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THE BEST PRACTICE UNIT: A MODEL FOR LEARNING, RESEARCH AND DEVELOPMENT

ABSTRACT

The Best Practice Unit: a model for learning, research and development
The Best Practice Unit (BPU) model constitutes a unique form of practice-based research. A variant
of the Community of Practice model developed by Wenger, McDermott and Snyder (2002), the
BPU has the specific aim of improving professional practice by combining innovation and research.
The model is used as a way of working by a group of professionals, researchers and other relevant

individuals, who over a period of one to two years, work together towards a desired improvement. The model is characterized by interaction between individual and collective learning processes, the development of new or improved working methods, and the implementation of these methods in daily practice. Multiple knowledge resources are used, including experiential knowledge, professional knowledge and scientific knowledge. The research serves diverse purposes: articulating tacit knowledge, documenting learning and innovation processes, systematically describing the working methods that have been revealed or developed, and evaluating the efficacy of the new methods. Each BPU is supported by a facilitator, whose main task is to optimize learning processes. An analysis of ten different BPUs in different professional fields shows that this is a successful model. The article describes the methodology and results of this study.

Keywords

Social innovation, action research, practice-based research, community of practice, learning community

SAMENVATTING

De Best Practice Unit: een model voor leren, onderzoek en ontwikkeling
Het model van de Best Practice Unit (BPU) is een unieke vorm van praktijkgericht onderzoek. De Best Practice Unit is een variant van de Community of Practice zoals ontwikkeld door Wenger, McDermott en Snyder (2002) met als specifiek doel om de professionele praktijk te verbeteren door innovatie en onderzoek te combineren. Het model wordt gebruikt om in een periode van 1-2 jaar met een groep professionals, onderzoekers en andere betrokkenen te werken aan een gewenste verbetering. Kenmerkend is de wisselwerking tussen individuele en collectieve leerprocessen, het gebruik van meerdere kennisbronnen, de ontwikkeling van (nieuwe of betere) werkmethoden en de implementatie hiervan in de praktijk. De diverse kennisbronnen zijn: ervaringskennis, professionele kennis en wetenschappelijke kennis. Onderzoek dient verschillende doelen: het articuleren van taciete kennis, het documenteren van het leer- en innovatieproces, het systematisch beschrijven van geopenbaarde of ontwikkelde werkwijzen, en het toetsen van nieuwe methoden op hun effectiviteit. Een BPU wordt ondersteund door een zogenaamde facilitator, die als taak heeft leerprocessen te optimaliseren. De resultaten van een onderzoek naar tien BPU's in verschillende professionele domeinen laten zien dat het een succesvol model is. Dit artikel beschrijft de belangrijkste methodologische kenmerken, en de resultaten van dit onderzoek.

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Trefwoorden

Sociale innovatie, actieonderzoek, praktijkgericht onderzoek, community of practice, learning community

INTRODUCTION

Current practice in the social domain is characterized by dilemmas and complex tasks. Professionals are constantly searching for new ways to address these challenges. In doing so, they have to combine their professional and scientific knowledge, using evidence from both science and practice. At the same time, they are required to use "evidence-based" methods and are accountable to consumers, management and funding agencies for their way of working. This poses a number of problems, as professionals are generally not used to make their working methods explicit. Although they are often very experienced, these experiences tend to remain "hidden" (tacit knowledge). When they work in teams, collaboration tends to be task-oriented, and there is little time for sharing knowledge or reflection.

Despite this, modern social work requires practitioners to adopt a constant learning mode, covering both individual and collective forms of learning. The concept of a "learning community" is well known for its capacity to stimulate collective learning, but this is not a common way of working in social work and health care. In this article we describe a variant of the learning community, the Best Practice Unit (BPU), a model that combines practice-based learning with research.

The BPU generates "practice-based evidence". Although the main purpose of the model is to develop and implement improved working methods, it has also been shown to help professionals in the field of social work articulate how they are working. In this way, tacit knowledge becomes overt knowledge. Finally, the model contributes to team-building and improved team-work, as professionals learn how to appreciate and use their colleagues' knowledge.

In the first part of this article, we describe the history and origins of the BPU model. Following this, we describe how BPUs are organized and the processes by which they operate. In the second part of the article, we report on the findings of a study of ten BPUs, a study that was used to validate and refine the model.

