TOOLKIT:
DEVELOPING A COMMUNITY OF PRACTICE
Using Communities of Practice to improve front line collaborative responses to multiple needs and exclusions

Toolkit: Developing a Community of Practice

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Acknowledgments and disclaimer

Revolving Doors Agency is a charity working across England to change systems and improve services for people with multiple problems, including poor mental health, who are in repeat contact with the criminal justice system.

The Social Care Workforce Research Unit (SCWRU) is an interdisciplinary national centre for original research into issues relating to the social care workforce. The Unit exists to develop research knowledge and to disseminate the findings to policymakers, service providers, employers and social care service user and carer groups.

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Toolkit: Developing a Community of Practice

This is a toolkit for all those who are interested in establishing communities of practice for frontline practitioners in health, housing, criminal justice and social care agencies.

It draws on our experience of instigating and supporting six communities of practice in England during 2012. It includes the experience and views of facilitators and members of those communities of practice collected over the lifetime of the project and during the evaluation.

A full report on our learning can be found at: www.revolving-doors.org.uk/partnerships--development/ programmes/improving-frontline-responses/ communities-of-practice

The communities of practice we supported were designed to improve service responses to people with multiple and complex needs.

The toolkit is designed to guide you step-by-step through all the stages in planning, developing and running a successful community of practice. Accompanying this toolkit is a range of useful resources which can be found on the Revolving Doors website: www.revolving-doors.org.uk/partnerships--development/ programmes/improving-frontline-responses/communities-of-practice/getting-started

Links to a number of other helpful resources are also outlined in section 10.

1 What is a community of practice?

> *Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an on-going basis.* [1]

Communities of practice can be a useful vehicle for delivering greater integration of services responding to people with multiple and complex needs. The challenge is to 'open-up' new learning opportunities by bringing together those workers who may not usually collaborate together.

Building relationships and networks

Communities of practice provide a space for practitioners to connect with each other across service and disciplinary boundaries. These personal connections facilitate dialogue and increase insight into the role and function of other services. Communities of practice create formal and informal opportunities for collaboration and also assist in modelling collaborative interagency processes.

Increasing knowledge through case-based learning and inter-professional knowledge exchange

By bringing together a multi-disciplinary group, communities of practice act as knowledge pools from which members can draw during and outside of meetings. The sharing and integration of different practitioner knowledge and experience, along with findings from the research literature, can support the development of creative solutions and new knowledge about responding to people with complex needs. This supports the personal and professional development of the community's members.

Providing a space for reflective practice

Case-based interdisciplinary discussion facilitates self-reflection by the case presenter and provides a space for peer feedback on work undertaken. As mutual trust among members develops, the community can act as a supportive space for honest reflection on practice and the sharing of challenging aspects of work with peers who provide both support and challenge.

2 Is a community of practice right for us?

Setting up and hosting a community of practice requires strategic commitment, resource, energy and a range of partners. The following checklist is designed to help you think through whether a community is the right vehicle to improve interdisciplinary working in your context. It is designed for organisations thinking about hosting a community.

Do you have:

- **A strategic commitment to community of practice development?**

  The support and sign-up of senior staff within the host organisation(s) is important at the outset in securing commitment and resources. A commitment to support practitioner and network development through interdisciplinary case-based learning is also important. This support and commitment will also be important in sharing findings and learning from the community of practice with service commissioners and other key stakeholders. Reading material cited in section 10 may be helpful in making the case for the value of communities of practice.

- **A clear purpose and objectives for your community?**

  Having a clear purpose and objectives for your community of practice is critical as it will help to determine issues such as structure and membership. Purpose and objectives should be informed by the mission and key objectives of the host organisation and should also be linked to benefits for key stakeholders including service users.[2]

- **A common area of practice interest? e.g. people with a dual diagnosis, working with street-based sex workers, young offenders with multiple needs**

  Selecting a common area of practice interest will assist you in ensuring that you get the right practitioners around the table. It will also help other agencies who may wish to join the community to decide which practitioner from their team should join based on expertise. Finally, it will encourage practitioners from all agencies with a passion for the subject to join your community.

1. Wenger, E. (2002) Cultivating Communities of Practice, Boston: Harvard Business School Press, Ch.1, p.4
2. Cambridge, Kaplan and Suter (2005) Community of Practice Design Guide: A Step-by-Step Guide for Designing & Cultivating Communities of Practice in Higher Education, available at: http://net.educause.edu/ir/library/pdf/nli0531.pdf

- **A network of partners from different agencies and disciplines to draw on and develop?**

  Communities of practice are strengthened immeasurably by drawing on expertise from a range of services and disciplines. It is important that host agencies are able to draw on existing networks to recruit participants. It is possible to build these networks during the recruitment phase but it is important to bear in mind that this task significantly increases the workload of the facilitator and should be factored into the planning process.

