Knowledge mobilization for complex community initiatives: Examining how peer learning strategies influence capacity for local implementation of Housing First

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KNOWLEDGE MOBILIZATION FOR COMPLEX COMMUNITY INITIATIVES:
EXAMINING HOW PEER LEARNING STRATEGIES INFLUENCE CAPACITY FOR
LOCAL IMPLEMENTATION OF HOUSING FIRST

By

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Bachelor of Arts (Honours), University of Calgary, 2008

DISSERTATION

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degree of Doctor of Philosophy in Community Psychology

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Abstract

Knowledge-to-action theories (such as knowledge mobilization, translation, and dissemination) have been developed to address a persistent disconnect between research and practice. Critiques of these theories highlight areas for improvement, including better incorporating knowledge generated through experience and examining the learning process in greater detail. The research in this dissertation examines peer learning as a strategy for mobilizing knowledge to advance the uptake of evidence-based practices, particularly interventions that are complex in nature. Complex interventions require engagement of many different stakeholder groups and often require adaptation to ensure sufficient fit with the implementation context.

Research on peer learning as a knowledge mobilization strategy for professionals adopting evidence-based practices is limited.

The articles that comprise this dissertation provide a starting point for understanding how peer learning has been used to advance the uptake of evidence-based practices in academic-led and community-led knowledge mobilization initiatives. Peer learning is a reciprocal process in which learners share knowledge and experiences for mutual benefit (Boud, 2001). The reciprocal nature of this process is what distinguishes peer learning from related concepts such as peer teaching, coaching, and mentorship. In the first article, I present a scoping review of the literature conducted to examine how peer learning has been used as a strategy to facilitate the uptake of evidence-based practices. In reporting the findings of this review, I highlight a number of peer learning strategies and describe how these strategies are linked to building individual and collective capacity for knowledge use and/or implementation. In the next two articles, I examine the process of peer learning within the context of two multi-community networks advancing Housing First as a strategy to end homelessness. In article two, I present a multiple case study of
two provincial/regional networks comprised of leaders in the homelessness sector. The purpose of this multiple case study is to examine the role of peer learning on individual and collective capacity for advancing Housing First. The findings highlight the importance of trust and communication among leaders in facilitating peer learning for the purposes of navigating ambiguity and advancing continuous improvement. In article three, I examine the multiple case study further to determine how peer learning amongst leaders in both networks influences systems change related to Housing First. The findings indicate that peer learning within the network builds the collective capacity of members to create conditions for change and to advance and sustain changes in homelessness services systems.

The research conducted in this dissertation can inform the work of researchers and community stakeholders developing knowledge mobilization initiatives to advance the uptake and implementation of innovative and evidence-based practices. This research provides insight into how peer learning can be used to link different forms of knowledge, to build capacity for complex interventions, and to advance systems change.
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CHAPTER 1 - OVERVIEW

This chapter provides an overview of this dissertation. It begins with a summary of the literature and a description of the conceptual framework that provides the foundation for the research. The methods of the research conducted are described briefly followed by a description of the academic articles that comprise this dissertation.

Background Literature

Evidence-based practice (EBP) has been defined as “an approach that helps people make well informed decisions about policies, programmes, and projects by putting the best available evidence from research at the heart of policy development and implementation” (Davies, 2004 as cited in Nutley, Davies, & Walter, 2007, p. 13). What constitutes “evidence” in EBP is a point of debate in the literature. Some definitions of evidence are broad enough to encompass a range of information (e.g., research, evaluation, program data, expert knowledge) (e.g., Nutley et al., 2007). Others definitions are narrow and limit “evidence” to scientific knowledge generated through randomized control trials that meet certain methodological criteria and generate positive outcomes (e.g., Means, Magura, Burkhardt, Schröter, & Coryn, 2015). Definitions of evidence tend to vary across sectors, with researchers in health-related sectors adopting narrower definitions and researchers in social services sectors adopting broader definitions (Nutley et al., 2007). The value of the EBP approach is contested in the community psychology literature, with some scholars advocating for EBPs to inform effective community services (e.g., Wandersman, 2003) and others suggesting that the EBP approach is inappropriate in community settings (Beehler & Trickett, 2017).

The research-practice gap refers to an apparent disconnect between researchers and
practitioners that is characterized by professional and communication boundaries that create “social distance” and limit the sharing of EBPs (Green, Ottoson, García, & Hiatt, 2009; Neal, Neal, Kornbluh, Mills, & Lawlor, 2015). As a result of the research-practice gap, many EBPs are never implemented beyond the research context, while others are implemented incorrectly or are implemented but not sustained (Flaspohler, Lesesne, Puddy, Smith, & Wandersman, 2012; Green et al., 2009; Leadbeater, 2010; Wandersman, 2003). The application of research knowledge is beyond academia is necessary to achieve “research impact” which refers to the use of research to promote learning, inform decisions, and advance changes in practice or policy (Greenhalgh, Raftery, Hanney, & Glover, 2016). Research is resource intensive and is often supported through public funding. Assessing research impact is a way that researchers can demonstrate accountability for public funding by identifying how their research findings are being used to inform public policies and service systems (Morton, 2015).

Efforts to address the research-practice gap have led to extensive theory development to advance knowledge sharing and facilitate the implementation of EBPs. Theoretical models aiming to connect research and action—collectively referred to as “knowledge-to-action” theories (Graham et al., 2006)—have shifted away from passive, one-way knowledge sharing process to more recent processes that emphasize interaction between knowledge producers and knowledge users (Backer, 1991; Jacobson, 2007). Interactive knowledge-to-action theories depict greater connection between researchers and practitioners through ongoing engagement and reciprocal knowledge sharing.

**Community Science: Contributions of Community Psychology to Addressing the Research-Practice Gap**

Research on the development and implementation of EBPs in community settings has
evolved in community psychology through “community science” – research conducted to improve quality of life through community-based approaches (Wandersman, 2003). This evolution is evident in the development and application of the Interactive Systems Framework (ISF) (Wandersman et al., 2008; Wandersman, Chien, & Katz, 2012) which has been the focus of two special issues of the *American Journal of Community Psychology*, the primary journal in community psychology. The ISF outlines an interactive approach to link researchers and practitioners for the purposes of advancing the implementation of evidence-based community interventions (Meyers, Durlak, & Wandersman, 2012). The framework consists of three interrelated systems: the *synthesis and translation system* in which research is communicated in accessible forms for non-academic audiences; the *support system*, in which researchers support knowledge users to build their capacity for implementation through resources, training, technical assistance, and quality assurance activities (Wandersman et al., 2012); and the *delivery system*, in which knowledge users implement and deliver the EBP or program.

The ISF has been widely applied in community psychology and in other disciplines (Flasphohler et al., 2012). The ISF contributes to theory and practice regarding how researchers can support the capacity building process of communities implementing EBPs. Authors of the ISF acknowledge a need to further examine interconnections among the three “systems” and to examine the influence of contextual and socio-political factors (which currently float in the periphery of the model) in greater depth.

While some scholars in community psychology see community science—and the evidence-based movement on which it is based—as aligned with the values of community psychology (Wandersman, 2003), others have questioned whether it contradicts the field’s core values of empowerment, collaboration, and community development (Beehler & Trickett, 2017).
Critiques of EBP in Community Psychology and Beyond

Concerns about the growing focus on community science in community psychology draw attention to assumptions underlying the goals of the evidence-based movement that remain unexamined in interactive models such as the ISF. Beehler and Trickett (2017) describe three assumptions of EBP that they believe to be at odds with core values of community psychology. These assumptions are as follows: a) conceptualizations of “evidence” include only scientific knowledge; b) EBPs are considered to be largely generalizable across different contexts; and 3) EBPs are perceived as superior to existing approaches. The concerns about these assumptions expressed by Beehler and Trickett (2017) align with critiques of the EBP movement (including knowledge-to-action theories) published by scholars from a variety of disciplines.

**Conceptualizing evidence as scientific knowledge.** In community psychology theory, community-based scholarship is considered to be “more than science,” because community research can advance social justice goals by broadening what is considered to be evidence (Beehler & Trickett, 2017; Rappaport, 2005). Research methods that focus on individuals in the context of their community, empower individuals through engagement, and highlight the knowledge and lived experience of marginalized communities are considered to challenge post-positivist research in psychology (Rappaport, 2005). The focus on community science and implementation of EBPs is viewed by some scholars as a shift backwards toward traditional, narrow definitions of evidence that prioritize scientific knowledge (Beehler & Trickett, 2017).

In general, knowledge-to-action theories have been critiqued for equating “evidence” with knowledge generated through scientific research methods considered to be rigorous (e.g., randomized control trials, systematic reviews, etc.) (Davies, Nutley, & Walter, 2008). An over-emphasis on scientific knowledge in practice has been criticized in the health care field for de-
valuing practitioners’ experience and practical wisdom—knowledge which plays a key role in informing practitioners decisions and actions (Greenhalgh, 2010). Narrow definitions of evidence can also create tensions in community settings, where the science-based perspectives of clinicians can be at odds with broader definitions of evidence held by community stakeholders (Kothari & Armstrong, 2011; Trainor, Pomeroy, & Pape, 2004).

The intent of critiques about the overemphasis on scientific knowledge is not to devalue the role of scientific research and data in advancing innovation. Instead, these critiques emphasize the need for increased consideration of practical experience and practical wisdom. Without incorporating different types of knowledge into definitions of evidence, scientific research becomes separated from the context in which it was produced and the individuals and those that produced it—hiding the politics, beliefs, and values inherent in its production and application (Reimer-Kirkham et al., 2009).

**Generalizing practices across contexts.** The aim of the EBP approach in psychology (as well as medicine and policy) is to advance the implementation of efficacious practices and thereby enhance outcomes for individuals receiving treatment, supports, or services (Leadbeater, 2010; Wandersman, 2003). Interventions with an evidence-base are generally considered to produce the same outcomes in other locations if they are implemented with sufficient fidelity (Miller & Shinn, 2005).

In community psychology, community-based research is often based on the constructivist philosophy of science in which knowledge is considered to be deeply rooted in the beliefs, cultures, and contexts in which it is generated (Beehler & Trickett, 2017). Related to constructivism is perspectivism, an epistemological approach in which the existence of an external reality is acknowledged but that knowledge of this reality is considered to be rooted in
context (Tebes, 2005). Through the use of multiple methods, researcher in community science can identify what is “true” in different contexts, such as what works for whom and in what settings (Tebes, 2005). Context is important because there is a risk that EBPs may be unsuccessful if they are a poor fit with the culture and context of organizations and communities in which they are implemented. It is for this reason that Beeher and Trickett (2017) suggest that community psychology researchers should focus on advancing incremental change by developing interventions within—and in collaboration with—communities. Through this process, the authors argue that researchers can help develop unique solutions that reflect local cultures, diversity, and strengths.

Incremental (or emergent) change has benefits of being collaborative, bottom-up, and linked to the specific community setting in which it occurs. However, incremental change can also be slow and resource intensive and is better suited to promoting community-level change than systems-level change (Sylvestre, 2014). EBP represents a process of planned change that can occur quickly through a more “top-down” approach. While emergent and planned change approaches may seem to be at odds, it is possible for these approaches to be combined (Sylvestre, 2014). Research approaches that advance the adaptation of EBPs to a specific cultural context or that involve the development of culturally relevant practices in partnership with community stakeholders reflect the combination of planned and emergent processes (Barrera, Gonzalez Castro, & Holleran Steiker, 2011).

It has been argued that EBPs can be considered to consist of fixed aspects which require implementation with fidelity, and variable aspects which can tailored to fit the local context (Hawe, Shiell, & Riley, 2004). An example of this is the Better Beginnings, Better Futures initiative. Established as a community-based, multi-stakeholder research demonstration project,
the Better Beginnings, Better Futures model includes a number of core principles that guide the development of local programs (e.g., universal, integrated within the community, etc.). Programs established in each community reflect these principles, but are developed in participatory ways with community stakeholders to meet the needs of local families and reflect the diversity and unique strengths of the community (Worton, Loomis, Pancer, Nelson, & Peters, 2017).

**Prioritizing EBPs.** A third main concern about the EBP approach is that identifying and implementing EBPs detracts attention and resources from collaborative, empowering, and participatory approaches to innovation (Beehler & Trickett, 2017). The creation and implementation of EBPs is considered to be driven in part by a bias among researchers for developing new and innovative approaches over the refinement of existing practices (Miller & Shinn, 2005). This bias is likely a consequence of academic systems that reward the creation of new and “innovative” approaches over the evaluation and evolution of existing practice (Leadbeater, 2010).

An underdeveloped component in knowledge-to-action models is a process for open dialogue among stakeholders to determine why an EBP might be advantageous, and what relative advantage (if any) it provides over existing practices (Beehler & Trickett, 2017). Literature on community science (e.g., Wandersman et al., 2003) and implementation science (Damschroder et al., 2009) does include considerations of relative advantage and the fit of EBPs in context. However, the process through which relative advantage and fit is determined is rarely described in detail. Further research is necessary to better understand the processes through which relative advantage is determined, and how these processes can meaningfully involve the engagement of stakeholders likely to be impacted by the decision.
Areas of Development for Knowledge-to-Action Theory

The critiques described above highlight a number of necessary areas of development for knowledge-to-action theory. First, there is a need for knowledge-to-action theory to broaden conceptualizations of evidence. Broader definitions of evidence that include different ways of knowing (e.g., experience) provide a means to address some of the issues identified in the EBP movement (Davies et al., 2008). Second, increased detail needs to be provided regarding how stakeholders navigate considerations of fit between an EBP and the community context. This process needs to reflect considerations of fit not just for individuals and organizations, but also for communities and systems. Third, scholars should aim to more thoroughly examine the process through which stakeholders consider the advantages and disadvantages of specific EBPs and plan adaptations to ensure the EBP is a good cultural and contextual fit. These processes should reflect the multi-directional nature of knowledge sharing, expanding beyond researcher-user connections to examine knowledge sharing among community stakeholders. Increased examination of peer learning and networks as a knowledge sharing strategy can be used to further inform knowledge-to-action theory and practice. Peer learning is a reciprocal process in which learners share knowledge and experiences for mutual benefit (Boud, 2001). The reciprocal nature of peer learning process distinguishes it from peer teaching, coaching, and mentorship in which those with established experience assume an expert role in training, educating, or guiding less experienced peers (Boud, 2001). The application of peer learning strategies for developing professional skills and knowledge has been explored in higher education (e.g., Christiansen & Bell, 2010) but has not been extensively examined in the context of knowledge-to-action theory. Peer connections and peer networks are a potential means of facilitating communication across diverse stakeholder groups.
A theme in the critiques described above is the positioning of EBPs in opposition to collaborative, contextualized, and community-based practices. However, there are approaches that combine traditional academic-led research (in which implementation is often a final step) with community-driven, emergent practice. These include community-based interventions initiated by academic researchers, and research initiatives that adapt EBPs to context and evaluate these adaptations (Barrera et al., 2011). Complex community interventions have been considered to be comprised of fixed components requiring implementation with fidelity and variable components that can be adapted to culture and context (Hawe et al., 2004). The identification of fixed and variable elements of an EBP may be difficult but is of value in enhancing the applicability of EBPs (Barrera et al., 2011). If implementation and adaptation is paired with ongoing evaluation, community adaptations can contribute to broadening the evidence-base for the intervention to expand understanding of what works or doesn’t work in particular community contexts. This approach reflects the concept of “transferability” in qualitative research, in which research findings are considered to be transferrable across contexts if described in sufficient depth and contextual detail to determine relevance to a new situation or setting (Flyvbjerg, 2011).

A Note About Terminology

The variety of terms used to describe knowledge-to-action processes is extensive. Terms such as knowledge dissemination, diffusion, translation, transfer, mobilization, have different disciplinary origins (Ottoson, 2009) but have often been used inconsistently and interchangeably (McKibbon et al., 2010). The broad range of terms has resulted in confusion and has created challenges for research and practice in the field (McKibbon et al., 2010). In this dissertation, I have chosen to use the descriptor “knowledge-to-action” theories (Graham et al., 2006) as a
comprehensive term to refer to the development of theories developed to better connect research and practice. When describing a specific knowledge sharing activity or practice, I will use the term *knowledge mobilization*. This term is a relatively recent addition to knowledge-to-action literature, and has been formally defined as “the reciprocal and complementary flow and uptake of research knowledge between researchers, knowledge brokers and knowledge users—both within and beyond academia—in such a way that may benefit users and create positive impacts within Canada and/or internationally” (Social Sciences and Humanities Research Council [SSHRC], 2016. ‘Definition of terms’ para. 16). A key component of this definition is reciprocal knowledge sharing, which distinguishes this approach from one-way, expert-driven approaches for sharing knowledge sharing. However, it should be noted that other terms have been also been defined in terms of reciprocal or multi-directional knowledge sharing (e.g., knowledge translation (Canadian Institutes of Health Research [CIHR], 2017)), making it difficult to distinguish approaches based solely on terminology. Ward (2017) argues that rather than continuing to seek clarity through terminology, researchers and practitioners should describe the knowledge sharing activities in increased detail to clarify why knowledge is being shared, whose knowledge is shared, the type of knowledge shared (scientific, experiential, practical wisdom), and the process thorough which it is shared.

**Conceptual Framing**

The conceptual framework for this dissertation incorporates a number of theoretical perspectives related to knowledge-to-action theory and practice. This framework guides my examination of the role of peer learning in advancing the implementation of complex community interventions. It consists of three inter-connected themes that serve as “threads” throughout this dissertation (Figure 1.1).
Linking Different Forms of Knowledge Through Dialogue

Current scholarship on knowledge draws upon the work of Aristotle and contemporary social theorists such as Jurgen Habermas in identifying three types of knowledge: scientific research and data, experience and “know-how,” and practical wisdom (Flyvbjerg, 2001; Habermas, 1978; Ward, 2017). If we consider knowledge as being comprised of these three forms, it becomes clear that the scientific research and data that are commonly referred to as evidence is best regarded as “partial” or “provisional” (Nutley et al., 2007). Of the three forms of knowledge, practical wisdom is most often excluded from knowledge-to-action theories (Greenhalgh & Wieringa, 2011), likely because it is more difficult to observe and to conceptualize (Flyvbjerg, 2001). Scientific knowledge is considered to be an explicit form of
knowledge that is articulated and can be shared across stakeholders and contexts. Experiential knowledge and practical wisdom are considered to be implicit forms of knowledge and are often unexpressed and linked to context (Flyvbjerg, 2001).

Dialogue has been suggested as a potential process through which tacit knowledge may be “articulated” into explicit knowledge through constructive argumentation in which speakers express and challenge beliefs and opinions (Kislov, Waterman, Harvey, & Boaden, 2014). This process reflects critical theorist Jurgen Habermas’ Theory of Communicative Action in which participants engaged in dialogue assess the validity of claims stated by others through a process of argumentation (Habermas 1981/1984). Assessing validity of speech claims requires a setting Habermas referred to as “ideal speech” where participation is inclusive; speakers are free to speak openly and honestly; and dialogue is free from dynamics of power and coercion (Habermas, 1983/1990). The ideal speech situation has previously been applied in knowledge-to-action theory. Dickinson (2004) noted that effective knowledge mobilization requires those affected by a new research innovation to be able to freely discuss its implications and engage in learning through dialogue.

The critiques of interactive knowledge-to-action frameworks described previously highlight a lack of detail about the process of communication in these models. Without consideration of communication processes, it is difficult to determine how knowledge is shared, if there are opportunities for argumentation of ideas, and whether power dynamics have been minimized to allow for “ideal speech”. Furthermore, the lack of detail on communication results in unanswered questions regarding how different types of knowledge might be combined through dialogue. Some scholars caution against the assumption that different forms of knowledge can be integrated or combined. Instead, it has been suggested that different forms of knowledge can
“interact” and that knowledge mobilization activities serve to advance “intermediation” among these different forms of knowledge (Nutley et al., 2007).

Peer learning strategies provide a potential means of bringing together scientific knowledge and experiential knowledge to advance learning and facilitate implementation of innovative and EBPs. Through peer learning opportunities, learners can consider evidence/research findings (i.e., scientific knowledge) in terms of how this evidence supports or contradicts experiences in practice. Peer learning has been suggested as a way to create conditions of “ideal speech” (Boud, 2001). Examining peer learning strategies is a way to look at processes of communication in advancing learning—a topic often overlooked in the knowledge mobilization literature. Research on existing knowledge sharing strategies such as networks and communities of practice (Wenger, McDermott, & Snyder, 2002) may provide insight into how peer learning can advance knowledge mobilization.

**Building Capacity for Complex Interventions at Multiple Ecological Levels**

Peer learning through peer networks is a potential strategy for building capacity for implementation of evidence-based interventions at individual, collective, and/or systems levels. This is particularly important for complex community interventions which span multiple levels (e.g., individuals, organizations, governments) and require the engagement of stakeholders across these various levels (Craig et al., 2008; Hawe, Shiell, & Riley, 2009).

