Proposal for a Community of Practice Pilot for Disaster Risk Reduction

David M. Boan, PhD
Jon Tsen
Jami Aten, PhD
Cynthia Neal Kimball, PhD

Humanitarian Disaster Institute
Wheaton College
Wheaton, IL USA

International non-government organizations (INGOs) desire to work closely with local communities, but the differences in resources and methods often have unintended consequences. Local communities desire the support of INGOs, but not at the expense of local culture and autonomy. This paper proposes communities of practice (CoP) as a collaboration model that avoids these difficulties. CoP has a long history of successful use to equip local communities for design their own programming, manage external resources, and promote learning, with benefits to both the local community and INGOs. This brief describes a pilot program to create a network CoPs through an international partner (Micah Global) and an academic partner. Community-based participatory research (CBPR) is proposed as the 'practice' of the communities of practice. Local learning is captured and then spread across CoPs and the international community. We describe how we propose to pilot this model and evaluate its effectiveness.

Introduction

The Humanitarian Disaster Institute of Wheaton College, and Micah Global, are working together to assist churches and faith-based groups to demonstrate the power of the church to create stronger, more resilient communities. This program is called the Global Community of Practice. Communities of Practice (CoPs) have been around a long time. They exist wherever local people have come together to learn, support one another, and work together for the benefit of their local community. Micah Global has been creating CoPs for many years, without calling them such, as a way to strengthen local faith communities. In the last decade CoPs have received increased attention as a way to leverage outside expertise and resources while leaving the local change effort in the control of local people. This has

been especially important as community problems have appeared more complex and the need for outside support becomes more important.

In this program, the 'community' of the CoP is the local faith community and their partnerships across their community. The 'practice' of the global community of practice can be many different things. In this program we propose the use of Community-Based Participatory Research (CBPR) as a useful practice to bring about local change. The change we are interested in encouraging is to demonstrate the power of local faith communities in bringing about healthier, more resilient, and less vulnerable communities, especially in the face of disaster, broadly known as *disaster risk reduction*. This document describes the evidence for CoPs and then outlines the pilot program's process of starting a CoP for disaster risk reduction.

A key element of the pilot CoP program is the engagement of local faith communities (LFCs). LFCs are well connected to the local community by virtue of being composed of local community members. In serving the local community, LFCs are often intimately connected with local needs and vulnerabilities and often have programs in place to address these needs. LFCs also share beliefs and values of faith with faith-based INGOs. As such, there is a foundation in place for trust, mutual respect and cooperation. This program builds upon that foundation by introducing a mechanism for local action and learning, while shifting power from the international level to the local level.

Background

Local communities are the frontier for disaster risk reduction (DRR)[1], climate change adaptation, and resilience. As international efforts have increased in response to environmental changes, there have been significant improvements at the international level, and some at the national level, but little has carried down to improve local conditions.

Recent research on building local program capacity has emphasized a set of essential characteristics for successful local initiatives. For example, Djalante and colleagues[2] describe the importance of initiatives that cut across community sectors, engage multiple stakeholders, and promote learning and innovation. They further recommend an integrated focus that looks beyond disaster risk to the basic vulnerabilities of the community, and

develops local knowledge and capacity to see vulnerabilities, develop warning capability, and innovate ways of reducing risk. We propose that a community of practice model utilizing community participatory research is a practical and effective approach to achieving these aims. Initiated by the work of Paulo Freire,[3] community-based participatory research …

> …endeavors to improve quality of life by engaging community partners in a research process. To increase knowledge and understanding of a phenomenon, CBPR translates research findings into direct interventions or social change. CBPR highlights the importance of participation, power, and knowledge generated through dialogue. It is fundamentally a group process that represents the collective efforts of participants to identify problems in their lives and build capacity to change their reality[4].

