
Building capacity in Alberta to
prevent domestic violence: Results
from a community of practice project



Authors

Lana Wells
Caroline Claussen
Laura Aspenlieder

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Contact

Lana Wells, Brenda Strafford Chair in the Prevention of Domestic Violence
2500 University Drive NW, Calgary, AB, Canada T2N 1N4
Phone: 403-220-6484 Email: lmwells@ucalgary.ca

2015 Shift: The Project to End Domestic Violence
www.preventdomesticviolence.ca

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1.0 Introduction

In 2011, *Shift: The Project to End Domestic Violence* entered into a formal partnership with the Government of Alberta to rebuild the recently released (November 2013) family violence prevention framework (<http://humanservices.alberta.ca/documents/family-violence-hurts-everyone.pdf>). Both partners agreed on the importance of ensuring that the research on which the prevention framework was based was accessible for practitioners, service providers, policy makers and system leaders throughout the province. Shift also realized that local communities would need to develop the capacity to implement the primary prevention strategies being proposed in the new provincial prevention strategy. As a result, Shift explored evidenced-informed models on knowledge translation, mobilization, and integration and (through a SSHRC Partnership grant and Canadian Women's Foundation grant) engaged in a pilot project to test a particular Community of Practice (CoP) model in two regions in Alberta. The CoP model piloted was designed with the understanding that the best way to build community capacity for domestic violence *primary* prevention would be to work through the current research and support practitioners and system leaders to understand how it applies to their local context and communities. We believed this approach would support changes, not only at the individual practitioner level, but also support shifts in decision-making at the organizational, systems, and policy level.

2.0 What we did

The CoP model was piloted in two regions in Alberta, Canada: Northwest Alberta (Grande Prairie and Area) and Southeast Alberta (including Medicine Hat, Brooks and surrounding rural areas). The regions were selected because they had a well-established domestic violence network and some infrastructure to support the project and local activities. Both regions expressed a readiness and interest for primary prevention capacity building. Members of the domestic violence networks were sent an information package describing the CoP opportunity, the requirements of participation (e.g., commitment to pre-reading, meetings etc.) and the potential benefits associated with participation (e.g., increased awareness of emerging primary prevention strategies; increased capacity to engage in primary prevention activities; increased knowledge of who may be interested in working and partnering on new projects, etc.). Network members confirmed their interest in participating over a six to eight month period.

Prior to the first CoP session, network members were sent a survey to determine topics of interest to them. This information was used to inform the development of six full-day sessions over a period of eight months. Network members were provided with an agenda and encouraged to invite additional stakeholders they felt would be interested and benefit from each unique session. Prior to each session, participants were asked to complete a number of

pre-readings to prepare them for the coming session. The Brenda Strafford Chair (who leads Shift) facilitated the CoP gatherings with the support of various research specialists. Each topic facilitator supported the group to critically process the information they had heard, and provided space in the day for the group to discuss, challenge, and integrate the topic content at both the individual and community level. The CoP sessions also provided opportunities for learning and sharing through socialization during extended coffee and lunch breaks. Some topics included:

- Overview of Shift and primary prevention;
- Components of an effective societal response to domestic violence;
- Legislation and policy strategies to reduce domestic violence;
- Engaging men and boys in violence prevention;
- Scaling up evidence based practices with youth by introducing the Fourth R (Relationship) program for grades 7 to 9;
- Strategies for reducing child maltreatment;
- Supporting the supporters: How informal networks can help prevent domestic violence.

3.0 How we evaluated

The effectiveness of the CoP model in facilitating knowledge translation, mobilization, and integration was evaluated through both post-session surveys and semi-structured in-depth telephone interviews. All participants were asked to complete the post-session surveys to assist in gathering feedback on the quality and relevance of the information presented in each session. The in-depth interviews were conducted with a sample of participants at two time intervals: 1) immediately after the project ended, and 2) six months later. Eighteen (18) participants signed up to participate in the interviews (seven from the Grande Prairie region and eleven from the Medicine Hat/Brooks region). The interviewees included: representatives from local municipal government; executive directors of non-profit organizations; practitioners in non-profit organizations; provincial Family Violence and Bullying Coordinators; representatives from faith organizations; education and early childhood intervention practitioners; and health care representatives. Three participants were men and sixteen were woman; all but two participated in the six-month follow-up interview.

