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Evaluating a virtual community of practice for recurrent care practitioners

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ABSTRACT

The Supporting Parents Community of Practice supports practitioners and service leads working with birth mothers who have had children removed from their care, with a particular focus on supporting their positive sexual and reproductive health. Its evaluation comprised a mixed methods approach via a baseline survey, follow-up survey and interviews with practitioners. Overall, the CoP was valued by members, their levels of knowledge/skills and confidence in a range of areas and working practices increased, and the CoP supported members' professional development and service development. The evaluation also identified challenges experienced in establishing and sustaining this innovative CoP and made recommendations to address these.

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Introduction

A Community of Practice (CoP) brings together those who share the same interests in resolving a particular issue, improving their skills, and learning from each other's experiences. Etienne and Beverly Wenger-Trayner's website (Wenger & Wenger-Trayner, 2015) defined it as:

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

With the increasing use of internet and mobile devices, virtual CoPs have become more prevalent in many sectors, including healthcare, and became significantly more prominent during the COVID-19 pandemic (Shaw et al., 2022). Virtual or technology-based CoPs can provide opportunities for practitioners to learn, collaborate and share information despite any geographical, time, cost or organisational boundary limitations. Health and care professionals who participate are able to share ideas, knowledge and resources, including specialised knowledge. This study reports on the evaluation of a Community of Practice that was part of a national project that aimed to improve sexual and reproductive

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health support to birth mothers who have had children removed from their care through public family law proceedings (care proceedings).

Almost one in four birth mothers who appear in care proceedings is likely to go through a subsequent set of proceedings within 7 years (Broadhurst et al., 2015). The probability of recurrence within 7 years rises to nearly one in three for girls and young women aged 16 to 19. The majority of birth mothers return to proceedings within a short space of time (the median interval is just 17 months), typically after the birth of a new baby. Since these mothers by definition are linked to more than one child, they are involved in up to one-third of total care applications.

Broadhurst et al. (2017) also identified that many birth mothers within recurrent care proceedings have gone through significant and multiple adverse experiences during their own childhoods, especially from their own parents or carers, and that around 40% had spent a period in care. The complex nature of grief and loss in this context and the associated reduction in psychological functioning influences reproductive and sexual health actions so that rapid subsequent pregnancies are common (Broadhurst & Mason, 2020). Experiences of sexual abuse, developmental trauma and the stigma of child removal reduce the likelihood of mothers accessing mainstream services (Taggart et al., 2020) including sexual health and contraception services.

Although the evidence for birth mothers and recurrent care proceedings has been available for more than a decade, the scale of the issue for birth fathers has only been identified more recently (Bedston et al., 2019). Recurrent care experienced fathers often have similar trauma and complex needs to birth mothers but there are few services available which support fathers either in their own right or as part of a couple (Philip et al., 2020).

Follow-up support is offered to few birth mothers or fathers who experience the removal of a child into care, despite the fact that they often face multiple challenges including substance addiction, domestic violence, mental health problems and poverty. However, a number of new specialist services for recurrent care experienced parents have been established since 2011 to begin to address these unmet needs (Cox et al., 2017). The human and economic costs of child removal are high and increases in the rates of removal into care are a national priority. The cost of commissioning services to work effectively with birth parents to support better reproductive health and contraception can be offset by substantial financial savings to local authorities from ‘avoided’ care proceedings and placement costs (Cox et al., 2020).

The Supporting Parents CoP was funded for 12 months by Public Health England (PHE), with a contribution from Nuffield Family Justice Observatory, to support practitioners and service leads working with birth parents who have had children removed from their care, with a particular focus on supporting the mothers’ positive sexual and reproductive health. It stemmed from a partnership between, and in-kind support offered by, Research in Practice, Lancaster University, Pause, Nuffield Family Justice Observatory and the University of Essex. Throughout, it was co-developed in dialogue with the many local recurrent care services opting to be part of it. The project was launched in 2020 during the COVID-19 pandemic and national lockdowns.