HISTORY

In the 1980s, preliminary forms of the BPU were developed in the UK and Australia in the field of nursing. Known as "Nursing Development Units" (NDUs), these units were often composed of hospital wards that were collaborating with universities to improve the quality of care, develop theories and stimulate professional development. The ultimate goal was to become a "centre of nursing excellence". These unites considered it essential to have a culture of learning. Research showed that nurses and patients in NDUs showed higher levels of satisfaction than those on "ordinary" wards (Atsalos & Greenwood, 2001; Avallone & Gibbon, 1998).

Since 2000, a number of NDUs have been introduced in the Dutch health care sector (Lancée & Aalders, 2007). In the field of social care, the Health and Well-being research group at Saxion University of Applied Sciences introduced the model in 2004, under the name of "Best Practice Unit". This group established several BPUs in the health sector and the care sector for people with intellectual disabilities in the Eastern Netherlands. The researchers reported that the model offered good opportunities for collaboration between service providers and universities of applied sciences, and that it generated valuable results (Holsbrink-Engels, 2004a,b; Notter, 2005).

In 2005, the model was adopted by the Research Centre for Social Innovation at the Utrecht University of Applied Sciences (Wilken, 2006, revised version 2009). In recent years it has been applied in a number of different settings, including youth care, vocational rehabilitation, community care, the arts, and care for people with brain damage (Admiraal & Wopereis, 2012; Dankers *et al*., 2010; Van Biene *et al.*, 2010; Wilken & Dankers, 2010; Wilken, Dankers, Karbouniaris & Scholtens, 2008; Witteveen, Visser & Wilken, 2010). A study by Van Gijzel, Koraichi and Vriend (2011) showed that the model is effective from both a learning and a research perspective. On the basis of their analysis of ten BPUs in different locations in the Netherlands, it was possible to determine the factors that had contributed to the successful application of the model. This study also led to further refinement of the model. The description of the phases of the process was improved, as were the competencies of the facilitator and the strategies that the latter could use to improve the quality of the learning process.

COMMUNITY OF PRACTICE

BPUs are a form of a learning community or "Community of Practice" (CoP) (Lave & Wenger, 1991; Wenger, 1998, 2012). CoPs 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" (Wenger, 1998). CoPs have three characteristics. First, there should be an identity defined by a shared *domain* of interest. Membership implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people. Second, in pursuing their interest in their domain, members engage in a *community* of joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other. Third, members share a *practice*, a repertoire of resources, such as experiences, stories, tools, and ways of addressing recurring problems. This takes time and sustained interaction. As Wenger argues: "It is the combination of these three elements that constitutes a community of practice. And it is by developing these three elements in parallel that one cultivates such a community" (Wenger, 1998, p. 2).

BEST PRACTICE UNIT

A BPU can be considered a "CoP+". A BPU differs from a basic CoP in two key respects. First, the members of a BPU strive for the best practice possible, and aim to achieve concrete results. Second, research forms an integral part of the model.

BPUs are characterized by a high level of ambition. The professional is challenged to use their talents, abilities, passion and enthusiasm to engage in an individual *and* collective creative process, together with colleagues and service-users (or their representatives). In a BPU, professionals integrate different sources of knowledge (evidence-based, practice-based and experience-based) to create better practice. As such, a BPU is an action learning model.

Organization

A BPU consists of a group of 7–12 individuals. Although professionals form the core of the BPU, researchers and other stakeholders can also be members. For example, both patients themselves and their family carers participate in our BPUs for people with acquired brain damage. Since we are conducting our research within a university of applied science, students are also involved in the BPUs. Each BPU meets once every three to six weeks. The size of the group and the frequency of meeting can vary according to the nature of the setting.

The BPU is supported by a so-called "facilitator", who is an expert in coaching learning and innovation processes. It is an advantage if he or she is also familiar with the content of the community. For example, if the theme of the BPU is "improving care for people with brain

damage", it helps if the facilitator is familiar with the problems associated with brain damage and the organization of care for people with brain damage. He or she coaches the competence development of the individual team members, and also stimulates the collective self-development of the BPU. This role will be described further below.

Process

The BPU starts with a critical look at current practice. What is going well, and what needs to be improved? The researchers assist in making this assessment. Following this, goals are formulated and a plan of action is drawn up. This plan is based on existing knowledge: both the knowledge that is present in the BPU and knowledge that is available elsewhere, for example regarding methods that could be used to improve current practice.

The next step is to put the plan into action. In our projects, the BPU operates, experiments in practice and meets as a learning community over a period of one to two years. Training in new methods can form part of the activities.

