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## CONFERENCE ABSTRACT

### **Time for a shift in power: A people-driven approach to integrated community care**

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#### ***Introduction***

There is growing evidence to demonstrate that engaging and empowering local communities is essential for citizens' wellbeing and for the care system to function effectively. Integrated Community Care (ICC) is an emerging concept based on people-centred principles, which requires new cross-sectoral and interdisciplinary partnerships to be formed between citizens, families and informal carers, health and social care services, schools, volunteer organisations, local authorities and other resources found in communities and neighbourhoods. This paper highlights main lessons learned from a three-year international project aiming to explore the key principles and the fundamental premises of successful implementation of ICC.

#### ***Policy context and objective***

The Transnational Forum for ICC is a joint international initiative of foundations, involving a worldwide mapping of promising practices of ICC, a series of four conferences and 15 site visits. The mapping retrieved promising cases of ICC demonstrating assets-based, goal-oriented and people-driven approaches to enhance population health and their quality of life. Conference delegates include senior policymakers, practitioners, researchers and representatives from the philanthropic sector. Experts-by-experience participate in all conferences and are invited to share their reflections and knowledge, in effect grounding all conference discussions.

#### ***Targeted populations Communities and vulnerable populations***

Highlights the key elements facilitating community mobilisation retrieved from the project activities include:

- Peer-to-peer support (e.g. elders fighting loneliness and isolation and supporting independent living through informal neighbourhood networking and social activities)
- Co-designed, easy access and non-judgemental services (e.g. a one-stop-shop for adolescents with mental health challenges focusing on prevention and early intervention)
- Volunteering (e.g. a local time-bank where people offer their time and spend it with people with physical, mental or cognitive health impairment, altering the way people with disabilities are perceived)

- Non-institutional meeting places (e.g. social, cultural and recreational activities for local children and families and with access to healthcare professionals for those who need it)
- Training of laymen as wellbeing coaches or link workers (e.g. social prescribing, where trained citizens connect persons asking for help with community resources)
- Emphasis on kindness and recognising civic knowledge as part of the solution (e.g. the Compassionate Communities' movement or allowing professionals to act in a more humanistic approach in care settings)
- Place-based governance and mutual accountability: from power held by few to power held by all. From hierarchical leadership to leaders being led by lived experience, acting as guides and coaches

### ***Transferability***

ICC can be defined by its diversity, complexity and dynamism. The key elements provide a guidance on how ICC can be transferred and adapted to other regions and countries based on local needs and resources.

### ***Conclusion***

Community participation and co-creation require new, constantly learning management structures, stimulation of trusting partnerships at all levels and formalisation of the role of peers and volunteers. By improving communication and relationship across generations, asking what kind of life people want to live and facilitating participation, all individuals can become their own problem solvers. Future research should explore relevant impact evaluation methods of ICC, how social determinants of health can be better addressed and hybrid funding models.