

Wellbeing Our Way

**Enabling  
change through  
communities of  
practice**

**June 2017**



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# Foreword

## Enabling large scale change: Reflections on the role of communities of practice

I am delighted to provide the foreword for this important learning paper on communities of practice. I hope that the gems of practical wisdom from Wellbeing Our Way described within the paper will inspire many other people to join in with learning communities because being in a community of practice is one of the most effective and enjoyable ways to learn.

I've been a change agent in public service for more than 30 years and I have been a member and/or facilitator of many communities of practice, in topics as diverse as improving care for people with cancer to people with a passion for statistical process control. Some of these communities have been short lived and others have lasted for a decade or more. Many of my experiences mirror those in this paper.

Here are five reasons why I am such a great enthusiast for communities of practice:

- 1. There are so many change agents out there in local communities and in the formal care system making a big difference in people's lives, but too often their learning and wisdom don't get shared.**

As a result, we are constantly solving the same problems that other people have solved before. If we could ratchet up the numbers of communities of practice across the country (and through digital means across the world), we could be using more of our greatest assets for change, our community members and potential activists, instead of waiting for the formal system to make the changes we need for us.

- 2. Community is a place where people come together to share problems, solutions and stories.**

Community is where magic happens. We are recognising this in the world of health and care, where we are increasingly joining up care systems to meet people's needs in local communities and places. Communities of practice

are a learning and sharing version of community. We can apply the same principles of shared purpose, sense of belonging and community spirit. Where we do this well, and I have experienced it many times, communities of practice can ignite an unstoppable energy for change.

### **3. Communities of practice focus on tacit knowledge which is knowledge that is learnt practically from actually doing things.**

Tacit knowledge is the most powerful kind of knowledge that is most likely to deliver results. However, it is very difficult to capture tacit knowledge and turn it into explicit knowledge, which is knowledge that has been translated into a guideline or best practice principle. That is why, in my experience, communities of practice, where people can discuss and share their experiences with people with common interests, are a more effective way to spread change than improvement toolkits or best practice databases.

### **4. Many years of leading change have taught me that it is very hard to make change happen from the middle or top of an existing system.**

To quote Gary Hamel, "change always starts from the fringes and it always starts with the activists". The best place to be to enable change is at the edge of your system or organisation. This paper describes how communities of practice within Wellbeing Our Way worked "at the very edge of existing knowledge and practice". The very nature of a community of practice takes us to the edge.

Communities of practice enable us to have one foot in our organisation or local system and another foot in the wider world of people with the same interests and goals. They help us to see all kinds of possibilities that we wouldn't see otherwise and to connect things in ways that we couldn't do if we were at the centre. We can pull new ideas, skills and experiences from our communities of practice into the heart of our organisations and systems.

### **5. The best communities of practice encourage diversity which is critical to innovation and improvement.**

They challenge the idea that there is "one right way" of doing things, rather helping us build learning communities where people feel accepted, are comfortable contributing ideas and actively seek to learn from each other. I have experienced this leading to more disruptive thinking, faster change and better outcomes on multiple occasions.

Of course communities of practice are not a “magic bullet”, nor are they the answer to all our change challenges. As with any approach to learning and change, they need to be well led and supported to get the most of everyone’s contributions.

Like any other kind of community, a community of practice is about relationships and they need to be nurtured, invested in and constantly reviewed. Multiple members of the community need to commit to the community’s future or it won’t last long. It can take a lot of effort but the results are usually worth it.

As Wellbeing Our Way has shown, communities of practice can be places where new ideas germinate, new methods and approaches can be developed and new connections and communities can be rooted. They can also help to grow leaders through peer to peer support, informal mentoring and participation in groups and communities.

So here’s to growing this capability throughout the health and care system across all our formal and informal connections; and here’s to many, many more communities of practice within health and care where sharing, learning and collaboration can flourish.



A handwritten signature in black ink that reads "Helen Bevan". The signature is written in a cursive, flowing style.

Helen Bevan  
Chief Transformation Officer, Horizons Team  
NHS England  
Twitter: @HelenBevan

# Wellbeing Our Way: A legacy

When National Voices embarked on Wellbeing Our Way, we did not foresee our communities of practice. Indeed we barely understood that concept. We wanted to help people in our sector share learning on how to enable patients take more control. The communities of practice approach emerged organically. That is what happens when you work in partnership. Your journey and your destination are not what you first envisaged. It is an important lesson about making change. You cannot at the same time pre-determine the outcome and have a genuinely collaborative process.

National Voices is passionate about people being partners in decisions that affect their health and their care. Not only is it the right thing to do, but there is growing evidence that it leads to better results. In our nearly ten year history we have had success in influencing national policy, legislation and system design. We were signatories to the NHS Constitution. We helped secure a legal duty of patient involvement in the 2012 Health and Social Care Act. Our 'I statements' describing what good looks like from the point of view of the patient became part of the official definition of integrated care in 2013. We helped to shape the Five Year Forward View vision of a 'new relationship with patients and communities'.

In 2017 we also have a better understanding of the limits of national policy-making. National decision makers are vital in providing resources, enshrining rights and duties, creating incentives and setting the tone. But laws, guidelines, policies and structures do not of themselves change the culture of care. Sometimes they make things worse. It is committed people that make change. Through our communities of practice, participants increased their knowledge, skills, confidence and motivation to make person-centred changes within their spheres of influence. It was a privilege to act as a catalyst in this process.

Wellbeing Our Way has helped us see more clearly our role not only in shaping policy but in improving practice. As we plan the legacy of the programme we know it will entail National Voices placing a stronger emphasis on bringing people together in a common purpose and on building their capacity to make change. It will mean a growing commitment not only to influence those with formal power, but also to be part of a broader movement of health and care professionals, activists and citizens.



A handwritten signature in black ink that reads "Jeremy Taylor".