Halfway through this period, the intermediary results of the research are discussed. These data are used to adjust the plan, in order to improve the practice in the second half of the execution phase. It is important to conduct research, so as to be able to measure whether the desired results are being achieved. Research can also be used to follow and describe the development and innovation process in the BPU. The latter process is important to see how the learning process has advanced and produced results, or, in the case of stagnation, which factors contributed to this.
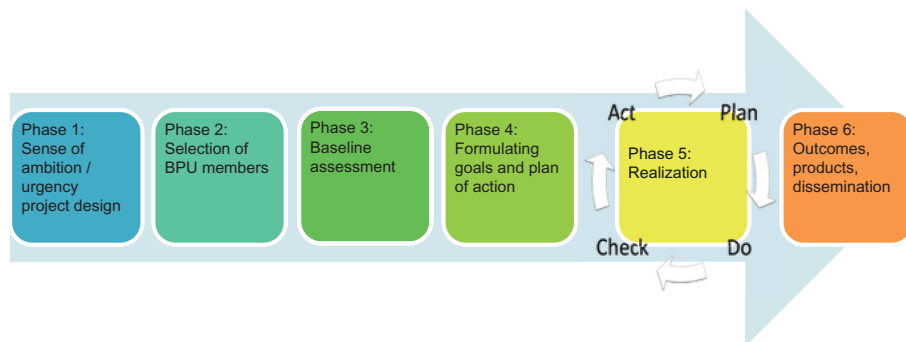

| Phase 1: Sense of ambition / urgency project design | Phase 2: Selection of BPU members | Phase 3: Baseline assessment | Phase 4: Formulating goals and plan of action | Act / Plan / Phase 5: Realization / Check / Do | Phase 6: Outcomes, products, dissemination |

Figure 1: Phases in the BPU model (Van Gijzel, Koraichi & Vriend, 2011).

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Research

A BPU is an ideal setting for applied research, because it offers an *in vivo* environment and direct contact with professionals. It benefits from the enthusiasm and qualities of the professionals involved, and their ambition to create the best possible practice.

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

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

For the plan of action, desk research can provide input on the state of the art of the subject concerned. This can include knowledge regarding appropriate methods and available evidence. Information about knowledge gaps can also emerge from the analysis, providing exciting challenges for the BPU.

During the execution phase, data are collected for evaluating the process and the results. Halfway through this phase, the data are analysed and interpreted. An intermediary report is presented to the BPU members. In the second half of the execution phase this process is repeated, resulting in a final report. In the final report, the learning process and the new approaches, as well as the evidence for their effectiveness, are presented. The report includes an analysis of factors that have contributed to effectiveness. It is also important to state which factors are contextual in nature, and which are common factors. Since, by definition, a BPU always represents local practice, a factor analysis should prove the transferability of the interventions that have been developed. In order to increase the generalizability of the results, we recommend realizing at least two, and preferably three, BPUs within the same field.

RESEARCH ON THE MODEL

In 2011 we conducted a study in which we reviewed ten BPUs in four different projects. In this section, we first describe how this research was conducted, and then present the main results.

Sample of BPUs

A variety of projects that used the BPU model were selected. The sample included the following projects, which were implemented between 2009 and 2011:

- Schakels in de Buurt [Chains in the Neighbourhood].
- Kunst Inclusief [Art Inclusive].
- Ondersteuning en Participatie [Support and Participation].
- Goeie Snap van Elkaar [A Good Understanding of Each Other].

The aim of *Schakels in de Buurt* was to improve community support in the city of Amersfoort by developing new forms of collaboration between health care and social care professionals. Three BPUs were established in three neighbourhoods. Each BPU experimented with being a new interdisciplinary "neighbourhood team", helping vulnerable citizens to participate in the community. Each team focused on a particular target group: people with a background of psychiatric illness, elderly people living in social isolation, and families with multiple problems. The learning experiences included: (a) developing a common way of working that could bridge the gap between mental health services and social services, and (b) developing methods to connect to local networks in the neighbourhood. The main result of the project was a model for a district team that was well embedded in local formal and informal social structures.

The objective of *Kunst Inclusief* was to improve the artistic development and participation of individuals with psychiatric and intellectual disabilities. BPUs were formed in three cities (Amersfoort, Nijmegen and The Hague). These BPUs consisted of professionals from different "worlds" (the world of care and the world of art) and individuals with learning or psychiatric disabilities. Interesting learning experiences included: (a) collaboration between professionals working in the fields of care and art led to more educational possibilities for clients, and (b) narrative approaches proved to be an excellent way to articulate the wishes of the individuals involved with regard to artistic development. The products of the project included a method to assess people's wishes and connect this to personalized support with artistic development.