The core target for the CoP included specialist health and other practitioners in this field, health, social care and family justice professionals working with this population, and local commissioners. Practitioners in services for parents who have experienced recurrent care proceedings often work in isolation, so the CoP aimed to promote communication and support for each other, learning from each other, and developing new learning together. The CoP also aimed to build practitioner confidence and skill by facilitating knowledge transfer and knowledge exchange resulting in the generation of new and emerging knowledge. As such, the project aimed to develop public health perspectives on supporting reproductive and sexual health in the context of developmental and relational trauma, stigma and complicated grief.

The two key strands of work were as follows:

(1) Service Mapping to provide the first overview of existing, specialist services for this population, including identifying innovations in supporting improved reproductive and sexual health and geographical gaps in provision.
(2) Learning content and workforce development through innovating an online Community of Practice (CoP). This included developing an open access resource repository where the content would be highly transferable to reproductive and sexual health services working with services supporting, for example, adult survivors of child sexual abuse and those experiencing domestic abuse: as such, it was expected to have wider benefits and applications.

Service mapping

The service mapping provided the first overview of existing specialist services for recurrent care experienced parents in England, identifying a total of 73 services across England. These either worked with recurrent care experienced parents in England or were actively under development. Of the total, 38 were led by local authorities and third-sector organisations and 35 were led by Pause. (Pause is a national organisation which supports the work of the individual practices while offering a learning and development programme aligned to the programme model.) (Mason & Wilkinson, 2021)

Whilst this was an encouraging picture of an emerging area of practice, it is worth noting that 47 local authority areas had no service offer at all for recurrent care experienced parents, and there were further 36 areas with no definitive information about services, suggesting that there is very unlikely to be a service.

Learning content and workforce development

This part of the project involved innovating an online Community of Practice and open access resource website, involving practitioners and service leads in developing and sharing materials through peer-learning.

Representatives of all the services mapped were invited (at the start or iteratively as they were identified) to join the CoP. As at 30 March 2021, 128 had done so, drawn from 47 services. The CoP developed four types of online activity to facilitate effective specialist networking and peer-learning: ‘chat’ (written discussion and information exchange on the dedicated MS Teams channel); workshops; online resources; and a national conference with key stakeholders. Although the original intention was to hold a number of in person events, starting with a national conference, the Covid pandemic meant that all activity had to be virtual. A national conference did take place, but as an online event at the end of the 12-month project, and the CoP sessions were all held virtually.

This evaluation focuses on assessing the activities undertaken for the 'learning content and workforce development' work stream.

Materials and methods

The evaluation was proportionate in line with the PHE funding for the full project, and comprised a mixed methods approach via a baseline survey, follow-up survey and interviews with practitioners.

Methods

Survey development was collaborative by the evaluation team and overall project team, with questions based on the aims of the CoP and intended outcomes. Both surveys were semi-structured with a mixture of closed questions – asking about information, knowledge and confidence, networking and seeking support (e.g. on practice dilemmas), attendance/engagement at CoP events and overall value of the CoP – and open-ended questions on what was helpful in informing professional and service development, what worked well and suggestions for improving and developing the CoP in the future.

The baseline survey was designed and set up online in July 2020, with its main aims being to identify what participants hoped to get out of the CoP, topics for future sessions and their level of knowledge, skill and confidence in engaging with and addressing the sexual health and related needs of birth mothers. A link to the survey was sent to everyone who had signed up to join the CoP and a number of follow-up prompts were then sent to all those who did not respond. The follow-up survey was designed and set up online in April 2021 in order to measure changes in participants' skills and confidence plus feedback on their participation in the CoP and its impact on their working practices. A link to the survey with participant information about the research's purpose and what it entailed was emailed to everyone who had joined the CoP before the end of 2020, and information on their right to withdraw, use and storage of data, and anonymity were repeated at the start of the survey. A number of follow-up prompts were then sent to all those who did not respond.