Jeremy Taylor  
Chief Executive  
National Voices  
Twitter: @JeremyTaylorNV

# What is a community of practice?

Communities of practice facilitate peer-based, collaborative learning between people with shared interests. Communities often form around entrenched, complex problem-areas for which there are likely to be multiple solutions or approaches – the kinds of ‘wicked issues’<sup>1</sup> that benefit from being considered from a range of critical perspectives and with energy from across the ‘system’.

Crucially, rather than reflecting the ‘top-down’ ethos of more traditional quality improvement methodologies, communities of practice offer opportunities for self-directed learning. In particular, the ‘social learning’ nature of communities of practice ensures that competency is defined and developed collaboratively, offering valuable opportunities for new ways of working to be tested and honed, and what is understood as ‘good practice’ to be continually pushed to new limits.<sup>2</sup>

Communities of practice are an established methodology across diverse corporate and governmental sectors. For instance, the US Army has long-standing communities of practice working to solve complex technological challenges,<sup>3</sup> and Shell has used communities of practice to facilitate multi-disciplinary learning between more than 10,000 of its employees.<sup>4</sup>

In June 2014, National Voices set out to explore and test how communities of practice could facilitate the spread of large-scale change across England’s voluntary sector working for health and wellbeing. This publication reflects on our experiences over the last 3 years, and in the spirit of communities of practice, aims to share reflections in order that others can use our learning.

<sup>1</sup>Keith Grint (2008) Wicked problems and clumsy solutions: the role of leadership

<sup>2</sup>Wenger, E. (2000) Communities of Practice and Social Learning Systems

<sup>3</sup>US Army (2014) RDECOM Communities of Practice

<sup>4</sup>Nick Milton (2016) Trust in large communities of practice

# What makes a community of practice?

A community of practice is not just another name for a network or peer group. What makes a community of practice distinct is having three clearly defined elements: domain, community, and practice.<sup>5</sup>

## Domain

The domain is the shared focus of the community. This is a defined area in which the community has the potential to develop its expertise, to push the boundaries of current understanding around 'good practice', and – crucially – to which they share a level of continuing commitment.

## Community

Community of practice members may come from multi-disciplinary backgrounds. For instance, Wellbeing Our Way's communities of practice included people working within charities and community organisations, those with experience of using health and care services, alongside a smaller number of NHS and social care colleagues. What matters is that through regular interaction, the community is able to develop strong working relationships based on trust, reciprocal learning, and shared accountability.

## Practice

The high level of trust developed within communities of practice enables the sharing of tacit knowledge<sup>6</sup> (knowledge gained from personal experience; often described as knowing 'how' rather than 'what') around the defined domain of interest.

<sup>5</sup>Etienne and Beverly Wenger-Trayner (2015) Introduction to communities of practice: a brief overview of the concept and its uses

<sup>6</sup>Duguid, P. (2005) The Art of Knowing: Social and Tacit Dimensions of Knowledge and the Limits of the Community of Practice, The Information Society. Vol.21, pgs 109-118



This kind of experiential knowledge often underpins improvement initiatives and is the 'most likely to lead to breakthroughs in thinking and performance'.<sup>7</sup> By sharing experiences, stories, breakthroughs and challenges, community of practice members can shorten their collective learning curve,<sup>6</sup> and ultimately develop their practice in meaningful and experience-based ways.



<sup>7</sup>Bevan, H. and Fairman, S. (2014) The new era of thinking and practice in change and transformation: A call to action for leaders of health and care, NHS Improving Quality, p.10

# Facilitating a community of practice

- Agree the 'domain' (focus of the community) at the outset
- Identify your communities – and make it easy and attractive for them to get involved
- Build trust so people can share openly
- If place-based, ensure the communities are locally owned
- Offer a range of engagement opportunities – face-to-face, online, ongoing and one-off
- Seek to engage people whose roles include strategic and operational responsibilities – they are likely to be able to affect the most significant change within their organisations
- Plan for the end of formal facilitation – how will community members keep in touch?
- Evaluation: identify intended impact, and measure it! Know where your evaluative gaps are – what doesn't the data tell you?
- Share your learning far and wide!



# Wellbeing Our Way

Wellbeing Our Way was born from the belief that voluntary and community sector organisations, alongside people with long-term health needs, can play a powerful role in creating a health and care 'system' which works for everyone: a system which values people's strengths, is based in their communities, and enables people to make decisions based on their personal preferences and priorities.

Wellbeing Our Way has been using a communities of practice approach to facilitate learning around a set of collaboratively agreed priorities:

- Peer support
- Supporting self-management
- Care and support planning
- Person-centred information and helplines
- Engaging people in shaping health and care
- Demonstrating the impact of these interventions

