Social Innovation using the Best Practice Unit model

Presenter

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Theme

Social Innovation; Methodological developments in research; practice based research methodology.

Summary

The model of the Best Practice Unit (BPU) is a specific form of practice based research. It is a variation of the Community of Practice (CoP) as developed by Wenger, McDermott and Snyder (2002) with the specific aim to innovate a professional practice by combining learning, development and research. We have applied the model over the past 10 years in the domain of care and social welfare in the Netherlands.

Characteristics of the model are: the interaction between individual and collective learning processes, the development of (new or better) working methods, and the implementation of these methods in daily practice. Multiple knowledge sources are being used: experiential knowledge, professional knowledge and scientific knowledge. Research is serving diverse purposes: articulating tacit knowledge, documenting the learning and innovation process, systematically describing the revealed or developed ways of working, and evaluating the efficacy of new methods. An analysis of 10 different research projects shows that the BPU is an effective model.

Background

Current practices in the social domain are characterised by complexity, dilemmas and challenging tasks. Professionals are constantly looking how to address these challenges. At the same time they are required to use methods which are 'evidence based', and to be able to account for the way they are working to service users, management and funding agencies. This poses problems. Professionals are generally not used to make their way of working explicit. Although they often are very experienced, these experiences remain 'hidden' most of the time. When they work in teams, the collaboration is mostly task oriented. There is hardly any time for sharing knowledge and for reflection. This forms a barrier for social innovation.

Modern professional work in the social domain requires however a constant innovation mode. This includes both individual and collective ways of learning. The concept of the *learning community* is well known for its capacity for collective learning, but it is not a common way of working in social work and health care.

Generating Practice Based Evidence

A specific application of the learning community is the *Best Practice Unit* (BPU). This model combines practice based learning with research (Wilken, Slagmaat and Gijzel, 2013). The BPU generates innovation and 'practice based evidence'.

A Best Practice Unit can be considered a "CoP+". There are two additional features which form the difference between a basic CoP and a BPU. The first is that the members of a BPU are striving for the best practice possible, and aim at achieving concrete results. The second is that research is an integrated part of the model.

In a BPU there is a high level of ambition. The professional is challenged to use talents, abilities, passion and enthusiasm in order to engage in an individual *and* collective creative process, together with colleagues and (representatives of) service users. In a BPU professionals are integrating different sources of knowledge (evidence based, practice based and experience based) in order to create a better practice.

Organisation

In order to create a BPU, a group of 7 - 12 persons is formed. Although professionals form the core of the BPU, also other stakeholders are members. For example, in our BPU's around people with acquired brain damage, both people themselves and their family carers, took part.

The BPU can be considered a form of action research. Since we are conducting research in the setting of a University of Applied Sciences, we also involve students and staff.

This group meets once every 3 - 6 weeks, during at least one year. Size and frequency may vary according to the nature of the setting. If the BPU is an existing team, regular team meetings will be used.

The BPU is supported by a so-called 'facilitator'. This facilitator is an expert in coaching learning and innovation processes. It is an advantage if s/he is also familiar with the content of the community. For example, if the theme of the BPU is 'improving the care for people with brain damage', it is an advantage if the facilitator is familiar with problems associated with brain damage, and how care for people with brain damage is organised. He/she coaches competence development and collective learning.

For applied research a BPU is an ideal setting, because it offers an in vivo environment and a direct contact with professionals. It profits from the eagerness and qualities of the professionals, and their ambition of creating the best possible practice.

Research methodology

A BPU is an action research model. Action research is defined as an interactive inquiry process that balances problem solving actions implemented in a collaborative context with data-driven collaborative analysis, enabling personal, professional and organizational change (Reason and Bradbury, 2007). Action research is a combination of research, reflection, learning and change to improve a (professional) practice.

The research starts with a critical assessment of the current practice. This includes both qualitative measures and quantitative measures. In the domain of social care and well-being measures are often related to domains of quality of life, such as self-management and participation.

A desk top research can provide input about the state of the art with regard to the subject. This can be knowledge about appropriate methods and available evidence. From the analysis also information about knowledge gaps can come forward. This provides exiting challenges for the BPU.

During the experimental phase in which new ways of working are developed and practised, or existing methods improved, data are collected for evaluating the process and the results. Halfway this phase the data are analysed and interpreted. An intermediary report is presented to the BPU members.

In the second half of the experimental phase this is repeated, resulting in a final report. In the final report both the learning process and the new approaches, as well as the evidence for their effectiveness is presented. The report includes an analysis of factors which have contributed to effectiveness. It is also important to state which factors are contextual by nature, and which are common factors. Since by nature a BPU always represents a local practice, a factor analysis should prove the transferability of the interventions which are developed. In order to increase generalizability we recommend realizing within the same field at least two, and preferably at least three BPU's.