3 Choosing a facilitator

We recommend that organisations planning to establish and host a community of practice should designate an individual to act as facilitator. S/he plays a crucial role in determining the success of the community so it is really important to choose the right individual to undertake this role. If you are planning to facilitate the community yourself, think carefully about whether you have the knowledge, skills, networks and time needed to make your community a success.

- **Knowledge:** It is helpful for facilitators to have an understanding of group processes as this will enable him or her to understand the different stages of group development.

- **Skills:** Facilitators need excellent organisational skills as well as skills in facilitating groups. They should be welcoming and able to put people at ease, have good listening skills, be able to adopt a neutral position, encourage different viewpoints to be heard, including managing overly dominant or reticent participants. A link to a useful guide in developing facilitation skills by Prendiville can be found in section 10. Training in group work skills may be useful for facilitators. For our facilitators, training was provided in 'Skills for Facilitating Communities of Practice' by Mosaic Training.[3] *The course outline is available in the **resources page** on the website.*

- **Protected time:** To run smoothly, a community of practice requires careful planning and good administration. In addition to facilitating the meetings themselves, facilitators need to identify and recruit participants, book the venue and refreshments, plan the agenda and send invites, reminders and resources to participants. Facilitators will need support from their organisations to ensure that time is made available for these tasks. Administration support can

be a huge help, however not all tasks can be delegated and facilitators will still need to undertake many of the tasks themselves.

- **Networks:** Our experience is that facilitators can struggle if they are starting the process from scratch, without any or only limited interdisciplinary and inter-agency contacts to draw upon. It is not necessary that they know all the participants themselves beforehand but existing professional networks can help to identify people to join the community. If the facilitator is not themselves well-networked, they will need considerable skills, time and commitment to develop one.

> ### The facilitator experience
>
> 66 *It's important to facilitate and not chair the meeting: This got easier as I relaxed into the role and as I got to know the group.* 99
> *(Facilitator A)*
>
> 66 *I was conscious that I was the most senior attendee and conscious in my facilitation that I did not take on a management role or try to solve the problem.* 99
> *(Facilitator B)*
>
> 66 *The dates of sessions and agenda were sent out well in advance to ensure that meetings were prioritised in our diaries and attendance was good.* 99
> *(Facilitator C)*

4 Selecting and recruiting participants

- **Identify the right people:** First and foremost, participants must share a common desire to improve responses to the target group. Participants should be frontline practitioners or practitioner managers. To obtain a variety of perspectives, be careful not to have too many participants with a shared professional background.

- **Map local services:** Map the services that work with your target group to ensure that you get a comprehensive range of professional expertise in your community. Think about services that you might not have strong existing relationships with, as well as those that you do.
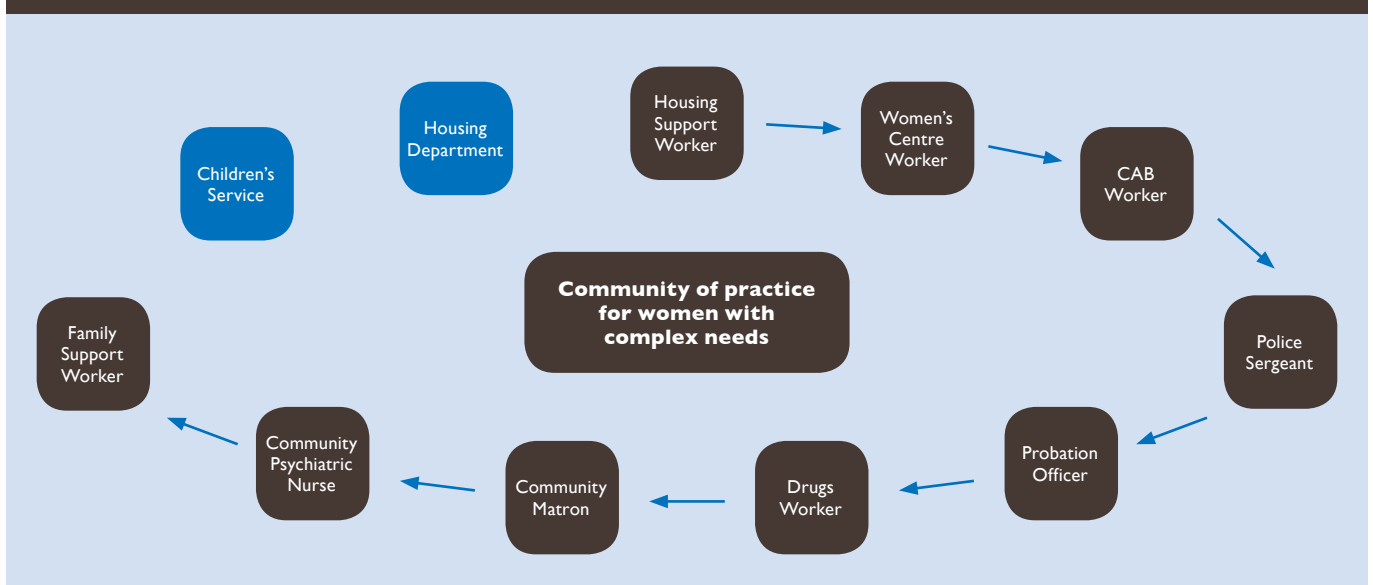
3. www.mosaic-training.co.uk

