

*If you want to go
fast, go alone, if
you want to go
far, go together*

– a practical example of
setting up and convening a
new community of practice

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*If you want to go fast, go alone, if you want to go far, go together*¹

– a practical example of setting up and convening a new community of practice

The term 'wicked problem' was first coined by Horst Rittel and Melvin Webber² in 1973 and refers to a complex, multifaceted issue that is difficult to define and even harder to solve.

Communities of Practice offer a structure and methodology to enable and encourage collaboration and to think creatively about issues which can be considered 'wicked problems.'

Communities of Practice is perhaps becoming an overused terminology for a variety of meetings and networks. This article aims to clarify the evidence for successful Communities of Practice in the application of the approach to a large-scale, real-world implementation study.

About the MHIN

The Mental Health Implementation Network (MHIN) aims to drive national collaborations and changes in mental health practice and was funded by the National Institute for Health and Social Care Research (NIHR). The Network is a collaboration of service users, local communities, health and care providers, commissioners and a range of regional and national stakeholders, including charities and local government. It is led by NIHR Applied Research Collaboration (ARC) South London, working closely with NIHR ARC East of England as well as the other 13 ARCs nationally.

This collaboration has worked together to identify and prioritise areas where mental health improvements are required, and then facilitate and evaluate the implementation of evidence-based solutions designed to meet these needs.

One of the ways in which the MHIN set out to support this collaborative approach was through Communities of Practice (CoP).

Top Tips

(for setting up a CoP)

1:

Be clear on the scope/remit/ domain of the CoP (what problem are we trying to solve?). Identify strategic objectives where the CoP can add value

2:

Go slowly and continue to reinforce the principles of the CoP approach

3:

Allow awkwardness and uncertainty as the group develops

4:

Acknowledge the CoP in your governance, so its value is reported and recognised. Resist giving the CoP tasks, or using the CoP to solve management problems

5:

Think about the practicalities:

- Regularity of meetings needs to balance momentum with practitioner capacity to attend
- Length of meetings – two hours is considered the best minimum, but needs to fit members' needs
- Consider whether meetings should be the same time and day or moved to accommodate shift working
- Do members prefer online, face-to-face or a combination?
- Can you access resources to support the CoP (especially if meetings are to be face-to-face)?
- Has the convener got dedicated time, skills and passion to support the CoP?

Introducing the Community of Practice concept at the MHIN

Background

Local sites for each of the three MHIN projects were offered the opportunity to convene a CoP as part of their implementation. The specific offer was for a network member trained in CoP leadership (the author) to support and lead the set-up and initial convening of a CoP. It was envisaged that, once established, the community would be self-sustaining and would continue past the lifetime of the funded MHIN research programme as long as required by its members.

By its innovative nature, the MHIN research programme supported implementation of newer interventions. This meant they would potentially benefit from the opportunity to discuss challenges and 'wicked problems' related to implementation within their own services and across other geographies.

Two sites, ARC Yorkshire and Humber, implementing Alcohol Assertive Outreach Teams (AAOT) in Hull and ARC Greater Manchester, implementing the model in Manchester, Bolton and Salford, were keen to offer the opportunity of a CoP to their local practitioners. ARC South London had experience of evaluating a pilot of the model, so the two other ARCs were keen to also get them involved.

What one word would you use to describe this community of practice?
20 responses



Practice

Each of the three ARC areas involved, South London, Greater Manchester and Yorkshire and Humber, were at different stages of implementation and this gave greater opportunity for sharing understanding between practitioners with varying degrees of experience.

After meeting on two occasions, the comments received as part of evaluation demonstrated that the CoP was valued by members as different to other groups they were part of. They felt they and the people using their services benefited from this opportunity to come together in a safe place with people who experience the same challenges, to cooperate in learning about those problems as well as, crucially, to share best practice and celebrate achievements. There was an element of mutual support that was identified, with the CoP itself identified as part of the potential solution to addressing the wicked problem of isolation and frustration among outreach workers.

Why use the Community of Practice approach?