Ecological theory is central to research and practice in community psychology (Beehler & Trickett, 2017). The ecological approach provides a foundation for understanding the complex nature of community interventions and the process of developing and implementing these interventions (Hawe, 2017). A 2010 systematic review identified a distinction between individual level learning and knowledge application (e.g., behavior change) and collective
knowledge sharing (e.g., “sense making”, collaborative action) (Contandriopoulos, Lemire, Denis, & Tremblay, 2010). The majority of knowledge-to-action strategies focus on advancing learning and change at the individual level, likely due to the increased complexity of examining more complex processes of collective learning (Contandriopoulos et al., 2010). Implementation of EBPs requires different types of capacity developed at various levels of a system, such and knowledge and skills among team members, leadership at the organizational level, network connections at the community level, and strategic direction at the policy/systems level (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008).

New perspectives on ecological theory are emerging in community psychology as some scholars are moving away from the traditional representation of social ecology as a set of nested levels (e.g., Bronfenbrenner, 1979). These scholars conceptualize ecology as a set of multiple, interconnected networks in which key individuals act as links between levels (Neal & Neal, 2013). Network connections provide a means of understanding and minimizing the research-practice gap (Neal, Neal, Lawlor, & Mills, 2015). Peer networks have been identified as a strategy for building capacity among stakeholders engaged in implementing community interventions (Leeman et al., 2015).

**Advancing Systems Change by Mobilizing Knowledge Across Boundaries**

Systems thinking is another theoretical concept that is of value in understanding the role of peer learning in advancing knowledge mobilization and the implementation of complex community interventions. Interventions are increasingly being considered as be “events in systems” (Hawe et al., 2009), requiring engagement and input of multiple stakeholders and having implications for systems-level changes as well as individual-level outcomes.
Systems change theories have been increasingly adopted into research and practice in community psychology. Frameworks for community systems change have been proposed by Foster-Fishman, Nowell, and Yang (2007) and Foster-Fishman and Watson (2012; 2017). A central process in these frameworks is identifying the “boundaries” of a system to determine the key organizations and actors that play a key role in changing or maintain the activities of the system (Foster-Fishman et al., 2007). Understanding this structure is important for the identification of “levers for change” which are points within the system where small changes have broad systems effects (Foster-Fishman et al., 2007).

Research examining the role of interconnected networks in the systems change process takes into account the complex and dynamic nature of the change process (Lawlor & Neal, 2016). This is particularly relevant for examining knowledge mobilization for complex community interventions that require engagement of multiple stakeholders across systems levels. In knowledge-to-action theory and practice, the role of the “knowledge broker” has been established as a means of facilitating connections among stakeholders for the purposes of sharing knowledge and creating change (Meyer, 2010). Knowledge brokers work at the periphery of different “worlds” and act as bridges or links between these worlds (Meyer, 2010; Ward, House, & Hamer, 2009). Individuals that broker knowledge are considered to play a crucial role in advancing knowledge sharing in networks, and an absence of these individuals is sometimes considered to be a key factor underlying the research-practice gap (Neal et al., 2015). In the systems change literature, this type of brokering is considered to be undertaken by “champions” or “change agents” who, like knowledge brokers, create connections and facilitate information sharing, but work within systems and advocate for cross-systems action to advance a systems change goal (Berta, Virani, Bajnok, Edwards, & Rowan, 2014).
Advancing Knowledge Mobilization of Housing First in Canada

Housing First (HF) is complex community intervention designed to house and support individuals with mental illness who are experiencing chronic homelessness. The HF approach consists of a set of core principles (described in detail later in this dissertation) that emphasize consumer choice, immediate access to housing, and a separation of housing and services (Tsemberis, 2015). HF has a substantial evidence-base as a result of widespread implementation in the United States, Canada, and Europe. HF research and practice reflects Hawe et al.’s (2004) conceptualization of interventions as comprised of fixed and variable components.

A number of Canadian communities have adopted HF in ways that maintain alignment with HF core principles and also reflect their local context and are tailored to the needs of specific populations. For example, HF programs have been adapted for youth (Scott & Harrison, 2013), and for Indigenous communities to reflect the unique needs and goals of these groups (Scott, 2013). Adaptations include building in additional components, such as adding a cultural and spiritual educator to HF staff or providing supports that help youth complete their schooling (Scott, 2013; Scott & Harrison, 2013). Similarly, the implementation of HF in a number of European countries required the adaptation of HF operational components to fit with the local systems, policies, and norms (Pleast & Bretherton, 2017).

While there is demonstrated evidence for the HF approach over traditional “treatment first” approaches to supporting individuals experiencing chronic homelessness (Goering & Tsemberis, 2014), it is important to note that HF is not intended as a “stand-alone” solution. Instead, HF should be considered to be part of a broader system of services for responding to and preventing homelessness (Padgett, Henwood, & Tsemberis, 2016). As a complex community intervention, the implementation of HF must be considered as an event within a system (Hawe et
al., 2009) with a degree of systems change required for successful implementation and sustainability. A number of communities in Canada have implemented HF programs within their communities and are now engaged in systems planning processes to build homelessness serving systems that align with the HF approach (Nelson et al., in press; Turner, 2014; Worton et al., 2018).

Two networks consisting of core leaders representing organizations that act as fund administrators for provincial and/or federal funding for homelessness services. These networks are the Alberta 7 Cities (www.7cities.ca) and the Ontario Southwest 5. Communities represented in each network have adopted HF as a program and are working on advancing HF as a systems approach. In 2016, I approached the leaders acting as chairs for each network to discuss potential participation in a research project on knowledge mobilization. The work of these networks provides an excellent opportunity to examine the role of peer learning in building capacity among leaders advancing HF in their communities.

**Dissertation Purpose**

The purpose of this dissertation is to examine peer learning as a means of mobilizing knowledge for implementation of EBPs, particularly complex community interventions. To achieve this purpose, the dissertation research includes an examination of the extent to which peer learning has been used by academics and community leaders to mobilize knowledge and build capacity for the implementation of EBPs. Examining peer learning from both academic and community perspectives is of value in understanding how peer learning can advance researcher-initiated knowledge mobilization, and also understanding how community leaders can use peer learning to advance grassroots efforts to adopt EBPs in ways that fit the contexts of their community and advance local goals. The ways in which peer learning is linked to stakeholders’
individual and collective capacity in the academic literature is explored. Peer networks are examined in practice to identify if/how these networks influence participating leaders’ capacity to advance HF implementation locally and at the systems level. My aim in conducting this research is to contribute to the development of knowledge mobilization theory in ways that address critiques described above, and to inform continued knowledge mobilization of HF research and practice in Canada.

Methodology

Research Paradigm

Research paradigms are means of illuminating the “philosophical anchors” that differentiate varying approaches to empirical inquiry (Ponteretto, 2005). Paradigms differ across the “anchors” of ontology, epistemology, axiology and methods (Guba & Lincoln, 2005), but it is common for larger studies to draw upon multiple paradigms in exploring different aspects of a phenomenon (Creswell, 2007). In the present study, I draw primarily on the social constructivist paradigm in conceptualizing knowledge and peer learning. I also draw upon the critical paradigm in aligning this study with epistemological critiques of knowledge-to-action theories and calls for increased attention to power dynamics in knowledge creation and mobilization (e.g., Greenhalgh & Wieringa, 2011; Jacobson, 2007).

Social constructivism. The social constructivist paradigm is focused on the process of knowledge creation and posits that knowledge is generated and validated through social interaction and dialogue in which what is considered to be “truth” is negotiated based on social norms rooted in shared culture and history (Creswell, 2007). This paradigm provides the basis for my focus on linking different forms of knowledge within the knowledge mobilization process through dialogue and building capacity at individual and collective levels. The social
The constructivist paradigm also aligns with my belief that within the research process, knowledge is created through the interaction between the researcher and the participant and thus is subjective rather than objective in nature (Ponteretto, 2005). In the constructivist paradigm, reality is approached from a perspective of relativism, meaning that reality is created through social interaction and that reality is co-constructed among individuals and exists within the local boundaries of the group (Guba & Lincoln, 2005). I identify with a perspective described by Stake (1995) described as rationalist-constructivist. This commonly held perspective is based on the assumption that an external reality exists, but that we can only understand this reality indirectly by examining individual and collective interpretations of lived experiences. This is consistent with perspectivism, an epistemological approach in which knowledge is considered to be situated in context (Tebes, 2005).

The critical paradigm. Researchers drawing upon in the critical paradigm—like those who follow the social constructivist paradigm—view reality as socially constructed. However, in the critical paradigm, greater attention is directed towards examining existing power dynamics and facilitating emancipation of oppressed groups through research (Ponterotto, 2005). I draw upon the critical paradigm to inform my examination of how incorporating peer learning strategies is a means of recognizing the value of different forms of knowledge and ways of knowing within knowledge-to-action theory and practice. It is important to note that the extent to which I have based the present study within the critical paradigm is limited. A comprehensive look at knowledge mobilization for HF from a critical theory perspective would examine instances of inclusion and exclusion of a broad range of stakeholder voices, including individuals with lived experiences who are often not consulted on decisions that affect their lives. In-depth considerations of power dynamics at multiple levels of homelessness services systems is
important but is beyond the scope of this study.

**Researcher Position in Relation to the Research**

**Positions of privilege.** In conducting this research study, it is important that I reflect upon my own location in society and the potential sources of bias that result from my social location and my life experiences. I am a Caucasian woman raised in a two-parent, middle-class family in the suburbs of an economically prosperous Canadian city. I have not had any major physical or mental health issues in my lifetime and I have never experienced situations of homelessness or housing instability. My ethnicity, economic status, and health status have privileged me in many ways (e.g., having the means and family support to pursue post-secondary education, freedom from institutionalized racism or ableism). My level of education and status as an academic researcher puts me in a privileged position because of the high value assigned to academic credentials within western society.

**“Studying up”**. In this dissertation, I am in a position of “studying up” (Nader, 1972) in which I am engaging with participants in positions of leadership, who hold decision-making power and a high level of responsibility within their organizations. The demanding nature of the leadership roles held by participants has implications for the extent of leaders’ engagement in the research activities for this dissertation. Furthermore, the day to day work of organizational leaders is strategic and confidential in nature which has implications for the data collection methods that could be used in this study.

**Experience.** My approach to this dissertation is influenced by my own personal experiences as a researcher, particularly in terms of my beliefs regarding the value of knowledge mobilization and my experiences working on other research related to HF implementation. In my early experiences as a researcher in the community, I gained firsthand understanding of the
challenges researchers face in mobilizing knowledge (e.g., gaining the attention of busy practitioners and decision makers, understanding the varying needs of different stakeholder groups). I also learned about the consequences of failing to mobilize knowledge from research, which include participants becoming disenchanted with the research process if they felt their voice hadn’t been heard or saw no evidence of change to programs and services as a result of their participation.

While conducting this study, I was also engaged in other research projects based on the topics of knowledge mobilization and HF implementation. My work on these projects has advanced my understanding of the literature related to the topics of my dissertation as well as the application of knowledge-to-action theory in practice. My involvement in these projects led me to present at knowledge mobilization conferences and homelessness conferences, where I gained a greater understanding of emerging trends in research and practice. This understanding influenced my perspective and increased my sensitivity to—and understanding of—certain concepts in my data, particularly HF as a systems approach and the specific considerations regarding knowledge mobilization in community contexts.

**Research Design**

I have designed this study using two methods: a scoping review and a multiple case study. The scoping review of the literature is designed to examine how (if at all) peer learning is used as a strategy for advancing the uptake and implementation of EBP. I selected a scoping review of the literature over other common methods of review (e.g., systematic review, realist review) due to the lack of research conducted directly on the topic of peer learning in literature on knowledge-to-action strategies. A scoping review is an approach to comprehensively reviewing existing literature that is informed by broad, rather than specific, research questions.
and is driven by the goal of determining what literature exists, rather than assessing the quality of the existing research (Arksey & O’Malley, 2005). This type of review is useful for developing “conceptual clarity” about a topic (Davis, Drey, & Gould, 2009). Scoping studies are valuable when it is unlikely there is enough relevant literature on the topic to warrant a full, and much more resource intensive, systematic review (Arksey & O’Malley, 2005).

The multiple case study is designed to examine peer learning in community-led peer networks of leaders engaged in advancing the HF approach in their communities and regions. The multiple case study method is useful for examining a phenomenon in its real-world context, which is out of the control of a researcher (Yin, 2014). The method involves instrumentally examining multiple cases (Stake, 1995) to understand a phenomenon beyond each particular case (Bassey, 1999; Stake, 1995). Within the social constructivist paradigm, multiple case study methods are used to capture and incorporate varying viewpoints, as well as contradictory perspectives on the phenomena of interest (Stake, 1995). The multiple case study approach provides an opportunity for identifying patterns across multiple settings that help to understand aspects of a phenomenon that present in similar ways across varying contexts. Patterns emerging across sites in the present study will be of particular interest because these patterns demonstrate commonalities of peer learning strategies evident across highly variable cases (Patton, 2015).

Approaches taken for data collection and analysis are described in each of the three articles that comprise this dissertation. Protocols used in this study can be found in the appendices: Scoping review criteria (Appendix A), scoping review charting categories (Appendix B), Document analysis framework (Appendix C), network member interview guide (Appendix D), 7 Cities focus group guide/script (Appendix E), and Southwest 5 focus group guide/script (Appendix F).
Overview of the Three Articles

The three articles in this dissertation examine the role of peer learning in advancing stakeholder capacity for implementing EBPs, with in-depth exploration of the role of peer networks in the implementation of a complex community intervention.

The first article examines how peer learning is incorporated in academic-led knowledge mobilization aiming to advance uptake of EBP. The second and third articles examine how community-led peer learning in networks builds capacity among leaders advancing HF as a strategy to end homelessness. Together, these three articles provide an overview of how peer learning advances individual and collective capacity for implementation of EBPs, including complex community interventions that require systems change, such as HF.

Article 1 - Examining Peer Learning as a Strategy for Advancing Uptake of Evidence-Based Practices: A Scoping Review

This article is a review of the literature on the research-practice gap and the evolution of interactive knowledge-to-action strategies as a means of addressing this gap. Early literature on peer connections in knowledge mobilization and the use of peer learning in higher education is described to support the main argument that peer learning as an important strategy for addressing concerns about a lack of detail on communication processes within knowledge mobilization.

This article describes a scoping review of the literature undertaken to examine the extent to which peer learning is incorporated in academic knowledge-to-action initiatives aimed to advance the uptake of EBPs. Peer learning is defined as a reciprocal process in which learners share knowledge and experiences for mutual benefit (Boud, 2001). Two research questions guide this study:
1. To what extent have peer learning strategies been used to develop the capacity for implementation or uptake of EBPs among professionals in health, education, and social services sectors?

2. How has peer learning been linked to the development of individual capacity (e.g., knowledge, attitudes, skill) and/or collective capacity (e.g., partnerships, networks, collaboration) for the uptake or implementation of EBPs?

The findings of this study identify the peer learning strategies used in published research on knowledge mobilization for specific EBPs. Some strategies involve brief interaction and dialogue among participants (e.g., group activities, group discussion), while others involve the development of relationships and opportunities for ongoing interaction and support among learners (e.g., communities of practice and networks). Links between peer learning activities and capacity building processes described in these publications are summarized to determine how peer learning influences capacity in academic knowledge mobilization interventions. The findings highlight peer learning as a means of advancing individual knowledge, but also as a means of building relational capacity in which participants provide support to one another through problem-solving and sharing experiences and lessons learned. These findings provide a foundation for the two subsequent studies that examine peer learning activities and capacity building within the two peer networks examined in articles 2 and 3.

This article is considered to be most relevant to academics, and is intended for publication in *Evidence and Policy*. 
Article 2 - Examining Peer networking as a Knowledge Mobilization Strategy for Implementing Housing First

This article includes a detailed description of HF as a complex community intervention and HF implementation challenges outlined in the literature. The types of capacity required for the implementation of HF are presented and the community of practice approach is described as a potential means of building this capacity.

A multiple case study of two multi-community peer networks is presented to provide insight into how these networks have advanced each core leader’s ability to implement HF in their local context. Three research questions guide the two case studies:

1. What forms of knowledge do network leaders draw upon to advance shared learning regarding HF implementation?

2. How does the network influence learning and implementation capacity for individual members and/or for the network as a collective?

3. What contextual factors influence capacity building through peer networks?

The findings of this study provide insight regarding activities of the network that promote peer learning among members. Links between peer learning in the context of the network and capacity for HF are described in terms of the individual capacity of core leaders to advance HF in their communities and to build the general capacity for change associated with the intervention. The findings also include a description of collective capacity developed among core leaders to advance strategic planning and work collaboratively in ways that benefit HF implementation in all member communities. Collective capacity is key in advancing HF at the systems-level, which is the focus of article 3. Contextual factors that influence the network are
described in terms of how each factor acts as a facilitator and/or barrier to advancing peer learning and capacity for HF implementation.

This article is considered to be of interest to community practitioners and leaders and to academics and is intended for submission to *Gateways: International Journal of Community Research and Engagement* which is an open access publication.

**Article 3 - Understanding the Role of Peer Networks in Building Capacity for Systems Change: A Case Study of Two Canadian Networks Implementing Housing First**

This article extends the research described in article 2 to examine the influence of learning in peer networks on advancing change related to HF implementation at the systems-level. An overview of literature on HF as a systems change intervention is presented and literature on the role of leadership and networks in advancing systems change is reviewed. As in article 2, this paper is based upon a multiple case study of two multi-community peer networks. Two research questions guide this study:

1. How does peer learning in networks build capacity for systems change to advance HF?
2. What contextual factors influence the capacity building and systems change activities of the network?

The findings of this study illustrate how the engagement of core leaders in peer learning within the multi-community network increases leaders’ collective capacity to create conditions for HF systems change across communities and to advance and sustain these changes. The influence of contextual factors on leaders’ capacity to collaborate within the network and with external stakeholders (e.g., government representatives and policy makers, academics) is examined. The findings of this study are discussed in relation to the six rules for transformative
systems change outlined by Foster-Fishman and Watson (2017) to illuminate how core leaders’ engagement in the peer network influences systems change at the community and policy levels.

This article is considered to be of interest to community leaders and academics working on advancing HF and is intended for submission to *Housing, Theory, and Society.*
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*Implement Sci, 5*(1), 16.


International Journal of Community Research and Engagement, 10, 1-22.

http://dx.doi.org/10.5130/ ijcre.v10i1.5202
CHAPTER 2 - EXAMINING PEER LEARNING AS A STRATEGY FOR ADVANCING UPTAKE OF EVIDENCE-BASED PRACTICES: A SCOPING REVIEW

(Article 1)

Target Journal - Evidence & Policy

Abstract

The gap between research and practice in human and social services persists despite the evolution of knowledge-to-action theory and practice from passive dissemination to engaged, interaction between knowledge producers and knowledge users. Calls for a “new wave” in knowledge-to-action theory highlight the need for increased attention to dynamics of power and critical examination of the value assigned to different forms of knowledge. Integrating peer learning into knowledge-to-action initiatives is a strategy for knowledge sharing that has been applied in practice but has not been examined in depth. A scoping review was conducted to examine the extent to which peer learning has been used in the literature to advance knowledge sharing and facilitate the uptake of evidence-based practices. A total of 76 sources were selected from 2161 references identified. Findings of the review identify a number of peer learning strategies applied within in the literature. Links between these peer learning strategies and multiple individual and/or collective capacities for implementing evidence-based practices were identified from selected studies. Implications for research and practice are discussed.
Introduction

In practice-driven areas such as health care and mental health, there is an ongoing gap between research and practice (Bond & Drake, 2016; Leach & Tucker, 2018). Knowledge-to-action theory and practice (Graham et al., 2006) has focused mainly on addressing the gap by synthesizing information into more accessible forms and moving information from research to practice more efficiently (Green et al., 2009). However, the research-practice gap is difficult to address as it is rooted in the different cultures of researchers and practitioners (Green et al., 2009; Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008). Many of the strategies traditionally used for training practitioners in evidence-based practices (EBPs) are considered to be of limited value in achieving sustained uptake. Passive knowledge sharing strategies such as workbooks/toolkits, didactic lectures, and workshops have been determined to be beneficial in increasing knowledge and attitudes but are less effective for behaviour change than are active learning strategies (e.g., role play, practice opportunities) (Beidas & Kendall, 2010).

