Chapter 9. CoP Formation and Operation

9.1 Introduction

Communities of Practice (CoP) are central to continuous improvement of professional practice – irrespective of profession. The ATDP Blueprint allocates responsibility for creation of CoP to the CFMG. In the military advocacy context, it is likely that many CoP will emerge organically within the existing cohorts of like-minded individuals that have come together to provide compensation and wellbeing services. This Chapter outlines an effective and proven CoP model. It is not intended, however, to be used as a blueprint. There is no on best way of creating or operating a CoP. There is also not set timeframe for creation and maturation of a CoP. As with all human endeavour, skills, attitudes, motivations, and egos will be influential. Also, each CoP will have to respond to its unique local and regional, ex-service and community circumstances. Variations of this model are therefore inevitable.

9.2 Aim

This Chapter aims to educate founders about, and provide guidance to establishment of a new CoP, or improvement of an existing one.

9.3 Purpose of CoP

The primary focus of every CoP is the facilitation of member advocates’ learning and development of their practice. CoP will achieve this focus by integrating of the following ATDP functions:

- Mentoring of pathway candidates
- Programmed and self-directed Continuing Professional Development
- Support of accredited Advocates
- National Consistency
- Quality Assurance
- Culture Change

The policy objective is to identify, exchange and combine the learnings, cultural strengths and objective best practices of constituent ESO/VSC/YVOs to maximise the quality of advocacy services they deliver to DVA clients.

9.4 Indicative Structure Options

The indicative structure options are discussed in detail in ‘Operationalisation of CoP’ (Library 1, Vol 1). The key criterion is that all CoP must comprise Advocates and Mentors from more than one ESO, specifically excluding (Sub-)Branches of the same ESO as the sole Members.

Provided the preceding criterion is met, CoP may be:

- Geographically local, regional or national.

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1 For the next level of detail, see Library No 1, Part 2, ‘Operationalisation of CoP’.
• Veteran Support Centre-based. As a veteran centre usually comprises Advocates from various ESOs in a geographic area or Primary Health Network area.
• ESO-based. Advocates from the Branches and/or Sub-Branches of different ESOs come together to learn from and to assist each other’s development.
• On-line. On-line contact by Advocates for shared learning and mutual development may be formal or informal, and may or may not supplement face-to-face contact.
• Virtual CoP. A true Virtual CoP will meet only on-line using email, tele/video-conferencing. Ultimately, the OMS will be a National Virtual CoP accessible by all accredited Advocates with a variety of modalities including video-streaming, a moderated chatroom and library of learning materials associated with the CPD Program (Chapter 13 of this Library).

9.5 Indicative CoP Model
Figure 1 depicts a typical multiple-ESO CoP (left side of diagram) and a VSC-based CoP (right side of diagram). The diagram shows the constituent organisations and/or personnel and their inter-relationships.

Figure 1. Indicative CoP End-State Diagram

9.6 CoP Leadership

CoP Membership. Each CoP will comprise Advocates from both advocacy disciplines (Wellbeing and Compensation) at various levels of accreditation, including candidates undertaking a learning pathway.

CoP Mentor Team. Each CoP will include at least one Compensation and one Wellbeing Mentor. Where CoP members practice in ESOs, they may be supported by Workplace Mentors in their ESO. Workplace Mentors will have the responsibilities at para 9.3 above and, in turn, be supported by the Regional Mentor team.

CoP Coordinator. The activities of each CoP will be facilitated by a CoP Coordinator, who, through liaison with the:

- Regional Manager will ensure the resources needed for effective CoP activities are available.
- Regional Mentors will:
  - (under the Regional Manager’s direction) support establish and/or maintain the CoP across both Compensation and Wellbeing Advocacy services
  - arrange CoP Advocates participation in learning and development activities at the regional or national levels
- CoP Mentor Team will arrange local learning and development activities.

9.7 Administration

ESO-Based. Consistent with their primary role of facilitating learning and developing advocates’ skills, to the maximum extent practicable, the CoP Coordinator will obtain the administrative support of the ESOs in which member Advocates practice.