- **Volunteers not conscripts:** Although they are recruited from a diverse range of services, it is important that participants are there as individuals and not as agency or service representatives. They must be committed to and enthusiastic about being a member of the community itself and should attend because they value what it has to offer them.

- **Experts by experience:** With the right support, experts by experience can offer an invaluable and different perspective on cases. The experience can also be rewarding for them: understanding that their experience is valued and feeling a respected part of a group. Members may be nervous about inviting former service users to join the group. Space should be given for these concerns to be raised but in our experience, once experts by experience have been integrated into the group most of these concerns disappear. Ideally experts by experience should be former and not current users of services and a minimum of two should be invited so that they do not feel isolated.

- **Secure managerial buy-in:** It is important that all participants have support from their managers to attend the community. This ensures that they are consistently given the time to attend the meetings and will clear the way for them to present an anonymised case study. Clearly explain to managers the benefits that membership of the community can provide. As well as benefits to individual workers they provide learning, networks and resources that can be brought back to the whole service. Service managers can also help you to identify an appropriate participant from their own organisation. *A template letter is available in the resources page on the website which can be adapted to explain communities of practice to participants and their managers.*

- **Think about size:** A balance needs to be found between ensuring your group is a manageable size and that it benefits from a range of expertise, service knowledge and professional training.

- **Induct participants:** Seek face to face meetings, or if this is not possible, phone conversations with potential participants. This provides an opportunity to explain what a community is, how it works and what it is trying to achieve. It also gives the potential participant an opportunity to raise any questions or concerns and for them to explain what they hope to achieve from membership of the community. *Template letters to use in recruiting and inducting members can be found in the resources page on the website.*

- **Outline expectations:** Crucially, initial conversations with participants and their managers should clearly outline the commitment that is expected of them. Consistent membership is an important feature of a successful community and participants should commit to attending the majority of sessions.

- **Revisit gaps:** None of our communities managed to ensure that they achieved comprehensive membership at the outset. Nevertheless, facilitators ensured that the communities continued to reflect on and identify any gaps. Steps were taken to fill these, often using knowledge and contacts from within the group itself.

Mapping your community
Don't worry: Even the best communities had missing links, although they continued to look for opportunities to fill them

5 Getting started: your first meeting

Getting ready for your first meeting can be a daunting experience for facilitators. The following checklist is designed to help you be as prepared as possible.

In advance of your meeting:

Agree a date and time for meetings
Setting a regular time for meetings helps participants to plan and cements the meeting as a regular feature of their work diary.

Find a suitable venue
Although a participant may be able to offer a venue for free, finding a space away from the office can help participants to focus on the meeting itself.

Send out reminders of meetings a week before the event
Housekeeping is important to keep up attendance.

Organise drinks and snacks
Nice food can be a good incentive to attend meetings.

Develop draft terms of reference and ground rules for discussion
Prepare for challenges such as confidentiality and safeguarding before these come up. It can be useful to do some thinking about this in advance but this is something on which you will need input from the group during your first meeting. *A sample 'terms of reference' is available in the* **resources page** *on the website.*

Develop an agenda
Planning an agenda can help provide structure to the meetings and ensure the meeting aims are achieved. The first section will be an introductory session but you may still want to bring a sample case study for discussion. *A sample agenda template is available in the* **resources page** *on the website.*

6 Case-based learning

Communities of practice provide an opportunity to take a detailed look at cases thinking about what worked well, what didn't work quite so well and what could be done differently in the future, both for the client in question but also for other similar clients. Different professional perspectives help practitioners to consider problems in a new light and develop new solutions by integrating approaches.

- **Rotate case presenter:** Different members of the community of practice should all be encouraged to present anonymised cases during the community's lifetime. This encourages ownership of the community among its members. It also gives every participant the opportunity to have inter-professional input and support around one of their own clients.