The aim of *Ondersteuning en Participatie* was to improve support for individuals with learning disabilities and thereby increase their participation in community life. Three BPUs were formed in three towns (Houten, Amersfoort, and Zeist). The BPUs consisted of members of existing teams, two of which were from a residential facility and one outreach team. Research showed that the members of the BPUs found it difficult to change their mode of working from an individual "care"

perspective to a "support" perspective. It cost facilitators a lot of effort to install an "innovation learning mode". Once this had been achieved, professionals started to develop new ways of supporting clients. The project taught professionals and researchers which conditions and strategies help to enter the right mode. One example is a protocol that was developed for learning from cases. Another example is a step-by-step method for realizing specific achievements.

> We had to make a switch in thinking. Not only me but the whole team really should actively support what clients want. (Professional in Dankers *et al*., 2010)

All of these strategies helped to increase the social participation of clients. Methods were developed to connect residents to the neighbourhood and to increase the role of social networks.

> We realise now that for our clients, like for us, participation in the society and the feeling to belong to a community is so important, especially that reciprocity can be established. That you are seen by the other, and that you see the other. That you can participate and are included. Reciprocity is so important, because the core is that you are really interested in one another. Then you have genuine and valuable interaction. (Team coordinator in Dankers *et al*., 2010)

The objective of *Goeie Snap van Elkaar* was to improve care for people with acquired brain damage. BPUs were established in two regions (Utrecht/Amersfoort and Deventer). These groups consisted of professionals from different organizations, people with brain damage and informal care-givers. The BPUs focused on improving communication and dialogue between the three major stakeholders, as a means of improving care and support. An interesting learning experience was that working together in a regional network led to greater knowledge and understanding of each other's perspectives. This was regarded as very valuable, because it also helped with the improvement of professional services. One concrete result of the project was a recovery model for individuals with brain damage, and communication tips for different phases of the recovery process. To give one example:

> N. suffers from severe cognitive and physical consequences of his brain damage. He has difficulty speaking, and it is hard for others to understand what he means. He can make one thing very clear, however: in the past he was a professional worker himself. And that's why he understands perfectly what needs to be done. Professionals who recognize this can cooperate well with him. Someone who ignores this identity sees a rigid man who is difficult to approach. This makes it harder to engage in communication and dialogue.

Design

Data were collected using a mixed methods design and applying data triangulation (Baarda, De Goede & Teunissen, 2009). First, an analysis was made of all the research reports on the BPUs. Second, semi-structured qualitative interviews were conducted with BPU members (n=10) and facilitators (n=8). The data were analysed *verbatim* 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 that had emerged from the analysis of the data.

Analysis

The following categories appeared in the data from all three sources (research reports, BPU members and facilitators): innovation, learning, outcomes and conditions. As there is insufficient space in this article to address the sub-categories in detail, we will limit our discussion to the main findings.

RESULTS

Innovation

With regard to innovation, we can identify two interconnected processes: a group learning process and a production process. The process of learning and research is a basic condition for the production process, by which we mean the process of producing new knowledge and innovating. The learning process starts with the creation of a shared commitment to explore, experiment and improve. This motivation or shared passion is very important. Often participants have to learn (or re-learn) how to express the tacit knowledge they possess. A key principle of a BPU is to articulate the existing knowledge that is "embodied" in the participants. Our evaluations show that participants who engage in this process not only appreciate and recognize their knowledge and experience, but also learn from their discovery of existing strengths and by acquiring new knowledge. In the learning process, the facilitator challenges individuals and the group to reflect actively on practice, and to experiment creatively with new forms of acting.

Learning

Professionals often find it difficult to shift from their daily routine to a learning mode. In general, professionals constantly work in a productivity mode, and feel the pressure of the market system.

There is little time for reflection. It also appears that many professionals have "unlearned" the practice of reflection, despite the fact that it is a prerequisite for quality assurance. The study found that facilitators needed time to install a good "learning mode", particularly at the beginning. Part of this transition was that professionals were making a shift to a more reflective mode. Both "reflection in action" and "reflection on action" are necessary when creating new ways of working (Schön, 1983). Having the support of service managers and discovering the value of the BPU helped professionals to make this transition. Another aspect of the transition was the shift from (only) playing the role of a consumer position to (also) playing the role of a provider. In the BPU, the experience and knowledge of the participants are highly valued. Professionals sometimes expect the BPU to be a form of training, and see the facilitator as a trainer or expert consultant. They therefore assume the role of a participant on a training course. Although training activities can form part of the plan, they are only meant to complement the existing knowledge present among the members. Often, however, the professionals' knowledge is hidden. One task of the BPU is thus to transform tacit knowledge into explicit and shared knowledge, and participants therefore need to adopt an active participatory role.