Interactive Knowledge-to-Action Strategies

The move towards using more interactive strategies for knowledge sharing reflects an evolutionary shift or “third wave” in knowledge-to-action theory and practice (Backer, 1991; Jacobson, 2007). Many critiques of knowledge-to-action theory are not addressed by interactive strategies that advance connections between knowledge producers and knowledge users. This has led to calls for a “fourth wave” in theory and practice in which increased consideration is given to whose knowledge is shared and what knowledge is considered to be “evidence” (Jacobson, 2007). Critiques target foundational assumptions of knowledge-to-action strategies in which knowledge is often considered as a product to be packaged and transferred rather than a process through which new knowledge is generated (Reimer-Kirkham et al., 2009). Conceptualizing
knowledge as a product is in some ways necessary when examining the uptake of EBP. EBPs often include core elements that must be implemented with fidelity to achieve the expected outcomes for participants (Hawe, Shiell, & Riley, 2004). Some adaptation of EBPs to the context in which they are being implemented is also important for success, resulting in a need to balance fidelity of core elements with contextual adaptation of other elements (Hawe et al., 2004). The process of implementation and adaptation draws upon different forms of knowledge. Technical knowledge of the EBP and its core elements is necessary for implementation with fidelity, whereas experiential knowledge and professional wisdom (Flyvbjerg, 2001; Ward, 2017) can inform successful adaptation.

The purpose of this study is to contribute to advancing the “fourth wave” of knowledge-to-action theory (Jacobson, 2007) by examining how peer learning has been used as a knowledge sharing strategy in research promoting uptake and implementation of EBPs. Peer learning activities involve learners engaging with one another to share experiences and insights during the learning process (Boud, 2001). Despite growing emphasis on peer learning for the development of professional skills in higher education, peer learning among professionals in human service settings has not been closely examined in the knowledge-to-action literature.

**Knowledge-to-Action Theory, Knowledge Mobilization, and Peer Learning**

Knowledge-to-action theory refers broadly to a number of terms used across various disciplines to describe the process of facilitating the uptake of research knowledge and evidence into practice and policy (Graham et al., 2006). It is helpful to use such a broad term when describing the evolution of theory and practice in this area, as well as the critiques of existing approaches. When describing certain strategies for knowledge sharing, the use of more specific terminology is beneficial to help position the research within the extensive body of knowledge-
to-action literature. In this study, peer learning is examined as a strategy for *knowledge mobilization*—defined as “the reciprocal and complementary flow and uptake of research knowledge between researchers, knowledge brokers and knowledge users—both within and beyond academia—in such a way that may benefit users and create positive impacts within Canada and/or internationally” (Social Sciences and Humanities Research Council [SSHRC], 2016, “Definition of terms,” para. 16).

**The Role of Peer Connections in Knowledge Mobilization**

Peer connections and networks are a means of building capacity for the implementation of EBPs. The value of peer connections and networks is recognized in the knowledge mobilization and implementation literature, but has not been explored to the same extent as connections between researchers and practitioners.

There are two forms of capacity for the implementation of EBPs: innovation-specific capacity and general capacity (Flaspohler et al., 2008). Innovation-specific capacity includes stakeholders’ knowledge, buy in, skills, and resources that facilitate identification and implementation of a specific EBP. General capacity includes stakeholders’ ability to innovate and manage the change process inherent in EBP implementation (Flaspohler et al., 2008). Traditional approaches to knowledge mobilization, such as training and technical assistance, are a means of advancing innovation-specific capacity among practitioners and their organizations (Wandersman, Chien, & Katz, 2012). External relationships and connections, such as inter-organizational networks and collaborative partnerships advance general capacity for innovation within organizations. Through these connections, organizational leaders become aware of how other organizations are innovating, and use this information to inform their own decisions regarding the adoption of EBPs (Flaspohler et al., 2008). These network connections can also
inform innovation-specific capacity, as peer networking can provide a means of learning as those implementing the same EBP can learn from one another (Leeman et al., 2015).

The value of networks and peer learning for advancing learning is not thoroughly explored in implementation research. Interactive strategies have tended to focus on interaction between experts and knowledge users, as well as positioning individuals in positions of expert/learner (e.g., mentorship) or boundary spanners (e.g., knowledge brokers). Communities of practice—an approach in which individuals connect based on a shared domain of interest and shared practice (Wenger, McDermott, & Snyder, 2002)—have been examined as a way to advance EBP in the health care professions (e.g., Barwick, Peters, & Boydell, 2009; Tolson, Booth, & Lownes, 2008). However, there is a lack of research that explores the types of strategies used to promote peer learning in knowledge mobilization and practice. The concept of peer learning has been taken up in higher education literature to advance learning and student engagement. Research from higher education may provide insight as to how peer learning may be of value in advancing knowledge mobilization.

**Peer Learning: Lessons from Higher Education**

Literature from higher education demonstrates a growing focus on peer learning as a strategy for advancing skills for professional practice. Findings from this literature may be applicable to knowledge mobilization theory and practice for professionals in human services. Scholars of adult learning have taken issue with an over-emphasis on technical or factual knowledge in education and a lack of incorporation of experience and integration of prior knowledge (Merriam, Caffarella, & Baumgartner, 2007). Peer learning refers to a “two-way, reciprocal learning activity” that is “mutually beneficial and involve[s] the sharing of knowledge, ideas, and experience between the participants” (Boud, 2001, p. 3). In this definition, peers are
considered to be individuals who hold similar roles and identify as learners, rather than teachers, facilitators, or experts. Peers are equal in status, meaning no one is in a position of power or influence over another (Boud, 2001).

Peer learning is related to but distinct from peer teaching, in which more senior or experienced individuals take on a structured teaching role and provide instruction, tutoring, or support to their less experienced peers (Boud, 2001). In practice, peer learning is often structured in ways that involve some facilitation from a teacher or expert such as triads of two students (sometimes with differing levels of experience) and a facilitator or mentor (e.g., Christiansen & Bell, 2010; McKenna & Williams, 2017). Literature from higher learning suggests that peer learning can be valuable in establishing learning relationships that result in increased feelings of support, decreased feelings of isolation, and increased capacity to navigate ambiguities and face challenges (Christiansen & Bell, 2010). Learners in peer-groups report feeling that they can speak openly in these groups and ask questions without fear of making mistakes (Hilsdon, 2014). Knowledge shared through peer learning strategies is often experiential in nature (e.g., preparing for practicum placements) providing a “hidden curriculum” of knowledge not covered through traditional didactic lectures and course instruction (McKenna & Williams, 2017). For example, a study of student nurses working in pairs in “student wards” highlighted the value of peer learning for enhancing professional skills. Students reported a number of benefits of peer learning in the paired supervision approach taken in this study. While working in pairs, students shared relevant experiences, engaged in reflective discussion about patient care, were open with one another about their perceived professional weaknesses, and engaged in problem-solving discussions before seeking support from their supervisor. Students expressed increased confidence and independence in caring for patients as a result of the peer learning approach (Hellström-Hyson,
Mårtensson, & Kristofferzon, 2012).

**Present Study**

This review aims to examine how peer learning has been applied in academic initiatives to advance uptake and/or implementation of EBPs in practice settings. Specifically, I examine peer learning strategies in which participants all identify as learners. Two main questions are addressed in this review:

1. To what extent have peer learning strategies been used to develop the capacity for implementation or uptake of EBPs among professionals in health, education, and social services sectors?
2. How has peer learning been linked to the development of individual capacity (e.g., knowledge, attitudes, skill) and/or collective capacity (e.g., partnerships, networks, collaboration) for the uptake or implementation of EBP?

**Method**

I used a scoping review methodology to examine how peer learning activities have been incorporated in knowledge mobilization initiatives. The scoping review approach is appropriate for this study as the approach is designed to comprehensively examine what literature exists on a topic, identify gaps in existing research, and develop “conceptual clarity” about a topic, rather than assessing the quality of the existing research (Arksey & O’Malley, 2005; Davis, Drey, & Gould, 2009). Given the various types of activities of peer learning strategies that may be used in knowledge mobilization (e.g., discussion seminars, peer-assessment, communities of practice, etc.) and the rapid increase in knowledge mobilization research and practice in recent years (Ward, 2017), a scoping review provides a starting point for understanding how peer learning is
incorporated into knowledge mobilization initiatives.

Conducting a review of the literature in this area is challenging due to the wide range of terminology used to describe knowledge-to-action practices (Graham et al., 2006), the lack of relevant index terms in many databases, and the distribution of knowledge mobilization research across multiple disciplines (Tabak et al., 2012; McKibbon et al., 2010; Ward, 2017). Despite these challenges, it is important to advance awareness of knowledge mobilization activities, such as peer learning, to inform further development of theory and practice. The procedure for the scoping review is aligned with the scoping review process set out by Arksey and O’Malley (2005) and refined by Levac, Colquhoun, and O’Brien (2010). Minor modifications to this process were made out of necessity due to resource constraints and the challenges of conducting reviews of literature related to knowledge-to-action theories.

Search Strategy

A search of 10 databases was conducted in combination with a manual search of seven journals (e.g., Implementation Science, Prevention Science, American Journal of Community Psychology). Search criteria were included to retrieve empirical, English-language articles published between January 2000 and January 2018. Search criteria included peer-reviewed or non-peer reviewed sources (e.g., reports, theses/dissertations). After a pilot search of two databases, the search terms and the search strategy were revised. Search terms related to knowledge mobilization (Table 2.1) were included as a title search to limit the scope of the search to articles with a core focus on knowledge mobilization. The Principal Investigator (PI) consulted with a university librarian with expertise in the social sciences when developing and revising the search strategy.
### Table 2.1

**Search Terms for Scoping Review**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Search Terms/Keywords</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge Translation</td>
<td>“Knowledge translation” OR “knowledge mobilization” OR “knowledge mobilisation” OR “Interactive Systems Framework” OR “dissemination” OR “information dissemination” OR “knowledge transfer” OR “PARHiS” OR “knowledge to action”</td>
</tr>
<tr>
<td>Human Services</td>
<td>“Communities” OR “public health” OR “prevention” OR “practice” NOT “technology” OR “knowledge management”</td>
</tr>
<tr>
<td>Capacity Building</td>
<td>“Capacity building” OR “capacit*” OR “stakeholder interaction” OR “learning” OR “knowledge level” OR “communities of practice” OR “collaborat*” OR “training” OR “interact*” OR “technical assistance” OR “knowledge broker*” OR “peer” OR “mentor*”</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>“Evidence-based practice” OR “intervention” OR “innovation” OR “best practice” OR “program implementation” OR “Evaluation” OR “implementation research”</td>
</tr>
<tr>
<td>Empirical</td>
<td>“evaluat*” OR “trial*” OR “intervention*” OR “qualitative” OR “quantitative” OR “mixed methods”</td>
</tr>
<tr>
<td>Publication Type</td>
<td>NOT “systematic review” OR “meta-analysis” [publication type] OR review [publication type]</td>
</tr>
</tbody>
</table>

### Inclusion Criteria

An initial review of 15 titles/abstracts was conducted to refine inclusion and exclusion criteria. From this review, it became evident that details on specific peer learning activities were rarely included in article titles and abstracts. More frequently, abstracts contained details about interactive strategies (e.g., in-person workshops) that could be used to distinguish sources that might incorporate peer learning from those that did not (i.e., studies using passive strategies to share EBPs). For this reason, the review was divided into two phases.

In the first phase, the presence of interactive practices for knowledge mobilization (e.g., in-person workshops; researcher-learner connections; train-the-trainer approaches) was assessed along with inclusion/exclusion criteria related to participant group and EBP (Figure 2.1). In the
second phase, articles selected for inclusion were reviewed in detail to examine whether interactive knowledge mobilization and implementation practices included opportunities for peer learning among participants.

**Figure 2.1. Study selection flow chart**

**Phase one.** Studies were included in the scoping review if they met the following inclusion criteria:

- the target audience for knowledge mobilization was professionals in social services, education, or health/mental health sectors;
• knowledge mobilization was focused on a specific EBP; and

• knowledge mobilization strategies described were interactive in nature (i.e., there was interaction between knowledge users with one another or with trainers, researchers, mentors, etc.).

Studies were excluded at this phase if the research met one or more of the following exclusion criteria:

• the research had not been conducted (i.e., a study protocol);

• the study was evaluating a practice to establish an evidence-base;

• the target audience for the knowledge mobilization strategy was the general public or students (K-12 or post-secondary); and

• the context was a faith community or a private sector/corporate setting.

**Phase two.** In the second phase, studies were included if interactive knowledge mobilization activities incorporated opportunities for peer learning. Studies were excluded if there were no peer learning activities described, if details on knowledge mobilization activities were insufficient to identify if peer learning took place, or if peer learning activities involved hierarchical relationships (e.g., mentor - mentee, train-the-trainer) that reflect peer teaching rather than peer learning.

**Study Selection**

Scoping review processes must be designed with consideration of time, budget, and personnel limitations that may affect the study (Arksey & O’Malley, 2005). Resource considerations for this study required modifications to the recommended iterative team approach in which two or more team members review all sources and extract data (Levac et al., 2010). In this study, the PI selected studies and reviewed data and a Research Assistant (RA)
independently reviewed a random sample for each step of the review process. The PI reviewed all titles and abstracts, sorting articles as “include”, “exclude” and “unsure”. The RA independently reviewed a randomly selected sample of abstracts comprising approximately 10% of the total number of abstracts. Sources that did not contain sufficient detail in the abstract to be included or excluded were categorized as “unsure” and were screened in full text. The RA reviewed approximately 10% of these sources. Articles included at this stage were reviewed in full text by the PI to assess the presence of peer learning activities. The RA reviewed approximately 25% of these sources. The level of agreement between the PI and the RA across the three phases ranged from 85% to 96%. In cases of disagreement, abstracts/articles were reviewed again by the PI who made the final decision regarding study inclusion.

**Data Synthesis**

The PI reviewed included articles and extracted details from each article pertaining to the study characteristics (year, location, settings, discipline, participants, methods, EBPs), the peer learning activities (activity, description, duration), and capacities linked to these activities (individual capacity, collective capacity). As is common in scoping reviews, we did not assess the methodological quality of the included studies for potential bias (Arksey & O’Malley, 2005). The PI undertook a content analysis of the charted data, drawing upon the full text for reference. Qualitative content analysis is an approach determined to be applicable to scoping reviews (Levac et al., 2010). A conventional approach was used for the content analysis, which involves examining a phenomenon through a deductive process in which exact words are identified from text, grouped based on similarity, and developed into categories which are then used to code the text (Hsie & Shannon, 2005).
Findings

Studies Included

This review includes 76 articles describing 60 studies. Most included studies were conducted between 2011 and 2018 (59.0%) with some published between 2006 and 2010 (32.8%) and only a few published between 2000 and 2005 (8.2%). The majority of studies were conducted in the United States (62.9%) followed by Canada (19.4%), Australia (6.5%), and the UK (4.8%). The number of studies using quantitative methods (52.4%) was higher than those using mixed methods (25.4%) or qualitative methods (17.5%). The timeframe of the included studies was generally long-term with a timeline longer than six months (50.0%), or a timeline between one and 6 months (25.0%). In contrast, some studies were short-term, with timelines of less than one week (23.3%). Peer learning was identified as the primary knowledge mobilization strategy in 22.6% of the included studies. In 33.9% of the included studies, peer learning strategies are combined with other strategies (e.g., expert coaching, information materials), but given equal weight. In 43.5% of studies, peer learning activities were supplementary to more traditional training and learning activities (e.g., didactic lectures). The number of peer learning strategies identified in each study ranged from 1 to 6, with an average of 2.2.

Peer Learning Strategies

Analysis of the included studies resulted in the identification of 13 peer learning strategies used for knowledge mobilization and implementation of EBPs. In many cases, these learning strategies were paired or used in combination. The most common strategy used was in-person discussion at meetings or workshops (58.3%). Other commonly used strategies included conference calls/web conferencing (33.3%); small group learning exercises (e.g., role play)
(23.3%); online communication through forums, listservs, etc. (20.0%); and communities of practice (18.3%) (Table 2.2). Due to the number of articles, citations are not included in the table. A list of references for all 76 articles included in the review can be obtained from the first author.

**Peer Learning for Individual and Collective Capacity Building**

Of the 76 articles included in this review, 37 contained detail linking peer learning strategies to increased capacity among learners. References for these articles included in the reference section and identified by an asterisk. A number of themes emerged regarding how peer learning is used in the selected studies to advance individual and/or capacity for uptake or implementation of EBPs. Individual capacities include attitudes (e.g., “buy-in,” self-efficacy, momentum), knowledge of EBP content and/or processes, and skills developed through practice and feedback. Collective capacities identified include engagement in networks across agency or disciplinary boundaries, relationship development (trust, support, identity), knowledge sharing/exchange of experiences and “lessons learned”, and knowledge generation through group problem-solving and reflection.

Results for the analysis of capacity building are presented in three categories: studies that link peer learning to individual capacity (Table 2.3), studies that link peer learning to collective capacity (Table 2.4), and studies that link peer learning to both individual and collective capacity (Table 2.5).
Table 2.2

Peer Learning Strategies Applied to Advance Uptake of EBP in Selected Studies

<table>
<thead>
<tr>
<th>Peer Learning Strategy</th>
<th>Description</th>
<th># of Studies (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network/learning community¹</td>
<td>Ongoing interaction among a group of learners for the purposes of sharing knowledge.</td>
<td>6 (10.0%)</td>
</tr>
<tr>
<td>Community of practice²</td>
<td>Ongoing interaction among a group of learners for the purposes of collective learning and application of EBP in practice. Often reflected by a sense of shared ownership/leadership of the community among members.</td>
<td>11 (18.3%)</td>
</tr>
<tr>
<td>Team based learning</td>
<td>Learning activities are designed for teams comprised of individuals from different roles in the same organization (e.g., practitioners, supervisor, administrator).</td>
<td>3 (5.0%)</td>
</tr>
<tr>
<td>Team based implementation</td>
<td>Teams are formed to implement EBP in an organization or community, often involving learners in different roles across an organization or system. Often inter-disciplinary.</td>
<td>9 (15.0%)</td>
</tr>
<tr>
<td>Role-specific learning groups</td>
<td>Learning activities organized to connect learners who share a similar role (e.g., clinician, supervisor) and relate to specific experiences and challenges of that role.</td>
<td>6 (10.0%)</td>
</tr>
<tr>
<td>Peer assessment/feedback</td>
<td>Peers observe each other practicing/demonstrating a skill and provide either assessment or feedback to one another.</td>
<td>4 (6.7%)</td>
</tr>
<tr>
<td>Discussion – in person</td>
<td>Learners engage in face-to-face discussion of the EBP (including experiences with implementation, barriers, challenges, etc.) during meetings or workshops.</td>
<td>35 (58.3%)</td>
</tr>
<tr>
<td>Conference calls/web conferencing</td>
<td>Learners engage in discussion about the EBP (including experiences with implementation, barriers, challenges, etc.). Through conference call or web-conference technology. Often occurring in a small group with facilitation from a trainer/expert.</td>
<td>20 (33.3%)</td>
</tr>
<tr>
<td>Case presentations</td>
<td>Learners present a case from their own practice/application of the EBP and receive feedback from peers.</td>
<td>8 (13.3%)</td>
</tr>
<tr>
<td>Collaborative activities/projects</td>
<td>Group based tasks that involve working collaboratively on a project related to the EBP but not specific to implementation (e.g., resource guide).</td>
<td>1 (1.7%)</td>
</tr>
<tr>
<td>Small group learning exercise</td>
<td>A small group (&lt;10) or pair participates in a learning exercise together (e.g., role play, game, vignettes)</td>
<td>14 (23.3%)</td>
</tr>
<tr>
<td>Group brainstorming/planning</td>
<td>Learners are engaged in discussion to identifying potential challenges, barriers, and considering steps necessary for implication</td>
<td>6 (10.0%)</td>
</tr>
<tr>
<td>Online discussion forum/listserv/Intranet</td>
<td>A web-based forum, portal or mailing list used by learners to communicate with one another on an as-needed basis.</td>
<td>12 (20.0%)</td>
</tr>
</tbody>
</table>

¹Community of practice and learning community are used interchangeably across some studies. The categories have been left separate to reflect the presence of different terms in the literature.