VSC-Based. Where the Veterans Support Centre is self-administering, the CoP Coordinator will work closely with the VSC’s administrative staff to support CoP learning and development activities.

Virtual CoP.

- National-level. The National Training and CPD Teams will collaborate to post materials on the OMS, moderate the chatroom, and facilitate National video-streaming activities.
- Regional and Local-levels. Regional, CoP local Workplace Mentor Teams, assisted administratively by the Regional ASO and/or CoP Coordinators will arrange multi-CoP learning and development activities.
- Self-Directed Learning and Development. Each Advocate will be individually responsible for their own self-directed learning and development activities. These will include professional reading, formal CPD, and participation in national, regional and local learning and development activities – be they virtual or face-to-face.

9.8 Operational Roles

The roles of the partners engaged in CoP operations follow:

- ATDP provides:
OPERATIONAL POLICY AND PROCEDURES LIBRARY

- Facilitation of the Advocacy Training and Development Program to Compensation and Wellbeing Candidates and Advocates of all levels.
- Training and development resources via the CFMG to support CoP activities including continuing professional development.
- Technical expertise via the RM and Regional Mentors to the CoP Advocates and the authorising organisation.

**Authorising Organisation:**
- Identity and assess the suitability for training of potential ATDP Candidates.
- Administrative support of the Advocates.
- Support and promote the ATDP program in the Ex-Service Community.
- Implement ATDP Policies and Procedures.
- Authorising and ensuring Advocates have the local support needed to deliver high quality advocacy services to DVA clients.

**CoP**
- Implement ATDP Policies and Procedures.
- Clear communication with the authorising organisation to define needs of the region and required support.
- Ensure Advocates deliver high quality, nationally consistent Advocacy services to DVA clients.

### 9.9 Responsibilities

The key responsibilities for creation and operational support of CoP follow:

- **CoP Task Group.** As tasked by the NTM and in consultation with the CPD, QA and Culture Change Task Groups develop, distribute, facilitate implementation of, and monitor the effectiveness of materials and activities for CoP.
- **Regional Implementation Groups.** RIG Members have the following responsibilities
  - Regional Managers are responsible for encouraging VSC/ESO/YVO leaders to actively engage in ATDP activities and to fully support their local CoP.
  - Regional Mentor Teams, acting through CoP Mentors and on behalf of the Regional Manager, ensure nationally consistent advocacy standards are understood, attained and maintained by CoP and Workplace Mentors and Advocates.
  - Guide CoP in developing capacity to address regional needs.

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3 Noting that VC, ESOs and CoP are autonomous. Their implementation of ATDP policy and procedures will therefore be voluntary. RMs are responsible for drawing VC/ESO/CoP attention to ATDP policies and procedures, and for advising the advantages for governance of national consistency.
• Authorising Organisations.
  o Administration of CoP Advocates with ATDP or authorising organisation as needed (If CoP is a VSC or like organisation, a dedicated Administration Officer/Advocate Coordinator may be appropriate).
  o Lobby on the CoP’s behalf through the RIG and CFMG to the SGB to ensure needed resources are allocated by DVA (and/or by policy change from ADF).
• CoP
  o CoP Coordinator
    ▪ Share responsibility for facilitating creation and operation of CoP.
    ▪ Point of contact for CoP members to address challenges they are facing, and if necessary address these with the RIG or VC/ESO as appropriate.
    ▪ Encourage support from local ESOs for the CoP.
  o CoP and Workplace Mentors, with the support of Regional Mentors, will conduct an annual program of learning and skills development activities that:
    ▪ engage pathway Candidates with experienced Advocates as OJT supervisors; and
    ▪ expand the core knowledge of CoP members; and
    ▪ strengthen the practices of accredited Advocates.
  o All members of the CoP have a responsibility to engage actively in:
    ▪ Self-directed professional learning and development.
    ▪ National consistency.
    ▪ Culture change.
    ▪ Continuous professional development.
    ▪ Effective internal and external communications.
    ▪ Quality Assurance.
    ▪ Wellness – their own and their colleagues.
    ▪ Be part of the wider community.
    ▪ United in common purpose – be client focused.
    ▪ Promote an internal CoP culture of inclusiveness, ownership and empowering peers and clients alike.