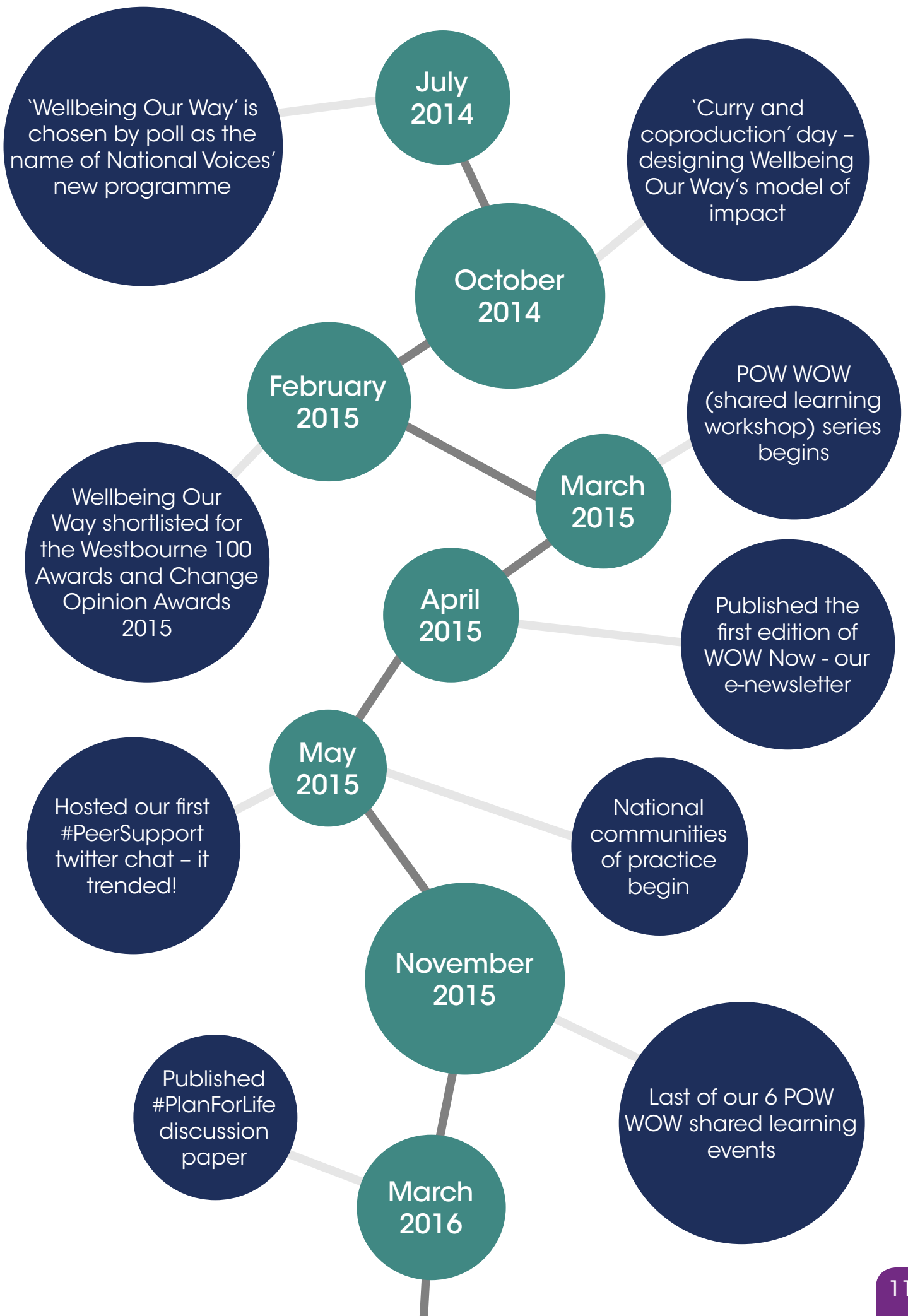
We're proud of what Wellbeing Our Way has achieved. Our [impact report](#) shows that:

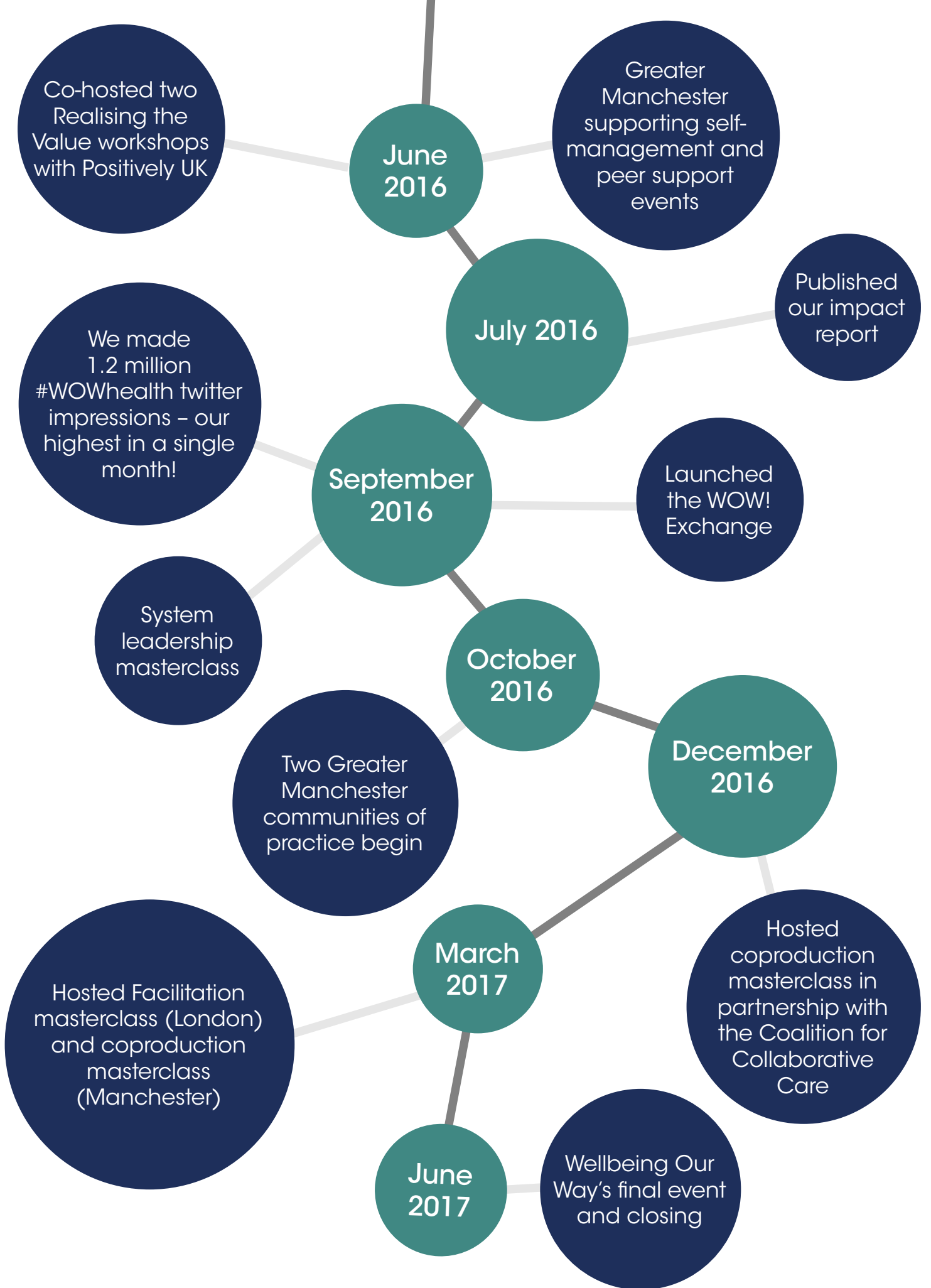
- 79% of those involved report that Wellbeing Our Way has enabled them to increase their knowledge, skills, confidence and motivation
- 75% of community of practice members have been enabled to create change in their organisations

- Our WOW! Exchange (an online catalogue of innovative practice across the voluntary sector) has had almost 14,000 hits since its launch, helping to spread ideas across the wider voluntary sector working across health and care

National Voices hosted Wellbeing Our Way between June 2014 and June 2017. We are grateful to The Health Foundation for funding and supporting Wellbeing Our Way throughout this time.