²Community of practice strategy includes the concept of “learning collaboratives” and “community development teams” used in some studies.
Table 2.3

*Studies Advancing Individual Capacity through Peer Learning*

<table>
<thead>
<tr>
<th>Citation</th>
<th>Country</th>
<th>Discipline</th>
<th>Innovation</th>
<th>Knowledge User group</th>
<th>Peer learning strategies</th>
<th>Priority of PL</th>
<th>Time-Frame (weeks)</th>
<th>Individual capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen et al. (2014)</td>
<td>USA</td>
<td>Mental health</td>
<td>TF-CBT</td>
<td>Clinicians</td>
<td>Conference call (facilitated); Case presentation</td>
<td>2</td>
<td>48</td>
<td>Attitudes (buy-in)</td>
</tr>
<tr>
<td>Amenson &amp; Liberman (2001)</td>
<td>USA</td>
<td>Mental health</td>
<td>Family Psychoeducation</td>
<td>Practitioners (interdisciplinary)</td>
<td>Peer assessment/feedback; Discussion; Group brainstorming</td>
<td>2</td>
<td>36</td>
<td>Attitudes (self-efficacy); Skills (practice)</td>
</tr>
<tr>
<td>Boulet et al. (2007)</td>
<td>CAN</td>
<td>Health</td>
<td>Asthma Care Guidelines</td>
<td>Physicians</td>
<td>Small group exercises; Discussion</td>
<td>1</td>
<td>&lt; 1</td>
<td>Attitudes (buy-in); Knowledge (process)</td>
</tr>
<tr>
<td>Brothers, et al. (2015)</td>
<td>USA</td>
<td>Mental health</td>
<td>Biobehavioural intervention (BBI)</td>
<td>Practitioners; (interdisciplinary) Supervisors</td>
<td>Small group exercises; Discussion</td>
<td>2</td>
<td>&lt; 1</td>
<td>Knowledge (content); Attitudes (buy-in, self-efficacy)</td>
</tr>
<tr>
<td>Fritz et al. (2013)</td>
<td>USA</td>
<td>Mental health</td>
<td>TF-CBT</td>
<td>Practitioners</td>
<td>Group discussion (facilitated); Case presentations</td>
<td>2</td>
<td>28</td>
<td>Knowledge (content); Skills (practice); Attitudes (self-efficacy)</td>
</tr>
<tr>
<td>Karlin et al. (2012)</td>
<td>USA</td>
<td>Mental health</td>
<td>CBT-D</td>
<td>Practitioners (interdisciplinary)</td>
<td>Small group exercises; Discussion; Conference calls (facilitated); Case presentation</td>
<td>2</td>
<td>24</td>
<td>Attitudes (buy-in, self-efficacy)</td>
</tr>
<tr>
<td>Maas et al. (2015)</td>
<td>NLD</td>
<td>Health</td>
<td>Clinical practice guidelines</td>
<td>Practitioners</td>
<td>Discussion; Peer assessment</td>
<td>1</td>
<td>20</td>
<td>Skills (practice)</td>
</tr>
<tr>
<td>Roosa et al. (2011)</td>
<td>USA</td>
<td>Mental health</td>
<td>CM, SS, &amp; MIA: STEP</td>
<td>Practitioners Administrators</td>
<td>Community of practice</td>
<td>2</td>
<td>27</td>
<td>Attitudes (motivation)</td>
</tr>
<tr>
<td>Treloar et al. (2005)</td>
<td>AUS</td>
<td>Public Health</td>
<td>Research findings</td>
<td>Practitioners; Administrators; Decision makers</td>
<td>Discussion; Planning/brainstorming</td>
<td>2</td>
<td>&lt; 1</td>
<td>Knowledge (content)</td>
</tr>
</tbody>
</table>

*KMb (knowledge mobilization); TF-CBT (Trauma-Focused Cognitive-Behavioural Therapy); CBT-D (Cognitive Behavioural Therapy for Depression)*

Priority 1 = PL as primary KMb strategy used in the study, Priority 2 = KMb strategy paired with one or more non-PL strategies (e.g., didactic training) and equally weighted
## Table 2.4

**Studies Advancing Collective Capacity through Peer Learning**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Country</th>
<th>Discipline</th>
<th>Innovation</th>
<th>Knowledge User group</th>
<th>Peer Learning Strategies</th>
<th>Priority of PL</th>
<th>Time-Frame (weeks)</th>
<th>Collective capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chamberlain, et al. (2008; 2012), Brown et al., (2014), Saldana &amp; Chamberlain (2012), Palinkas et al. (2017)</td>
<td>USA</td>
<td>Mental health</td>
<td>MTFC</td>
<td>Practitioners, Decision-makers, Administrators, Consumers</td>
<td>Community of practice (facilitated); Discussion; Brainstorming/planning; Conference calls (facilitated);</td>
<td>2</td>
<td>72</td>
<td>Networks (interagency); Relationships (support); Knowledge sharing/exchange; Knowledge generation (problem-solving; reflection); Resource/tool sharing</td>
</tr>
<tr>
<td>Ebert et al. (2012)</td>
<td>USA</td>
<td>Mental health</td>
<td>TF-CBT</td>
<td>Practitioners, Administrators</td>
<td>Role-specific learning; Team-based learning; Team-based implementation; Conference calls (facilitated); Web forum/Intranet</td>
<td>1</td>
<td>36</td>
<td>Networks (interagency); Knowledge sharing/exchange; Resource/tool sharing</td>
</tr>
<tr>
<td>Gleacher et al. (2011), Nadeem et al. (2013)</td>
<td>USA</td>
<td>Mental health</td>
<td>CBT</td>
<td>Practitioners, Supervisors, Administrators</td>
<td>Conference calls (facilitated); Case presentation; Role-specific learning</td>
<td>2</td>
<td>48</td>
<td>Knowledge sharing/exchange; Knowledge generation (problem-solving)</td>
</tr>
<tr>
<td>Gotlib Conn et al. (2015), McLeod et al. (2015)</td>
<td>CAN</td>
<td>Health</td>
<td>Enhanced Recovery After Surgery (ERAS)</td>
<td>Physicians, Nurses</td>
<td>Team-based implementation; Community of practice; Conference calls; Online listserv</td>
<td>1</td>
<td>96</td>
<td>Networks (interagency); Relationships (support); Knowledge-sharing/exchange; Knowledge generation (reflection); Resource/tool sharing</td>
</tr>
<tr>
<td>Lang et al. (2015)</td>
<td>USA</td>
<td>Mental Health</td>
<td>TF-CBT</td>
<td>Practitioners, Supervisors, Administrators</td>
<td>Discussion; Small group exercise; Role-specific learning; Conference calls; Team-based implementation. Web forum/intranet</td>
<td>1</td>
<td>144</td>
<td>Networks (interagency); Knowledge-sharing/exchange</td>
</tr>
<tr>
<td>Authors</td>
<td>Country</td>
<td>Field</td>
<td>Type of Practice</td>
<td>Implementation Method</td>
<td>Duration</td>
<td>Setting</td>
<td></td>
<td></td>
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<td>-------------------------</td>
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</tr>
<tr>
<td>McWilliam et al. (2008; 2009)</td>
<td>CAN</td>
<td>Health</td>
<td>Client Driven Care Practitioners; Nurses</td>
<td>Team-based Implementation; Brainstorming/planning; Discussion</td>
<td>1</td>
<td>20 Networks (interdisciplinary); Relationships (trust, support); Knowledge generation (reflection)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snelgrove-Clarke et al. (2015)</td>
<td>CAN</td>
<td>Health</td>
<td>Clinical Practice Guidelines Nurses</td>
<td>Brainstorming/planning; Discussion</td>
<td>1</td>
<td>24 Knowledge sharing/exchange; knowledge generation (planning)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephens et al. (2014)</td>
<td>USA</td>
<td>Mental Health 4Rs and 2Ss Program Practitioners Program directors</td>
<td>Network/learning community; Discussion; Brainstorming/planning; Conference calls (facilitated)</td>
<td>1</td>
<td>48 Knowledge sharing/exchange; Knowledge generation (problem-solving)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tolson et al. (2005; 2008)</td>
<td>UK</td>
<td>Health</td>
<td>Best practice statements Nurses</td>
<td>Community of practice; Discussion; Web-conference</td>
<td>1</td>
<td>24 Networks (interagency); Relationships (support, identity/community); Knowledge sharing/exchange; Knowledge generation (problem-solving)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- KMb (knowledge mobilization); MTFC (Multidimensional Treatment Foster Care); TF-CBT (Trauma-Focused Cognitive-Behavioural Therapy); CBT (Cognitive Behavioural Therapy)
- Priority 1 = PL as primary KMb strategy used in the study, Priority 2 = KMb strategy paired with one or more non-PL strategies (e.g., didactic training) and equally weighted
Table 2.5

*Studies Advancing Both Individual and Collective Capacity through Peer Learning*

<table>
<thead>
<tr>
<th>Citation</th>
<th>Country</th>
<th>Discipline</th>
<th>Innovation</th>
<th>Knowledge User Group</th>
<th>Peer Learning Strategies</th>
<th>Priority of PL activity</th>
<th>Time-Frame (weeks)</th>
<th>Individual Capacity</th>
<th>Collective Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barwick et al. (2009)</td>
<td>CAN</td>
<td>Mental health</td>
<td>CAFAS tool</td>
<td>Practitioners</td>
<td>Community of practice (facilitated); Discussion</td>
<td>1</td>
<td>44</td>
<td>Knowledge (content)</td>
<td>Knowledge sharing/exchange; Knowledge generation (problem-solving)</td>
</tr>
<tr>
<td>Behl et al. (2012)</td>
<td>USA</td>
<td>Rehabilitation (Hearing)</td>
<td>Telehealth model</td>
<td>Practitioners, Administrators</td>
<td>Network/learning Community (facilitated); Discussion; Conference calls; Collaborative activities/projects</td>
<td>1</td>
<td>36</td>
<td>Knowledge (content)</td>
<td>Relationships (support); Knowledge sharing/exchange; Resource/tool sharing</td>
</tr>
<tr>
<td>Flaspohler et al. (2012)</td>
<td>USA</td>
<td>Education</td>
<td>Multiple programs</td>
<td>Teachers, Administrators, Staff</td>
<td>Community of practice (facilitated); Team-based implementation</td>
<td>2</td>
<td>48+</td>
<td>Attitudes (motivation)</td>
<td>Networks (interagency); Relationships (support) Knowledge sharing/exchange; Knowledge generation (problem-solving)</td>
</tr>
<tr>
<td>Fraser et al. (2014), Bartlett et al. (2016)</td>
<td>USA</td>
<td>Mental health/Social services</td>
<td>TF-CBT; CPP; ARC</td>
<td>Practitioners, Supervisors, Administrators, Cross-sector stakeholders</td>
<td>Community of practice; Conference calls; Team-based implementation; Role-specific learning</td>
<td>1</td>
<td>48</td>
<td>Attitudes (buy-in)</td>
<td>Networks (interagency) Knowledge sharing/exchange; Knowledge generation (problem-solving; reflection)</td>
</tr>
<tr>
<td>Study</td>
<td>Location</td>
<td>Field</td>
<td>Methodology</td>
<td>Primary KMb Strategy</td>
<td>Additional KMb Strategies</td>
<td>Main Findings</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Harned et al.</td>
<td>USA</td>
<td>Mental health</td>
<td>Exposure Therapy Practitioners</td>
<td>Network/learning community; Conference call (facilitated); Case presentations</td>
<td>2 12</td>
<td>Knowledge (content); Attitudes (buy-in, self-efficacy); Knowledge sharing/exchange; Knowledge generation (problem-solving)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herie et al.</td>
<td>CAN</td>
<td>Health</td>
<td>Research findings Practitioners</td>
<td>Community of practice; Discussion; Conference calls; Small group exercise</td>
<td>2 24</td>
<td>Attitudes (buy-in, self-efficacy); Skills (practice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyon et al.</td>
<td>USA</td>
<td>Mental Health</td>
<td>CBT Assessment Protocols Practitioners, Supervisors</td>
<td>Peer assessment/feedback; Team-based learning; Conference calls (facilitated); Role-specific learning; Case presentation</td>
<td>2 24</td>
<td>Attitudes (buy-in); Skills (practice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roosa et al.</td>
<td>USA</td>
<td>Mental health</td>
<td>CM, SS, MIA: STEP Practitioners Administrators</td>
<td>Community of practice</td>
<td>2 27</td>
<td>Attitudes (motivation) Networks (interagency)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wimpenny et al.</td>
<td>UK</td>
<td>Mental Health/Rehabilitation</td>
<td>MHO Assessment Tools Practitioners</td>
<td>Community of practice (facilitated); Discussion</td>
<td>1 48</td>
<td>Beliefs; Attitudes (self-efficacy) Relationships (trust/openness; support); Knowledge sharing/exchange; knowledge generation (reflection)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KMb (knowledge mobilization); CAFAS (Child and Adolescent Functional Assessment Scale CAFAS); TF-CBT (Trauma focused Cognitive-behavioral therapy); CPP (Child-parent psychotherapy); ARC (Attachment, Self-Regulation and Competency); MHO (Model of Human Occupation); CM (Contingency Management); SS (Seeking Safety); MIA: STEP (Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency)**

*Priority 1 = PL as primary KMb strategy used in the study, Priority 2 = KMb strategy paired with one or more non-PL strategies (e.g., didactic training) and equally weighted*
**Individual capacity.** Studies with descriptions of individual-level capacity change among learners often combined peer learning strategies with expert-led and didactic approaches. Peer learning strategies in these studies commonly involved in-person discussion among attendees at meetings or workshops, small group exercises (e.g., role play/vignettes), peer assessment/feedback, case presentation, and/or group brainstorming activities. Individual capacities advanced through peer learning strategies included increased content and/or process knowledge regarding the EBP, as well as the development of skills related to the EBP through peer learning activities providing opportunities for practice. In a number of studies, peer learning was linked to positive attitudes about the EBP as learners indicated increased “buy-in” for the EBP, and perceived the EBP as valuable and relevant to their work. Peer learning strategies were also linked to learners’ perceptions of self-efficacy and confidence in their ability to use the EBP in their work.

**Collective capacity.** In this category, most studies describe peer learning as the primary strategy used for knowledge mobilization. In many cases, multiple peer learning strategies are used in combination.

Studies depicting changes in collaborative capacity of learners often use relational peer learning strategies in which learners are connected in teams, networks/learning communities, and/or communities of practice. These strategies are a basis for the incorporation of other peer learning opportunities, such as regular discussions (in-person or through conference calls), member engagement in brainstorming and planning activities, and the use of online forums or listservs for ongoing communication among members. Studies using communities of practice and networks/learning communities as peer learning strategies often engage learners from multiple agencies, sectors, or disciplines.
Team-based learning and team-based implementation strategies often engage learners in various roles within an agency in advancing uptake of an EBP. In team-based implementation, learning and capacity building occurs before implementation and throughout the implementation process. In both team-based approaches, experts/trainers are frequently positioned in a facilitator role during meetings or discussions among learners (e.g., conference calls). Two studies in this category combined team-based implementation with communities of practice. In these studies, implementation teams were used to link stakeholders within an organization, and communities of practice were used to connect implementation teams across organizations, enhancing collective capacity through inter-agency networks, knowledge sharing/exchange, and the generation of new knowledge through collaborative problem-solving.

Collective capacity generated through peer learning strategies reflects the development of relationships among learners that provide a source of support and in one case, a sense of community and shared identity. Almost all studies depicting changes in collective capacity indicated that peer learning strategies influenced knowledge sharing and exchange among learners, often in terms of experiences related to the EBP or “lessons learned” and “best practices” in EBP implementation. Many studies also described the generation of new knowledge among learners through problem-solving and reflection on current practice. This was often the case in studies where peer learning activities took place throughout the early stages of implementation.

**Individual and collective capacity.** Studies in this category were mixed in terms of the priority assigned to the peer learning strategy in the knowledge mobilization initiative. Some studies used peer learning as a primary strategy for knowledge mobilization while others paired peer learning activities with other approaches. Individual and collective capacities identified in
these studies were similar to those reported in studies describing only individual or only collective changes in capacity. As was the case in the collaborative capacity category, two studies in this group included team-based implementation and a community of practice. In these studies, team-based implementation was combined with a community of practice approach to support implementation at the agency level, and to create inter-agency connections for knowledge sharing among teams. Most studies in this category included just one or two knowledge user groups and reported action in implementing the EBP as a change in individual capacity rather than group capacity. This suggests that the EBPs in these studies were implemented by individual practitioners and that collective capacities identified—including relationships, knowledge sharing/exchange, and knowledge generation (problem-solving)—served to support each individual learner’s use of the EBP in their own work. To illustrate connections between peer learning activities and capacity, an example is presented in Box 2.1.

**Box 2.1 Combining Team-based Implementation and Role-Specific Communities of Practice**

In a research initiative advancing implementation of Enhanced Recovery After Surgery (ERAS) approach in patient care, implementation teams were established consisting of professionals in three different roles (surgeons, nurses, anesthesiologists). Team members acted as “champions” within their hospital settings, taking steps to share knowledge and advance uptake of ERAS practice in the hospital. A project leadership team provided guidance to champions and facilitated a community of practice that connected champions on implementation teams across the 15 hospitals participating in the study. Nurses participated in calls bi-weekly, while surgeons and anesthesiologists participated in monthly calls for the 2-year study duration. A listserv was used by champions to communicate across sites on a day-to-day basis and annual workshops brought together champions from all hospital sites. Workshops provided an opportunity for champions to discuss implementation progress, review audit and feedback data, and share successful practices. Champions identified the community of practice as valuable for supporting one another, sharing resources, and sharing experiences. Varying levels of progress across different hospitals resulted in opportunities for learning, with teams successfully implementing guidelines supporting other sites. Champions indicated the “spirit of collaboration” across sites advanced mutual learning and shared successes in implementation (Gotlib Conn et al., 2015; McLeod et al., 2015).
Discussion

This review identified a number of peer learning strategies used in knowledge mobilization initiatives for specific EBPs in health, mental health, education, and social services sectors. Articles demonstrated links between these peer learning strategies and changes in learners’ individual and/or collective capacity for use of the EBPs.

Characteristics of Peer Learning Strategies used in Knowledge Mobilization

The majority of studies included in this review were published in the last 5 to 10 years and were conducted by researchers in health care and mental health sectors in the North America or the United Kingdom. Knowledge mobilization initiatives described in these studies were often long-term in nature, spanning between one and three years. The presence of long-term timelines across multiple studies may indicate that peer learning is particularly appropriate for ongoing, intensive initiatives in which learning, planning, action and reflection occur through iterative and continuous engagement among stakeholders (Fixsen, Blase & Van Dyke, 2011).

Studies in this review commonly combined multiple peer learning strategies. This is done in ways that combine practice and reflection (e.g., a role play exercise followed by a reflection discussion), promote ongoing engagement (e.g., a group discussion at a workshop and follow-up conference calls), connect learners as they apply knowledge gained in their daily work (e.g., implementation teams linked to form a community of practice for EBP implementation), or foster role-specific and team-specific learning (e.g., implementation team meetings with role-specific learning group activities). A number of studies that combined team-based learning with continued connection among teams used the Breakthrough Series Collaborative model for knowledge mobilization of EBPs (e.g., Ebert et al., 2012; Fraser et al., 2014; Lang et al., 2015). Characteristics of this approach include team-based learning among individuals in different roles.
within an organization through participation in a number of in-person training sessions over time and consultation support from an expert team (Lang et al., 2015).

The use of different terms to describe similar practices—particularly communities of practice, learning collaboratives, and learning communities—make it difficult to distinguish among these related peer learning strategies. Some studies using “community of practice” as a strategy describe characteristics for this strategy that match community of practice theory (e.g., supportive relationships, openness, sense of shared identity, shared practice, shared ownership) (Wenger et al., 2002), while others do not. A critique of the community of practice literature is that the term has been applied broadly, making it more difficult to conceptualize as a specific approach (Li et al., 2009). Communities of practice and learning communities were intentionally separated in this review to acknowledge potential conceptual and practical differences.

**Links Between Peer learning and Capacity Building**

One of the main objectives of this review was to determine how peer learning has been linked to changes in individual capacity and/or collective capacity for use of EBPs. Only half of the studies in this review included detail linking peer learning to changes in the capacity of learners. Studies that did examine capacity drew connections between peer learning and individual capacity, collective capacity, or both.

The individual capacities linked to peer learning reflected the individual innovation-specific capacities outlined by Flaspohler et al. (2008), including “buy-in” (positive attitudes towards the innovation, endorsement), understanding (knowledge and awareness of the content of the innovation and the process for using it), and perceived capacity (perceptions of one’s own ability to implement the innovation). Increase in individual competence and confidence have also been linked to peer learning in higher education (Stone, Cooper, & Cant, 2013).
Collective capacities linked to peer learning in this review reflected aspects of relational capacity, defined as formal and informal ties among stakeholders (Foster-Fishman & Watson, 2012). Connections with other learners provided sources of social support, experiential knowledge sharing, and problem-solving assistance that advance both individual and group action towards EBP implementation. A number of studies in this review combined peer learning strategies to facilitate the development of collective capacity within and among implementation teams, advancing capacity through connections at multiple levels. Links between peer learning and collective capacity reflect the key role played by relationships in implementation. Relationships have been identified as an important component of capacity building for implementation (e.g., Wandersman et al., 2012; Leeman et al., 2015) but the role relationships play in implementation has not been extensively examined.

Collective capacity generated through peer learning is relevant for EBPs that require adaptation to be effectively implemented in context. A number of studies in this review pair didactic instruction or expert consultation with peer learning opportunities through which learners can share experiences, challenges, and “lessons learned” in practice. This combination of expert-led and peer learning appears to provides both comprehensive and accurate information about the EBP, while drawing on one another for information on adaptation and navigating implementation challenges in their local context (e.g., Lang et al., 2015). As in higher education, peer learning involves sharing experiential knowledge that complements, but is different from, technical content (McKenna & Williams, 2017).