9.10 Implementation Checklist
An implementation checklist is at Annex A.
Points to be aware of from the beginning:

1. It is a time-consuming process to establish and will require constant work to keep operational.
2. Dedicated members are needed to take on ‘establishing a CoP’ as their main focus.
3. Work closely with the Regional Manager and Regional Mentors and sponsoring organisation to establish and maintain ongoing operations.
4. Establishing a CoP can be broken into 4 components, this is a continuous cycle for the life of the CoP:
   a. Plan
   b. Implement
   c. Monitor
   d. Review

Plan/Prepare

1. Research
   a. Identify the established Advocates within the area and potential candidates.
   b. Existing Ex-Service Organisations (ESO) and Veteran Centres (VC).
   c. Interrogate social media (identify authoritative post-ers for wider networking)
   d. Community demographics:
      i. ADF presence
      ii. DVA resources
      iii. Government Health – Primary Health Networks (PHN) and Local Health Districts (LHD) (hospitals).
      iv. Community organisations.
2. Identify the key leader/s of the Community of Practice.
   a. Consult with the Advocate Community and the Regional Mentors to identify a CoP leader and second. These individuals’ main priority will be the pivotal link between:
      i. the CoP providing the services on the ground, and
      ii. the RIG and other support organisations ensuring the CoP has everything they need to effectively do their work.
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b. Establish clear policies and procedures for the operation of the CoP relevant to the needs of their region. Adapt the generic framework advised by the CFMG.4

Implement

1. Build on initial consultation with the Advocate Community.
   a. Build on the awareness created through the ATDP.
   b. Outline how the CoP will operate specifically for the region and the benefits of this.
   c. Outline the communications policy, role of RIG, and role of Mentors in the CoP.
2. Audit of all current Advocates’ qualifications
   a. On behalf of Regional Mentors, identify prospective workplace mentors
   b. On behalf of the NTM, identify prospective learning facilitators and workplace assessors
3. Screening and induction procedures. Candidates are fully aware of expectations of them, this includes:
   a. Organisational and CoP overview
   b. Privacy
   c. Job description
   d. Policies
   e. Continuous education requirements
4. Establish a continuous professional development program – refer to Brain’s paper and integrate once approved by the CFMG.
5. Establish regular debriefing sessions for Advocates.
   a. Professionally facilitated sessions with a strong emphasis on self-care, communication skills (active listening and body language), discuss situations they have experienced and the emotions caused by those situations.
   b. Between these sessions (encouraged by the CoP mentors) reflective journaling. An important self-evaluation tool to encourage Advocate’s self-analysis of their performance and how they may be able to handle the situation better in the future.
6. Establish data tracking system.
   a. Collect data required to assure the quality of training and development provided, and advocacy services delivered.
   b. Generic data to satisfy reporting criteria for Grants.
   c. Assess client demographics – age, geographical locations, utilisation of referral services,
7. Establish a joint DVA BEST funding application for each CoP.

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4 See Operationalisation of CoP on Library 1, Part C.
Monitor

1. Advocates
   a. Number of clients
   b. Hours being complete
   c. Health and well-being
   d. Continuous professional development

2. Clients
   a. Numbers/needs
   b. Success of claims
   c. Satisfaction survey
   d. Referrals to other organisations, including wellness and well-being service providers.

3. Effectiveness of CoP
   a. Mentors
   b. Continuous professional development uptake, completion and effectiveness (positive feedback).
   c. New clients not associated with VC/ESO’s or DVA
   d. Engagement with currently serving personnel (where geographical appropriate)
   e. Veterans’ population serviced.
   f. Connection with the general community.
   g. Service gaps – needs/geographically.

Review

1. Use collected data to make informed decisions.
2. Clearly defined boundaries of the CoP will help to identify decisions that will be made in consultation with the RM, Regional Mentors, various Task Groups and VC/ESO/Sponsor