- **Consider positive cases as well:** Our communities of practice also considered a number of cases which were seen to have had a positive outcome as well as those which were currently proving challenging. This gave participants an opportunity to think about what interventions and conditions made the difference in this case – valuable learning which might then be able to inform future work with clients.

- **Different to a case conference:** Case-based learning is different to a case conference as the professionals around the table are not necessarily those involved in the client's care and the emphasis is on shared learning, not developing a care plan. However, discussions can and often do lead to a 'plan of action' for case presenters to take away, which may include the offer of help from group members.

- **Protecting anonymity:** Cases are presented anonymously to protect client confidentiality. Service users should be asked for their permission for their care and support to be discussed at a CP meeting. It is also important to have clear terms of reference which outline the ground rules and expectations around confidentiality. Care should be taken about written records of meetings and how they are used.

- **Capture the learning:** Capturing the discussion and any new learning is important. Case study write-ups should not simply focus on the details of the case themselves but should look at emerging themes, relevant experience and research and possible actions. These case studies are then 'learning objects' providing a resource for participants to refer back to and to share with colleagues. *A case study template can be found in the* **resources page** *of the website.* Two sample case studies can be found at the end of this document.

- **Feedback to the group:** As a learning community it is important that the group receives feedback on cases which are discussed. Understanding the impact of newly developed approaches and revising approaches and conclusions in response to this is a key part of the learning process.

The facilitator experience

❝ Everyone in the meeting actively contributed their knowledge and expertise to each case study – effectively enabling a multi-agency overview of the different issues and possible solutions. ❞
(Facilitator A)

❝ The community of practice meeting allowed the participants to create a joint action plan for each individual, even when the actions at that time were to wait and respond where necessary... The creation of this almost 'stand by' action plan, allowed for… immediate action at a much later date when [the client] presented at the police station. ❞
(Facilitator C)

❝ In my own organisation I am hoping to use the case study approach on a regular basis within team meetings to introduce more formally the time for reflection on cases. ❞
(Facilitator B)

7 What is a 'knowledge broker' and why is the role important?

Communities of practice are primarily a means for a group of practitioners to develop shared knowledge in how to work (together and independently) with someone with multiple and complex needs. A huge amount can be learnt just by professionals sharing their own knowledge and expertise. Nevertheless, there is a wealth of research evidence out there which can support community members to improve their response to multiple needs, if only they could find it and find time to read it. So you may want to consider recruiting someone to act as a 'knowledge broker' for your community.

What does a knowledge broker do?

A 'knowledge broker' can provide access to the latest research evidence, support the community to assess the strength of that evidence, act as a critical friend and

undertake a literature search to establish local policy and practice around an identified issue.

Who can act as a knowledge broker?

A knowledge broker should ideally be someone with a good knowledge of the target group. They should have the skills, access and time to identify journal articles and other relevant research literature that can support the group to improve and develop their response to 'multiple needs'.

You may consider approaching an academic from a local university or else a researcher within another local organisation. Spell out the mutual advantages of joining the community. Academics are often frustrated that their research findings do not reach or impact on local policy and frontline practice. Membership of the community is an opportunity to increase the impact of their work. In addition, it may support them to develop networks and partnerships that could be useful for future research.

If you are unable to recruit a knowledge broker, facilitators can also bring research and resources to the community for discussion. *A range of research papers and other resources are available in the **resources page** of the website.*

Tips for knowledge-brokers

- **Research should be relevant and targeted:** Look for research which addresses key themes emerging from the discussion or that can shed light on particular problems. It can sometimes be frustrating if the research is not relevant to the context in which practitioners are operating or suggests high-level policy changes that they cannot influence.

- **Summarise your findings:** Most practitioners do not have large amounts of time for reading. This does not mean that they are not interested. Produce easily digestible written summaries for circulation. Start meetings with oral feedback on the research findings relevant to the previous case study and weave any relevant research findings into the thread of the discussion.

- **Be a member of the group:** Knowledge brokers are not there to lecture while participants listen. It is important that you are an equal member of the group. Although the research findings are important, they do not offer a privileged perspective with communities of practice placing value on practitioner knowledge and experience. The experience is also much more enjoyable for you if you feel part of the community.

What research and information might a knowledge broker bring to the table?