**Implications for Knowledge Mobilization Research and Practice**

The incorporation of peer learning in studies included in this review is evidence that researchers are creating opportunities for learners to connect with one another to practice skills,
discuss an innovation, and to share experiences and practice-based knowledge. To advance understanding of peer learning, there is a need for more research that examines the process of peer learning as well as the outcomes. Research on the contexts in which peer learning is a valuable capacity building strategy for implementation would also be a valuable addition to the literature. This could be achieved through increased research using process evaluation or outcome evaluation to directly examine the influence of peer learning on individual and collective capacity for implementation.

Only about half of the studies in this review included detail linking peer learning to capacity building, and often this description was minimal. I argue that just as peer learning has become a topic of increased focus in higher education research, it should be of primary focus in knowledge mobilization research as well. The inclusion of peer learning in knowledge mobilization and implementation science is a step towards addressing critiques regarding the often passive and expert-driven nature of past approaches to EBP implementation. To further address the critique that knowledge mobilization prioritizes knowledge generated through research (Miller & Shinn, 2005) researchers should aim to incorporate more opportunities for learners to facilitate and direct the peer learning process. This approach would provide an opportunity to examine how peer learning may serve to integrate knowledge from both research and practice.

Limitations

This review has a number of limitations. Although the inclusion of studies from a number of areas (health, mental health, social services, and education) increases the comprehensiveness of the review, there are other areas that were not included (e.g., organizational development). Very few articles were included from public health. This is potentially due to an increased focus
on conveying knowledge regarding public health to lay audiences. Alternatively, public health organizations may have fewer resources than organizations in other areas to sustain ongoing engagement in knowledge mobilization initiatives (Treloar, Elek, & Wilkins, 2005). The selection criteria for this study were developed to ensure the scope of the review remained feasible, but may have resulted in relevant studies being missed or excluded. A second limitation of this review is that only formal peer learning activities are considered. It is likely that peer learning occurs informally through interaction among workshop participants and ongoing connection among colleagues. Third, the focus on innovation-specific capacity for EBPs meant that initiatives that aim to build knowledge users’ general capacity for accessing, understanding, and implementing research evidence in were not included in this review.

There are a number of initiatives described in the literature that aim to foster ongoing interaction between knowledge producers and knowledge users to advance the generation and implementation of innovative practices to address organizational or community needs (e.g., Getting to Outcomes [Wandersman, Alia, Cook, Hsu, & Ramaswamy 2016]; the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) [Fitzgerald & Harvey, 2015], the PROSPER partnership model [Crowley, Greenberg, Feinberg, Sproth, & Redmond, 2012], and the NIATx process improvement model [Rutkowski et al., 2010]). These types of initiatives are described as “best-practice processes” (Flaspohler et al., 2012). Though beyond the scope of this review, it would be of value to examine the extent to which these best practice processes incorporate peer learning and if so, how peer learning influences general capacity for EBP uptake and implementation.
Conclusions

In identifying strategies for peer learning used in knowledge mobilization and implementation literature, this review contributes to greater understanding of how peer learning can be used to build capacity for uptake of EBPs. These findings are an initial step toward better understanding the role of peer learning in knowledge mobilization and responding to critiques regarding past over-emphasis on expert-driven knowledge mobilization and implementation practices.
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* Articles included in the review of peer learning and capacity are marked with an asterisk.


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CHAPTER 3 - EXAMINING PEER NETWORKING AS A KNOWLEDGE MOBILIZATION STRATEGY FOR IMPLEMENTING HOUSING FIRST

(Article 2)

Target Journal - Gateways: International Journal of Community Research and Engagement

Abstract

Knowledge mobilization is essential in efforts to address complex social problems in community settings. One example of a complex social problem is homelessness, which is a symptom of many underlying individual and social factors (e.g., mental health challenges, domestic violence, poverty, and social marginalization or exclusion). Addressing homelessness requires multi-faceted responses that engage many stakeholders and fit the local context of each community. Innovative approaches to addressing homelessness, such as Housing First, have been implemented in North America and internationally. Housing First challenges traditional “treatment first” approaches that persist within many communities despite evidence in favour of the Housing First approach (Goering & Tsemberis, 2014). In Canada, a number of communities have adopted a peer networking approach to share knowledge and advance strategies to end homelessness. This study illustrates how peer networking influences the individual and collective capacity for Housing First implementation among housing and homelessness planners in two networks in different Canadian provinces. A qualitative, multiple case study was conducted between June 2016 and September 2017. Data collection involved a document analysis, key informant interviews with core network leaders in executive or management positions ($n = 10$), and a follow-up focus group with leaders in each of the two networks. Findings indicate that engaging in a peer network increases leaders’ individual and collective capacity to advance
Housing First by fostering trust and communication among leaders, informing continuous improvement, and navigating ambiguity associated with implementation. The integration of knowledge among leaders in peer networks informs the development of strategic insight and strategic direction for advancing Housing First and related strategies to end homelessness. Researchers can draw upon findings of this study to better understand the value of contextualized knowledge and dialogue in navigating ambiguity inherent in implementing complex community interventions.
Introduction

Many social problems are highly complex and require innovative policy and practices that are dynamic and multi-faceted (Kreuter, De Rosa, Howze, & Baldwin, 2004; Ward, Smith, House, & Hamer, 2012). Complex interventions are designed to target complex problems. These types of interventions are change-focused, composed of many interconnected components (including social, procedural, and material elements), rooted in context, and are difficult to standardize. They often have complicated, bi-directional connections between specific intervention components and intervention outcomes (Clark, 2013; Craig et al., 2008). Complex interventions are challenging to develop and to implement because they often require engagement across multiple stakeholder groups, adaptation of the original innovation to fit the local context, and changes to existing service provision systems and resource distribution (Moore & Westley, 2011; Pawson, Greenhalgh, Harvey, & Walshe, 2005).

Complex interventions pose a challenge for knowledge mobilization. Knowledge-to-action-theories (including knowledge mobilization, translation, dissemination, etc.) (Graham et al., 2006) have been critiqued for neglecting considerations of complexity, oversimplifying knowledge sharing practices, and depicting an overly linear relationship between intervention and outcomes (Clark, 2013; Greenhalgh & Wieringa, 2011). Advancing understanding of complexity in knowledge mobilization theory requires examination of real world situations in which complex interventions are being mobilized to address complex social problems.

Housing First

**Housing First—a complex community intervention.** Housing First (HF) is an EBP that has been implemented into policy and practice in North America and around the world (Nelson, Macnaughton, & Goering, 2015; Padgett, Henwood, & Tsemberis, 2016). The implementation of
HF in North American cities sheds light on the role of knowledge mobilization in advancing the implementation of complex interventions in community settings. Homelessness is a complex problem that requires services and systems-level decision-makers to develop coordinated efforts and to continually innovate in order to address changing contexts and interactions among multiple root causes of homelessness (Keller et al., 2013; Macleod, Worton, & Nelson, 2016; Nelson et al., 2015), including mental health issues, relational conflicts, unsupported transitions from government institutions or foster care, poverty, social marginalization, lack of affordable housing, etc. (Piat et al., 2015).

Homelessness emerged as a pressing policy problem in Canada in the 1980s, leading to the establishment of a homelessness service sector to provide emergency supports to individuals experiencing homelessness (Gaetz et al., 2016). Recently, organizations within the homelessness sector have shifted efforts beyond emergency responses towards a more systematic and planned approach to ending homelessness (Gaetz et al., 2016). The evolution of homelessness services has also been influenced by provincial and federal policies and funding commitments and through the efforts of community organizations to shift from managing homelessness to ending it. A key factor in this shift has been the adoption of the HF approach, which was first adopted through a grassroots initiative in Alberta.

**Housing First principles and evidence base.** Four key principles guide HF programs: a) consumer-driven services, b) separation of housing and clinical services, c) a recovery orientation and d) community integration (Nelson, Goering, & Tsemberis, 2012). In Canada, the national At Home/Chéz Soi research demonstration project was a multi-site trial completed by a team of academic, community, and non-profit partners. Findings from the project demonstrated favorable outcomes for individuals regarding housing stability and housing quality, as well as
cost-savings findings that suggested the cost of neglecting the issue of homelessness was similar to the cost of effectively addressing it (Goering et al., 2014). The findings of the demonstration project led to the implementation of HF into federal policy in Canada (Macnaughton, Nelson, Goering, & Piat, 2017).

**Building capacity for Housing First implementation.** Two forms of capacity are important for HF implementation: general capacity and innovation-specific capacity (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008). General capacities needed for HF include problem-solving and critical thinking skills, expertise in service provision, leadership, resiliency, ability to navigate opposition, and partnerships and collaboration among services (Austin et al., 2014; Macnaughton et al., 2015; Stergiopoulos et al., 2016). Innovation-specific capacities needed for HF implementation include knowledge of the HF approach and fidelity requirements as well as the ability to adapt the model while maintaining fidelity, to coordinate services under the HF approach, to foster consumer representation, and to monitor outcomes (Austin et al., 2014; Davidson et al., 2014; O’Campo, Zerger, Gozdzik, Jeyaratnam, & Stergiopoulos, 2015). Capacity building in implementation is enhanced through information resources, training and technical assistance, and peer networking (Leeman et al., 2015; Wandersman, Chien, & Katz, 2012). The process of building capacity is influenced by relationships (Wandersman et al., 2012), but specific links between relationships and capacity have not been articulated in depth.

The implementation of HF requires a high level of involvement from community stakeholders and leaders who are engaged in a process of planning in early implementation, involving framing the issues of homelessness, increasing knowledge and correcting misunderstandings about HF, assessing fit, solving problems, and developing partnerships across sectors (Austin et al., 2014; Macnaughton et al., 2015; Worton et al., 2017). Collaboration and
support among partnering agencies positively influence HF implementation by creating opportunities for learning and problem-solving (Stergiopoulos et al., 2016; Worton et al., 2018).

**Linking different forms of knowledge for Housing First implementation.** Engaging stakeholders facilitates opportunities for linking of different forms of knowledge. Current scholarship on knowledge draws upon the work of Aristotle and contemporary social theorists such as Jurgen Habermas to identify three types of knowledge: scientific research and data, experience and “know-how,” and practical wisdom (Flyvbjerg, 2001; Habermas, 1978; Ward, 2017). Linking multiple forms of knowledge is a strategy for increasing understanding how contextual factors and systems forces may affect the implementation of EBPs (Nutley, Walter, & Davies, 2007; Ward, 2017).

An over-reliance on scientific research for HF can overshadow the importance of integrating HF within the homelessness service system, and thus undermine the goal of ending homelessness (Katz et al., 2016). However, an under-reliance on empirical evidence and considerations of fidelity can result in programs “re-branding” themselves as HF without incorporating the core program components required to achieve the outcomes demonstrated in research (Greenwood, Stefancic, & Tsemberis, 2013; Padgett et al., 2016; Turner, 2014). One strategy for advancing integration of multiple forms of knowledge for the purposes of implementation is through peer networking, often through the development of inter-organizational networks or communities of practice.

**Fostering Dialogue and Interaction through Networks and Communities of Practice**

Networks are applied in a variety of forms to enhance knowledge sharing and learning within or across organizational or geographic boundaries (Nutley et al., 2007). Network approaches are a means to facilitate the sharing of information among a large number of
individuals with expertise in a particular domain (Neal, Neal, Lawlor, & Mills, 2015).
Communities of practice are a specific application of a network approach that involves
interaction among individuals engaged in a specific practice or domain. Sharing knowledge in
context is central to the process of “situated learning” in the community of practice approach
(Lave & Wenger, 1991). Highly flexible in form and function, communities of practice are a
“social structure” for generating and sharing knowledge (Wenger, McDermott, & Snyder, 2002).
The community of practice approach has been applied broadly across disciplines, resulting in a
lack of clarity and specificity in defining the concept (Hughes, Jewson, & Unwin, 2007). In
general, communities of practice involve members aligned in their dedication to a domain of
interest who form a community to share knowledge and help one another in advancing practices
related to the domain (Wenger et al., 2002).

The community of practice approach has been applied as a strategy to advance initial
uptake and implementation of EBPs (Barwick, Peters, & Boydell, 2009; Hughes et al., 2007;
Kislov, Walshe, & Harvey, 2012) but has not be examined for applicability at later stages of
implementation that require sustainability and continuous improvement. Although most research
has focused on the development of communities of practice rather than their effectiveness
(Ranmuthugala, Plumb, Cunningham, Georgiou, & Westbrook, 2011), the community of practice
approach is considered to be valuable in situations where knowledge evolves rapidly and the
practice environment is complex and subject to rapid change (Mitton, Adair, McKenzie, Patten,
& Perry, 2007; Norman & Huerta, 2006). For this reason, there is value in examining how
communities of practice may be of benefit to stakeholders engaged in the implementation of
complex interventions.

Much of the existing literature on the use of communities of practice or networks as a
knowledge mobilization strategy involves stakeholder connections established by researchers or developed among stakeholders within the context of a larger, often funded, initiative (Kothari, Boyko, Conklin, Stolee, & Sibbald, 2015). There has been minimal research on emergent networks or communities of practice that are developed and led by non-academic stakeholders to meet their own knowledge sharing needs. This is an important direction for research, as examining practices that have proven to be successful in community settings can inform further development and evolution of knowledge mobilization theory (Miller & Shinn, 2005).

**Peer Networks in the Homelessness Services Sector in Canada**

In Canada, there are two established peer networks in the homelessness sector: The 7 Cities on Housing and Homelessness in Alberta and the Southwest 5 in Ontario. Both networks consist of a small core-leadership representing various communities in a region or province working to advance strategies to end homelessness, including HF. The cross-community nature of these peer networks distinguishes this approach from other networks established in the homelessness sector, such as multi-stakeholder community networks (e.g., community action groups on homelessness) or broader information sharing networks (e.g., the Ontario Housing First Community of Interest).

**The 7 Cities on Housing and Homelessness.** The 7 Cities on Housing and Homelessness (7 Cities) is an established partnership that has played and continues to play a key role in leading the implementation of HF in Alberta. The 7 Cities formed in 2001 when leaders from the seven Alberta communities designated as “Community Entities” to administer funding through a federal mandate (the Homelessness Partnering Strategy) connected with one another to share knowledge and navigate their new role (Cameron & Makhoul, 2009). The 7 Cities is internally led and facilitated with one part-time administrative support staff position funded
collectively by member organizations. Leadership of the 7 Cities is provided by an Executive Team that consists of one representative from each community who has decision-making capacity within their organization (i.e., CEO or municipal service manager).

The 7 Cities were early adopters of HF in 2003 after undertaking a review of promising practices and making a business case to the provincial government for the adoption of the HF approach (Cameron & Markhoul, 2009). To build local knowledge of HF, two member communities co-hosted a HF conference and invited key speakers with experience implementing HF in the US (Scott, 2013). One of these speakers was Dr. Sam Tsemberis, who founded the Pathways Housing First approach—the model on which the evidence for HF has been established. As a result of this work, the provincial government provided 16 million dollars in funding—administered by the 7 Cities—to pilot innovative strategies to address homelessness, including HF. Following positive outcomes of HF pilots, the 7 Cities each developed a local plan to end homelessness that included HF as a core component. In 2009, the Government of Alberta launched a provincial plan to end homelessness that also included a central focus on HF (Alberta Secretariat for Action on Homelessness, 2008). The 7 Cities organizations administer provincial funding through funding mandates designed to advance goals of the provincial plan. All communities have established HF programs, and larger urban centres have numerous HF programs in place.

The Ontario Southwest 5. The catalyst for the formation of the Ontario Southwest 5 (SW5) was a presentation on HF networks delivered by the 7 Cities at a 2014 Canadian conference on ending homelessness. Leaders involved in organizing the SW5 were seeking opportunities to engage with other communities of similar size in the same geographic area of the province (i.e., the southwest) regarding strategies to end homelessness. One leader
approached “like-minded” municipal leaders in other similarly-sized communities within the region to form the SW5. The core leadership of the SW5 consists of one or two municipal managers involved in homelessness operations and policy in each community. All SW5 leaders represent municipalities that administer provincial funding and all but one act as Community Entities to administer federal funding.

The SW5 is an emerging network that is still in the process of clarifying its membership, structure, and purpose. All member communities have HF programs in place. While some communities have programs that are well established (i.e., operating for five years or more), others have implemented HF programs more recently. The establishment of the SW5 occurred at a time when HF had a strong evidence-base in Canada (primarily from the At Home/Chez Soi research demonstration project) and had been incorporated into policy as a requirement in federal funding mandates (i.e., the Homelessness Partnering Strategy). A national training and technical assistance initiative for HF was underway, and a number of SW5 communities received HF training, technical assistance, and fidelity assessments through this initiative (Worton et al., 2018).

Present Study

The present study involves a multiple case study of peer learning in the 7 Cities and the SW5 networks. The purpose of the case studies is to gain insight into how peer learning and peer networking advance the implementation of HF. All communities represented in each network have established HF programs, so this study examines the influence of peer networks on the later stages of implementation that involve the sustainability and evolution of the HF approach in community homeless serving systems (Fixsen, Blase, & Van Dyke, 2011). This study is designed to answer three main questions regarding the role of network participation on members’ capacity
for implementing and sustaining HF:

1. What forms of knowledge do network leaders draw upon to advance shared learning regarding HF implementation?

2. How does the network influence learning and implementation capacity for individual members and/or for the network as a collective?

3. What contextual factors influence capacity building through peer networks?

**Method**

**Recruitment**

The two networks included in this study were contacted prior to study to assess interest in participation. Although similar networks are now in development in other provinces, at the time of this study the 7 Cities and the SW5 were the only established peer networks in Canada. Upon reviewing the research proposal, both networks agreed to participate. All members of the core leadership teams of each network were invited to participate in the study \((N = 12)\). In cases where core leadership of the network included more than one individual from any given community, the leaders determined who would represent their community in the study. Core leaders were selected as participants in this study because of the central role they play in representing their organization and community in the network and their roles in directing network activities. Core leaders are senior members of their organizations, holding CEO or senior management positions.

**Data Collection**

A multiple case study including two networks was conducted between June 2016 and
September 2017. The case study method is useful for examining a phenomenon in its real-world context, which is out of the control of a researcher (Yin, 2014). Multiple case study involves instrumentally examining multiple cases (Stake, 1995) to understand a phenomenon beyond each particular case (Bassey, 1999; Stake, 1995) leading to deeper explanation and conceptual clarity (Miles, Huberman, & Saldana, 2014). Data for the case studies were collected using three methods: document review, semi-structured interviews, and focus groups. The use of multiple methods allowed for triangulation among sources and enhanced the credibility of the analysis (Stake, 1995; Yin, 2014).

A document review was conducted of publicly available sources (e.g., community plans to end homelessness, formal reports, statements, websites) and internal network documents that were accessed with permission from each network (e.g., meeting minutes, terms of reference). One-hour semi-structured interviews were conducted with core leaders. In total, 10 interviews were completed in Alberta \(n = 6\) and Ontario \(n = 4\), three of which were conducted by phone at the request of participants or due to necessity given geographic distance. Two core leaders (one from each network) were unable to participate due to extenuating circumstances. Participants were given the opportunity to review their transcript but no changes were requested.

A short presentation of early findings was delivered to each network at a regularly scheduled network meeting. This presentation served as a “member check” activity and was immediately followed by a 45-minute focus group to reflect on findings and discuss additional questions emerging from the early analysis (Alberta, \(n = 5\), Ontario, \(n = 4\)). The author conducted all data collection and analysis activities. All interviews and focus groups were audio-recorded and transcribed. This research was approved by the Research Ethics Board at Wilfrid Laurier University.
Analysis

Separate thematic analyses were conducted for each case (i.e., network) on data from the document review, interviews, and focus group. Case analysis was conducted using MAXQDA12 software and took place concurrently with data collection. Analysis included the following steps outlined in the thematic analysis approach (Braun & Clarke, 2006) that align with Stake’s (1995) stages of direct interpretation and pattern identification in instrumental case study: (a) becoming familiar with the information collected, (b) developing initial codes, (c) identifying and reviewing themes, (d) defining and describing themes, and (e) reporting the findings of the analysis. Case reports were provided to each respective network for review and feedback. To complete the cross-case analysis, themes from each case were compared using the “stacking comparable cases” approach (Miles et al., 2014) in which matrices are used to visualize data for comparison. Comparison involved identifying similarities and areas of divergence between the two networks (Stake, 1995). A cross-site summary report was provided to each network for review and feedback. Quotes in the paper have been edited for readability and are labelled with network title rather than by community or participant name.

Findings

Forms of Knowledge Shared within Networks

Leaders in both networks share knowledge from research and data, community experience and “know how,” and their own practical wisdom. Figure 3.1 summarizes the types of knowledge shared among leaders in both networks.
Research and data. Research is shared in both networks for the purposes of innovation and informing best practice. Leaders share reports from community-based research projects conducted locally with academics and articles or presentation notes gathered at conferences or through participation in other external learning opportunities. Leaders draw upon local data from services and enumeration activities (e.g., homelessness Point-in-Time counts) to inform decision making and monitor outcomes and trends in HF and other programs. 7 Cities leaders have coordinated the last two Point-in-Time counts to occur simultaneously in all communities using a consistent method. The results of the 2016 Alberta Point-in-Time Count indicated a 19.2%
decrease in the number of individuals experiencing homelessness compared to the 2014 Count (7 Cities on Housing and Homelessness, 2017). In one of the SW5 communities, a recent count demonstrated a 12% decrease in homelessness since the last count in 2014 (Weidner, 2018). The 7 Cities commitment to data management and evaluation stems from the time of the provincially funded pilot projects, in which data and evaluation were essential for demonstrating impact and value for the investment of public funds. 7 Cities leaders have used local outcome data to achieve “buy-in” for the HF approach from decision makers at municipal and provincial levels by providing local evidence for the HF approach (Turner & Rogers, 2016).