Consent was not explicitly requested within the surveys, and respondents were assumed to have provided consent by completing the survey. Respondents were asked for their email address at the end of the surveys: an explanation was included that this data would purely be used to identify who had already responded (so they were not sent a reminder email) and to allow the comparison of responses at an individual level between the baseline and follow-up surveys. There was also an option not to complete this question (almost all respondents did provide their email) and only the researcher analysing the survey data saw the email addresses.

Virtual interviews were undertaken in March/April 2021 with members of the CoP which aimed to obtain more detailed feedback about their experiences of membership, its benefits to them and their service, and their requirements for the CoP going forward. The interview topic guide was largely based on the survey questions and interviews lasted around 30 min on average.

The CoP project team provided the researchers with a list of CoP members indicating their level of attendance, level of management responsibility and organisation size. The researchers then shortlisted potential interviewees from this list with the aim of ensuring the inclusion of participants with different perspectives and experiences of the CoP and then emailed them requesting an interview. Those replying were sent a Participant Information Sheet and consent form and asked to provide written consent via email before the interview started. Interviewees were not identified within the final report as all data was anonymised by the research team.

Participants

The number of responses to the baseline survey was 30 out of a total of 128 CoP members, of whom 23 were managers/practice leads and 7 were practitioners. Forty responses were received to the follow-up survey, of whom 25 were managers/practice leads and 15 were practitioners. Nine of these respondents had also answered the baseline survey. Around a third of survey respondents had attended CoP virtual sessions either most months or more frequently and just over two-fifths had attended sessions occasionally or never.

Six members of the CoP were interviewed, all of whom had joined at least 6 months prior to the interviews. Two were service managers responsible for a range of teams including a recurrent care team, and four were practice leads/lead practitioners. Two interviewees attended CoP sessions regularly, two had attended several sessions, one had attended only one session and one had not been able to attend any sessions.

Data analysis

The responses to the baseline and follow-up surveys were downloaded into an Excel spreadsheet, where frequencies and percentages were calculated using pivot tables. The open-ended responses were coded under key themes developed within a thematic framework.

The interviews were recorded and then transcribed and analysed using thematic analysis (Braun & Clark, 2006). A thematic coding framework was developed following familiarisation with the transcripts and broadly followed the interview guide.

Limitations

There was a limited response rate to the survey, which means that the findings may not be completely generalisable. However, the responses achieved should be seen in the context of there being few recurrent care services in existence in England – just 73 identified, delivered by at least 29 providers, out of 152 local authority areas (Mason & Wilkinson, 2021). The respondents to the baseline survey and follow-up surveys are largely different people – as just nine CoP members answered both surveys – which is a significant limitation on the data where any comparisons are drawn between the two samples and therefore has an impact on any conclusions that can be drawn. The involvement of practitioner-level participants in the study was low, but recurrent care teams are typically small, ranging from 1 to 7 full- and part-time staff members (Mason & Wilkinson, 2021) and membership of the CoP tended to be taken up by one or two members of a team, who then shared their learning with the rest of the team.

Ethics

The evaluation was approved by the University of Essex ethics sub-committee 2.

Results

Nearly 90% of survey respondents engaging with this evaluation felt that the CoP had been 'very valuable' or 'valuable' to them as someone working in this area of practice. Respondents with a good level of attendance at the CoP sessions were significantly more likely to say that the CoP had been very valuable to them than those attending events infrequently or non-attendees. None of the remaining 10% had accessed any of the CoP sessions.

> There are minimal services locally who provide this specialist area of practice, often this can be isolating for management and it has been valuable to bring us together with others who have similar knowledge and ways of thinking in order to validate and reassure our practice and approaches. (Survey respondent)

The levels of engagement over the life of the project varied, with a wide variation in frequency of the survey respondents attending events, 'coffee and conversation' forums or the MS Teams Chat posts hosted by the Supporting Parents CoP. Frequencies ranged from attending/engaging most months or more frequently to attending occasionally or never.