Another conclusion from our study is that the steps in an action plan should be kept realistic, and activities should be as specific as possible. The objectives of the BPU should be divided into clearly-formulated goals and translated into attainable steps.

The role of researchers

Both researchers and student-researchers participate in a BPU, but their role is different from that of the professionals and other participants. On the one hand, the researchers collect and analyse data, and produce reports. On the other hand, the researchers are co-designers and co-creators. They participate in the innovation process, and propose new courses of action to help the learning community improve its work practices. Since researchers form part of a university, they also have access to sources that might prove useful for the BPU, such as specialist literature and training opportunities.

The BPU researchers analyse the situation with the other participants at the start of the process, follow the processes taking place, examine the effects, and report on this. The researchers make the results of the acquired knowledge measurable. They help to describe the interventions that are developed in the BPU and the competences needed to apply these, thereby making this knowledge transferable.

Outcomes

Our research shows that most BPUs generate positive processes and outcomes. A BPU provides a good learning environment in which to share and develop professional knowledge and to improve professional practice. The professionals involved indicated that the BPU had improved their awareness and increased their knowledge and skills. A BPU offers an opportunity to hold discussions on a different level from that encountered in one's day-to-day routine. Other participants, such as service users and family carers, appreciate having an opportunity to improve practice by contributing their perspectives. The experiences of users and family members often provide professionals with new insights.

On the level of the methods used by the professionals, most BPUs resulted in new or improved ways of working. BPUs also played an important role in improving collaboration between professionals from different disciplines and organizations, for example in new forms of outreach 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 *et al*., 2010)

With regard to the recipients of the services provided by the professionals, a number of BPUs showed positive results, for example 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 BPUs resulted in products that can be used for reflection, assessment and service provision. Examples include a protocol to describe and reflect on cases, assessment tools, brochures and handbooks.

Conditions

Not every BPU functioned equally well, however. In four of the ten BPUs, it took time to attain a "learning and innovation mode". Good preparation appears to be important for a successful

BPU: participants should be well-informed and well-prepared, and they should know what a BPU entails, which "mind-set" is needed, and how much effort is required. Participants' expectations should match the objectives of the BPU. If there is a discrepancy, it is advisable for them not to participate in the BPU. Although level of education is not the most important factor, participants should be able to communicate clearly about their own practice and reflect on their experiences. Curiosity, commitment to the goals of the BPU, and a willingness to learn seem to be the most important prerequisites.

Another factor that came to the fore is having the support of the management. The latter should provide optimal conditions for the BPU, such as a mandate to experiment with new approaches (which might interfere with daily routines), giving staff sufficient time to participate, and ensuring that positive outcomes are valued and transferred to other parts of the organization. In our study, we learned that BPUs are more successful in organizations with open cultures, where innovation is encouraged:

> The research shows that team leaders and managers are important. They should not only be behind 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)

The role of the facilitator

It is clear from our analysis that the role of the facilitator is important for helping the BPU to function well. Facilitators help to create the conditions for good learning and innovation processes. Facilitators offer guidance, inspiration and encouragement. They function as role models, in that they are committed, curious and creative.

As mentioned above, the facilitator often has to work on creating a good learning mode, particularly at the beginning. As with every form of group work, participants have to get to know and feel safe with each other. The facilitator creates the conditions for a friendly and safe atmosphere. In our study, we noticed that facilitators used many different strategies, which could differ according to the phase of the BPU and the extent to which BPU members were able to learn independently. In the first phase of the BPU, in which the group is formed and oriented towards certain objectives and activities, the facilitator works on creating a safe atmosphere and a community in which the participants are willing to conduct an open dialogue. In this phase, it is essential for all participants to become fully aware of what the learning and development model of the BPU entails. Furthermore, the facilitator works on clarifying the group's objectives, on the basis of shared ambition, and developing a clear plan.

In the second phase, in which the plan is put into action, the facilitator mainly uses coaching strategies, such as asking questions, summarizing, and encouraging participants to explore issues into depth.