RESEARCH ON THE MODEL

In 2011 we conducted a study in which we reviewed 10 BPU's in 4 different projects (Gijzel, Koraichi and Vriend, 2011). I describe briefly how this research was done and then present some of the main results.

Sample of BPU's

A variation of projects was selected. The sample included projects over the years 2009-2011were the BPU model was used. Data were collected using a mixed methods design and applying data triangulation (Baarda et al., 2009). First, an analysis was made of all the research reports on the BPU's. Second, semi structured qualitative interviews were conducted with BPU-members (n =10) and facilitators (n=8). The entire ad verbatim were analysed and coded to form meaningful categories. Third, a focus group was organized consisting of facilitators and researchers. The purpose of this meeting was to check and discuss a number of statements coming forward from the analysis of the previous data. The categories which appeared in the data from all three sources (research reports, BPU-members and facilitators) were: innovation, learning, outcomes and conditions.

Results

Innovation

From the angle of innovation, there are two processes: a group learning process and a production process. These two processes are connected to each other. The process of learning and research is a basic condition for the production process, by which we mean: the process of producing new knowledge, of creating innovations. The learning process starts with creating a shared commitment to explore, to experiment and to improve. This motivation or shared passion is very important. Often participants have to (re)learn how to express the tacit knowledge they possess (Polanyi, 1967). An important principle of a BPU is to articulate the existing knowledge which is "embodied" in the participants. Our evaluations show that participants who are engaging in this process, experience not only appreciation and acknowledgement for their knowledge and experience, but also learn by the discovery of existing strengths and the acquirement of new knowledge. In the learning process the facilitator challenges individuals and the group to reflect actively on the practice, and to experiment in a creative way with new forms of acting.

Learning

Especially in the beginning, facilitators needed time to install a good "learning mode". Often, professionals have to make a shift towards a more reflective mode. Both 'reflection in action' and 'reflection on action' are necessary to create new ways of working (Schön, 1983). Support of service managers and discovering the worth of the BPU help to make this transition. In the BPU the experience and knowledge of the participants is highly valued. One task of the BPU is to turn tacit knowledge into explicit and shared knowledge. Participants should adopt an active "get and bring" role.

Another conclusion from our study is that the steps in a plan should not be too big. It helps if activities are as specific as possible. The objectives of the BPU should be fragmented into smart-formulated goals and to be translated into attainable steps.

The role of researchers

Researchers and student-researchers are participating in the BPU, but their role is different from the role of the professionals and other participants. On the one hand the researchers are collecting and analysing data, and producing reports. On the other hand, researchers are codesigners and co-creators. They participate in the innovation process, proposing new courses of action to help the learning community improve its work practices. Since researchers are part of a university, they also have access to sources which might be useful for the BPU, such as literature and training opportunities.

BPU researchers investigate together with the other participants the situation at the start, follow the processes taking place, look at the effects, and report on this. The researchers make the results of the acquired knowledge measurable. They help to describe the interventions which are developed in the BPU, the competences needed to apply these, and thus make this knowledge transferable.

Outcomes

Our research shows that most BPU's have generated positive processes and outcomes. A Best Practice Unit provides a good learning environment to share and develop professional knowledge and to improve a professional practice. Professionals indicated that the BPU improved their awareness, and increased their knowledge and skills. A BPU offers the opportunity to discuss at another level than the usual day-by-day routine. Other participants, such as service users and family carers appreciate the opportunities provided to contribute from their perspective to improve practices. For professionals the experiences of users and family members often provided new insights.

On the level of the methods used by the professionals most BPU's resulted in new or improved ways of working. Also BPU's played an important role in improving collaboration between professionals of different disciplines and organisations, for example in new forms of outreaching care.

The project has largely contributed to a better understanding and trust among professionals of different organizations. One of the effects is that more, and more effective referrals have taken place of clients and caregivers. (Witteveen, Visser and Wilken, 2010)

On the level of the persons being recipients of the services provided by the professionals, a number of BPU's show positive results, e.g. in terms of increased participation.

If a team changes, other relations with clients and their environment develop. After BPU teams had acquired a new value orientation and started using concordant ways of working, the additional value for clients became visible. Clients got specific support to realize their wishes with regard to community participation, started undertaking

activities such as leisure activities and voluntary work, and got new social contacts. (Dankers, et al., 2010)

A number of BPU's resulted in products, which can be used for reflection, assessment and service provision. Examples are: a protocol to describe and reflect on cases, assessment tools, brochures and handbooks.