**Experience and “know-how”**. In both networks, leaders circulate organizational documents such as reporting templates, job descriptions, and RFPs (request for proposals). Although some documents may be shared to highlight outcomes of programs (e.g., evaluation reports) many are shared for the purpose of advancing specific operational or administrative processes.

**Practical wisdom**. Members of the core leadership in both networks hold senior level, decision-making positions within their organizations. Leaders draw upon the wisdom of other leaders to inform decision-making, solve problems, and inform strategic planning/visioning. Leaders share knowledge about how to adapt components of the HF approach into their local context in order to achieve the best outcomes. Practical wisdom is shared among leaders during discussions in which leaders engage in collective problem-solving or provide guidance to one another on emerging and/or unprecedented issues.

**Influence of Peer Networks on Implementation Capacity**

Leaders indicate that their involvement in the network has influenced their leadership capacity for advancing HF in their community. Network participation enhances leaders’
individual and collective capacity for advancing local implementation of HF in three key ways, each influenced by context (Figure 3.2). First, participation in the network advances individual leadership capacity through the establishment of interpersonal relationships among members that are based on trust and communication. Second, knowledge sharing among leaders informs the continuous improvement of programs and practices in their individual communities. Third, leaders identified the network as a contributing factor in enhancing their collective capacity to navigate the ambiguity inherent in implementing a complex change initiative such as HF.

![Figure 3.2. Influence of peer networking on advancing leadership capacity for HF](image)

**Fostering trust and communication.** Leaders indicated that network meetings provide an opportunity to come together and share knowledge with peers that they trust and can talk openly with. Trust and communication are developed within the networks by building supportive relationships, demonstrating commitment to the network, and encouraging open dialogue. Supportive relationships with other leaders in the network reduces isolation and perceived pressure to be an “expert on everything”. The networks provide leaders with an opportunity to
come together and enjoy the company of peers, celebrate one another’s successes, and help each other through challenges inherent in implementing HF. For example, a leader from the SW5 described the importance of relationships within the network:

Doing significant change work in communities is not always popular by the governments of the day, by the agencies that we work with, by each other… one of the things that makes us stronger is the fierce loyalty that we have to each other.

The development of trust happens over time as leaders get to know one another and demonstrate their shared commitment to advancing the HF philosophy, to supporting others in the network, and to advancing the goal of ending homelessness. Continuous and engaged participation of members of the core leadership team allows members to find a “rhythm” amongst their own work styles. Norms of active participation and collaborative leadership established within the networks advance knowledge sharing. Leaders are responsive to information requests from others and are dedicated to helping one another and advancing shared learning within the network. As a leader from the 7 Cities described, sharing information openly is a norm within the network:

[We] set clear expectations about being present at the meetings and contributing. […] Before I was in the 7 Cities I remember [thinking that] you keep your information and you guard it […] coming into 7 Cities, it was so different because you give it all away. If you want to gain, you give.

Leaders identify the network as a unique environment where they are able to engage in open, honest discussion with one another on a variety of topics, such as successes and challenges, issues encountered, and items of strategic priority. Face-to-face interaction facilitates
effective communication on issues that are sensitive or are sources of tension among members. Engaging in open dialogue requires a level of vulnerability among leaders, which both requires trust and builds trust. A leader from the SW5 highlighted the importance of trust in advancing dialogue among network members:

This is “cone of silence” time. This is protected time. We have to trust this group so that we can express our points of view openly and honestly. […] we need that open dialogue to get to the heart of some of the complex issues that we have to face.

**Informing continuous improvement.** Leaders in both networks share information to help one another advance HF by continuously improving local programs, practices, and policies. Information shared amongst leaders is often practical in nature and immediately applicable. This allows leaders to make advancements in local practice, respond quickly to emerging issues or opportunities, and generate a sense of momentum for advancing HF. Leaders share information about successful local practices or programs for the benefit of other members who then use this learning to inform their own local work. Leaders share lessons they have learned during local HF implementation, providing valuable “how to” information to advance HF implementation in community contexts. Successful practices are shared (e.g., outreach programs, strategies for engaging landlords) for potential adaptation or adoption by other communities. Mistakes and unsuccessful practices are discussed openly to advance shared learning and prevent similar missteps or pitfalls in the future. A leader from the 7 Cities described the value of sharing this experiential knowledge:
When you work collectively and you have an opportunity to network, to bounce ideas off of each other, and to look at what others are doing, [...] that has increased my ability to do a better job around Housing First in [my community].

Leaders provide updates on current initiatives in their communities and challenge one another to ensure local initiatives are in alignment with the goal of ending—rather than managing—homelessness. For example, a 7 Cities leader indicated how these discussions help maintain alignment around the core principles of HF:

A new person in a community that might not have been a part of that community’s ten-year plan work will [suggest] they need to add a shelter in their community. Most of us will look at them and say, “Why? Why would you do that?” We have cohesion around some best practices and that doesn’t mean we do everything the same way or that community [context] doesn’t matter, but there are some principles there.

Established relationships and communication channels within the network make it possible for core leaders to connect quickly and share information as needed. This makes it possible for leaders to respond quickly to local or collective issues or opportunities (e.g., proposed policy changes). Sharing documents and information resources prevents unnecessary duplication and saves time, allowing leaders to change local processes or practices more rapidly.

Leaders in both groups identify as highly action-oriented and indicate that advancing large initiatives, such as the implementation of HF, requires continuous action and innovation. Engaging in the network is a source of momentum for core leaders as it challenges them to “keep striving” and to draw upon a “common energy” to advance the goal of ending homelessness through HF. As a SW5 leader stated, “you listen to other communities who say, ‘we’ve seen
success and good outcomes for people who’ve never been housed before or haven’t been housed in a decade’, and it’s reaffirming and reassuring that you’re doing the right thing.”

**Navigating ambiguity.** HF implementation requires working with community stakeholders to change programs and services in ways that fit with the local context and meet the needs of individuals experiencing homelessness. Leaders indicate that the network provides an opportunity to share knowledge in context, to advance the breadth of their knowledge, and to integrate their knowledge to gain “strategic insight”. Engaging in the network builds leaders’ knowledge about the context of other member communities. Similarities in community context, such as common funders and common practices (e.g., enumeration of individuals experiencing homelessness) among member communities provide a foundation for knowledge sharing. Contextual differences among communities also create opportunities for learning as members gain an understanding of HF implementation across contexts when discussing local programs or participating in site visits. For example, a leader from the 7 Cities describes how sharing knowledge lead to new insights:

> We share knowledge, we share experiences—positive and negative—[such as] research opportunities, ways to pilot, personal experiences on the front line […] As a collective we can […] harness all that knowledge […] and actually generate something different because we have those pieces.

Dialogue within the network increases the breadth of knowledge among core leaders who share knowledge drawn from their different disciplinary backgrounds and areas of local expertise, such as services for specific groups of individuals experiencing homelessness (e.g., youth, Indigenous consumers), or local experiences working across sectors. Organizational differences (e.g., governance structures, specialized staff) allow leaders to share documents or
practices they have developed locally. As a leader in the SW5 described, “we all develop our own specialized areas […] it is hard to do everything really well … but collectively we’ve got a lot more breadth and then we can go into [more] depth.” At network meetings, leaders engage in dialogue to link knowledge from multiple sources (e.g., outcome data, academic research, local experiences, and professional expertise) and inform strategic direction and collective actions to address HF implementation challenges.

Some leaders mention that available training and technical assistance for HF implementation is limited in terms of supporting leaders to navigate the complexities of changing local services to align with the HF principles. Knowledge sharing within the network is helpful in addressing this gap. For example, a leader in the SW5 summarized the need for practical information about HF:

I would say that we are desperate for technical assistance… desperate for the practicalities—the “how to”. I think we’re good on the [HF] philosophy but we’ve got so much work to do in how we take that philosophy and anchor it into our communities. […] The research and evaluation is helpful, […] but our [needs] have not been met by the practical “how to” guides … We have to do a lot of creating.

Dialogue among leaders serves as a means to establish and maintain a vision for change in the sector, inform strategic planning, and facilitate collaborative activities among leaders (and member organizations) to advance the goal of ending homelessness.

Influence of Contextual Factors on Capacity Building through Networks

Both networks are influenced by similar contextual factors that facilitate knowledge sharing. These factors include shared philosophy and values, network leadership structure, stage
of HF implementation, common funders, and diverse perspectives/skill sets.

**Shared philosophy and values.** Leaders in each network indicate that they are aligned on the HF philosophy and hold similar values in regards to working collectively to advancing the HF approach. A leader in the 7 Cities summarized how shared values advance the work of the network:

I think the important thing about the 7 Cities network is that all of us as leaders at the table all recognize the value in sharing and collaborating because all of us ultimately have the same goal and I don’t see the network as competition.

**Network leadership structure.** A small, consistent core leadership structure of both networks facilitates the development of relationships and trust among leaders and makes open dialogue possible. Leaders hold similar roles in their organization and have a degree of decision-making capacity and accountability that is necessary to advance change and engage in collaborative work. A leader from the 7 Cities reflected on the nature of the leadership role, stating, “with power comes obligation. […] We have to step up.”

**Stage of HF implementation.** Each community’s stage of HF implementation influences knowledge sharing within the network. The 7 Cities communities began implementing HF at the same time, sharing learning as communities advanced together through the implementation process. SW5 communities are at varied stages of implementation, so communities at earlier stages can learn from those at later stages. This creates somewhat of an imbalance, as communities that are more advanced often share more knowledge than they gain. A leader in the SW5 indicated that the long term benefits of the network outweigh the initial imbalance:
Some of us are still a little more further ahead than some of the others… I’m finding we’re maybe giving a little bit more but there’s benefit in that too, because as we bring people along, there’s strength in the collective approach.

**Common funders.** Communities in each network receive funding from the same provincial and federal funding streams. Member organizations are fund administrators for government. This facilitates knowledge sharing among leaders regarding fund administration, reporting requirements, and policy changes influencing funding streams. It also facilitates communication between leaders and government representatives.

**Diverse perspectives and skill sets.** Core members of both networks have different disciplinary backgrounds and represent communities with different strengths. This diversity adds depth to discussions within the network. For example, a leader from the SW5 highlighted how diversity of opinions promotes innovative thinking:

> At this table, […] we can say, “you know what, we don’t agree with the approach that you are taking and these are the reasons why.” That fosters innovation for each community…It’s good to have those differing opinions because that’s the only way we’re going to grow in this work, be innovative, and come with those solutions to those very complex issues.

**Discussion**

The purpose of this study was to examine influence of peer networking on the implementation of HF. The two case studies completed provided insight on the three research questions: 1) how different forms of knowledge are shared within the network; 2) how participation in the multi-community network influences learning and implementation capacity
for individual members and for the network as a collective; and 3) how contextual factors influence capacity-building among leaders within the networks. In this section, findings for each question are interpreted in terms of connections with literature on HF implementation, capacity building, and communities of practice that parallel the form and function of networks in this study in many, though not all, respects.

**Linking Multiple Forms of Knowledge to Inform Strategic Direction**

Core leaders bring practical wisdom, local experience, data and research to network tables. In advancing the complex intervention of HF, the network table serves as a space to share knowledge in ways that inform decision-making and strategic direction. In both networks, senior-level leaders share knowledge related to fund administration roles, local practices to end homelessness (including HF), successes and challenges in advancing strategies to end homelessness, and partnerships with stakeholders within and across sectors.

The integration of knowledge has been presented as various “conversions” between tacit and explicit knowledge (Nanaka & Takeuchi 1995 as cited in Nutley et al., 2007) though the feasibility that knowledge can be converted from one form to another, or even integrated, has been questioned and critiqued for a lack of process detail on how the mediation of different forms of knowledge may occur (Greenhalgh, 2010; Kislov, Waterman, Harvey, & Boaden, 2014). A less contested description may be the “inter-weaving” of different forms of knowledge (Wye et al., 2017), though this term, like others, does not help illuminate how different forms may be interwoven (Greenhalgh, 2010). The findings of this study provide insight on how different forms of knowledge can be connected through trusting relationships, dialogue, shared goals, and a commitment to openness and working collaboratively to inform direction and a vision for change in local services and systems.
Advancing Capacity for Leaders and for the Network

Advancing individual capacity through relationships and dialogue. Engaging in the core leadership of the network provided leaders with a means enhancing their individual capacity to advance HF implementation and sustainability in their communities through relationship building and knowledge sharing. Leadership capacity is a form of “general capacity” for implementation that is necessary for organizations to be able to adapt and manage aspects of the change process inherent in implementation (Flaspohler et al., 2008). Findings of this study suggest that leadership capacity can be built through peer networks that foster open dialogue, have committed members, and create supportive relationships. Many leaders in this study indicated that support from peers is essential because the change management process required for HF implementation is often difficult. Leaders described challenges similar to those identified in HF implementation literature such as a lack of sufficient housing options in their community (Austin et al., 2014; O’Campo et al., 2015) and challenges achieving service integration across sectors (Nelson et al., 2017).

Leaders indicated that interacting with peers from other communities who are undertaking a similar change process and face similar challenges, made them feel more connected and supported and increased their sense of motivation and commitment. A sense of connection among members is a core element of the communities of practice approach (Kislov et al., 2012) as trust, mutual respect, and support among members provides a foundation for learning (Li et al., 2009).

Advancing local capacity through continuous improvement. The multi-community connections and context-based knowledge gained through participation in a network increases the ability of leaders to advance local HF practices, be agile and respond quickly to issues or
opportunities, and to generate a sense of momentum. Strong inter-organizational connections are, like leadership, a component of general capacity important for implementation (Flaspohler et al., 2008). The development of partnerships and collaboration amongst local services is important in the HF implementation process (Stergiopoulos et al., 2016; Worton et al., 2018) and in sustaining HF programs within a community over time (Nelson et al., 2017). In the present study, leaders indicate that they draw upon successful partnerships or cross-sector connections established in other communities as examples to inspire the development similar partnerships locally.

The ability to share information about successful practices with detailed description of context differentiates the multi-community networks from common knowledge mobilization strategies such as training, toolkits/information resources, or conferences. Learning about HF implementation in other contexts is a means of generating innovation-specific capacities (Flaspohler et al., 2008), such as the ability to adapt the HF model while maintaining fidelity, problem solve, monitor performance and outcomes, and provide comprehensive services to meet consumer needs (Austin et al., 2014; Davidson et al., 2014; O’Campo et al., 2015). The findings of the present study indicate that these capacities are required not just in the early stages of implementation (Worton et al., 2018) but on an ongoing basis to sustain and continually improve HF programs and the service systems in which they are embedded. Sharing knowledge in context through communities of practices has been found to facilitate knowledge sharing and rapid application of knowledge by fostering self-initiated learning and a sense of momentum and motivation among members (Bopp, Poole, & Schmidt, 2016; Parboosingh, 2002). Leaders in both networks shared knowledge in context in many ways, including discussing successful local practices, arranging site visits, and assisting one another with emerging issues.

**Advancing collective capacity to navigate ambiguity.** The findings of this study
indicate that engagement in a multi-community network provides leaders with a unique opportunity to work together to navigate ambiguity and take steps to address collective challenges. Although research and implementation supports available for HF provide an overview of the key principles in the approach and fidelity requirements for HF programs (e.g., Macnaughton, Worton, et al., 2017), leaders must navigate the adaptation of the HF approach in their own community and work through an ambiguous process of fitting a complex community intervention into the pre-existing system of services (Padgett et al., 2016). Leaders across both networks indicated that connecting with peers helped them navigate ambiguity around practices related to HF, such as enumeration and coordinated intake. Leaders draw upon their combined breadth of knowledge to collectively to address emerging issues or challenges related to HF implementation in systems (e.g., the need for cross-sector services). Literature on communities of practice suggests that the approach is particularly suited to complex, dynamic, and ever-changing contexts (Mitton et al., 2007; Parboosingh, 2002) likely because members are able to respond to problems and opportunities as they arise.

Participants in this study indicated that as leaders of organizations responsible for fund-administration, their focus is on the broader system of supports, and how numerous programs, services, and policies interact to advance the goal of ending homelessness. This reflects an application of HF as a whole-systems approach (Padgett et al. 2016), in which HF implementation includes systems planning (Turner, 2014). Both networks in this study have advanced their collective knowledge of HF as a systems approach through practice, reflection, and strategic planning. The knowledge shared within the network fills a gap for leaders, as academic literature on HF as a systems approach is limited (Padgett et al., 2016; Turner, 2014).
Contextual Factors Influencing Learning and Strategic Planning

The development of both networks, as well as the role of networks in building capacity among core leaders is greatly influenced by contextual factors. Five contextual factors were identified in this study that influence individual and collective capacity building: shared philosophy and values, network leadership, stage of HF implementation, common funders, and diverse perspectives and skillsets. Contextual factors that provided a foundation of similarity among members—such as a shared philosophy, shared commitment to collaborative leadership, engagement in HF implementation, and common funders—provides the basis for a shared “domain” and “common ground” amongst participating leaders/organizations (Wenger, 1998; Wenger et al., 2002). A common goal and sense of purpose advances shared learning in communities of practice (Lathlean & le May, 2002) and increases readiness for systems change (Berta, Virani, Bajnok, Edwards, & Rowan, 2014).

Diversity amongst core leaders and their respective organizations/communities leads to increased breadth of knowledge and perspectives within the network. The multi-community structure of both groups is a form of distributed community, and requires members to balance different agendas or priorities (Wenger et al., 2002). Diversity of experiences among leaders and diversity of communities addresses a risk of communities of practice becoming insular, rigid, and vulnerable to “group think” (Parboosingh 2002; Wenger, McDermott & Snyder 2002).

Implications and Directions for Future Research

The examination of community-based, community-driven peer networks provides key lessons for advancing peer learning as a knowledge mobilization strategy for complex interventions. The peer networking approach described in this study differs from traditional knowledge mobilization strategies (e.g., workshops, toolkits, presentations) in three key ways.
First, they are sustained over the long-term, which allows for the development of strong relationships, general knowledge of other member organizations/communities, and the provision of ongoing support throughout implementation stages. Second, the knowledge shared within networks is context-based and rooted in the community, which facilitates the application of this knowledge in practice. Third, the learning that occurs within the networks is action-oriented and can be directly applied to making changes to services and informing strategic planning. Based on these differences, it is possible that incorporating more peer learning into knowledge mobilization theory and practice is a means to help address the research-practice gap. Findings from this study are also of value in advancing literature on capacity building as they provide an example of how both general and innovation-specific capacity for implementation can be enhanced through peer learning.

Despite the contributions of this study for advancing knowledge mobilization theory and practice, the study does have limitations. The focus of the study was on the experiences of core leaders and due to considerations of scope, perspectives from others connected to the network (e.g., network staff, organizational staff, stakeholders engaged in partnerships with the network) were not included. There is benefit to taking a broader approach and examining connections between the core leadership and staff at member organizations, and between core leaders and external stakeholders. Although the present study explored the core leadership of the network in isolation, it would be valuable to examine how peer networks link to other communities of practice or social groups to form “constellations” through which knowledge can be shared (Wenger et al., 2002). An important direction for future research is to examine how power dynamics and systems structures influence peer learning in the implementation process.
Conclusions

Networks examined in this study provide examples for leaders in other communities who are interested in peer networking to advance HF or other complex interventions. This research contributes to addressing some of the gaps in knowledge mobilization and implementation theory regarding complex community interventions. The two case studies highlight the use of peer networking as a means of addressing specific knowledge needs, promoting learning throughout the implementation process, and navigating challenges inherent in implementing complex interventions in unique community contexts.
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CHAPTER 4 - UNDERSTANDING THE ROLE OF PEER NETWORKS IN BUILDING CAPACITY FOR SYSTEMS CHANGE: A CASE STUDY OF TWO CANADIAN NETWORKS IMPLEMENTING HOUSING FIRST

(Article 3)

Target Journal - *Housing, Theory, and Society*

Abstract

Housing First is an evidence-based intervention designed to house chronically homeless persons with complex needs. The cross-sector collaboration required to provide client-centered supports to this population has resulted in increased understanding of Housing First as a whole-system response. Housing First implementation acts as a catalyst for systems change, yet research on how this change occurs is limited. In two Canadian provinces, leaders in the homelessness sector have established provincial/regional networks to share knowledge across communities. This study examines how core leaders in each network mobilize knowledge and collaborate to advance Housing First through systems-level change. A multiple case study of the leadership teams for the two networks was conducted between June 2016 and September 2017. Data collection included a document review, key informant interviews (n = 10), and follow-up focus groups (k = 2). It was found that engagement in the network increases leaders’ collective capacity to create conditions for change and to advance and sustain systems change.
Introduction

Housing First (HF) is an evidence-based approach for addressing chronic homelessness. It is intended as a component of a whole-systems approach to ending homelessness. Despite a strong evidence-base for the HF program model (Aubry, Nelson, & Tsemberis, 2015), there is limited research on systems changes required to end homelessness. This paper includes a description of HF as a systems change initiative and reviews existing literature on how to build leadership capacity to advance systems change. A cross-case study of two multi-community peer networks is presented to examine how these emergent, community-led networks influence leadership capacity for advancing systems responses to address homelessness.

