



## FIRST THINGS FIRST

*Ready for School. Set for Life.*

### Standard of Practice

#### Communities of Practice

##### I. Description of Strategy

According to theorists Jean Lave and Etienne Wenger, Communities of Practice are ways of promoting innovation, developing social capital, and facilitating and spreading knowledge within a group. Communities of Practice (Etienne Wenger, 2006) can be defined, in part, as a process of social learning that occurs when people who have a common interest in a subject or area collaborate over an extended period of time, sharing ideas and strategies, determining solutions, and building innovations. Wenger provides this definition: “Communities of practice 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.”<sup>1</sup>

The development of Communities of Practice within First Things First is a strategy designed to bring together groups of early childhood service providers to enhance/improve their individual skills, thereby increasing the effectiveness of service delivery. Optimal implementation of the strategy includes the use of innovative approaches and technology resources to connect service providers throughout the state. The primary goals of a Community of Practice include:

- Sharing information and resources about best practice models – training, implementation and reporting outcomes
- Identifying barriers to implementation – discussing regional, rural/urban and cultural barriers in delivering services
- Jointly working to overcome service barriers – identifying, discussing and testing methods of overcoming barriers
- Reviewing/refining and recommending changes to the standards of practice based upon “real world” application
- Identifying opportunities to improve/enhance the service model and proposing improvements to model developers
- Using innovative technologies such as webinars, internet portals, Skype, and telephone conferencing, to bring a variety of perspectives from disparate geographic areas.

There is no standard model for the development of a Community of Practice. The number of participants, tasks, structure and duration of the community may vary depending upon the need. The development of the Community of Practice may begin with an inquiry process, designed to identify the scope, purpose and goals. Communities may have a regional, state-wide or geographic focus. They may include providers serving similar populations and/or those utilizing the same service model. Examples of possible Communities of Practice include, but are not limited to:

- A group of home visitation staff and supervisors in rural communities. The members may develop strategies for serving their communities such as staff recruitment, training and retention, improving practice skills and staff safety.

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<sup>1</sup> <http://www.ewenger.com/theory/>

- A group of providers delivering parenting skills curriculum across the state. The members review and select evidence based curricula appropriate for use with non-English speaking families and identify methods to assess parents' application of knowledge.
- A group of early childhood educators working in urban areas. The members may share techniques that improve their emotional and instructional support for young children in child care centers.
- A group of Head Start staff working in Tribal communities. The members may discuss their professional development goals and the resources they have identified to support their development. The group may also discuss how they have integrated native language and Tribal culture into their practice.
- A group of oral health providers and prenatal care providers in rural and urban areas identify strategies to increase access to oral health services to pregnant women.

## II. Implementation Standards of Practice

To be successful, Communities of Practice should establish a shared vision and commitment to the goals and objectives identified by the partners. This includes the commitment of time and resources, which may include training, logistical support and sharing service forms/documents. Communities of Practice may vary in structure, but their activities and characteristics generally include the following:

- A commitment to improving the outcomes for families in the early childhood system – members have a commitment to improving their abilities and those of others in the Community of Practice leading to more effective services
- Voluntary involvement – service providers elect to participate
- Participants that attend consistently – members commit to attend regularly and meetings are scheduled to allow for the broadest possible attendance
- A structure that promotes open communication; members are provided opportunities to comment and share their observations
- Multiple options for participation include face to face meeting, webinars, phone conferences
- A commitment by members to share barriers and successes – members, through their commitment to improve outcomes for children, provide practice experiences to seek help from or to encourage other group members.
- Regular assessment of barriers – developing, testing and recommending service improvements. As system/service improvements are identified, they are communicated to members, funders and model developers.

Communities of Practice typically transition through developmental stages as the vision of the members and organizational structure is defined. These stages can include:

- **Inquire:** Through a process of exploration and inquiry, identify the audience, purpose, goals, and vision for the community.
- **Design:** Define the activities, technologies, group processes, and roles that will support the community's goals.
- **Prototype:** Pilot the Community of Practice with a select group of key stakeholders to gain commitment, test assumptions, refine the strategy, and establish a success story.
- **Launch:** Roll out the community to a broader audience over a period of time in ways that engage newcomers and deliver immediate benefits.
- **Grow:** Engage members in collaborative learning and knowledge sharing activities, group projects, and networking events that meet individual, group, and organizational goals while creating an increasing cycle of participation and contribution.
- **Sustain:** Cultivate and assess the knowledge and "products" created by the community to inform new strategies, goals, activities, roles, technologies, and business models for the future.

Interaction with and development of a wider network of peers is sufficient reason to belong to a community for some. Even if the community purpose is broader, other community activities are dependent on an environment of

mutual respect and trust, which “encourages a willingness to share ideas, expose one’s ignorance, ask difficult questions, and listen carefully.”<sup>2</sup>

### III. Staff Qualifications Standards of Practice

Knowledge of human services systems and community development; experience in facilitating coordination and collaboration. Knowledge of and experience with tools and resources to assess systems coordination. Knowledge of various meeting and communication strategies to connect participants in geographically distant areas such as webinars, internet portals, Skype, and telephone conferencing. Typically individuals with advanced academic degrees possess these attributes.

### IV. Cultural Competency

**Programs will also implement the following best practices and standards related to Cultural Competencies:**

- To address cultural competency objectives, early childhood practitioners /early childhood service providers shall ensure that children and families receive from all staff members and program participants’ effective, understandable, and respectful care that is provided in a culturally competent manner. Early childhood practitioners /early childhood service providers should ensure that staff and participants at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Early childhood practitioners/early childhood service providers should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the National Standards on Culturally and Linguistically Appropriate Services and/or the National Recommendations on Cultural and Linguistic Competence for the National Association for the Education of Young Children.” <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> <http://www.naeyc.org/positionstatements/linguistic>
- Service providers should understand individual Tribes/Nations are distinct and separate communities from other Tribes/Nations and their governmental systems and structures are not reflective of each other. Services to Tribal communities and on reservations must be provided in a manner compatible with the Tribe’s/Nation’s cultural beliefs and practices, to include the preferred language of the community. Services must also be provided in accordance with the Tribe’s/Nation’s laws, policies and procedures. The effectiveness of services is directly related to the provider’s consideration of the beliefs, customs and laws of the Tribe/Nation.
- Service providers can obtain information about providing services on tribal lands from a variety of sources. These include the FTF Regional Director, Regional Council members, tribal websites and publications, as well as official representatives of the Tribe/Nation such as the governing body, standing committees and authorized departments.
- It is highly recommended that service providers seek guidance from one or more of these sources before initiating services on reservations. Failure to do so could result in contraventions of cultural beliefs, Tribal laws or sovereignty.
- The ideal applicant will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations, demonstrating that staff are culturally competent, partnerships with agencies serving Native American families, knowledge of cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.
- Related to data collection, evaluation or research activities:

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<sup>2</sup> Step-by-Step Guide for Designing and Cultivating Communities of Practice- See NLII web site, “Mapping the Learning Space,” for more information on deeper learning principles (<http://www.educause.edu/MappingtheLearningSpace/2594>), and a related draft observation tool, “Community Learner-Centered Principles/Practices Guide” at <http://www.educause.edu/VirtualCommunities/944>

- In the United States, Native American Tribes are considered autonomous nations with all of the rights and responsibilities of a nation. Understanding this, Native American Tribes are charged with protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected within their reservation boundaries. This means that Tribes can allow or not allow any program to collect data from or related to any early childhood development and health program or activities on the reservation.

Any grantee implementing programs in tribal communities must have official tribal permission to collect and utilize sensitive data from or related to any early childhood development and health program or activities.