# National communities of practice

## Overview

Wellbeing Our Way's national communities of practice brought together people from charities and community organisations, alongside those with direct experience of using health and care services, to share learning and challenge around a range of person- and community-centred approaches.

Each community aimed to:

1. Enable people within the community to increase their knowledge, skills, confidence, and motivation in order to develop their own practice.
2. Make a contribution to the wider voluntary sector by sharing knowledge and expertise.

To facilitate in-depth discussion and focused learning, Wellbeing Our Way's community of practice meetings usually followed a similar agenda. Meetings began with community members providing updates on successes, challenges or learning since the last meeting and raising any issues they'd like to discuss as a community.

We usually then had a presentation – either from a community of practice member or external contributor – which prompted more detailed consideration of a particular 'wicked issue' or approach, for instance social return on investment or help for those providing peer support.

People with lived experience often co-presented, adding to the diversity of perspectives considered. Challenges and interests raised were used as the basis of a forward plan for upcoming meetings.

Wellbeing Our Way's communities of practice have now come to an end in line with programme funding. Relationships developed through the communities will be continued using groups.io<sup>8</sup> and through National Voices' ongoing work in relation to peer support, supported self-management and care and support planning.



<sup>8</sup>groups.io is an online community platform.



"Wellbeing Our Way has exposed me to a 'tide of movement' around asset-based approaches to wellbeing. This has coincided with my organisation exploring how to embed supported self-management principles and a co-productive ethos across our work.

Support from Wellbeing Our Way – in particular learning from people with lived experience about the impact of peer support on their own lives and others with expertise in developing these approaches – has enabled me to contribute to significant cultural change in my organisation around how we work with and support people living with the long term condition we represent.

We now have a range of peer support services and are actively developing our support for people (including carers) to self-manage, making support more holistic and rooting it in peer support principles."

Peer support and supporting self-management community of practice member

"Before becoming part of Wellbeing Our Way, I had a theoretical understanding of self-management principles but no 'real life' examples of what did or did not work in practice."

Supporting self-management community of practice member

"Contributing to Wellbeing Our Way has given me opportunities to share my expertise (particularly around diversity and working with 'less heard' communities) and to take learning back to my own communities.

Learning from the community of practice has influenced how I work within my community – I'm more aware of the contributions and needs of carers and wider family – and the organisation I'm involved with has started to consider broader outcomes for the people we work with.

It has also helped me develop my confidence personally; I'm more able to speak up publicly."

Peer support community of practice member (with lived experience)

# Communities of practice in the voluntary sector: What we've learned

## Co-design is time well spent

During Wellbeing Our Way's first 6 months, around 40 organisations contributed to the development of a model of impact which formed the basis of developing the programme's strategic priorities, its theory of change, and its evaluation framework.

We knew that ensuring Wellbeing Our Way's development was rooted in the strengths and aspirations of its communities would help to generate the sustained energy needed for impactful communities of practice; this initial period of testing ideas also led to the priorities being honed. Involving a range of organisations at this stage was an important way of seeding Wellbeing Our Way's networks and connecting people in the very early stages of the activity.

Conversely, where we've taken people's ideas and delivered a final product without this level of co-design, initiatives have been less successful. An example of this is our Timebank (a way of exchanging skills and resources where the 'currency' is a person's time, rather than money or credit).<sup>9</sup>

Despite initial enthusiasm, Wellbeing Our Way's Timebank hasn't taken off - scope for co-design was limited as we were using existing forums on National Voices' website. This could perhaps have been overcome in part by ensuring a greater range of offers were uploaded before the resource going live, to ensure greater community energy from the outset.

Co-design often brings sustainable energy for the initiative or changes - it may not always be possible to fully co-design every aspect, but our experience shows that it's worth carefully approaching how to generate this energy in other ways.

<sup>9</sup>Timebanking UK [What is timebanking?](#)

# The most successful communities pushed the boundaries of existing knowledge and expertise

Wellbeing Our Way's two most energetic and committed communities of practice have focused on supporting self-management and peer support.

Both of these priorities are 'mainstream' enough for large-scale buy in, but still under-developed enough to allow significant scope for development – therefore, these communities of practice were working at the very edge of existing knowledge and practice. They have also been the priorities which appear to fit most closely with strategic direction both in terms of individual community of practice member organisations and the wider health and care voluntary sector.

In these communities, we achieved a strong balance between 'core business' and developing practice.<sup>10</sup> The communities enabled significant learning in the specific domains (peer support and supporting self-management) while simultaneously linking with strategic developments across other parts of the system - in this case, community of practice member organisations and the wider voluntary sector.

"Understanding a range of organisational approaches to supporting self-management helped me to 'benchmark' and develop a more thorough understanding of good practice. This in turn helped me influence our organisational understanding and approach."

Supporting self-management community of practice member

"I've found that Wellbeing Our Way helps me to 'get out of my bubble' and exposes me to new ideas. I've only missed one meeting in two years which shows how useful I've found it!"

Supporting self-management community of practice member

<sup>10</sup>Wenger, E. (2000) Communities of Practice and Social Learning Systems

# How change happens

When people are engaged in defining and creating change themselves (rather than experiencing 'top-down' initiatives), they are nearly five times more committed to the outcome.<sup>11</sup> This is fundamental to a communities of practice approach which at its heart facilitates social learning and therefore self-directed change.