- Legislation: rules, entitlements
- Local policy: care pathways, eligibility criteria
- Clinical guidelines
- Theory
- Service user views from research
- National picture
- Good practice guidance
- Approaches for motivating and engaging clients
- New models of support
- Developing gender-specific and culturally-sensitive practice
- Understanding client, professional and organisational behaviours

The facilitator experience

" *The community of practice members found it helpful to have the research findings from our knowledge broker. It was jointly agreed that as front line practitioners we rarely have the time to source research for ourselves [so] the input from the knowledge broker was an invaluable source of information.* "
(Facilitator D)

" *The research input was brilliant and something that everyone really found valuable. Most people said that they rarely found time for reading/ looking into research and it was great to have someone who could do this for us.* "
(Facilitator A)

8 Overcoming challenges

This section sets out some possible challenges in developing a community of practice. It includes some thoughts on resolution and remedies which draw on our collective experience and reading.

Building partner engagement

Some facilitators reported that it was especially difficult to access representatives from agencies whom the community considered to be important partners. This situation was aggravated in circumstances where the

facilitator did not have extensive professional networks or the host agency was not well-networked within the local community.

As noted above, it is important where possible, to recruit a facilitator who has good networking skills and a good existing network of contacts. If this is not possible, we advise that the facilitator draws on the networks and skills of those in senior management positions within the agency as s/he may be more likely to have a stronger network of contacts. Using the publicity materials provided in the resources folder on the website can be a good starting point but there is no substitute for face to face contact.

The community of practice model is predicated on the notion of passionate volunteers rather than conscripts and it is important to ensure that this message is conveyed to partners as reluctant attendees can be challenging within the group.

Building trust

For most participants, this will be their first experience of attending a community of practice. Those attending are likely to be more familiar with meetings at which they act as agency representatives. Without this role, it is likely that some people may feel reluctant or anxious about sharing information which exposes personal vulnerabilities or which is critical of their own or other agencies. These anxieties can manifest in a variety of ways including reluctance to speak about particular subjects or expressed concerns about confidentiality and information sharing. Information sharing protocols and terms of reference should help to ease anxieties about information.

Our experience was that as participants became more familiar with the format and with each other, trust developed and participants felt more comfortable in sharing their own experiences – both positive and negative. The facilitator can have an important role in modelling openness and honesty with regard to his or her own experience.

Ensuring regular attendance

This can be a problem, especially as services are increasingly stressed and having to do more with fewer resources. Tips to overcome this include making sure that you set meeting dates early and remind attendees well in advance. As noted above, making people feel welcome and providing nice food is another incentive to attend. If non-attendance persists, it may be useful for the facilitator to have an 'offline' conversation with the person to determine if personal factors are impeding attendance. Rotating attendance by alternating members of a team is not recommended as it hampers group formation and the work being carried out.

Dealing with difference and conflict in the group

With a range of participants, differences of opinion are both likely and healthy. Diverse opinions can be highly valuable in bringing a new perspective to old problems and can help participants to see things from a different viewpoint. One facilitator commented that her 'community' was more dynamic on occasions when all agencies and sectors were represented rather than when all of those attending were from the same sector. Our experience was that most participants found these different perspectives one of the most valuable aspects of being part of a community. Most participants will have prior experience of multi-agency meetings and may be used to a culture of 'fighting their agency's corner'. It may be helpful to remind participants that they are not attending the community as a formal representative of their agency but rather to share their professional opinion.

However, as a facilitator it is important to ensure that everyone present has a chance to speak and that no one person dominates the conversation. If this starts to happen or if conflict develops, it can be useful to remind members of the purpose of the meeting and to revisit the terms of reference.

If you experience on-going problems in this area, it may be useful to speak to the individual concerned outside of the meeting.

9 Evolutions and endings

The communities of practice that we supported each met monthly on six occasions and four are continuing at the time of writing (January 2013). Groups have a natural lifecycle. It is important to think about how long you would like your group to continue and revisit this during the lifetime of the group. Even where the group does not end it is likely that it will undergo a process of evolution.[4]

Evolutions

Evolution of the community of practice may occur naturally or you may have to plan ways to inject new life

4. Prendiville, P. (2008) Developing Facilitation Skills: A Handbook for Group Facilitators, Combat Poverty Agency

into the community. Here are a number of ways in which your community might develop:

- **Revisit your aims:** The lifetime of the group may be related to the aims and objectives of your community. If for instance, your aim was to improve responses to street drinkers in your local area and you believe that this has been achieved you may decide to call the community of practice to a close. Alternatively you may decide to develop new aims and objectives for the group.

- **Refresh your membership:** In time you may find that a number of members have to leave the group, perhaps due to changes in professional or personal circumstances. Alternatively you may simply feel that new perspectives could bring life into the group, both in terms of new ideas and new challenges. Once groups have stabilised there may be a danger that you all start to think in similar ways and the distinct perspectives are partially lost.