A CoP is relevant to the problem of disaster risk reduction for another important reason. Community problems, such as disaster risk reduction, are complex and do not lend themselves to quick solutions and single approaches. Often the most effective approach is a series of short projects focused on understanding a part of a problem, learning, making changes and testing. This approach lends itself to local communities, where a group comes together to learn and make incremental changes over time. Community participatory research projects are known to be an effective way to make this type of change in a community. This long-term perspective also balances the short-term focus seen when external agencies engage locally with project specific initiatives, which are often short term and do not build longer term collaborations. As such, this long-term engagement is essential for community transformation.

While facilitating local community collaboration is the long-term framework for addressing local problems, the practice of the community of practice is the 'how to' of the community, and can be more challenging. Unfortunately, many community groups find it difficult to cooperatively develop and execute a project. They may lack the research skills and resources needed to acquire, learn from and apply evidence. Further, the term 'research' often suggests an academic approach that serves the needs of the researcher but is not necessarily relevant to the needs of a local community. *In this model we use the term research to simply mean learning*. The role of the researcher is to help create a space for the community participants to talk openly about community needs and facilitate the development and dissemination of the knowledge emerging from these dialogues. The researcher, as technician, observer, and activist, supports the

community participants as they decide how the knowledge translates into direct intervention or policy change.

In this way, the program is designed to make community participatory projects easily understandable and applicable by most community groups. More importantly, the community agenda, not the academic agenda, drives the design of the local program. We strongly encourage local academic partners that can bring additional expertise, but propose a model that can still work in the absence of such resources. It accomplishes this by organizing community based participatory research into four steps, each step with a clear set of tasks.

1. Form a community coalition to assess local needs and target an area for change
2. Devise and execute a change strategy
3. Assess and learn
4. Revise the strategy and repeat.

This four step process is a variation on the widely adopted and successful Plan-Do-Study-Act method that has transformed quality in healthcare and many other industries. Originally proposed by W. Edward Deming in the 1970s, this model is a simplification of the scientific method and still used to promote collaboration and learning within organizations.[5] Simplifying a traditionally complex process (community research) not only makes it more accessible; more importantly, it drives learning and innovation down to the local level, rather than the national and international level where it has been the domain of large INGOs and academics. By 'driving down' the process, we push learning and innovation closer to the point of change, put the change process under the control of local people, and set the stage for bottom-up development. It Is not in the scope of this paper to discuss CBPR in detail. That is addressed in workshops and a guide provided to the CoPs in the pilot.

Why add a community of practice to community-based participatory research?

In this program we want to address a weakness in current community change strategies: They are driven by project-based episodes of change that are not always well integrated or sustained over time. Climate and disaster risks are becoming more complex, and the increasingly urban and

vulnerable communities facing these risks are also increasingly complex. Climate change is not simply a matter of rising global temperatures; it is more about changing weather patterns, increasing variability, and the economic, political, and social consequences. As we have said, complex problems are best addressed by a series of coherent strategies over a long period that emphasize incremental learning and improvement, rather than large-scale projects aimed at dramatic change. A community-of-practice model puts into place a structure that engages stakeholders in a long-term relationship aimed at implementing improvements and learning from them.

A community of practice also creates a point of contact for national and international resources that can both learn from and disseminate local lessons, and also serve as the point of service to the local community. Creating this single point of contact for local faith communities has been shown elsewhere to greatly improve coordination and cooperation across local groups, along with increased inflow of resources.[6] For all these reasons, we propose a community of practice implementing community-based participatory research as the approach that best matches the recommendations of current research in community disaster risk reduction.

Evidence

Communities of Practice are learning groups which aim to collaborate and build knowledge together within specific areas of practice. Wegner and Laver, anthropologists of learning theory who coined the term, describe CoPs as "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".[7] CoPs have grown especially popular in organizations, and have been helpful for topics where practices are still emerging, or where practitioners need more support to work effectively.[8] CoPs have become more common in recent years because of the way they provide structural support and consistent avenues for contact among experts, as well as their overall service to surrounding communities.