Origins and theory

The term Community of Practice (CoP) has become popular, particularly in English health systems in recent years. It is used variably to describe meetings, webinars, project teams, networks, task and finish groups and more.

To be able to introduce a CoP as a distinct and valuable activity for potential members, it was important to clearly express what was being proposed, who would be involved, the time commitment, the support offer and most importantly, the value it would add to supporting effective implementation of a new intervention.

The first task was to learn more about the CoP model and then to share this learning with the network. I was privileged to gain a place on a Communities of Practice Leadership Development Programme delivered by the Health Innovation Network, South London in partnership with the Health Foundation's Q Network.³ This highly interactive course of five modules immersed participants in CoP theory and practice, through presentations from international experts, ample opportunities to practice methodologies such as Time to Think⁴ and various Liberating Structures⁵ and time to build trust between participants through co-consulting groups.

"I have set up a successful CoP in my hospital, which adheres to the key principles without being bound by too many rules. We have secured training funds and support from the Executive Team to continue and embed the principles of the CoP across the organisation, and this is all directly as a result of the input and support from the course."

A previous participant on the Q/HIN CoP Leadership Development Programme

The Community of Practice (CoP) model that MHIN used, and the Leadership Development programme, is based on Etienne Wenger's work⁶. Etienne Wenger and Jean Lave are credited with introducing the term in their book *Situated Learning* (1990).⁷ From my experience of joining groups advertised as CoPs, communities are often convened with a loose understanding of what expectations are. Using a defined model helps to better describe and guide the activities of a CoP.

Wenger provides a definition:

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

He goes on to specify three crucial elements: to be a community of practice, there

must be:

1. A shared '**domain**', interest or expertise.

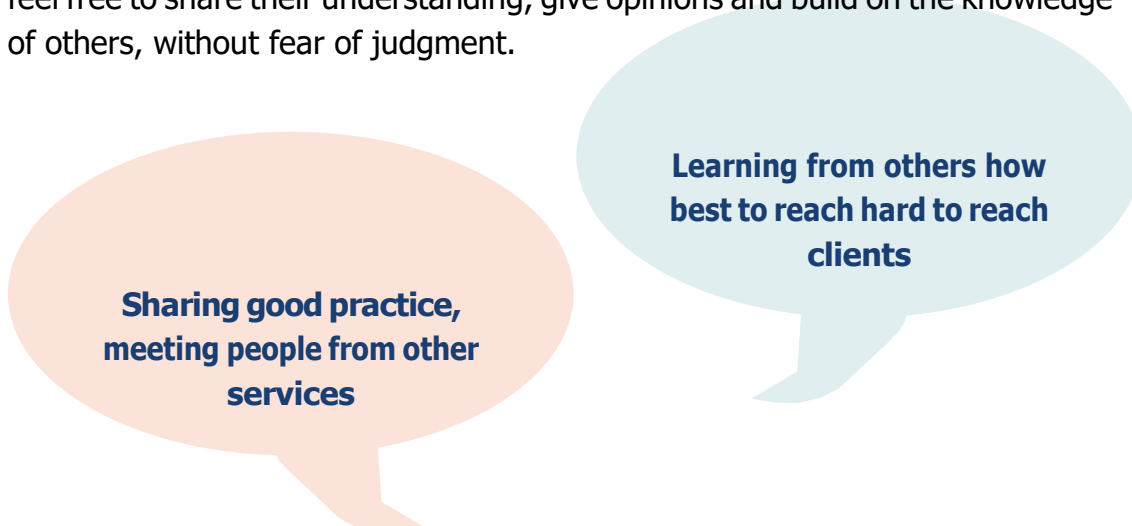
2. A group of people who interact with one another, building relationships that enable them to learn with and from each other – the **community**.

3. The members of the community must be people with a common passion who in coming together, share stories and cases which inform their **practice**.