- **Undertake specific development work:** One evolution of the group would be to take a specific piece of focused development work. Examples might include thinking about how to link assessment processes to reduce duplication, 'joining-up' support plans, implementing procedures for interdisciplinary case review, or a focus on transitions.

- **Identify other learning opportunities:** Once your community is well established you could develop other learning activities for your members. This might involve guest speakers, training on specific issues of concern or visits to each other's services.

Endings

Groups have a natural life cycle and endings are usually not an indication of either failure or success. Group endings are characterised by: "... saying goodbye, realising they've done what they could together, deciding to move on, celebrating achievements, acknowledging what is still to be done in the area/on the topic, and valuing the relationships formed during the group's life ... A strong need is felt to **mark this ending, acknowledge what has been achieved** and **look forward** to new beginnings and tasks."[5]

10 External resources

Cambridge, Kaplan and Suter (2005) Community of Practice Design Guide: A Step-by-Step Guide for Designing & Cultivating Communities of Practice in Higher Education, available at: http://net.educause.edu/ir/library/pdf/nli0531.pdf

Prendiville, P. (2008) Developing Facilitation Skills: A Handbook for Group Facilitators, Combat Poverty Agency, available at: www.combatpoverty.ie/publications/DevelopingFacilitationSkills_2008.pdf

Wenger, E. (2002) Cultivating communities of practice: a quick start-up guide, available at: www.ewenger.com/theory/start-up_guide_PDF.pdf

5. Prendiville, P. (2008) p.28-29 (our emphasis)

EXAMPLE CASE STUDY 1

EXCLUDING CLIENTS FROM TREATMENT FOR INAPPROPRIATE BEHAVIOUR	
Focus	How to achieve consensus amongst services in order to implement consistent boundaries regarding clients who have behaved inappropriately
Community of Practice (CP)	'Sometown' CP
Person bringing case to CP	James – nurse prescriber
Disciplines Represented in the CP	• Knowledge broker • Practitioners from homelessness services • Substance misuse practitioner • Mental health practitioners • Probation • Women's centre worker • Other VCS
Summarised presentation of case	'Annie' is a mixed race woman in her late twenties. She is an opiate-dependent IV user, an IV user of crack cocaine and regular user of diazepam. She has previously been a problematic user of alcohol as well. She has been on a methadone replacement script for over five years. Case notes indicate that she may have received mental health treatment in the past although her diagnosis is unknown. She is originally from another area of the country. She has had no stable accommodation in the CP area but has spent time in prison and in local hostels. Currently she is living with an ex-partner who she is reportedly having sex with to secure accommodation. She has previously been the victim of domestic violence. As well as concerns about her own victimisation, she has also been aggressive towards others. In one incident she was aggressive to a member of staff in a prescribing service and was consequently banned from that service. Local prescribing services and professionals within these services disagreed as to the most appropriate response, with some favouring banning her from all such services in the locality. However, there was also concern that she was expressing suicidal thoughts and was self-harming on a regular basis.
Next steps and any practical actions	By the time this case had been presented to the CP, the local area had already taken a decision not to apply a uniform ban. Nevertheless, the issues raised in this case presented a range of areas for discussion and learning. • The CP discussed how best to treat the client while maintaining the safety of workers within these services and retaining consistent boundaries across services. The tendency to become overly punitive in response to challenging behaviour from some clients was discussed. • The CP discussed their respective agency approaches for managing cases like this and also how they learn from incidents. • Members decided to take back some of the literature from the CP on 'splitting' to their own service. • Concern was also raised about Annie's living situation and about how this could be addressed and practitioners within the CP offered advice on supporting reconnection to her home area.
What happened next? (report back to the CP at a later meeting)	• Outside of the CP, the decision was taken to treat the client in another service, before transferring her back to the original service at the end of her ban. • She was supported with a return to her home area where she was offered housing. • She engaged with drug treatment until her move.
What is the learning from this case for improved practice?	• CP discussed how it would be useful if the local area had a **protocol** across all services that cover scenarios such as this (when a client is banned from one service but still needs treatment). • This case highlights the dangers of clients 'splitting' services against each other – especially clients who might attract a diagnosis of personality disorder. There is a need for clear management agreements in place between services to jointly manage complex clients. • Highlights the importance of being clear about diagnosis: this client had a label of mental health issues – but very little evidence of this could be found in the paperwork. • The client needs to be able to learn from the incident as well as staff. Although the client was banned, no one had sat down with her to address issues of boundaries. Could an Acceptable Behaviour Contract be drawn up? • The CP agreed that there should be a way for all incidents to be reflected upon as a team – to ensure a team approach to risk management/ not making the same mistakes again.