CoPs provide structures for effective practice by implementing designs built for long-term relationships, and by helping CoP peers build skills and knowledge on a particular subject. A CoP structure, as developed by Wenger, is typically devised with three key elements: domain, community, and practice.

Domain:

The first characteristic of a CoP is the domain. Members involved in a CoP will have a shared domain of interest[9]. This interest can include general knowledge of a subject or of a disruptive problem exhibited in their community. This interest in the same domain must be strong enough for members to stay committed to the topic. Often this level of interest infers that members in the CoP will have a shared competence in the domain, either from the same discipline or multiple disciplines or from practice.[10] *In our pilot program, the shared domain is the role of the church in strengthening local communities facing disasters.* The disasters may be slowly unfolding, such as climate change; rapid, such as an earthquake or typhoon; or man-made, such as civil war, corruption, or terrorism.

Community:

The next element is the community itself. A CoP can develop from a small or local community whose members work together on various activities, engage in discussions, help each other attend to different tasks, and share information with each other. This community builds relationships collectively among the involved individuals who stand for the same cause and learn from each other. Hence, when these members interact and work together to learn about a shared domain they form a CoP. This community element can be exhibited by a local geographic area, such as a town or city, or can be more far reaching[11]. For example, in Varia et al.'s study[12], CoP members from five different North American time zones worked on a seven-month-long Rural Suicide Prevention CoP via teleconference and Webinar platforms. *In our pilot, the community is the local faith community in partnership with local stakeholders.*

Practice:

Finally, a CoP requires its members to share a common practice. The members are community practitioners who implement a common method to help solve a problem or to learn more about a subject. Practitioners have a shared collection of resources such as stories, tools, and problem solving methods. In CoPs the practitioners interact and share with each other to learn how to perform their various tasks better. In examples of CoPs, educators[13] practice pedagogy, gangs[14] practice survival skills, therapists practice therapy[15], and all aim to learn and improve. In our program the practice related to the domain of faith and disaster resilience can range from

advocacy, political action, trauma care, reducing vulnerability, increasing access to resources, and many other topics, depending on local need. In the pilot, we propose to *use community-based participatory research as a basic model for achieving a variety of ends, such as policy change, equipping marginalized groups for advocacy, increasing disaster preparedness, improving distribution following a disaster, etc. CoPs may also choose to use other ends or methods that they see as better suited to their community.*

CoPs often become an interdisciplinary group of community leaders who serve as a source of valuable information and learning for people interested in addressing similar topics at a national and international level. For example at a national level, Friberger and Falkman[16] report how a CoP of the Swedish Oral Medicine Society included members from all areas of expertise who collaborated to study oral health care. This included members who were focused more on research and those more on clinical practice (for example, some were oral practitioners, other professors, and several others oral pathologists)[17]. These connections provided valuable resources for practitioners to learn from researchers about new methods in the field's literature and in turn for researchers to learn from practitioners about current and unique cases 'on the field'[18].

Benefits

The benefits of forming a CoP are considerable. First, the key feature of a CoP is that novel research is generated "by the community, for the community", resulting in practices shown to be effective in creating change and growth. Research questions are generated by CoPs on subjects of concern to the local community (i.e. suicide, education training, therapy, and substance abuse) and are met with analysis and results concluded by the members of the CoPs.[19, 20, 21, 22] The results from community research can help drive policy change, industry or organizational action, or promote further research. It has also been shown that CoPs are beneficial for CoP members. CoPs establish trust between the practitioner and the community, promote recognition,[23] build community practitioner confidence,[24, 25] increase work satisfaction, and act as an effective way to meet individual goals for community improvement.[26]

CoPs also create valuable points of contact at international levels that have long term benefits for participants. Lynch and Frost's 2015 study[27] on Student International community of practice, for example, had their student

community develop into a larger international CoP after three years of engaged research. This practice included members from England, Wales, Scotland, Northern Ireland, the Republic of Ireland, Norway, the Netherlands, Switzerland, Malta, and Australia to conduct "person-centered, action-oriented" research. This created a multifaceted team of learners. CoP members who developed their expertise within the CoP developed greater expertise as they learned to draw from the international facets on the topic.[28] These invaluable connections can continue long term in further CoPs, professional partnerships, or personal friendships.

