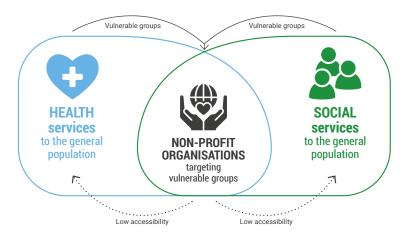
M. Vignes and the Brusano Team

WHY?

General primary care and social services remain insufficiently accessible to vulnerable people.

In the Belgian Capital, the most vulnerable people are often attended to by non-profit organisations dedicated to a specific target group or issue. These organisations are often overwhelmed, as people don't end up moving towards more generalized services as intended.

Considering the health and social policy reforms aiming for increased integration currently taking place at national and regional levels, health and social professionals felt the need to better understand each other and build common ground in order to work together and participate in the reform process.



WHAT?

A working group linking general primary care, health and social services with non-profit organisations dedicated to vulnerable groups.

A set of common definitions: online publication providing an overview of the organisation of the health and social systems, as well as a shared set of definitions.

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WHO?

Targeted population

- Care providers from all levels of care, home helpers and social workers in all kinds of settings.
- End beneficiaries: vulnerable groups e.g. migrants, sex workers, people with substance use disorders, prisoners and former inmates, isolated persons, unhoused people... and people who are at a high risk of exclusion from services due to a combination of health and social issues low income, precarious housing, language barriers...

Premise: if generalized services can be more inclusive of such vulnerable groups, they might achieve broader accessibility for all.

Participants

Professionals from multiple health sector disciplines - primary care, hospital, mental health - as well as from the social sector and from non-profits targeting vulnerable groups.

Nearly 150 professionals participate in the concertation, with a mean attendance of 30 per meeting.

Host

Brusano, a non-profit organisation mandated by the region to foster person-centred health and social-integrated services in Brussels.

HOW?

Co-written by two members of the group, reviewed by 5 others, presented and discussed in 3 meetings, then further adjusted accordingly.





RESULTS

Stakeholders coined a new phrase - "inclusive practices" - to fully capture the expertise of the dedicated non-profits and to bring about inclusivity in different settings through collaborations with generalized services.

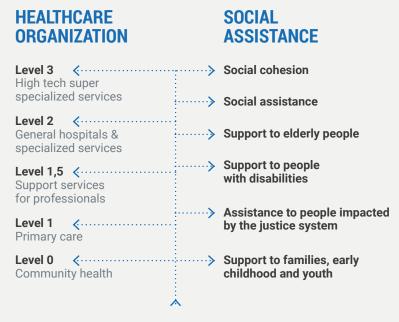
The definitions were included in the glossary used as a reference for the upcoming Regional Health and Social Policy Plan.

A set of definitions

ACCESS
- ACCESSIBILITY
CARE LEVELS
FRONT-LINE FUNCTIONS
INTEGRATED HEALTH
AND SOCIAL CARE
INCLUSIVE
PRACTICES

Inclusive practices are all the practices that ensure expanded accessibility of services to vulnerable populations, regardless of the entry-point into the health and social system. These practices include, for example, extended access hours, walk-in time slots, longer consultation times, support for accessing rights, outreach efforts, etc.

A model for inclusive practices



Inclusive practices
Expertise on vulnerable groups

LESSONS LEARNED

Building a common language for health and social professionals, while fully recognizing the expertise of non-profits dedicated to vulnerable groups helps bridge the gap between health and social services. It is a step towards better integration of health and social organisations, which is a major challenge to integrated care.

NEXT STEPS

In 2023, the working group process has continued identifying and supporting inclusive practices. It is inventorying the existing initiatives, obstacles, good practices and possible ways forward to develop as a model where organisations with specific expertise support services to the general population. The working group will be fully part of the Regional Health and Social Integrated Plan.