We've noticed that a few factors have underpinned how successful community of practice members have been in galvanising change in their organisations:

## 1. Some of the greatest success has been seen where an individual has joined the community with a clearly defined goal in mind.

For instance, developing a peer support offer for young people, strengthening their approach to impact measurement, or trialling a whole new way of working within their organisation. All of these are real examples of goals which have been set and achieved by community of practice members – see our [impact report](#) for further detail.

## 2. Community of practice members need 'permission' to try something new from decision-makers in their organisation.

This hasn't always meant top-level senior leadership. Stronger indicators of success are a team or organisation-wide commitment to trialling different approaches; and individual members being given 'space' to think through how they can approach their work differently and share their learning with their team.

Barriers to members being able to initiate change in their organisations have included an ideological mismatch between individuals and their organisations - most commonly in the balance between clinical and wider community support – resulting in people not being able to secure the time to commit to community of practice meetings, or to trial new ideas within their everyday roles.

These factors are more to do with the individual and the receptiveness of their organisation than how the communities of practice are facilitated per se. They might form useful discussion topics within community of practice meetings – for instance, support to develop goals or to learn influencing techniques to secure strategic 'buy in' for intended changes.

<sup>11</sup>Scott Keller and Carolyn Aiken (2012) [The Inconvenient Truth about Change Management. Why it isn't working and what to do about it.](#)

# Great facilitation enables creative thinking and increased confidence

We have paid close attention to the facilitation of Wellbeing Our Way's community of practice meetings and wider events.

Events have long been known as a way to build community identity.<sup>10</sup> We have certainly found this to be the case within Wellbeing Our Way. Through a range of shared learning workshops, masterclasses, roundtable discussions, and more traditional meetings, we have engaged more than 200 organisations. These ranged from large 'household name' charities through to volunteer-led community organisations, demonstrating that a space to learn, reflect, and meet others with complementary aspirations is valued throughout diverse stakeholder groups.

Discussions at the events have been instrumental in informing the work of the communities of practice. We have used a range of facilitation techniques taken from design thinking,<sup>12</sup> appreciative enquiry,<sup>13</sup> and asset-based approaches<sup>14</sup> to enable people to think creatively and express their experiences honestly. Identified challenges and aspirations have formed the basis of community of practice discussions and efforts.

For further detail around the range of facilitation techniques used, see the [Facilitation page](#) on our website.

"I think that Wellbeing Our Way's major strength is allowing these communities of practice to shape the direction of the discussions they have, while still being able to provide external input."

Supporting self-management community of practice member

<sup>12</sup>Design thinking is a method for practical, creative resolution of problems. It is a form of solution-based thinking with the intent of producing a constructive future result. We have utilised design tools such as personas and user journey mapping to develop insight into problems and generate new solutions

<sup>13</sup>Appreciative enquiry is a model which seeks to engage people in self-directed change. We have used it both as an underpinning ethos, and as a source of practical activities – for instance SOAR (an alternative to traditional SWOT analysis).

<sup>14</sup>Asset-based approaches (for instance, asset based community development, health coaching or social movements for public health) start from a central enquiry into 'what makes and keeps us healthy?' rather than 'how can we tackle illness?'

# It takes both '+' and '-' to create real energy<sup>11</sup>

Creating a compelling narrative for change needs a careful and simultaneous interplay between 'solving the problem' and 'capturing the opportunity' – straying too far towards problem-solving invites despondency and fatigue (as barriers can seem overwhelming), whereas purely 'can do' approaches can lack full consideration of risks and challenges.<sup>11</sup>

## 'Quick wins' generate initial and ongoing energy...

We have facilitated the development and sharing of 'quick wins' in a few ways:

- Asking people to identify and commit to changing one tangible aspect of their practice in response to what they've learned – and providing pledge cards for people to record their goals.
- Creating regular space in which people can share their successes – leading to communal celebration and a 'can do' culture within the communities of practice.

## ...and can be balanced by intentional sharing of challenges

We have utilised a strict Chatham House rule,<sup>17</sup> within a broader culture of reciprocal trust, to enable people to openly share challenges and failures. Sharing what hasn't worked – alongside what has – contributes to shortening the community's learning curve and prevents the duplication of mistakes.

<sup>15</sup>The 'Chatham House rule' aims to encourage openness when sharing information by allowing participants to share learning but not to attribute it to a particular individual or organisation.

# Demonstrate the depth of existing social capital and recognise and address gaps in knowledge<sup>10</sup>

Identifying specific expertise within the communities of practice has not only led to inspirational learning around diverse aspects of practice, it has also:

- generated energy and interest to prevent the communities from becoming stagnant
- demonstrated the legitimacy of knowledge/experience leading to deeper levels of reciprocal trust between members
- underpinned the ways in which real challenges can be collaboratively addressed,<sup>10</sup> and
- enabled us to identify gaps in knowledge and invite guest contributors as appropriate – these have included Wellmind Media (digital support for self-management), Institute of Mental Health (peer support training) and Bright Ideas Consulting (theory of change and impact evaluation).





# Defining the scope of the 'domain' is essential (and challenging!)

Wellbeing Our Way utilised a 'funnel' approach to programme planning – starting with a disparate set of aspirations and perspectives before using an iterative honing process to identify a set of clearly defined priorities.

In the main this approach worked well: it was collaborative and generated energy across broad networks. However, for one of our priorities – engaging people in shaping health and care support – an agreed definition remained elusive.

There may be several reasons for this:

- National Voices' members, and the wider voluntary sector, engage people in such a range of activities – research, codesign, acting as ambassadors, campaigning for change, raising funds – that a specific single common interest was extremely challenging to establish.
- This led to the aims of the community not being well enough defined to underpin meaningful collaborative learning and constructive challenge (in part as the necessary trust didn't develop sufficiently)
- Feedback suggests that people either thought 'we're already doing that' or weren't entirely sure where to start – both mindsets were a barrier to engagement.