Preferred Practices

There are suggested components of a CoP that help ensure a successful practice. Nemec and LaMaster[29] researched and reviewed CoPs and summarized five key components needed for CoPs: focus, leadership, input, commitment, and open forums.

Focus

In the initial stages when members are beginning to select a domain of interest, it is best for the group to share clear values and goals to provide direction and boundaries for their CoP. The focus needs to be considered important to community members and relevant to the chosen practice. This focus of the topic can help guide the choice of a practice method (i.e. community research or something else).[30]

Leadership

In addition to choosing a focused domain it is important to find a well-respected community member to lead a CoP. For a successful CoP, a leader is central for initiating and developing personal relationships and trust among committed community members, and foster a collaborative and comfortable environment where information and ideas can be shared openly. Additionally this individual must act as the CoP leader while integrating his/her leading as part of his/her regular workload for a fruitful practice.[31]

Input

CoPs, as they exist to share and grow a repertoire of knowledge for community growth, must receive fresh input from multiple arenas. It is suggested to invite external or diverse experts to be stakeholders or guests

in CoPs to generate innovative and effective ideas. Depending on the CoP, gathering external and diverse experts can require significant time and effort, and potential funding.[32]

Commitment

To maintain a CoP, a core group of members must be established to motivate and sustain CoP practice. These core members must be committed to the CoP to help increase its breadth of knowledge. Therefore, once an initial group of members have been gathered, the core members should self-select for this role rather than be assigned to it. Of course, CoPs with larger groups can consist of more peripheral members who do not attend meetings as frequently or hold as many responsibilities. It is still suggested to have a core group, as they sustain CoPs by taking responsibility to plan events, share knowledge, and execute responsibilities together.[33]

Open Forums

Finally, CoPs that involve and communicate with the broader local community establish validity and meaning within those communities. Typically, hosting open forums allows for this kind of dialogue and provide opportunities for connection to form between the community and the members in a CoP.[34] These can be held on multiple platforms. Some include in-person local community meetings, gatherings, and workshops, while others take to hosting forums on online platforms such as opening a CoP website, starting discussions on social media platforms such as Facebook or blogs, or sharing video testimonies in a shared online video library.[35, 36]

The Pilot

HDI and Micah Global will launch the CoP Pilot at the September 2015 Micah Triennial. The initial pilot site to test the framework, assess the impact, and report back to Micah Global members will be the Philippines. Working in partnership with the Philippine Council of Evangelical Churches, the pilot team will set up two local communities of practice, provide training, resources and technical assistance, and assess the results. The pilot CoPs from the local community will determine a priority local project, develop a strategy, test the strategy and determine what useful lessons have been learned. The local CoPs, which are generally composed of representatives of community organizations, may be as small as six

organizations and as large as fifty. The makeup and size of the CoP is determined by the CoP. The pilot will run for one year, but if successful, it is expected that the CoP will see value in the model and continue for an extended period of time.

Micah Global will provide communication support and assist with capturing and spreading insights and lessons across the Micah Global Community. The pilot team will assess the success of the pilot and make recommendations to the Micah Global Community.

CoP Academic and Technical Partnering

CoPs are encouraged to include one or more academic partners in their community. The academic partner will provide technical assistance in the assessment process (and other technical needs depending on the nature of the local program).