There was positive feedback about how the CoP supported members' professional development and service development, based on the sharing of ideas, knowledge and practice ideas, learning from what other services in this field do, plus access to new research and information or up-to-date training in this area.

> I've found it a really positive support to have that reflective space … it has supported my practice with these women to get their needs met. (Interviewee, practitioner)

> Links to research, exploring relevant practice themes. The peer support of hearing from other services. Helpful to use these take aways in meetings with senior management to be able to put forward a more confident and informed position. (Survey respondent)

The level of knowledge/skills and confidence in a range of areas and working practices that were key to the CoP increased between the baseline and follow-up surveys, especially around maintaining effective working relationships with local sexual health services, awareness of good practice, and supporting the sexual health needs of mothers who have had children removed (Tables 1 and 2).

Table 1. Number of responses to 'how would you describe your level of knowledge and skills in relation to …'.

	Baseline survey (*n* = 30)			Follow up survey (*n* = 40)		
Number of respondents	High	Medium	Low	High	Medium	Low
Developing initial engagement with birth parents who have had children removed	21	8	1	28	11	0
Working for a sustained period with parents who have had children removed	21	9	0	27	11	1
Identifying the sexual health needs of parents who have had children removed	11	16	3	18	18	3
Supporting the sexual health needs of parents who have had children removed	10	13	7	18	19	2
Using trauma informed approaches to working with parents	16	10	4	22	16	2
Talking about sexual health and relationships with parents	11	17	2	18	19	2
Maintaining effective working relationships with local sexual health services	11	6	13	15	19	5
Awareness of good practice developed by services outside your area working with parents who have had children removed	4	18	8	16	19	3

Table 2. Number of responses to 'how would you rate your levels of confidence relating to … '.

	Baseline survey (*n* = 30)			Follow up survey (*n* = 40)		
Number of respondents	Very confi-dent	Confi-dent	Not confi-dent*	Very confi-dent	Confi-dent	Not confi-dent*
Developing initial engagement with birth parents who have had children removed	13	17	0	25	14	0
Working for a sustained period with parents who have had children removed	12	17	1	24	14	1
Identifying the sexual health needs of parents who have had children removed	5	19	5	8	27	3
Supporting the sexual health needs of parents who have had children removed	5	19	5	9	24	4
Using trauma informed approaches to working with parents	9	17	4	18	18	3
Talking about sexual health and relationships with parents	8	18	4	12	15	2
Maintaining effective working relationships with local sexual health services	7	13	8	11	23	4
Awareness of good practice developed by services outside your area working with parents who have had children removed	3	16	9	6	26	7

(*This combines the number of respondents saying 'not very confident' or 'not at all confident').

The most helpful things about the CoP in terms of both informing survey respondents' own professional development and informing service development were about sharing ideas, knowledge and practice ideas and learning from what other services in this field do. This can help to build understanding and confidence in supporting parents and the learning can be shared with others in the team. Access to new research and information or up-to-date training in this area was often linked to it being used to validate or improve current working practices.

> It's good to hear what other services/professionals are doing and this has helped us think about our own ways of working and develop this to be more effective, or indeed things to avoid doing. (Survey respondent)

> It has given me a lot of ideas about the other services around the country offering similar work and given me a real vision of how things are developing around the country and how my own service could change and grow. (Survey respondent)

The proportion of respondents in the follow-up survey saying they frequently consult with professionals from similar services outside of their area increased significantly from the baseline survey. (However, it should be acknowledged that the baseline survey and follow-up survey respondents are largely different people, which clearly has an impact on any conclusions that are drawn from this data.)