	• In cases like this an emergency case conference would have been helpful (even though the need to prescribe meant that everything needed to be done very quickly). A case conference shortly after the event would also have helped multi-agency working and would have supported boundaries to be maintained across services. • Need a way to mediate and resolve differences of opinion between both colleagues on the same team and across services – so that a 'united front' is presented to the client – especially with clients who push boundaries.
Potential issues which were brought to light in discussing this case which could potentially inform local policy, commissioning or campaigning activity	• The need for a local area protocol across all services • Highlighting awareness of women using sexual liaisons to avoid rough sleeping (the hidden nature of women's homelessness): addressing this will be important in any strategy locally to address women's homelessness.
Overview of the research evidence tabled by the knowledge broker as part of the case discussion	## Restorative approaches to managing inappropriate behaviour 'Restorative justice' seeks to make the criminal justice process justice a restorative one for both victims and offenders. (See Zehr & Mika (p.41) *here*[6]). However, Watchel & McCold argue that "the potential of restorative practices goes beyond resolving specific incidences of wrong-doing [in particular criminal wrong-doing] to provide a general social mechanism for the reinforcement of standards of appropriate behaviour." (p.114): See *here*[7]. They have identified six principles of restorative practice: 1. Foster awareness in 'wrongdoer' of how others have been affected 2. Avoid scolding or lecturing which engenders defensive feelings, blocking out feelings of empathy 3. Involve offenders actively so that punishment is not something that is done to them: they speak, listen and contribute to solutions 4. Accept ambiguity: In some cases fault may be unclear and parties may not accept complete responsibility (although all should be encouraged to accept as much as possible) 5. Separate the deed and the doer – highlight their intrinsic worth, while disapproving of the action 6. See every instance of conflict and wrong-doing as an opportunity for learning. ## Organisational and professional splitting Scanlon and Adlam suggest that clients, who are perpetually 'unhoused', without a secure place in society or sense of self, generate related states of 'unhousedness' and incohesion in staff and organisations that work with them. As a result, services become at odds with one another: some reject and dismiss such clients outright and others wage war on other services in a problematic identification with the client. They are clear that while the exclusion is unhelpful, so is the 'problematic identification with the (oppressed) client group. For more see *here*[8] (Chapter 3) This article from Kingsley Norton (1996) on Managing difficult personality disorder patients also contains some useful lessons on 'splitting': see *here*[9]. ## Women's responses to homelessness This Crisis (2006) report (see *here*[10]) includes the finding that many women engage in unwanted sexual liaisons in order to secure temporary access to accommodation.
Evaluation • How useful did you find this case discussion? • Did you learn anything new? • How did this case make you feel?	It was interesting to understand about how different organisations respond to challenging behaviour and to identify other approaches that could be adopted in the future.

6. Zehr, H. and Mika, H. (2003) Fundamental Concepts of Restorative Justice. In: E. McLaughlin, R. Fergusson, G. Hughes, L. Westmarland, eds. 2003. Restorative Justice: Critical Issues. Milton Keynes: Sage Publications. Ch.3
7. Wachtel, T. and McCold, P. (2001) Restorative Justice in Everyday Life. In: H. Strang, J. Braithwaite, eds. 2001. Restorative Justice and Civil Society. Cambridge: Cambridge University Press. Ch.8
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EXAMPLE CASE STUDY 2