Based on Allan, B. (2008). Knowledge creation within a community of practice⁸

In practice, these communities operate non-hierarchically with a 'one member, one voice' principle, with many of the tools used in convening aimed at encouraging every member to speak and be heard. They focus on the 'wicked problems', which, individually, practitioners struggle to solve, but collectively can share suggestions and previous experience to address. As the model below demonstrates, they differ from webinars because they do not depend on experts bringing new information to the community, but rather they acknowledge the collective expertise of members. Much of the work involved in setting up and convening a CoP revolves around building trust between members, so that they feel free to share their understanding, give opinions and build on the knowledge of others, without fear of judgment.



Hopes from new CoP members after the launch event

Top Tips (for conveners)

6:

Think carefully about your skills and how they match with the responsibilities of a CoP planner and convener

7:

Consider whether you need training in convening a CoP

8:

Recruit members with the necessary skills to fulfil all the required roles for your CoP

9:

Repeat the offer for all members to get involved in planning and convening at every session and in contacts between meetings

10:

Think about how/if the Community will stay in touch between meetings

11:

Work with your planning group to identify the target CoP membership and review this with members at the CoP launch and regularly thereafter

12:

Think carefully about if and how to involve Experts by Experience – particularly how their time and contributions will be recompensed

13:

Think about how you are going to capture the value of the CoP – for members, people using services and organisations


14:

Don't get too bogged down in the theory of CoPs – keep checking in with members on their interest and understanding

Practice

In practice, the aim of building trust and flattening hierarchies is challenging. Members bring their organisational roles and status with them and are often used to relying on these to have a voice and influence. Those who are not used to being heard may find themselves in a community with more senior colleagues and therefore be reticent to share their views.

We were explicit from the outset that the CoP should feel different, with the aim being to build trust outside of the usual organisational structures and hierarchies. The planning group was very positive about achieving this and was committed to the principles, but convincing members with no experience or understanding of the CoP model needed work.



“The CoP philosophy and method has been an inspiring experience and one I hope to grow. It aligns perfectly with my own personal and professional values and I feel it is a way of developing and growing services and people, that should be adopted and invested in by all health and social care providers. A great culture creating tool that makes complete sense.”

Julie Carey, CoP member and co-convener

Learning

The launch event for the Community of Practice convened by MHIN focused on the CoP model, its essential components and reasons for suggesting one for that particular group of practitioners. We found that members wanted to get on with talking about their practice and were less interested in the theory or practice of the CoP model itself. Despite this, we felt it was important that participants understood the fundamentals and underlying principles and values to understand our collective purpose and move forward together. This message needed repeating to keep the CoP on track.

At the next session, we worked with members to develop themes they wanted to work together on – this will form the content of future CoP events.

Community of Practice discussion			Wicked problems		
What is the best format for these meetings? Teams/Face to face? Would face to face be difficult to organise?	How do we ensure that we have a platform to challenge?	What do people want from the Community of Practice? ✓	Caseload capacity ✓	When do we close to Alcohol Assertive Outreach Team and how do we support staff with difficult closures? ✓	Difficulties in managing Alcohol Related Brain Injury in different localities ✓
How can we make sure the right people know about the CoP? ✓	How does a Community of Practice work?	Frequency of Community of Practice	How does everyone have a voice/ how do Experts by experience have a voice? ✓	Can we create and Multi Disciplinary Team for Assertive Outreach Team? ✓	Shared practice opportunities ✓
Does everyone here feel able to get their voice heard? (and if not, what can we do to help)	Do people want to be involved with the CoP planning meetings?	Leadership of the Community of Practice ✓	How do we reduce isolation and frustration? ✓	How are we trauma informed/ how do we manage staff wellbeing? ✓	Managing the use of language, i.e: acronyms/technical language
	How do we ensure that we have a commitment for the preparation for each meeting? ⭐	Can we include the ex-clients to be involved to get their views ✓	How can current or ex-clients contribute and continue to contribute? ⭐ ✓	How do we manage repeat presenters to Alcohol Assertive Outreach Team? ✓	How do we ensure that stakeholders understand the role of AAOT? ✓

Work by the CoP identifying and prioritising themes to address in future

Who should be involved and who is affected?