> There's not a lot of people doing this work and it's quite isolating. And it is really helpful to have somewhere where you can go both with questions and just to get a bit of empathy happening. (Interviewee)

As a direct result of participating in the Supporting Parents CoP, the majority of survey respondents felt more able to meet the needs of the families they support and that their service is a lot more able to improve recurrent-care experienced mothers' access to reliable reproductive health care. Frequent attendees at events were significantly more likely to say this than non-attendees.

IT aspects of the CoP worked well (such as the online platform used and chat forums), as did having a good team of facilitators and the range of topics, research, training and information available. Some survey respondents and interviewees specifically mentioned that it was a welcoming, engaging and responsive environment.

> The frequency of sessions, the relevance of sessions which have been carefully selected by the organisers, the quality of discussion and openness from other members, the simple fact that bringing disparate services together makes us feel more held and part of something, feeling like I have direct access to people in my field with the highest level of skill and knowledge. (Survey respondent)

Some CoP members were not aware of the discussion forums or coffee and chat sessions run for members, mainly because they were not accessing the MS Teams Chat channel. Other barriers to participating were time constraints and IT issues.

While the manager/lead for some services may have joined the CoP, the remainder of the team was not always aware of it so team members/practitioners did not join.

Most interviewees said that they wanted the CoP to continue as a '*really valuable resource*', continuing to develop what is already there and/or going into some themes with more depth. Some felt this would be best to continue online to make efficient use of time while others felt that it would also be good to have some in person meetings at some point as this would be more effective for networking.

> The kind of networking you can do in person is really different but you've got to balance that against the travel time. So if it were somewhere nearby that I could get to in like half an hour each way then yeah, I would be really up for that. But you're not going to find somewhere that provides that kind of convenience to everybody on the community of practice … if I've got to go an hour and a half each way then I'm going to be a lot less likely to do that. (Interviewee, team manager)

Interviewees suggested that the value of the CoP was in having a specialist community and that it should focus membership on specialist practitioners in recurrent care services, rather than ‘diluting’ the focus by opening it up to professionals in other areas of practice. However, some of the more formal presentations could be offered more widely.

A wide range of suggestions were provided by survey respondents and interviewees for the future of the CoP, including more information/training on specialist trauma informed approaches and tools and specialist and relevant training, either from a member of the CoP, or external trainers. Often the training they can access is a basic introduction, which they will already be aware of, whereas they need a more detailed and specific training content.

> Because a lot of the off the shelf training that we find is too basic. . . We’re thinking about working with sexual violence, working with survivors of sexual violence. And not like here’s how to recognise the symptoms. We know that. How do you bring up sexual violence with somebody who you think has gone through it but hasn’t said anything? How do you support them to manage the impact of the trauma? How do you help them to understand their sexuality now? And you will not get that in most training . . . I think that would be incredibly helpful if we’ve got a big enough group that we could commission training that actually gets into that really meaty part of working around trauma. (Interviewee, team manager)

Discussion

The theory of change for the Supporting Parents Community of Practice was informed by the key tenets of a broad CoP approach (Wenger, 1998). Participants in a CoP are encouraged to be open to changing their ideas and practice through exchanging these. The nature and intensity of their participation may vary.

The Supporting Parents CoP aimed to enable participants to co-curate a supportive and exploratory community space that would allow them to gain an improved understanding of their practice in relation to recurrent care experienced families. It also aimed to enable them to gain improved access to approaches and tools used by others to good effect in this context, and to better meet the needs of recurrent care experienced families, including enhancing routes to positive sexual and reproductive health.

The research team believes that the CoP has built a critical mass of cross-cutting expertise and experience that can contribute to long-term change goals which respond to pressing needs across family justice, public health and children’s social care and, as such, need a joined up strategic approach. This should support more informed commissioning decisions (through mapping the scale and scope of current provision), joint commissioning arrangements (with NHS, public health and social care working together to meet the needs of this population) and also increased service provision for this population that would reduce the likelihood of recurrent care experiences and removal at birth.