After gathering a coalition of community stakeholders and academic support services, there are key steps for determining the target issues and the evaluation process. Figure 1 (below) depicts a possible path for a CoP working in partnership with academic support to identify the target indicators, the short-term and long-term goals, along with the evaluative process.[37]

Figure 1: Steps in the Community Initiative Evaluation Process

Assessing CoP Performance

One of the basic values of the CoP model is that it is committed to making decisions based upon evidence. Evidence is developed in two ways: First, the local collaborative project uses evidence to assess the priority needs in the community, to determine if the change effort had the desired impact, and to determine what is to be learned from the effort and applied to the next initiative. There is a second level of evidence, which is regarding the CoP model itself. This evidence is across CoPs and asks questions about the success of the model itself, including whether the CoP model helps promote community collaboration, if external resources are being applied in a useful manner, whether lessons from a CoP project are shared with other CoPs, and more. This level of evidence gathering is carried out by the international partners in cooperation with local CoPs, and can be described as a Meta-CoP assessment since it is across multiple CoPs. The rest of this section describes that assessment.

The key elements for a CoP model that are important for a meta-CoP assessment are in two groups: The first is about the overall nature and impact of the CoPs, and the second is the work between CoP and international partners. The key elements across CoPs that are important for assessing success are:

1. CoPs are empowered to choose the target problem and identification of indicators
2. An inclusive, representative participation is ensured for local participation (Whose voices are included? Which ones are absent?).
3. CoPs strive for intersubjective agreement on the focus and mutual understanding for the process.
4. There is shared power with unforced consensus.

These elements emphasize the issues of power, local autonomy, inclusion and collaboration, which are essential for the success of the CoP model. Assessment can also address the impact of the Local CoP initiatives as measured by the CoP.

It is assumed that a CoP that is responsive to the community will be sustained over time. Indeed, if a complex issue like disaster risk reduction is to be impacted then the CoP must work over an extended time. These are issues of the vitality and sustainability of the CoP that can be determined by:

1. The degree to which local groups modify or adapt their program model to better suit local conditions;
2. Evidence of serial projects, in which earlier efforts inform the approach to later efforts;
3. Growth in the participation and support for the CoP.

The CoP Pilot Team will assess the local CoP work and report on the overall success of the model, including challenges, success, lessons and areas for improvement. This will be reported to the Micah Global Community, and published or reported in an international forum.

Conclusion

Disaster risk reduction (DRR) is a complex and serious problem facing the world. The nature of the problem and the needed solutions are local in nature, and call for effective local and international partnerships. However, such partnerships are often problematic and characterized by top-down rather than bottom-up development, and by unintended consequences from disparities in resources and methods. Local partnerships of faith communities are well positioned to facilitate and engage in local communities of practice that develop local solutions, learn from the experience, and over time create locally determined effective responses to DRR. Faith communities are close to the local population, while also sharing values and beliefs with international organizations that position them to serve as the bridge between local needs and international resources. The Humanitarian Disaster Institute and Micah Global are launching a pilot program in partnership with the Philippine Council of Evangelical Churches. This pilot will provide a test of the assumptions in this program and serve as a template for other communities and INGOs.

---

[1] The United Nations Office for Disaster Risk Reduction defines DRR as "The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the *environment, and improved preparedness for adverse events". See* http://www.unisdr.org/we/inform/terminology

[2] Djalante, R., Holley, C., Thomalla, F. & Carnegie, M. (2013) Pathways for adaptive and integrated disaster resilience *Natural Hazards* 68:2105-2135 DOI: 10.1007/s11069-013-0797-5

[3] Freire, P. (1970). *Pedagogy of the oppressed.* New York, NY:Seabury/Continuum.

[4] Finn, J., Jacobson, M., & Campana, J. D. (2004). Participatory research, popular education, and popular theater. In C. Garvin, L. Gutierrez, & M. Galinsky (Eds.), *Handbook of social work with groups* (pp. 326-343). New York, NY: Guilford Press.