During this phase, the facilitator uses the plan as a beacon. He or she ensures that the learning process remains focused on the BPU's objectives. While a discussion might be very interesting, it might not be relevant to the group's objectives. The facilitator maintains the structure, ensuring that the learning process in the BPU leads to the desired results within a given project timeframe.

In the last phase, in which the BPU draws towards a conclusion, the facilitator is even more focused on concrete outcomes. However, it should be noted that while a learning process may have been successful within a given time period, this does not always lead to the desired results; that is to say, improved practice backed up by empirical research data. Professionals may need more time for innovation and implementation. In addition, external factors, such as a lack of resources or managerial support, may form obstacles to successful implementation.

The facilitator also discusses, in consultation with the BPU participants, when it would be desirable to have external input, such as inviting an expert to a meeting or organizing a training session or field visit. With regard to the research, the facilitator ensures that researchers are able to participate and to collect data during and in between BPU sessions. Halfway through the project, the facilitator ensures that the preliminary results are presented to and discussed in detail in the group, and that the results are used as feedback to adjust the plan. It was noted that facilitators also use the researchers' observations as input to evaluate the process and their own role, so that adjustments can be made if necessary.

It appears that facilitators not only work with the whole group during the BPU sessions, but they sometimes also work with members individually. This may be at the request of the person concerned, but also as an initiative on the part of the facilitator, if the latter feels that individual consultation might improve the person's participation in the BPU. Sometimes the facilitator also talks to a representative from the management, if the BPU needs more support or better conditions from the organization. In this case, the facilitator assumes the role of a mediator.

It is an advantage if the facilitator is also familiar with the subject of the BPU. Some facilitators in the study were also experts in the BPU's field. Having this status meant that other BPU members considered them to be natural leaders, and they were able to connect well with professional

practice. The facilitators can use their use personal knowledge to enrich and stimulate the BPU members. It takes skills, however, to remain in the role of facilitator, leaving plenty of room for equal sharing and developing innovations.

Being a good facilitator demands considerable skill and experience. We therefore provide our facilitators with training and supervision (including peer supervision). It is important that facilitators have knowledge of different learning styles, group dynamics and change processes. Facilitators also need motivational skills. They have to maintain balance in the group in terms of equal participation, and a balance between process and results. Resistance in the group needs to be recognized and dealt with effectively. This requires great sensitivity and an ability to shift from focusing on content to focusing on relationships. The surrounding environment will have high expectations of the BPU, due to its exemplary function for the organization or organizations participating in the project, and this creates pressure. The facilitator should ensure that this pressure does not form an obstacle to the functioning of the BPU. External expectations and pressure, however, can also motivate participants to bring the BPU project to a successful conclusion.

CONCLUSION

Professionals in the field of social work often face complex situations. These demand expertise, talent and creativity, and professionals need to use and develop these resources. In turn, this requires professional space in which it is possible to reflect on dilemmas, pitfalls and challenges, and to share knowledge. The BPU model offers such a space. A BPU is a non-competitive arena in which participants work as a team towards good results, coached by a facilitator. For researchers, the BPU provides a good model for practice-based research and development. For students, a BPU offers an excellent opportunity for learning how to conduct innovative research and to learn from experienced professionals.

While the BPU model is suitable for working collaboratively on an improvement, it is not suited to other forms of research, such as controlled trials or purely quantitative research. As suggested above, a BPU can only function effectively if certain conditions are met. This also means that the BPU is by no means straightforward to implement: if the participants lack intrinsic motivation, reflective ability, or time – to summarize some of the important factors – the BPU will not be successful. A number of such conditions were absent from one of the BPUs we studied; as a result, the process stagnated and very few improvements were made.

A BPU can be a good start for lifelong learning, or can give a strong boost to existing practice. For instance, a number of BPUs continue after the projects officially end. Without the research aspect, they become regular communities of practice. We think that every professional and every professional organization should be learning continuously. Learning and striving for the best possible practice should be an inherent part of organizational culture. The well-known quality circle (plan, do, check, do) is a good basis for working in a "learning mode". It resembles Kolb's (1984) learning circle, which consists of a number of stages: concrete experience, reflective observation, abstract conceptualization and active experimentation.

In the postmodern era, in which the social sector is dominated by market mechanisms, a community of practice such as a BPU offers professionals new opportunities to discover their own strengths and talents. It injects a new passion into their profession. For a professional organization, establishing BPUs is an excellent way to improve the quality of the services provided and to strengthen the evidence base.

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