We believe that the CoP has enhanced understanding across health, midwifery, family law and social care sectors of the experiences of this population. For example, all of the professionals (from the range of sectors above) who attended a national event in March 2021 and responded to the end poll agreed that what they had heard there had increased their appreciation of the need for these services, with over 95% agreeing strongly.

One of the two key outcomes anticipated from the CoP that was tracked during this evaluation was to engage in sector/peer-led learning, enabling a self-support network for specialist practice with this vulnerable population. The evaluation findings indicate that the CoP has increased practitioner confidence to engage recurrent care experienced parents through peer-led learning, enhancing this self-supported networking.

There are now a range of new open access resources developed with and for practitioners working in: reproductive and sexual health; pre-conception and maternity pathways; maternal perinatal mental health priorities; and adoption support to birth parents. These learning resources will be highly transferable to reproductive and sexual health services working with services supporting, for example, adult survivors of child sexual abuse, birth parents of adopted children and also wider public health work with populations experiencing multiple health inequalities, mental health issues, substance misuse issues or domestic abuse.

The second key outcome from the CoP tracked within the evaluation was to improve practitioners' understanding of wider determinants of behaviours that increase the likelihood of unplanned/untimely pregnancy and the risk of HIV/STI, thereby promoting improved sexual health. The evaluation surveys identified that the CoP has improved practice understanding of these.

The evaluation surveys and interviews identified a number of challenges in establishing and sustaining this innovative CoP and the researchers have made recommendations to address these. A key question is how to ensure the CoP's future sustainability since it is clearly valued by its members and is offering important support to practitioners and services supporting birth parents who have had children removed from their care.

In order to enhance and sustain the learning content and workforce development derived from the CoP, it will be necessary to continue to share ideas, research and experiences amongst members, including working practices, trauma-informed practice and specific interventions. This will require the continuation of discussion forum sessions, which necessities having a facilitator to guide and enable them.

It will be important to acknowledge that the nature and intensity of members' participation may vary and therefore the CoP should continue to offer a range of participation options to accommodate different levels of engagement or time commitments.

One way of broadening the reach of the CoP would be to identify participating services where only the manager/practice lead is a member and encourage them to inform the rest of their team about it. Another way would be to reach out via email to CoP members who are not accessing its sessions or resources about how to do so, possibly with enhanced technical support to facilitate their involvement. It may also be helpful to continue to review the best tools available for the online engagement of members, and find ways to address issues for those not able to access due to IT/notification problems (for example, by emailing them with details about upcoming sessions rather than relying on the Chat channel).

Another area for the development of the CoP and its influence would be to review and identify the training needs of members and how to meet these, including access to specialised training.

The Supporting Parents website should be promoted to all CoP members, including the use of communication methods outside of the Chat channel. The resources available on the Supporting Parents website should be continued and further developed, and could be promoted to a wider set of practitioners supporting parents and adults with a wide range of issues.

Conclusion

Overall, the CoP succeeded in its broad aims to enable participants to co-curate an effective exploratory space to enhance practice in its target fields. Members reported its value to them and that their levels of knowledge/skills and confidence in a range of areas and working practices had increased. The CoP has supported members' professional development and service development, based on the sharing of ideas, knowledge and practice ideas, learning from what other services in this field do, access to new research and information, and up-to-date training in this area.

The evaluation also identified challenges experienced in establishing and sustaining this innovative CoP and made recommendations to address these.

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Notes on contributors

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Pamela Cox is Professor in the Department of Sociology at the University of Essex and teaches across social policy, socio-legal studies, social history and criminology. She also works as a policy consultant with government, local authority and voluntary sector organisations. Her current research explores victims' access to justice in the past and present criminal justice system and involves a team of historians, lawyers and criminologists. She was also actively involved in the project to establish the national community of practice to further service development and sustainability in recurrent care. She was part of the research team at Essex that developed an evaluation toolkit for recurrent care services and has led on the evaluations of a number of these services.

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