BREAKING THE CYCLE: NEXT STEPS FOR SALLY	
Focus	**Dual diagnosis** The main focus of the meeting was to discuss a current live case with which one of the community of practice (CP) members was struggling. The aim was to use our learning from the last CP and our shared experience to assist this CP member and to develop a 'what next' plan for Sally.
Community of Practice (CP)	'Anytown' CP
Person bringing case to CP	Iris – Alcohol Worker
Disciplines Represented in the CP	• Research knowledge broker • Mental health practitioner • General health practitioners • Probation • Police • Homelessness services • Women's centre worker
Presentation of case	**History** 'Sally' is in her mid-50s and has been known to local services in Anytown for over two decades. Sally has a history of mental health problems, is known to hear voices and experience hallucinations. She has had repeated admissions to the local psychiatric unit and is currently subject to the Care Programme Approach. Sally is known to have problems with alcohol. Sally struggles to live independently and has experienced intermittent periods of street homelessness. Sally is a victim of ongoing domestic violence from her current partner and was left partially blinded following one such assault. Sally is well known to the local police and has amassed over 200 convictions and has served multiple prison sentences for a range of low-level offences. **Current circumstances** Sally is currently abstinent and has fled from her partner Ron, about whom little is known. She is living in unsuitable accommodation. Given previous patterns of behaviour, it is likely that Sally will return to Ron in the coming weeks and relapse into a pattern of heavy drinking. **Discussion** The group discussed the benefits of a joined-up approach to working with both Sally and Ron. It was agreed that it would be useful to find out more about Ron and to attempt to engage with him. The question was posed: *In an ideal world, where money was no object, what do we think would work for Sally and Ron?* The group agreed that it would be important to address the domestic violence and alcohol use and that a residential placement might be appropriate for both. Iris had attended a Care Programme Approach (CPA) meeting with Sally the previous day. She felt this had been hurried; the GP had been looking at his watch and did not give any regard to Sally's questions. Sally was questioning why she is the way she is. A quick plan was arranged for Sally as others who 'know' her felt she would be back to drinking heavily in a few weeks. The process disempowered Sally and Iris also felt disempowered. **Ideas** Iris will take Sally to the local mental health clubhouse for lunch once a week. The Rough Sleepers Team will keep an eye out for her at the weekends. A referral to the Women Offenders Project was suggested. A risk assessment identified that there should be no lone working. Accessing a one-stop shop women's centre would mean that Sally could have access to a variety of agencies there, including counselling and alcohol support services. Iris explained to the group that there is a self-referral system for 72 hour admission to local mental health hospital which Sally could use if need be. She reported that Sally is a survivor and the positive achievements she makes should be celebrated. The focus of the support for Sally could be to ascertain what the triggers are for alcohol relapse at the six-week mark and to access every possible support resource at that time to try and break the cycle. Perhaps this time may extend to seven weeks, then eight weeks? Police agreed to look at PCSO's dropping in on her at weekends, see how she is doing and telling her they will call back to see her the next day. They could perhaps share this with the rough sleeper's team.

Next steps and any practical actions	• Iris to make referral to the Women Offenders Project • Group to ascertain more about Ron and to find out if he is known to local services and think about what support we could put around them both • Iris to make Sally aware of other services mentioned that she can access.
What happened next? (report back to the CP at a later meeting)	Four months later, Sally has been living in a detoxification and rehabilitation project for four weeks. She is currently having no contact with Ron and feels she has made good progress.
Potential issues which were brought to light in discussing this case which could potentially inform local policy, commissioning or campaigning activity	This case might be used to demonstrate to commissioners the potential value of the 'community of practice' approach in opening space for review and reflection which is rarely available in the context of main stream case management (CPA). See research notes below.
Overview of the research evidence tabled by the knowledge broker as part of the case discussion	There are many aspects to this case which constitute 'good practice' as regard the management of dual diagnosis. For example, the Care Programme Approach has been implemented with mental health agencies taking the lead for the management of Sally's dual diagnosis. This is in keeping with DH 2002 dual diagnosis guidance.[11] In other areas we know that this does not routinely happen with people falling through the gap in provision as they are rejected by both mental health and drug and alcohol services. Paper 1[12] describes the 'ping pong' effect and gives a good introduction to some of the issues around 'dual diagnosis' from a user perspective. Nevertheless, CP members still felt that the form of case management being offered through CPA was not 'depth' enough as regards grasping the underlying issues in Sally's case. As one CP member pointed out it still feels like there is a need for a 'proper review'. In older people's services there is a lot of evidence that practitioners end up 'fire fighting' (responding to crises rather than having time to proactively think and plan) with monitoring and review stages often becoming the neglected components of the case management cycle (assessment, support planning, monitoring and review). It is interesting that the CP allowed practitioners to engage in an in-depth review of Sally's case with the emphasis shifting towards a more preventative way of working. The focus was on finding a way to help Sally understand why she embarked on this destructive pattern of behaviour – abstaining for so many weeks then returning to her partner and drinking heavily before 'leaving' again. A plan was hatched between members to help break this pattern – by targeting support at specific times such as the weekend when it was thought that Sally's resolve started to crack. The in-put of one CP member in particular helped shift the focus from 'the problems' to understanding the strengths in Sally's behaviour and how this might be harnessed to find solutions. (Shift to positive strengths based approach). It will be interesting to see how this works in practice. Paper 2[13] provides a critique of 'dual diagnosis' (as a medical term) and is one of the earliest papers to make a case for a focus on complex needs and the potential role of social work/ housing support interventions. Paper 3[14] is taken from Critical Social Policy and takes a wry look at 'social exclusion' in terms of working with people who steadfastly refuse to be included. The focus is on how practitioners relate to that refusal.
Evaluation • How useful did you find this case discussion? • Did you learn anything new? • How did this case make you feel?	Iris reported that she found the session very useful, had taken practical actions and felt more supported in her role to support Sally. The group reported positively on the session and that by getting together we had significantly increased our knowledge about Sally. We had shared knowledge and in doing so had learned of additional services available that were not previously known to all.

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