More broadly, each community of practice grappled with issues around ambition and realism in terms of the community's aspirations<sup>16</sup> - for instance, were we aspiring to 'future-proof' services or create incremental change? What's the most appropriate balance between the two?

Views around this issue were sometimes contentious and differed between the communities in terms of fluctuating confidence (often in line with the 'four stages of competence'<sup>17</sup> of learning), and how well established these approaches were understood both at individual and organisational levels.

<sup>16</sup>Etienne and Beverly Wenger-Trayner (date unknown) [Value Creation Framework Guide through the cycles](#)

<sup>17</sup>Wikipedia [Four Stages of Competence](#)



# Involving senior leaders – to ‘make space’ for change

Despite Wellbeing Our Way’s primary audience being people either directly working in ‘front line’ roles, or those with responsibilities for designing and developing front line interventions, it became apparent that we needed to ensure ‘buy in’ from senior leaders. This was to enable change efforts to have greater connectedness with the wider organisation’s strategic direction, and mitigated against them operating ‘under the radar’, which risks sustainability and credibility.

We created bespoke offers to engage senior leaders, both of which successfully extended our engagement with this cohort<sup>18</sup>:

- Our breakfast roundtable was an opportunity for senior leaders to discuss the voluntary sector’s role in care and support planning (in response to our recent publication of [a discussion paper](#) on the same theme). The breakfast was hosted by Jeremy Taylor (National Voices’ chief executive) and included Alf Collins (highly respected clinician, commissioner and person-centred care advisor).
- We developed a series of masterclasses – [systems leadership](#) (hosted by Debbie Sorkin, National Director of Systems Leadership at The Leadership Centre); [coproduction](#) (with the Coalition for Collaborative Care); and [facilitation](#).

These events became an important aspect of extending Wellbeing Our Way’s offer and ensuring that senior leadership were aware of Wellbeing Our Way - encouraging them to ‘make space’ for change in their organisations, for instance by allowing colleagues time to attend community of practice meetings and to trial implementation of new ideas.

The extent to which senior leadership ‘buy in’ is required is an aspect worth exploring when taking a communities of practice approach. We considered senior-level involvement a ‘nice to have’ but not necessarily a critical success factor for Wellbeing Our Way. As a result, we made limited efforts, with limited success, to engage this cohort, instead prioritising other programme activities within inevitable time and budget constraints.

In hindsight, it might have been valuable to invest further into engaging this group to ensure that community of practice members felt empowered by their senior leadership to design and execute change initiatives. This balance might be different in other contexts, and isn’t one which is easy to ascertain, but is likely to be worth giving due consideration.

<sup>18</sup>We define ‘senior leaders’ as being those working at chief executive or director level.

# Communities of practice may have a natural time limit

We've found that membership of the communities has ebbed and flowed – at times being strong and purposeful, and at others trickling down to a very small core group.

In hindsight, it would have been beneficial to plan for this more proactively, ensuring a range of offers to facilitate what Wenger describes as the 'rich fabric of connectivity'<sup>10</sup> which holds communities together.

The WOW! Exchange has proven to be an important way of people exchanging ideas and learning from others – around 500 individual users access the Exchange each month, with slightly fewer than 14,000 'hits' in total. This online space will form part of Wellbeing Our Way's legacy.

Another aspect of this may have been to focus our energies on fewer communities of practice, allowing them to work with each other more intensively. We made considerable efforts to galvanise the 'engaging people' community, which failed to really take off – the balance between investing sufficient effort to ensure success and making the decision to invest the energy elsewhere remains challenging, even with the benefit of hindsight.



# Evaluation

To the best of our knowledge, Wellbeing Our Way represents the most significant recent attempt to use a communities of practice approach to facilitate social learning across England's health and care voluntary and community sector.

In this context, robust evaluation has been significant in two main ways:

- to explore the extent, and ways in which, this approach may be helpful at enabling change at scale, and
- to generate evidence of success, in order to galvanise interest and momentum.

Wellbeing Our Way's evaluation framework was underpinned by its theory of change and included key aspects such as diversity of participants and events feedback, alongside the fundamental questions of:

- the extent to which participants had increased their knowledge, skills, confidence and motivation; and
- the extent to which community of practice members were able to develop their organisation's practice in a particular approach (e.g. peer support, information and helplines, care and support planning etc)

Full details are included in our [impact report](#).

# What our evaluation didn't tell us

There are other significant aspects which might have been interesting to explore, but which lay outside the scope of our evaluation framework. These include:

## 1. Connectedness between members.<sup>16</sup>

Anecdotally, we know that Wellbeing Our Way's networks extended beyond direct community of practice membership, for instance across people who attended events; contributed to or used the WOW! Exchange; shared perspectives through our blogspot or newsletter; or were directly introduced to each other by a community of practice member.

However, we have been unable to track the development of new networks through Wellbeing Our Way, primarily due to the need to prioritise and manage the burden of evaluation. The Health Foundation has done some interesting work around measuring how its Q initiative has enabled members to generate wider networks, with impressive results.<sup>19</sup>

## 2. People's experience of attempting to create change back in their organisations.<sup>16</sup>

In the cases in which people tried to implement change, but were unsuccessful, we collected initial qualitative data around their experiences, which were used to inform the development of the communities of practice. However, this would be an interesting aspect to explore in more detail to understand better the barriers and enablers for change in this context, and the consequences of iterative development in response to initial findings.

## 3. Connectedness between organisational culture/strategies and the change created.

It would have been interesting to explore the extent to which developments made were embedded within existing services and/or organisational culture, or whether they were made 'under the radar' with a view to understanding whether this made a difference in terms of depth and sustainability.

<sup>19</sup>Pereira, P. and O'Malley, H. (2016) Building Q

# Case study

## How communities of practice can enable change

Lymphoma Association joined Wellbeing Our Way's supporting self-management community of practice about two years ago, around the same time as they were starting to develop their ['live your life – living with and beyond lymphoma'](#) programme.