Homelessness is a complex problem influenced by multiple factors at individual, community, and systems levels (Piat et al., 2015). According to Berta, Virani, Bajnok, Edwards, and Rowan (2014), “complex problems demand complex solutions, and complex approaches to implementing them” (p. 332). The HF approach is considered to be a complex community intervention (Nelson, Macnaughton, & Goering, 2015), as it involves coordination among stakeholders in multiple sectors including housing, mental health, and healthcare to meet the diverse needs of consumers.

Housing First as a Philosophy, Program, and a Systems Intervention

The HF approach can be conceptualized as a philosophy, a program, and a systems intervention (Goering & Tsemberis, 2014; Polvere et al., 2014). The HF philosophy guides the implementation of HF programs that are nested in systems and influence shifts in systems structures (Turner, 2014).
In the philosophy of HF, housing is considered a basic right, and consumer choice and self-determination are prioritized (Gaetz, 2013; Tsemberis, 2015). Services are recovery-oriented and tailored to the needs of each individual and permanent housing is provided without requiring individuals to meet “readiness requirements” such as sobriety, abstinence, or adherence to treatment (Polvere et al., 2014).

The HF program model refers to the design of programs delivering supports, such as the Pathways model on which most of the research evidence for HF has been established (Padgett, Henwood, & Tsemberis, 2016). Considerations of the program model include, but are not limited to, the separation of clinical supports and housing, consumer choice in the intensity of services received, the provision of rent subsidies, and the inclusion of peer support (Polvere et al., 2014). Research indicates that consumers in HF programs have higher rates of housing stability compared to participants receiving treatment as usual, and experience greater improvements in quality of life (Aubry et al., 2015). In the past decade, HF programs have been implemented in the USA, Canada, and parts of Europe. In Canada, the national At Home/Chez Soi research demonstration project produced findings indicating favorable outcomes for individuals regarding housing stability and housing quality, as well as cost-savings findings that suggested the cost of neglecting chronic homelessness was similar to the cost of effectively addressing it for those with high needs (Goering et al., 2014).

As a systems intervention, the HF approach involves collaboration among existing services to increase coordination among programs, alignment on the core principles of HF, and coordination of funding sources to ensure consumers have access to a variety of supports to meet their needs (Gaetz, 2013). The popularity of HF has led to a misrepresentation or misconception of the approach as a panacea or single solution in ending homelessness (Katz, Zerger, & Hwang,
In reality, HF is designed to meet the needs of individuals experiencing chronic homelessness and is intended to be one component of whole systems approach (Padgett et al., 2016).

**Housing First as a Catalyst for Systems Change**

The introduction of HF into a system has a “ripple effect” on system elements that can spark broader systems-level changes (Goering & Tsemberis, 2014). Systems change theory indicates that systems change requires: (a) shifts in beliefs and norms that function as “deep structures” underlying service design and delivery, (b) establishing partnerships and cross-sector connections to link previously unconnected system elements, and (c) leveraging small changes that have broad systematic implications (Foster-Fishman, Nowell, & Yang, 2007).

**Challenging “deep structures” underlying homelessness services.** HF is considered to have the potential to create transformative change in systems (Goering & Tsemberis, 2014; Worton et al., 2018) because it challenges long-standing beliefs about homelessness norms of service provision for individuals experiencing chronic homelessness. Evidence for the HF approach challenged beliefs that some individuals experiencing chronic homelessness choose to be homeless over engaging in services or aren’t ready for independent housing (Padgett et al., 2016). The prioritization of chronically homeless individuals and barrier-free housing also challenges beliefs that individuals should prove, often through successful abstinence or sobriety, that they are deserving of housing (Goering & Tsemberis, 2014). Beliefs such as these can be part of the “deep structures” of a system and influence how services are designed and delivered (Foster-Fishman et al., 2007).

The HF approach presents an alternative to the traditional “treatment first” service model in which participation in treatment is required for placement in housing (Padgett et al., 2016).
The recovery-orientation of HF prioritizes individual choice and consumer-centered supports, provided by multi-stakeholder teams providing either assertive community treatment or intensive case management (Padgett, Gulcur, & Tsemberis, 2006). The HF approach requires involvement of multiple supports from the housing, homelessness, mental health, and addictions sectors. This requirement of cross-sector collaboration presents a major shift for the homelessness sector, which was established based on a charity model and often consisted of multiple community organizations working independently of one another with limited resources (Goering & Tsemberis, 2014).

**Linking systems components to advance Housing First programs.** The introduction of HF in many jurisdictions has led to shifts towards greater interaction between the housing, health, and mental health systems (Padgett et al., 2016). Research suggests that systems change occurs through the interaction of different stakeholder groups within the implementation process, which create opportunities for cross-sector connections (Goering & Tsemberis, 2014; Worton et al., 2018). In much of the research literature, implementing HF as a pilot project allowed for cross-sector connections to be established without a need for extensive systems change upfront (Goering & Tsemberis, 2014). HF implementation often illuminates existing systematic barriers to HF such as a lack of available or affordable housing (Austin et al., 2014; O’Campo, Zerger, Gozdzik, Jeyaratnam, & Stergiopoulos, 2015) and challenges achieving coordination between housing and other support services (O’Campo et al., 2015). Due to the role HF plays in illuminating points of disconnection within the broader homeless serving system, HF has been referred to as a “Trojan horse” for systems change within the homelessness sector and across related sectors (Turner, 2014).

**Advancing a systems response to ending homelessness.** The HF approach requires a
“whole systems response” to address systematic barriers to ending homelessness, such as a lack of affordable housing, poverty and unemployment, and social marginalization (Padgett et al., 2016). In practice, a number of communities have adopted HF through community-led, emergent planning processes guided by the HF philosophy and influenced by top-down policy shifts at federal and provincial levels (Turner, 2014). These processes incorporate a number of elements, including planning and strategy development, organizational infrastructure, system mapping, coordinated service delivery, integrated information management, performance management and quality assurance, and systems integration (Turner, 2014).

Although recent research on HF knowledge mobilization has identified the importance of partnerships and community-led planning practices in advancing HF implementation (Worton et al., 2018), research that incorporates considerations of stakeholder interactions and the influence of the local context on implementation is limited. Furthermore, there is a need for research that examines the processes of information sharing and leadership that facilitate systems change through HF.

**The Role of Leadership in Advancing Systems Change**

The presence of strong leaders or “champions” is crucial for successful systems change. Champions build capacity for systems change by sharing knowledge about an innovation and encouraging buy-in, identifying points of “synergy” across different sub-systems or system elements, and establishing and leveraging relationships within and across systems levels (Berta et al., 2014). Individuals engaged in leading or championing systems change often have to navigate conflicts between organizational goals and systems-level goals (Marchildon & Fletcher, 2016). Tensions can emerge around shifts towards systems thinking as the prioritization of systems elements is considered by some to detract from the focus on individuals and their
outcomes. The difficult work of championing systems-level change is often done over and above leaders’ existing organizational roles and responsibilities, putting leaders at risk of exhaustion and burnout (Marchildon & Fletcher, 2016). Turnover in leaders is a barrier to systems change, particularly when it occurs among high-level leaders who hold decision-making roles in organizations or government (Holmes et al., 2016).

Despite the recognition that champions play a valuable role in systems change—and that champions require sufficient skill and capacity to avoid burnout—there is limited research examining the skills and support required by champions to build their capacity in this role (Berta et al., 2014).

**Network Approaches for Building Capacity among Systems Leaders**

Network-based approaches, such as communities of practice (Wenger, McDermott & Snyder, 2002) and systematic action learning teams (Foster-Fishman & Watson, 2012), are potential strategies for building capacity among systems change leaders through knowledge mobilization and collaboration.

Foster-Fishman and Watson (2012) describe the role of systematic action learning teams in sharing knowledge and informing strategic, systems-level vision for change as well as advancing the process of effective implementation of this vision in practice. The action learning process within these teams is iterative and includes understanding context, identifying a course of action, implementing the action, and evaluating outcomes. Teams comprised of stakeholders that work at different organizations but at the same level of the system facilitate open discussion and trust (Foster-Fishman & Watson, 2012). According to this theory, systematic action learning teams can advance systems change in community settings by pursuing “small wins” and following a set of “simple rules”. The six simple rules described in the theory are as follows: (a)
engage diverse perspectives, (b) think systematically, (c) incubate change, (d) implement change effectively, (e) adapt quickly, and (f) pursue social justice (Foster-Fishman & Watson, 2012; 2016).

Systematic action learning teams reflect an inter-organizational extension of the concept of communities of practice in which groups of stakeholders come together to share knowledge and advance a common domain of interest (Wenger et al., 2002). Communities of practice are often used within the context of a single organization, and although they have the potential to influence change at various “levels” of a system, this application of communities of practice has not been extensively explored (Kothari, Boyko, Conklin, Stolee & Sibbald, 2015). The community of practice approach has been used within mental health sector to promote recovery through systems changes (Piat, Briand, Bates, & Labonté, 2016) and within the homelessness sector to identify service systems issues for specific populations and to develop solutions to these issues (Bopp, Poole, & Schmidt, 2016).

In Canada, a number of communities have engaged in systems planning efforts to advance HF (Turner, 2014). In two provinces, community leaders have developed regional peer networks to advance learning and promote systems change for the purpose of ending homelessness. These networks are the focus of the present study.

**Present Study**

In this study, I examine how two existing peer networks linking leaders from different communities mobilize knowledge facilitate systems planning and systems change to advance HF as a whole systems approach. Two research questions guide this study:

1. How does peer learning in networks build capacity for systems change to advance HF?
2. What contextual factors influence the capacity building and systems change activities of the network?

Overview of Cases

Two networks were examined as cases in this study: Alberta’s 7 Cities on Housing and Homelessness and Ontario’s Southwest 5. Both networks are comprised of organizations from different cities. These organizations are designated as fund-administrators of provincial and/or federal funding for services supporting individuals experiencing homelessness. A small group of high-level leaders (often 1-2 leaders from each community) form the core leadership of each network.

7 Cities on Housing and Homelessness. Alberta’s 7 Cities (www.7cities.ca) is a network that formed in 2001 when participating organizations were designated as fund administrators under a federal funding mandate (Cameron & Makhoul, 2009). Established as a way for community leaders to support one another in navigating their responsibilities as fund-administrators, the 7 Cities now plays a key role in advancing the goal of ending homelessness in Alberta. The 7 Cities communities were early adopters of the HF approach in 2003. Each community has a plan to end homelessness that is aligned with the Government of Alberta’s provincial plan to end homelessness (Alberta Secretariat for Action on Homelessness, 2008).

Ontario Southwest 5. The Ontario Southwest 5 (SW5) network was established in 2014 after leaders were inspired by a presentation by the 7 Cities. All member communities of the SW5 have either long-standing or recently established HF programs. SW5 member organizations are all municipalities. Participating leaders were identified based on geography and “like-mindedness” in advancing innovative strategies to end homelessness.
Method

The present study examines the role of peer networks in advancing systems change for HF. It is part of a larger research project conducted to examine the role of peer networks on knowledge mobilization for HF.

Recruitment

The two networks participating in this study were informed of the research and all core leaders from each network were invited to participate \((N = 12)\). Core leaders were senior representatives of member organizations (e.g., CEOs, Municipal Managers, Executive Directors). In cases where multiple leaders from a community organization participated in the network’s core leadership, leaders determined amongst themselves who would participate in the study.

Data Collection

This study involved a multiple case study approach consisting of single case studies for each network and a cross-case analysis (Stake, 1995). The multiple case study approach provides a means of examining the influence of networks on systems change for HF across two different provincial/region contexts. Examining multiple cases provides depth and clarity of the research topic beyond what can be achieved through analysis of a single case (Stake, 1995; Miles, Huberman, & Saldana, 2014). Data for this study are drawn from: (a) document reviews of information about each network that is publicly accessible or accessed with permission, (b) in-person or telephone interviews with core leaders from each network \((k = 2; \ n = 10)\), (c) and follow-up focus groups with participating core leaders at a regularly scheduled network meeting \((k = 2; \ n = 9)\). Interviews and focus groups for both networks followed the same semi-structured question protocols. The author conducted all data collection and analysis activities. All
interviews and focus groups were audio-recorded and transcribed. This research was approved by the Research Ethics Board at Wilfrid Laurier University.

**Data Analysis**

Thematic analysis was used to analyze data collected for each case. Interview and focus group transcriptions were analyzed using MAXQDA12 software. Analysis followed a number of steps outlined by Braun and Clarke (2006) that align with the stages of analysis outlined by Stake (1995) for instrumental case studies: (a) becoming familiar with data collected, (b) developing initial codes, (c) identifying and reviewing themes, (d) defining and describing themes, and (e) reporting the findings of the analysis. To ensure trustworthiness of the analysis, participants engaged in a “member check” (Patton, 2015) of early themes and provided feedback on the final case report for their network. For the cross-case analysis, key themes from each case study were “stacked” in a matrix organized by theme to facilitate the identification of patterns, similarities, and differences (Miles et al., 2014). A copy of the cross-site report was provided to each network for review and feedback, though no changes were requested.

**Findings**

**Influence of Peer Networks on Systems change Capacity**

Shifting elements within the broader homelessness services system to align with the HF principles is challenging for communities. Shared learning and opportunities for collaboration in both networks advance capacity for systems change among member organizations. Network leaders build change capacity in two primary ways: (a) creating conditions for systems change and (b) advancing and sustaining systems change (Figure 4.1). The capacity for collaborative action differs between the two networks based on a number of contextual factors. As a result,
although the themes regarding capacity building for systems change are the same for both networks, the specific activities of each network that inform each theme vary between the networks.

![Figure 4.1. Influence of peer networking on advancing capacity for HF systems change](image)

**Creating conditions for systems change.** Leaders in both networks are engaged in efforts to develop and maintain readiness for systems change within their communities. These efforts include championing HF, educating stakeholders, developing collaborative relationships with stakeholders, and monitoring outcomes.

**Championing HF.** Communities in both networks have been early adopters of HF in their provincial context. The SW5 leaders indicate they are aligned in their commitment to advancing systems change through the HF approach. A leader in the SW5 summarized this by saying, “we’re Housing First believers and we’re also dedicated to the action and the exploration of what that means. That’s very different from many other colleagues I have in the country who are in a questioning mode.”

The 7 Cities communities have played a significant role in the implementation of HF in
Alberta over the last decade. 7 Cities leaders are championing HF in the long-term by keeping the goal of ending homelessness on the policy agenda as political, economic, and social landscapes shift over time. Leaders develop relationships with key stakeholders and re-establish these relationships when turnover occurs in these key positions. Leaders also ensure that stakeholders are informed of the HF philosophy and why it was selected as a foundation for local and provincial plans to end homelessness. As a leader in the 7 Cities stated, “being an advocate is a really important role for 7 Cities […] , part of that is knowledge sharing and part of that is keeping the vision of ending homelessness public.”

**Educating sector stakeholders.** Leaders in both networks are engaged in efforts to educate stakeholders within the homelessness sector to build capacity for systems change. SW5 leaders have brought together key sector stakeholders from the five communities through education and networking events. A SW5 leader described the purpose of one event in regards to the overarching goals of the network:

> The goal [of the event] was to ultimately create a shared vision of what ending homelessness looks like in our five communities and to implement some standardization around what that means with regards to the way we think about our work, the way we implement our work, and the way we work together.

7 Cities leaders have collaborated to enhance HF skills and knowledge within the sector by organizing community forums, hosting an annual HF conference, and developing an online HF training portal for case managers. These initiatives advance consistency and evolution of HF across the province. A 7 Cities leader described how the learning needs of the sector have shifted throughout the HF implementation process:
Five years ago we were still in those beginning stages of Housing First. So it was more important for the case managers to come and have some training […] on “what is Housing First?” […] now the conference focus has started to change to [include] higher level content.

**Developing collaborative relationships.** Both networks are engaged in building collaborative connections with external stakeholders that are based on mutual goals. The SW5 has connected with national organizations working to end homelessness and government representatives overseeing funding mandates. Leaders assist provincial-level stakeholders seeking specific information by linking these stakeholders to SW5 leaders with relevant areas of expertise. A SW5 leader described how engaging government representatives in a meeting of the network served to advance knowledge sharing:

At one meeting, we invited the lead for the [a provincial mandate] and the lead for [a federal funding mandate]. At that time, we [had] developed […] a set of principles […] for the sector. The ministry was able to look at what we were doing and give feedback.

The 7 Cities leaders have developed and maintained collaborative relationships with multiple stakeholder groups including sector decision makers, service providers, all levels of government (municipal, provincial, national, indigenous), and national organizations working to end homelessness. Leaders indicate that these connections are crucial to informing and advancing systems change and need to be continually cultivated and maintained. As one 7 Cities leader stated, “we're not here to fight with government. We're here to work with them to serve clients. […] We’re not here to find fault—we’re here to solve things. We can build better partnerships that way.”
Monitoring outcomes. Making decisions that are data-informed and evidence-based is a priority for core leaders in both networks. The SW5 leaders support each other in advancing data collection and management and share local statistics and evaluation results when relevant. SW5 leaders are currently taking steps to align their information management systems. Leaders support each other in enumeration activities (i.e., counts of the number of individuals experiencing homelessness) by sharing successful strategies, methodologies, and lessons learned.

A SW5 leader described how data and evaluation advance HF programs and systems change:

I think we’ve moved from learning [how] to put the foundation of Housing First in place to a system-wide approach…What are some of the drivers of success for a system? It’s data [and] information management, it’s evaluation, it’s research. So not only do we talk about what research and evaluation we’re doing in each of our communities, but we often take that to a higher realm and say, “how can we do this together?”

The 7 Cities core leaders use data to evaluate and advance HF and other strategies to end homelessness. Communities have aligned data collection processes and have established consistent key performance indicators that allow leaders to assess local and provincial outcomes. Leaders draw upon outcome data to "tell the story" of HF and to inform strategic decisions regarding current and future priorities for the network. A leader in the 7 Cities described the collective identification of program and service gaps as a way of informing strategies for improvement:
I think collectively, we look at the research and data and identify an area where we’re not doing well. It doesn’t have to be a negative reflection; we consider what we’re seeing and what we need to do differently to meet a need or fill a gap.

**Advancing and sustaining systems change.** Leaders in both networks indicate they are action-oriented and prioritize “getting things done.” Leaders are collectively advancing the implementation of HF as a systems intervention by developing strategic direction, planning systems change, and informing policy change. The change process is difficult, and many leaders emphasized the importance of support from the peers in the network in navigating ambiguity and developing a shared vision (see chapter 3/article 2).

**Informing strategic direction.** Leaders in both networks are engaged in informing a strategic direction for the sector but are at different stages. The SW5 leaders advance strategic direction by working to develop a shared “vision for ending homelessness” across stakeholders in their five communities. Leaders indicate that there is a gap in training and technical assistance to support systems planning aligned with HF and highlight a need for more assistance in navigating the systems change process. A SW5 leader described the value of the network in connecting leaders of mid-sized cities that have similar homelessness service systems:

> It’s so hard to have a system change conversation when you’re talking about [a major city] which is massive, or a tiny community that doesn’t even have a shelter. The conversations aren’t as fruitful, we’re just closer where were at in our thinking and in the size of our systems to be able to talk about systems change in a way that’s most helpful to each other.

The 7 Cities leaders are informing strategic direction to advance the priorities outlined in
local and provincial plans to end homelessness. Participation in the 7 Cities helps leaders to advance the goals of these plans by “thinking systematically” to resolve emerging issues and to mitigate any tensions that arise between local and collective priorities. During meetings, leaders engage in dialogue to determine how to advance strategies (both local and provincial) in ways that account for the impact of social, economic, or political contexts. One 7 Cities leader described the importance of dialogue for navigating the implementation of plans to end homelessness, stating, “we have this plan […] but it doesn't factor in any external factors or any change whatsoever. So our ability to be flexible and nimble in terms of decision making and [to maintain] local autonomy in every community [is] huge.”

Planning systems change. Leaders in both networks share strategies for aligning systems components in their local homelessness services systems. SW5 leaders discuss how various systems elements “fit” within the HF approach and how to strengthen connections with other sectors (e.g., corrections, mental health, health care). A SW5 leader explained that discussions of HF at the network table often focus on systems change:

We don’t talk about the things that we fund in terms of programs and services agency by agency or program by program. We’re really trying to build systems within our individual municipalities but trying to do it in a mindful, strategic, and coordinated way together.