The starting point for a successful CoP is to identify the specific issue (or “domain”) which will bring people together with shared issues and problems to be solved. This will in turn determine the appropriate membership for the group. As we established the CoP there was interest from practitioners in neighboring areas who were delivering services to a similar cohort. However, the planning group agreed that they wanted to start by grappling with the very specific problems of implementing their model, so additional services were not invited to the initial CoP launch or early sessions.

Wenger specifies that community members should be practitioners of the domain concerned. Taken narrowly, this might exclude people who could legitimately ‘share stories and case studies’ to inform practice. These exclusions might include managers, responsible for decisions about the practice concerned, commissioners, as already mentioned, having a significant interest in addressing challenges, and crucially, people who use or who have used the service. Membership was one of the first questions our planning group considered and then explored with members at the launch event.

Consideration also needs to be given to the roles and functions within the CoP. Using the principle that people own what they help create (a Myron Rogers maxim), members can be encouraged to contribute in a variety of ways. There are various models available to help identify roles and responsibilities and these can be adapted to suit any CoP. Roles will also develop and emerge as the CoP matures.



An example of leadership roles, taken from a HIN presentation for the CoP leadership programme and based on <https://www.wenger-trayner.com/leadership-groups-for-social-learning/>

A simple table used to record roles and responsibilities for the MHIN AAOT CoP

Role	Tasks	Skills / qualities	Resources	Lead
Co-convener (2)	<ul style="list-style-type: none"> - Introduce session 	<p>Presentation / public speaking, listening, flexibility, perseverance</p>	<p>Budget for expert by experience attendance</p>	
Admin	<ul style="list-style-type: none"> - Record CoPs as appropriate - Take notes of actions and discussions as appropriate - Share slides as appropriate 	<p>Organisation, written communication</p>		
Tech	<ul style="list-style-type: none"> - Support participants with technological issues – e.g. with MS Teams, Zoom, Jamboard, Miro - Set-up breakout rooms - Support session design by suggesting and developing technical solutions 	<p>Technical / IT</p>	<p>Licences for chosen platforms</p>	
Communications	<ul style="list-style-type: none"> - Develop and send invitations to CoPs - Generate interest in the CoPs using relevant networks and social media 	<p>Creativity, negotiation, marketing</p>	<p>TBC</p>	
Timekeeper	<ul style="list-style-type: none"> - Support conveners to keep to time 	<p>Organisation, eye for detail</p>		
Session design	<ul style="list-style-type: none"> - Develop content of CoPs 	<p>Creativity collaborative, negotiation</p>		
Chair	<ul style="list-style-type: none"> - Develop agenda for planning group - Chair planning group meetings 	<p>Organisation, timekeeping, leadership</p>		

Who did the work?

There is no avoiding the truth that setting up a new CoP requires significant time and effort.

As I was undertaking specific training and had dedicated capacity to set up the CoP, I took a lead in initial planning. Particularly because my involvement was time-limited due to the nature of the research programme I was working with, I focused very clearly on succession planning. This meant seeking support from senior leaders acting as CoP sponsors, who were able to identify appropriate practitioners to work with me in the early stages of set up. I reported back progress on CoP planning regularly to these sponsors. Importantly, the aim of this feedback was to provide insight into the issues being considered by the CoP; the sponsors had no oversight role in the CoP and were not involved in its planning or decision-making. A small group of enthusiastic proponents of the model soon developed into a dedicated planning group that gradually took more responsibility for planning and convening, as individuals developed confidence in the model and techniques. At each session, we reminded members that the content was identified and designed by them and that there was an open invitation to get involved in the planning group. This resulted in small numbers of people volunteering to help at and after each session.

Who should be invited to join your CoP?

Ultimately, this is a question for the membership. Attention needs to be paid to the broadness of membership, acknowledging the potential tension between having the right people in room and inclusivity.