Here's how they summarise the community's contribution to 'live your life', which is now a Big Lottery Funded programme:

"Being able to share with and learn from others who were going through similar developments at different stages was really useful. We could contribute insight to each other's challenges whether it was around approaches to learning, securing funding or programme outcomes.

It helped to learn from good practice, validate thinking and development around our programme as well as finesse the direction of travel. It was really helpful to put the development of our programme in perspective and to sanity check expectations amongst people who had already done it.

It was particularly useful to hear from people representing different condition areas and not necessarily cancer. Measuring impact and monitoring was a new skills and experience area for me personally and the community of practice really helped to crystallise my understanding around this. It was also useful to get contacts and recommendations from the participants of the community to follow up."

For more examples of how Wellbeing Our Way's national communities of practice have enabled people to create change in their organisations, see Wellbeing Our Way's [impact report](#).

# Place-based communities of practice

## Overview

Since October 2016, Wellbeing Our Way has facilitated two place-based communities of practice across Greater Manchester, focusing on peer support and supported self-management.

This approach has been based in our experience of facilitating national communities of practice, with some important distinctions:

### 1. The communities are 'place based'.

This means that their focus is on developing practice and relationships across Greater Manchester, identifying and building on regional strengths and opportunities.

### 2. The communities are voluntary and community sector-led while including colleagues from statutory health and care services, alongside people living with long-term health conditions or caring responsibilities.

This extended membership reflects the partnership opportunities offered by health and social care devolution, as detailed by the region's Memorandum of Understanding,<sup>20</sup> alongside a genuine commitment to developing partnership working as a basis for developing coordinated, preventative approaches to health and wellbeing across the region.

<sup>20</sup>Greater Manchester Health and Social Care Devolution: Memorandum of Understanding

# What did we learn?

## The success of these communities depended on them being locally owned and led

Although perhaps an obvious point, we found that the reality of ensuring that we combined Wellbeing Our Way's expertise in developing and facilitating communities of practice alongside local expertise and ownership was complex and required ongoing attention.

Several factors underpinned successful partnership working between National Voices and our partners across Greater Manchester:

### **1. We worked in partnership with the 10GM<sup>21</sup> chief officers and other key regional stakeholders.**

This collaboration took place throughout the scoping, design and delivery of the communities of practice, ensuring that their development was rooted in detailed understanding of regional context, opportunities and challenges. This included negotiation around the fundamental design of the communities; for instance, their scope (membership and domain), language used and help to engage with a diversity of people and organisations.

### **2. Wellbeing Our Way's regional coordinator, Emma Baylin, was based in Macc (Manchester's VCSE support organisation) on behalf of 10GM.**

This enabled Emma to take a partnership building approach rooted within existing relationships and to extend these connections more broadly across the region. We're hopeful that these broader connections will form a lasting aspect of Wellbeing Our Way's legacy across Greater Manchester.

<sup>21</sup>10GM is a joint venture to support the voluntary, community and social enterprise sector in the ten boroughs of Greater Manchester.



We also faced some ongoing challenges:

## 1. Terminology used locally isn't always the same as that used nationally.

Despite giving significant thought to the language used to describe the community of practice domains, we found that these didn't resonate as strongly with community organisations as they did with national organisations working across the region. 'Self care' is more widely recognised than 'self-management' across Greater Manchester – broadening our terminology might have helped to build shared understanding and increased community of practice membership.

## 2. We noticed a reduction in 'middle management' levels within organisations.

This was problematic for Wellbeing Our Way as we have achieved some of our most impressive impact when working with people who span strategic and operational roles (because of their ability to affect integrated change across strategic and 'front line' aspects of their organisation's work). We also noticed a significant reduction in people's ability to commit to community of practice meetings – the masterclasses and 'one off' events were better attended than the regular meetings.

Greater Manchester's most recent 'State of the Sector' report<sup>22</sup> demonstrates that small organisations are seeing a reduction in their funding, whereas larger organisations are more likely to be securing increased levels of funding.

<sup>22</sup>Centre for Regional Economic and Social Research and Sheffield Hallam University (2017) Greater Manchester State of the Voluntary, Community and Social Enterprise Sector 2017



# Partnerships which span national and regional interests bring unique value

One of Wellbeing Our Way's contributions which people reported finding useful was to create space to explore the interplay between national and regional policy and practice initiatives.

Contributions included:

- Mike Wild (chief executive of Macc) leading a discussion around devolution in Greater Manchester and engagement with voluntary and community organisations.
- Debbie Sorkin (National Director of Systems Leadership at The Leadership Centre) hosting a systems leadership masterclass for those involved in Wellbeing Our Way and the South Manchester systems leadership initiative.
- We also shared learning from national programmes – such as Realising the Value – and facilitated discussions around how the learning could be useful to local implementation.

“It felt good to be part of something that linked regional and national. It broadened the shoulders of an ordinary citizen of Manchester – it was a lovely feeling.”

Greater Manchester community of practice member

# Reflections from those involved



## Hameed Khan

Hameed Khan is a carer and local activist with specific interests in mental health, BME, and LGBT issues. He has been involved in Wellbeing Our Way in Greater Manchester from the outset, contributing to its design and ongoing development.

### Wellbeing Our Way has created new connections

"Wellbeing Our Way has facilitated connections between organisations which didn't already know of each other, but whose work is complementary. For instance, I've met people from organisations working across health, education, housing, domestic violence and from across Greater Manchester's 10 boroughs. This provides valuable opportunities to explore wider aspects of wellbeing, even if an individual's core interests lie in one aspect of health, for instance mental health."

### Coproduction has been a real strength of Wellbeing Our Way

"As a community activist, Wellbeing Our Way gave me access to decision makers. It also helped me realise what structures I need to be involved with to help to continue to influence change. I've developed advocacy skills, not through a direct training session on advocacy, but through the style of working and learning."

Hameed reflected that our [reward and recognition policy](#) enabled him to participate – the straightforward process and prompt reimbursement was helpful, and the inclusion of carers' fees ensured that Hameed had peace of mind while contributing to Wellbeing Our Way's activities. Please feel free to use or adapt this policy for your own work.



