



COMMUNITIES OF PRACTICE PROJECT

This project supported the establishment and operation of four Communities of Practice in Victoria to help the disability, mental health and ageing sectors navigate the transition to the National Disability Insurance Scheme and aligned reforms in mental health and aged care.

WHY?

The move to individualised funding models and demand-led service systems requires service providers to undergo significant change in order to remain competitive and relevant in the new markets. Consumers and carers will also need to navigate the service systems in fundamentally different ways. Communities of Practice offer a model to support local service systems to discuss and explore arising issues and challenges associated with the reforms.

WHAT WERE THE PROJECT OBJECTIVES?

The project sought to:

- support four local service systems in metropolitan and regional Victoria to establish and operate a Community of Practice that would:
 - help them identify and collaboratively respond to opportunities and challenges arising from the reforms
 - provide a forum to access information and support, share experiences, build relationships and discuss local needs
- host cross-regional learning and exchange forums to promote peer learning.

WHAT DID THE PROJECT INVOLVE?

National Disability Services (NDS) led the project and Mental Health Victoria and Australian Federation of Disability Organisations contributed to its development. The project commenced in 2016 and concludes in 2019.

A literature review was conducted to examine different Community of Practice models and identify the most appropriate models for the project. Testing and planning activities took place in each region to ascertain local interest in participating,

to identify shared issues of concern and to confirm the approach and focus for each group.

Four Communities of Practice were established in North Eastern Melbourne Area (NEMA), Bacchus Marsh, Western Melbourne and Frankston. Establishment was staged - NEMA and Bacchus Marsh Communities of Practice were established first and their learnings informed the development of the Western Melbourne and Frankston groups. In three regions, a local organisation or Primary Care Partnership was engaged to support and coordinate the Community of Practice's operation. NDS provided this support for the Bacchus Marsh Community of Practice.

Each group held formal forums three to four times per year. Cross-regional forums were also held. Mental Health Victoria delivered a training workshop on consumer choice and control to the Western Melbourne, NEMA and Frankston Communities of Practice in 2018 and 2019 (see *Promoting the Exercise of Consumer Choice & Control* project summary). The forums were generally designed to include the voice of consumers and attract attendees from across the sectors.

WHAT DID WE LEARN?

The Communities of Practice were found to be valuable learning and networking opportunities for participants. The project also highlighted the resources and other investment required for their success.

Members valued the Communities of Practice for providing a forum to reflect on their practice and share ideas and approaches, build relationships and access local information and resources. Across the groups, discussions centred around the same key topics: how to adopt service models that better promote consumer choice and control, how to ensure quality service delivery in the new landscape and how to best address workforce engagement, capability and cultural issues. Over time, consumer and carer perspectives were built into the meeting structures to generate greater discussion and reflection on consumer choice and control.

Several pre-conditions supported success in any local region, including a demonstrated history of collaboration; a shared interest or imperative for participating; a core group of key stakeholders with the seniority and commitment to build and lead the Community of Practice; and local organisations with capacity to engage in the initiative.

Once underway, it was important that each Community of Practice had a clear, shared purpose; clear governance arrangements; local networks and knowledge to access participants, relevant speakers and appropriate venues; consistency in the core participant group; and effective mechanisms for communicating with members and for sharing information and resources.

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