

RCCP Conference 2016: A personal reflection on a Trauma Informed Community of Practice Experience

The title of the conference forced me to improve my understanding of the concept of community of practice (COP). A quick library search located a paper by Cox (2005). Cox provides a detailed description and analysis of seminal works by four leading authors who have contributed knowledge to understanding about, what constitutes a community of practice. The analysis offered by Cox examines each of these seminal works based upon seven analytic categories; 1) concept of community 2) view of learning 3) power and conflict 4) change 5) formality/informality 6) diversity and 7) level (i.e. or status of each seminal publication). Cox concludes that 'usage of the term 'community' of practice now refers to a relatively informal, intra-organisational group specifically facilitated by management to increase learning or creativity' (p.538). In an overall sense the conference served as a COP. A coming together and exchange of knowledge by a large group of people concerned to enhance the quality of care for children unable to live with their family of origin.

It strikes me that Cox's analytic categories might have application to residential care. I am not suggesting community of practice criteria as a replacement or substitute for a model of care. I have in mind a process whereby all stakeholders for example, parents, youth, educators, carers, managers and clinicians etc., strive to connect with what constitutes their unique community; where learning and openly examining learning embraces everyone involved and not just the kids and their families; where power positions and differentials are not eradicated and that some power positions are not privileged as being distant from daily living, but are proximal to it; where power is harnessed to focus on the job of caring; where conflict is truly valued and worked through, and where change is not just something expected of those who use services, a community that embraces diversity in all its guises. This is part of what a trauma informed model of care should aim to facilitate.

Smaller and specifically themed COPs were integral to the conference-as-a-whole. I acted as co-facilitator (along with Tom Endres, RCCP) for the Trauma Informed Care Community of Practice grouping. The idea of having topic based community of practice meetings within the 2016 conference excited me. The proposal was to begin an online conversation prior to conference with attendees who opted to be part of the integral COPs. I looked forward to a rich exchange of information and experience. I was not disappointed. Three meetings were scheduled during the life of the conference.

The first Trauma Informed COP comprised a gathering of more than 30 conference attendees. Conversation was rich and impassioned. The large attendance and motivation in relation to the topic indicated a positive and engaged interest. Discussion in the three 60 minute sessions reflected evidence of shared concern and a wish to change some current practice in residential care and to more strongly evidence good practice. The open sharing in these three meetings left me with the impression (not for the first time) that the field of residential care has not yet reached a tipping point where the daily experience of children and youth in care is based on trauma informed thinking. One theme that stood out for me in these discussions was that of staff's anxieties and fears about working with traumatised youth. Working with traumatised kids requires that staff feel is 'minded', that their willing exposure to the distress felt by youth is genuinely understood by good supervisory processes that help them to make sense of their encounters with youth.

One aspect of our Trauma Informed Care COP worked less well than we expected. We hoped that participants would engage in a pre and post conference on-line (private) forum that was envisaged as continuing after the conference. The purpose was to share ideas and experience about trauma informed care. Despite starting with more than 30 participants in our group only four, including the co-facilitators, contributed posts to the on-line 'blog'. In our technological savvy times why was there such a low response rate and how might the creative idea of pre and post conference on-line COP be made to work another time?

At the end of this short reflection I find myself hoping that the concept of 'community of practice' is not just another fad. Here today and gone tomorrow. Communities of practice fail or thrive on the extent to which participants, who claim to belong, engage, communicate with purpose, and reciprocate in giving and receiving. It seems to me that that is the essence of caring.

From an entirely personal perspective I thought the conference was a success.

John Gibson

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