[5] Neave, H (1990) *The Deming Dimension* Knoxville: SPC Press

[6] Boan, D., Drake, K., Andrews, B., Martinson, D., Lower, E. & Aten, J. (In Review) A qualitative study of a grass-roots peace and reconciliation program in Kakuma Kenya *International Perspectives in Psychology*

[7] Wenger-Trayner, E. & Wenger-Trayner, B. (2015, April 15). *Communities of Practice: a brief introduction.* Retrieved from http://wenger-trayner.com/wp-content/uploads/2015/04/07-Brief-introduction-to-communities-of-practice.pdf

[8] Varia, S. G., Ebin, J., & Stout, E. R. (2014). Suicide Prevention in Rural Communities: Perspectives From a Community of Practice. *Journal of Rural Mental Health, 38(2),* 109-115. p. 110

[9] Wenger-Trayner, E. & Wenger-Trayner, B. (2015, April 15)

[10] Ibid.

[11] Ibid.

[12] Varia, S. G., Ebin, J., & Stout, E. R. (2014). Suicide Prevention in Rural Communities: Perspectives From a Community of Practice. *Journal of Rural Mental Health, 38(2),* 109-115.

[13] Daniel, G. R., Auhl, G., & Hastings, W. (2013) Collaborative feedback and reflection for professional growth: preparing first-year pre-service teachers for participation in community of practice. *Asia-Pacific Journal of Teacher Education, 41(2),* 159-172

[14] Wenger, E. McDermott, R. A., & Synder, W. (2002). *Cultivating Communites of Practice: A Guide to Managing Knowledge.* Boston, MA: Harvard Business School Publishing.

[15] Wilding C., Curtin C., & Whiteford G. (2012) Enhancing occupational therapists' confidence and professional development through a community of practice scholars. *Australian Occupational Therapy Journal, 59,* 312-318.

[16] Friberger, M. G. & Falkman, G. (2013) Collaboration processes, outcomes, challenges and enablers of distributed clinical communities of practice, *Behaviour & Information Technology, 32(6),* 519-531.

[17] Ibid., p.521

[18] Ibid., p.524

[19] Varia, S. G et al p.109-115.

[20] Nemec, P. B. & LaMaster, S. (2014) Education and Training Column: Communities of Practice, *Psychiatric Rehabilitation Journal, 37(4),* 336-338.

[21] Wilding C., Curtin C., & Whiteford G. (2012) Enhancing occupational therapists' confidence and professional development through a community of practice scholars. *Australian Occupational Therapy Journal, 59,* 312-318

[22] Anderson-Carpenter, K. D., Watson-Thompson, J., Jones, M., & Chaney, L. (2014) Using Communities of Practice to Support Implementation of Evidence-based Prevention Strategies, *Journal of Community Practice, 22,* 176-188.

[23] Friberger, M. G. & Falkman, G. (2013) Collaboration processes, outcomes, challenges and enablers of distributed clinical communities of practice, *Behaviour & Information Technology, 32(6),* 519-531.
 p.527

[24] Daniel, G. R., Auhl, G., & Hastings, W. (2013) Collaborative feedback and reflection for professional growth: preparing first-year pre-service teachers for participation in community of practice. *Asia-Pacific Journal of Teacher Education, 41(2),* 159-172.

[25] Wilding C., Curtin C., & Whiteford G. (2012) Enhancing occupational therapists' confidence and professional development through a community of practice scholars. *Australian Occupational Therapy Journal, 59,* 312-318.

[26] Varia et al., p. 114

[27] Lynch, B. M., & Frost, D. M. (2015) Critical Reflection on Practice Development: The Experience of being a member of the Student International Community of Practice: a collaborative reflection, *International Practice Development Journal, 5(1),* 1-11.

[28] Varia, et al., 110

[29] Nemec, P. B. & LaMaster, S. *p.*336-338.

[30] Ibid. p. 336

[31] Ibid., p. 337

[32] Ibid., p.337

[33] Ibid., p.337

[34] Ibid., p. 337

[35] Varia, et al., p. 115

[36] Anderson-Carpenter, et al., p. 181-182

[37] Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A., & Guzman, J. R. (2003). Critical issues in developing and following community-based participatory research principles. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 56-73). Sand Francisco, CA: Jossey-Bass.