An open discussion about membership of the CoP was crucial to beginning to build this trust in the group and in the process. At the launch event, this resulted in good consensus about where members would like the CoP to go in future as well as a desire to keep it small to start with. This included a discussion about the involvement of commissioners. Taking place at a time when health and social care staff were adjusting to the creation of Integrated Care Systems, there was still some nervousness from practitioners about discussing apparent issues with service delivery in front of those responsible for commissioning the service. As part of the programme, MHIN staff had the opportunity to observe instances of positive collaborative working relationships between service providers, commissioners and researchers, working together to deliver and demonstrate positive impact for patients so were keen to keep the possibility of commissioner involvement open. Members at the launch event agreed commissioners should or could be members of a future version of the CoP, but in the early stages, wanted to be confident in a safe space to speak their minds.

The most significant early challenge for this CoP was involvement of people with lived experience of using Alcohol Assertive Outreach services. Members were unanimous in their desire to hear voices of people who had experience of using their service and to value their time properly. One expert by experience attended session design meetings and the launch event, but for both this and

the second session, we were unsuccessful in securing funding to pay Experts by Experience (EbEs) for their time to attend the CoP. Even with the involvement of an EbE in session planning, there were difficulties ensuring that language and content was accessible and EbEs supported to be fully involved. This feeling was shared by practitioner attendees of the launch event as they grappled with the new concept of a CoP. This is an issue that continues to exercise the planning group and which will remain on the CoP's agenda as a wicked problem. The group expects that involvement of EbEs will become easier as the CoP starts to address issues and the purpose of the CoP itself becomes clearer through practice.

There is inevitably an interest from senior leaders in what the CoP can do for them. The content of a CoP should be generated and agreed by its members. After this CoP had only met once as a full group, at the launch event, leaders were already starting to delegate their wicked problems to the CoP, replicating the usual governance processes by which tasks are delegated from boards or management committees for action by lower tiers of the hierarchy. While it is perfectly legitimate for wicked problems to be suggested by any member or person affected by the domain of interest, members of the CoP will ultimately decide whether any particular problem is a priority for their shared attention and learning. Members of a CoP therefore need to be prepared to challenge attempts to hijack the CoP for other purposes. Having a clear joint understanding of the CoP's objectives and values can support such challenges.

Sustaining a CoP

As this CoP moves from launch stage into practice, there is a shift in focus for the session design group. The focus for the launch and first session was introduction to the concept, purpose, membership and practical considerations, such as length, frequency and format of meetings. The identification of wicked problems and development of content is now emerging as the focus of the group. This shift in focus coincides with a shift in roles: as members of the planning group build confidence in the approach, they are volunteering to lead planning and convening at the same time as members of the CoP develop their understanding and express an interest in joining the planning group. We expect this will support the CoP's sustainability, as members move between roles and share responsibilities, so that no single person bears the inevitable burden of work involved in maintaining such a group.

A Community of Practice will only continue, and sustain, if it is viewed as adding value for the membership. Unlike formal meetings, there is no requirement to attend. There is an expectation that many CoPs will be time-limited, and will come to a natural end, e.g. when one or more enthusiasts move on, when the "work is done" around a specific problem, or when other organisational priorities take over for members. This should be seen as part of the natural process, and not as a failure of the convenor. Other CoPs, with a related but different domain focus may also emerge to take forward new challenges.

Summary / conclusion

In our experience at the MHIN, the CoP model has been a powerful tool in bringing together practitioners, experts by experience and researchers, all with a common goal of successful implementation of the Alcohol Assertive Outreach Team model.

We recommend this approach to other teams looking to implement evidence-based practice and have created “top tips” based on our experiences, which we hope will be useful for those keen to explore this model. We would advise that serious consideration is given before setting up multiple new CoPs. They require significant time and effort, especially at the outset, serving a specific function, as we hope has been explained here. We found that adhering to this CoP model produced a number of benefits for CoP members, including, a sense of community and mutual support, positive energy, enabling collaboration across geographies and organisations, building trust within teams, reducing feelings of frustration and isolation, developing confidence and leadership skills and crucially, an opportunity to meet with others in a way that feels different to other meetings and networks.

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