Conditions

However, not every BPU functioned equally well. In 4 of the 10 BPU's, it took quite some time to attain a 'learning and innovation mode'. A good preparation seems to be important for a successful BPU. Participants should be well informed and prepared. They should know what a BPU is about, which "mind set" and efforts it requires. Expectations should be well matched with the objectives of the project concerned. If expectations and motivation do not match well, it is advisable not to participate in the BPU. Although the educational level is not the most important, participants should be able to communicate clearly about the own practice and to reflect on experiences. Curiosity, commitment to the goals of the BPU, and eagerness to learn, seem to be the most important prerequisites. In one of the BPU's we studied, a number of these conditions were absent; the process stagnated and hardly any improvements were made.

Another factor coming to the fore is the support of the management. The management should provide optimal conditions for the BPU, such as a mandate to experiment with new approaches (which could interfere with daily routines), ensuring enough time for staff to participate, and to assure that positive outcomes are valued and transferred to other parts of the organization. From our study we learn that a BPU is more successful in an organisation with an open culture, were innovation is encouraged.

The research shows that team leaders and managers are important. They should not only adapt the vision of support and participation, but they should actively support and facilitate the learning and experimentation process of the team. (Dankers, et al., 2010)

TO CONCLUDE

Often, social professionals are facing complex situations. These make an appeal to expertise, talents and creativity. Professionals need to use and develop these resources. This requires a professional space in which it is possible to reflect on dilemmas, pitfalls and challenges, and to share each other's knowledge. The BPU model seems to offer this space. A BPU is a non-competitive arena in which participants are working as a team towards common goals and good results. For researchers, the BPU provides a good model for practice based research. For students a BPU offers an excellent opportunity for learning how to do innovative research and for learning from experienced professionals.

The BPU model is suitable for working collaboratively on an improvement. It is not suitable for other types of research like controlled trials or mere quantitative research. As is described above, a BPU can only function well if a number of conditions are met. This also means that it is not so simple to use the model. If the participants lack intrinsic motivation, reflective ability, or time, - to summarize some important factors -, a BPU won't work.

A BPU can be a good start for lifelong learning, or can give a strong boost. A number of Best Practice Units have continued after the project was ended. They became regular communities of practices, without the research part. I think learning and striving for the best possible practice should be an inherent part of the culture of every professional organisation. The well-known quality circle (plan, do, check, do) is a good basis for working in a learning mode. It resembles the learning cycle of Kolb (1984) which consists of the stages concrete experience, reflective observation, abstract conceptualization and active experimentation.

In a postmodern era where the social sector is dominated by market mechanisms, a community of practice like a BPU offers professionals new chances to discover their own strengths and talents. It gives their profession new ardour. For a professional organisation establishing BPU's is an excellent way to improve the quality of the services and to strengthen the evidence base.

References

Baarda, D.B, e.a., 2009. *Basisboek kwalitatief onderzoek: Handleiding voor het opzetten en uitvoeren van kwalitatief onderzoek.* Groningen/ Houten: Noordhoff Uitgevers.

Dankers, T., Slagmaat, C. Van, Brettschneider, E., Karbouniaris, S., Oosterink, M. and Wilken, J.P., 2010. *Ondersteuning en Participatie. Eindrapportage*. Utrecht: Kenniscentrum Sociale Innovatie.

Gijzel, S. Van, Koraichi, N. and Vriend, L., 2011. *Samen stilstaan bij voortuitgang, een metaevaluatie van de Best Practice Unit*. Utrecht: Kenniscentrum Sociale Innovatie.

Kolb, D.A., 1984. Experiential Learning: Experience as the source of learning and development. Englewood Cliffs, N.J.: Prentice Hall.

Polanyi, M., 1967. The tacit dimension. New York: Anchor Books.

Reason, P. and Bradbury, H., 2007. *Handbook of Action Research*, 2nd Edition. London: Sage.

Schön, D. 1983. *The reflective practioner. How professionals think in action*. New York: Basic Books.

Wenger, E., McDermott, R. and Snyder W., 2002. *Cultivating communities of practice. A guide to managing knowledge*. Harvard: Harvard Business School Press.

Wilken J.P., Slagmaat C. van, and Gijzel, S. van, 2013. The Best Practice Unit: a model for learning, research and development. *Journal of Social Intervention: Theory and Practice* – 2013 – Volume 22, Issue 2, pp. 131–148.

Witteveen, E., Visser, H. and Wilken, J.P., 2010. *Goeie Snap van Elkaar. Verbetering van de communicatie in en rond de zorg voor mensen met niet aangeboren hersenletsel.*Onderzoeksrapportage. Utrecht: Kenniscentrum Sociale Innovatie.