## Antonia Pike

Antonia Pike is an Involvement Coordinator at Making Space, a national charity and leading provider of adult health and social care services.

“Making Space is in the early stages of developing a peer support training programme for people who are supported through its services so that they’re able to facilitate peer support groups and to work alongside people who have similar experiences to them.

Wellbeing Our Way has been helpful in the following ways:

- By highlighting the importance of peer support and the benefits for the people taking part, it has reiterated the significance of this approach and reassured us that we are investing our efforts wisely.
- I’ve learned from the WOW! Exchange – particularly from the experiences of Community Catalysts (a social enterprise which helps local people deliver health and care support and services for other local people) and Turning Point (which runs a peer mentoring programme where role models use their own experiences to support and inspire others to become substance free).
- The community of practice group discussions have been useful in terms of making links with other organisations in the region.
- We’re also exploring how to build a coproductive ethos into our work to help improve people’s wellbeing – the coproduction masterclass helped me think through how to begin raising awareness within my organisation.



## Molly Bishop

Molly Bishop is Charity Support and Development Officer at H3, a charity that supports people experiencing homelessness, and those at risk of homelessness, through a range of inclusive support activities across Stockport.

Since being involved in Wellbeing Our Way, Molly has helped set up a community of practice exploring links between homelessness and clinical pathways as part of a broader Homelessness and Inclusion Health initiative.

Molly reflected that Wellbeing Our Way has given her the confidence to support the development of this new community of practice – through demonstrating the value of exploring partnerships and starting from a point of shared curiosity around how things could be approached differently, rather than needing to have definitive answers.



# Impact

79%

of participants reported that Wellbeing Our Way enabled them to increase their knowledge, skills, confidence and motivation.

75%

reported that Wellbeing Our Way helped, at least in part, their organisation develop a specific approach through their involvement in a community of practice (i.e. care and support planning, peer support etc).

64%

of individuals reported that Wellbeing Our Way enabled, or partly enabled, them to create change in their organisation.

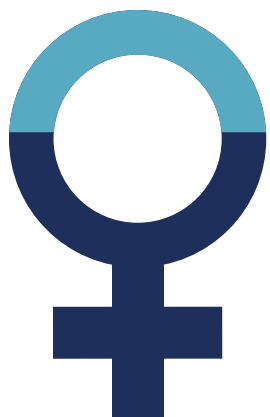
100%

of participants rated Wellbeing Our Way's events as 'very good' or 'good' overall; and 97% of participants rated events as a 'very good' or 'good' opportunity to develop their understanding of a particular topic.

70%

of people involved in Wellbeing Our Way lived outside of London; 46% lived with long term health conditions; and 14% were from Black, Asian and ethnic minority groups (compared to 9% in the voluntary sector workforce).

## Gender



67%

were female, reflecting the two thirds of women within the voluntary sector workforce.<sup>23</sup>

## LGBT+ identity

19%

identified as LGBT+, compared to 1.5 - 6% in the general population (there is no data for the voluntary sector workforce).<sup>24,25</sup>



## Experience of health conditions

46%

were living with long-term health conditions.

22%

considered themselves to have a disability.

34%

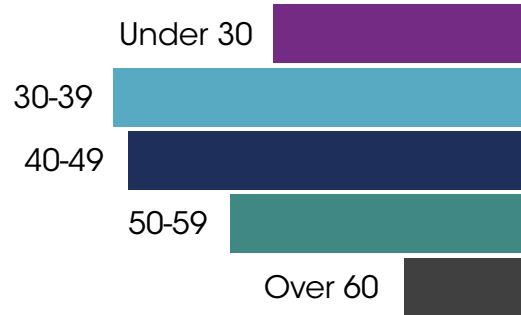
had caring responsibilities, or had cared for someone previously.

## Religion

6

different religions and beliefs were represented.

## Age



## Ethnicity



14%

were from Black, Asian and ethnic minority groups, compared to 9% in the voluntary sector workforce.<sup>23</sup>

<sup>23</sup>NCVO (2016) [UK Civic Society Almanac](#)

<sup>24</sup>Chalabi, M. (2013) [Gay Britain: What do the statistics say?](#), The Guardian

<sup>25</sup>Campbell, D. (2005) [3.6m people in Britain are gay - official](#), The Observer

# The team



## Natalie Koussa

Programme Lead - Wellbeing Our Way  
@nataliekoussa

Natalie has led the design, delivery and implementation of Wellbeing Our Way throughout its 3 year timeframe. She has used creative facilitation techniques to engage more than 200 organisations in Wellbeing Our Way's communities of practice and wider events and brings infectious enthusiasm underpinned by a deep commitment to tackling health inequalities.



## Don Redding

Director of Policy  
@MightyDredd

Don has offered wise oversight and constructive challenge throughout Wellbeing Our Way's development, ensuring that our work remains rooted in National Voices' strong policy work around person-centred, community-focused approaches to enabling people to live well.





## Emma Baylin

Regional Coordinator - Wellbeing Our Way  
(Greater Manchester)

@emmabaylin

Emma brings a wealth of experience in working across national and regional voluntary sector organisations and has coordinated Wellbeing Our Way's place-based communities of practice with her customary down-to-earth, friendly and determined approach.



## Holly Dawson

Communications and Membership Officer

@whathollythinks

Holly brings enviable graphic design and photography skills alongside a rigorous approach to measuring reach and impact. She has been instrumental in developing the WOW! Exchange into a lively and intuitive resource which is used by around 500 people each month.



## Hannah West

Projects and Events Assistant

@hanwest94

Hannah is Wellbeing Our Way's events and meetings guru – her lists and boundless knowledge of community venues has stood Wellbeing Our Way in good stead! She has been the behind the scenes hero ensuring that our events have been welcoming and well organised. Hannah has also played a crucial role in sourcing examples of innovative practice for the WOW! Exchange.



# About this publication



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Every effort has been made to ensure accuracy. Any errors or omissions remain our own.



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