The two phases of interviews were conducted to capture both the immediate effects of participation (e.g., relationships built, increased knowledge and awareness of primary prevention), as well as the longer-term impacts that would arise from participation (e.g., changes in resource allocation, changes in organizational priorities, changes in policy, changes

in practice, etc.). The information gathered from the interviews was specific to evaluating six key components of the project. These components included:

- Community of Practice Model (e.g., effective elements, key characteristics, limitations, etc.)
- Engagement (e.g., degree to which participants found it engaging, suggestions for improvements to enhance participation, etc.)
- Learning (e.g., quality of resources developed, increased understanding in each topic area, increased understanding of primary prevention, etc.)
- Relationship-building (e.g., quality of relationships, new relationships formed, etc.)
- Impact (e.g., changes in resources, changes to individual and community priorities, changes in policy, etc.)
- Reach (e.g., knowledge extending past the primary network, etc.)

4.0 What we learned

Overall, the post-session surveys and interviews demonstrated that the CoP model was valuable to the participants in terms of individual learning, larger networking, and initiating wider-scale primary prevention activities in their communities. The format and facilitation of the CoP model were identified as key success factors to knowledge translation and primary prevention capacity building. Specifically, the face-to-face format allowed for networking opportunities and the opportunity to learn from peers. While core membership in the Shift CoP sessions included those within the same town/city or region, many of the participants did not typically work together. Participating in the CoP supported members in creating new community connections and exploring aspects of prevention work that they may not have previously considered taking on. Additionally, participants appreciated the facilitator's sensitivity to the unique needs and context of each region, and how information was duly processed with the group as a result of that sensitivity. Some participants said that the pace and schedule of the sessions could be challenging at times, with too much information covered in too short of a time period – so this is an area that could be improved for next time.

Participants felt that the learning experience was motivational, enhanced their awareness of prevention issues, and supported their development of primary prevention knowledge. Overall, participants reported increasing their knowledge base, not only in terms of primary prevention, but also in relation to specified topics, such as engaging men and boys in domestic violence prevention, school-based efforts to promote healthy relationships and prevent dating violence, and bystander interventions. In particular, CoP members in both regions acknowledged that domestic violence initiatives are generally focused on treatment and intervention. For this reason, they found the focus on primary prevention very helpful. Participants also said that the CoP led to practice and priority changes within their own

organizations. For example, some said that they were beginning to build strategies to support violence prevention among adolescents because of what they learned through the CoP. Other participants spoke about the need to re-allocate organizational resources to more strategically support primary prevention activities.

Findings related to the impact and reach of the CoP model showed that the information and knowledge accessed via the CoP sessions traveled through participants' organizations and wider networks. The evaluation found that:

- CoP members were discussing and disseminating knowledge throughout their networks and community.
- The CoP had an impact on the community discourse around primary prevention (Almost all of the participants noted changes in discourse, with community members viewing the issue of domestic violence prevention differently and beginning to see changes in the types of conversations they were having).
- The CoP helped to support changes in organizational practices and priorities and resource allocation, specifically in the area of school-based healthy relationship programming. (There was significant uptake in both regions of information and resources for school-based approaches to supporting healthy relationships and dating violence prevention. Both regions reported their local school districts as implementing the evidence-based 4th R [Relationship] program after they found out about it through a CoP session).

The 6-month follow-up interviews with participants suggested that many of the ideas and concepts presented in the CoP sessions are still percolating. So while no concrete actions or changes have occurred in several areas, many CoP members stated they are keeping the ideas in the forefront. There is limited evidence for systems and policy changes as a result of CoP participation. There are two possible explanations for this: It may be that the sessions were not explicit enough on the potential for policy and systems change; or the lack of change in this area may be related to the nature of this kind of work (i.e., systems and policy change tends to take a long time). Conducting ongoing check-ins with CoP participants will help Shift researchers to understand the longer-term impacts from participating in the CoP.

5.0 Conclusion

While our learning suggests CoPs take time and effort, findings indicate they are effective in mobilizing knowledge and building capacity in the prevention of domestic violence. Four key elements for success were identified in this research project. The style of the facilitator, the importance of face-to-face interaction in facilitating learning, that people need time and support to learn new knowledge, and that people need support in figuring out how to

integrate research into their day to day practice.

Shift believes it is critical to keep building relationships with community leaders. We will continue to support learning opportunities so that research influences policy and practice and practice influences policy and research. We believe CoPs to be one approach that can be effective in the prevention of domestic violence.



**SHIFT TO STOP
VIOLENCE
BEFORE IT STARTS**



Initiated by The Brenda Strafford Chair in the Prevention of Domestic Violence