Learning that occurs within the network advances leaders’ knowledge of how to advance systems planning. Leaders indicate that working across sectors (e.g., with the local health care system) remains a challenge. To address this challenge, leaders share knowledge regarding how to build stronger connections with other departments or sectors (e.g., corrections, mental health).

The 7 Cities organizations have developed local systems frameworks and coordinated
service delivery processes that 7 Cities leaders have shared with one another as examples. Leaders implement these practices or frameworks locally and help facilitate a necessary paradigm shift among community stakeholders not accustomed to systems approaches. Leaders leverage cross-sectorial connections in one community to make inroads in their local communities and work to educate cross-sector stakeholders that are unaware of the role their sector can play in ending homelessness. A leader in the 7 Cities described the importance of these connections in meeting the unique needs of individuals receiving supports:

> We need to work with Alberta Health Services because some of the clients we’re working with are so complex that they need to be in a specialized Housing First [program] that has Alberta Health Services support with it. We have been a squeaky wheel in that.

**Informing policy change.** Leaders in both networks engage in dialogue to inform and respond to policy change at local, provincial, and national levels. The SW5 leaders leverage shared learning to identify the local implications of policy changes (or proposed policy changes) and align the messaging of their individual responses to policy makers. At the municipal level, SW5 leaders draw upon their knowledge of initiatives in other communities when advocating for changes to programs or services. A SW5 leader indicated that having knowledge of homelessness services in other communities helped justify local initiatives to decision makers:

> We live in a political world […] our counsellors always want to know what other communities are doing. I can say to them, “yes, they’re doing this in [these communities].” I can do that because I have experience with those other communities.

The 7 Cities core leaders often speak with a “unified voice” and issue collective
statements, position papers, reports, etc. Leaders indicate that building consensus and presenting a unified stance strengthens messaging and is key to the network’s success in advancing change. Leaders represent the network on government advisory groups and tasks forces and accept requests from policy makers to participate in 7 Cities meetings to gather input on proposed policy changes. One 7 Cities leader emphasized the importance of unity among leaders, saying, “having that solid voice and that united front—that’s been our success. That’s why you see success in Alberta.”

**Contextual Factors that Influence Capacity for Systems Change**

Variations in how the two networks advance capacity for systems change are largely due to network maturity, organizational support, resources, reputation, and the political landscape (Figure 4.1).

**Network maturity and reputation.** The 7 Cities is an established network that has worked together for over a decade while the SW5 formed more recently. Developing the capacity to work collectively takes time and occurs as the network becomes more established. A 7 Cities leader described the process of building collaborative relationships, saying, “I think you grow into this [collaboration], you don’t just start there…it’s an evolution. It might to other people feel like a revolution.”

Over time, the 7 Cities has built a reputation by engaging in collaborative initiatives with a variety of stakeholders, advancing educational opportunities for the sector, and making progress towards ending homelessness using the HF approach. At present, SW5 leaders have opted to position the network “under the radar.” This allows leaders to focus on shared learning and avoid “in-group/out-group tensions” with other communities while the network evolves and leaders clarify its structure and purpose. A SW5 leader identified how increased visibility could
interfere with the goal of shared learning within the network:

I’d say there’s sensitivity around it [membership]. If we started doing more advocacy or more applying for grants together, I think the positional power that would bring would create more attention and awkwardness and questions. So, we just fly a little bit under the radar and do what we originally came together to do which was to support each other through systems change.

**Organizational support.** A history of collaboration among communities in Alberta facilitated early connections between cities in the network. A 7 Cities leader described how this history facilitated the establishment and recognition of the network:

I think it speaks to the culture that’s already established in municipalities around community engagement, community development, […] It’s a norm—that’s how we go about doing our business. […] I think that helped to set the stage for the support of 7 Cities that we get from our council, our council committees, and our leadership teams.

Communities in the SW5 have traditionally worked in isolation, making it challenging to navigate bureaucratic processes and gain organizational support for collaborative work. A SW5 leader indicated that working collaboratively requires a shift in thinking among higher levels of municipal leadership:

Our traditional way of thinking about our work is in the isolation of our community […] it [collaboration] means shared risk and shared reward. I don’t know if we’re there yet. We are there individually, [and] as a group, but I don’t know if the senior decision makers in each of our respective communities are there yet.
Time and resource constraints. Leaders in both networks indicate that time and resource constraints make it necessary to prioritize some activities over others. In-person meetings and events require financial investment by organizations, particularly those at greater geographic distance. A leader from the 7 Cities indicated the importance of adjusting activities to account for these constraints saying, “It does have a ripple effect with us when [one leader] says, ‘there are some meetings I can’t come to…’ [...] We’ve had to adjust over the years just because of the cost and time restraints and whatnot.”

The SW5 leaders indicate that resource constraints and the demands of their local roles can limit their ability to share knowledge and to pursue collaborative initiatives. A SW5 leader described the need for increased resources saying, “we’re lean, mean machines… but we need resources to be able to do more collaborative work… none of us have the capacity to add that onto our backs right now.”

Community readiness. Leaders in both networks are responsible for overseeing plans/strategies developed in their community to address the issue of homelessness. The development of local plans is a requirement for communities receiving federal funding and/or provincial funding. These community plans are developed through extensive stakeholder engagement and consultation that builds readiness for change within the community. In their roles as fund administrators, organizations in both networks engage with collaboratives—such as homelessness coalitions or community advisory boards—comprised of multiple stakeholders from public, private, and community groups as well as individuals with lived experience of homelessness. These planning processes and connections facilitate information sharing and build community readiness for change. A leader of the 7 Cities described how day-to-day interactions with agencies and staff informs their knowledge of programs and consumer experiences:
We all listen—I should say “I” but I think we all do—for very strategic points of engagement with program [staff] or external agencies. We listen to client stories; we watch the experiences when we’re in the room. We listen to what’s happening…and that’s constantly informing us.

Leaders indicate that there is sometimes resistance to the HF approach among stakeholders. Some leaders noted that the HF approach—and the belief that homelessness can be ended—has become more of a norm in the homelessness sector in the last few years.

**Political landscape.** Both networks are influenced by the social, political, and economic landscape. The 7 Cities efforts to advance HF been supported by substantial provincial funding. Early on, the 7 Cities was allocated 16 million dollars by the provincial government to pilot strategies to end homelessness, including HF (Cameron & Makhoul, 2009). The government has since developed and a provincial plan to end homelessness and administers funding to support the implementation of this plan. In Ontario, there has not been the same level of funding and government engagement. Policy change at the provincial and federal levels has influenced the work of the SW5 by creating opportunities to restructure systems elements and mandating allocation of federal funding to HF. Opportunities for training and technical assistance linked to the federal changes has advanced HF learning for a number of SW5 communities.

**Discussion**

The initiatives of both networks have been described in two categories: (a) creating conditions for systems change and (b) advancing and sustaining systems change. These two categories reflect Foster-Fishman and Watson’s (2012) framework in which systematic action learning teams engage in planning and envisioning systems-level change as well, as working to
create capacity for the implementation of systems changes in practice. Both networks in this study are uniquely positioned to engage in systems planning and coordination activities, and to build sector—and in some cases cross-sector—capacity for advancing systems change. To examine how activities of the two networks advance systems change, study findings are now considered in relation to Foster-Fishman and Watson’s (2012; 2017) six rules for transformative community change: (a) engage diverse perspectives, (b) think systematically, (c) incubate change, (d) implement change effectively, (e) adapt quickly, and (f) pursue social justice.

**Connecting Diverse Perspectives through Networks**

The first rule for transformative community change—engaging diverse perspectives—refers to efforts to bring together stakeholders with who work in different contexts to better understand system boundaries and interactions among systems elements (Foster-Fishman & Watson, 2017). The two networks in this study serve as a means to link leaders across horizontal (i.e., jurisdictional) boundaries and to create external connections across vertical systems boundaries (i.e., municipal, provincial, and federal systems levels) (Berta et al., 2014). Organizations in both networks advance HF in their communities in their role as fund administrators. Many of these organizations position themselves—and identify as—“backbone” organizations (Kania & Kramer, 2011; Turner & Rogers, 2016) providing leadership for community planning and implementation of local plans to address homelessness, many of which have a core focus on HF.

Engaging diverse perspectives for systems change is an ongoing process, often requiring leaders to be continually establishing and re-establishing relationships as contexts change or turnover occurs (Marchildon & Fletcher, 2016). Leaders in this study indicated that this process
takes time and occurs as the network evolves and establishes a reputation for advancing change through partnerships.

**Incorporating Systems Thinking in Strategic Planning**

The second rule—think systematically—describes identifying elements of the system and changing how these elements interact (Foster-Fishman & Watson, 2017). Network leaders share experiences and knowledge gained from local systems planning efforts, often related to systems mapping, service coordination, and systems alignment (Turner, 2014). Sharing knowledge of systems planning facilitates mutual learning about how different systems elements (e.g., shelters, scattered-site housing, single-site housing) fit within a systems approach to HF. Systems change for HF may involve restructuring or redesigning existing services, (e.g., shifting some existing transitional housing to permanent supportive housing) (Turner, 2015). At network meetings, leaders discuss strengths of local systems (e.g., successful areas of cross-sector collaboration), problem-solve local systems issues, and identify systems issues present across communities that require intervention at the policy level.

Creating connections across sectors and levels of governance is often considered to be the domain of the government (Doberstein, 2016), but the networks in this study demonstrate that community leaders can build capacity for multi-stakeholder, systems change work. In taking on this role, community leaders are able to influence—rather than simply respond to—change agendas, which helps to ensure systems changes reflect community needs and contexts.

**Promote Innovation and Change**

Rule three—incubate change—encompasses actions that promote innovation across multiple levels of the system and the development of feedback mechanisms to monitor the change process (Foster-Fishman & Watson, 2017). Both networks identify a strong action-
orientation, engaging in shared learning for the purposes of informing decisions and organizational activities. Network leaders in both networks emphasize their commitment to evidence-informed decision making and have collaborated to enhance data collection and monitoring in their communities (e.g., collaborating on enumeration, adopting similar data management processes). Well-developed data-management systems are key to systems planning (Turner, 2014) and serve as a form of “feedback loop” to provide outcome information to inform decision-making and innovation (Foster-Fishman & Watson, 2012).

**Advancing Implementation of HF as a Systems Approach**

The fourth rule—implementing change effectively—encompasses activities that facilitate a “climate for effective implementation” among stakeholders by advancing knowledge sharing, building capacity, and increasing readiness for change (Foster-Fishman & Watson, 2017). Both networks advance the effective implementation of HF through education, problem-solving, and championing HF implementation and sustainability. Core leaders in both networks described local activities undertaken to educate systems stakeholders and advance knowledge and awareness of HF amongst system-stakeholders. Leaders have collaborated to advance education across the sector by organizing learning and networking events for sector stakeholders.

Participating in the network advances leaders’ ability to support the effective implementation of HF by providing a space to engage in high-level problem-solving discussions. HF, like other complex innovations, requires adaptation to fit the community context (Hawe, Shiell, & Riley, 2004). Engaging in problem-solving discussions has been identified as a contributing factor for the success of HF implementation at the program level (O’Campo et al., 2015). Many leaders indicated that implementing HF presented a significant change initiative in their community and required substantial effort to advance and sustain. As early adopters of HF,
leaders have worked to inform other stakeholders of the value of the HF approach and to advance the implementation of HF over time. Efforts to ensure the sustainability of the HF approach are key to advancing systems change (Nelson et al., 2017).

**Maintaining Flexibility and Adapting to Change**

The fifth rule—adapt quickly—refers to continuous learning and adaptation in the systems change process through the identification and resolution of problems (Foster-Fishman & Watson, 2017). The ability of both networks to adapt quickly is facilitated by activities that promote continuous learning among members, connections to external stakeholders, and maintaining local autonomy among member communities.

Connections and partnerships with external stakeholders (e.g., government decision-makers and national organizations advancing the goal of ending homelessness) facilitate information sharing that allows network leaders to adapt quickly. By engaging with broad external networks, leaders stay informed of changes to policy or broader initiatives that affect local and collaborative work in advancing HF through systems. Rigidity and “group-think” have been identified as risks to innovation for communities of practice (Parboosingh, 2002; Wenger et al., 2002). Both networks in this study facilitate collaboration among leaders but provide the flexibility for leaders to act autonomously. This ensures organizations have the flexibility to adapt individually to changes at the community level, and also to work collectively at the provincial level.

**Focus on Outcomes for Consumers**

Foster-Fishman and Watson’s (2017) final rule is to pursue social justice. This rule describes a focus on shifting the status quo to reduce social inequities. Leaders in both networks emphasize the importance of accountability and continually listening to the voices of individuals
experiencing homelessness. The HF approach at the core of the change-efforts for both networks is rooted in values of social justice. The shift to HF involves a fundamental change to the “deep structures” of a system (Foster-Fishman et al., 2007)—which include deeply rooted attitudes and beliefs about homelessness and service provision to individual experiencing homelessness. In the HF approach, housing is considered to be a right, rather than a privilege (Goering & Tsemberis, 2014). Leaders in both networks indicate the importance of shifts in norms across the system, moving from prior conceptions of services as functioning to manage the problem of homelessness to a coordinated system designed to end homelessness (Turner, 2014).

Implications and Limitations

The peer networks in this study demonstrate how knowledge mobilization can inform collective action for systems change through building a “climate” for change (Foster-Fishman & Watson, 2017) and for advancing and sustaining change initiatives. The extent to which networks are able to advance systems change is influenced by a number of contextual factors. The findings of this study have implications for practice and research regarding systems change in HF.

In practice, findings from this study demonstrate that the development of network capacity to influence systems change, particularly at the provincial and federal levels, takes time. Leaders in newly established networks can quickly build the capacity to engage in knowledge sharing and the provision of support among leaders to inform leadership and organizational change to advance HF. Over time, networks can develop their capacity to work collectively to inform systems change at provincial and federal levels, particularly if member organizations support collaboration and accept the shared risk associated with collaborative initiatives (Himmelman, 2001).
This study has contributed to addressing the lack of research on network approaches to knowledge mobilization as a means of building capacity among champions of systems change (Berta et al., 2014) and capacity for leading systems change to advance the HF approach. Findings indicate that network approaches build the capacity for leaders to act as systems change champions, both individually within their organizations/communities, and collectively at different levels of government. This capacity is established based on supportive relationships among network core leaders, dedication to continuous improvement, problem-solving (see chapter 3/article 2), capacity for network collaboration, professional relationships with external stakeholders, and opportunities to engage in systems thinking to advance strategic planning and collective action.

Leaders in this study emphasized that through participating in the network, they gain knowledge that is not available through traditional learning and training opportunities. Networks provide leaders with a space to learn about systems change in HF, a topic on which research and training opportunities are currently limited. Further research on systems change in HF is needed, particularly research directed at measuring and evaluating systems-level changes, and evaluating systems change approaches across communities to identify core principles and practices (Nichols & Doberstein, 2016).

Although this study contributes to advancing understanding of how knowledge mobilization through networks advances HF systems change, it has a number of limitations. At the time of this study, the two participating networks were unique in Canada in connecting leaders of fund administrator organizations across communities. For this reason, only two case studies were included. As similar networks emerge (a third network is currently in the early stages of development) this research should be expanded to further refine the key themes
identified. Another limitation is the lack of explicit examination of power dynamics within the networks and as a component of the systems change process. Power dynamics play a key role in community change process and to collaborative initiatives (Christens & Inzeo, 2015) and should be examined in greater depth through future research on HF systems change.

Conclusions

This study drew upon systems change theory to examine the role of peer networks in mobilizing knowledge to advance systems change aligned with the HF approach. The findings indicate that through mutual learning and collaboration, networks contribute to leaders’ capacity to create conditions for systems change by championing HF, educating stakeholders, developing collaborative relationships, and monitoring outcomes. Networks also enhance leaders’ capacity to advance and sustain systems change by providing opportunities to engage in strategic discussion, share knowledge of HF systems planning, and inform policy at provincial and federal levels. This research is a step towards addressing the gaps in literature regarding how to build the capacity of champions for systems change (Berta et al., 2014) and advance systems change for HF. Engaging in peer networks provides leaders with opportunities to share knowledge and skills. As a network, leaders can draw upon their collective knowledge to actively advance systems change at local, provincial, and national levels.
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CHAPTER 5: CONTRIBUTIONS AND IMPLICATIONS FOR KNOWLEDGE MOBILIZATION THEORY AND PRACTICE

The research in this dissertation contributes to understanding the value of incorporating peer learning in knowledge mobilization to advance the uptake of complex community interventions in practice. Research on reciprocal peer learning in knowledge-to-action theory and practice is limited. The studies in this dissertation provide a starting point for understanding peer learning as a knowledge mobilization strategy. In article 1, the peer learning activities used in academic knowledge mobilization for evidence-based practices (EBPs) were identified and summarized. The links between peer learning and capacity building were described to providing insight into the potential benefit of incorporating peer learning as a central or supplementary knowledge mobilization strategy. In articles 2 and 3, the process of peer learning was examined within two multi-community networks to identify contributions of peer learning to building capacity for individual leadership, local Housing First (HF) implementation, and advancing systems changes aligned with the HF philosophy. The findings of this dissertation are of benefit to researchers and community stakeholders engaged in developing knowledge mobilization initiatives to advance the uptake and implementation of innovative and EBPs. Furthermore, the findings of the studies in this dissertation contribute to addressing critiques of the knowledge-to-action literature. These critiques—described in the overview to this dissertation— informed the three conceptual “threads” that link the three articles included in this dissertation:

1. Linking different forms of knowledge through dialogue,
2. Building capacity for complex interventions at multiple ecological levels, and
3. Advancing systems change by mobilizing knowledge across boundaries.
In this chapter, I discuss the contributions of the research in regards to each of these conceptual threads. I then describe the implications of this research for advancing knowledge mobilization theory and practice and reflect on limitations of the research. Finally, I provide a summary of the knowledge mobilization plan and activities undertaken to share the findings of this dissertation research.

**Contributions of the Research**

For each conceptual thread noted above, I describe the contributions of this dissertation to addressing related critiques and informing the evolution of knowledge mobilization theory and practice.

**Linking Different Forms of Knowledge through Dialogue**

As described in the overview chapter of this dissertation, knowledge to action theories have been critiqued for overemphasizing scientific knowledge and underemphasizing the value of technical/experiential knowledge and practical wisdom in informing practice (Flyvbjerg, 2001; Ward, 2017). Knowledge intermediation refers the process linking different forms of knowledge (Davies, Nutley, & Walter, 2008). In this dissertation, I examined how peer learning could provide a means to link different forms of knowledge through dialogue. The findings described in the three articles in this dissertation contribute to advancing understanding of the role of peer learning in knowledge intermediation in three key ways: a) providing insight into academic and community approaches to peer learning, b) highlighting factors that facilitate the intermediation of different forms of knowledge, and c) contributing to the examination of research impact for HF in Canada.

**Providing insight into academic and community approaches.** The academic and community approaches to peer learning examined in this research are similar in terms of
activities. However, these approaches differ in terms of the forms of knowledge that serve as a foundation for learning. In academic literature on EBP uptake and implementation, peer learning activities often serve to complement scientific knowledge by creating opportunities for learning through practice, teamwork, or problem-solving (article 1). In the case studies of two peer networks, experiential knowledge and practical wisdom provided a foundation for knowledge sharing that helps leaders to navigate ambiguity and inform strategy in advancing efforts to end homelessness. Scientific knowledge and data complement experiential knowledge and wisdom and are used to inform decisions and evaluate progress (articles 2 and 3). There are also differences between academic and community approaches to peer learning in terms of the facilitation and leadership of the peer learning process (e.g., facilitation by researchers or facilitation by learners/members) and the ultimate goal (implementing EBP vs. advancing efforts to end homelessness).

It is likely that academic and community approaches to peer learning and knowledge intermediation can be complementary. For example, in one of the case studies, some community leaders engaged in the network were also participating in an academic-led, national training and technical assistance initiative to advance HF implementation in their community. Leaders were able to share the scientific research-based knowledge gained through the training and technical assistance at the network table and draw upon the experiential knowledge and practical wisdom of leaders in the network who had been involved in the implementation of HF in their communities. The ways in which academic and community-led peer learning strategies can be linked to advance knowledge sharing is a valuable area for future research.

**Highlighting factors facilitating knowledge intermediation.** Findings in this dissertation highlight a number of factors that influence knowledge intermediation through peer
learning. These include continued interaction, trusting professional relationships among learners, common goals, and diversity of perspectives (articles 1 and 2). Many initiatives that involve peer learning as a strategy for advancing the uptake of EBPs have extended timelines of six months or more. This was particularly true for initiatives that linked peer learning to the development of collective capacity (e.g., supportive relationships, problem-solving, sharing of information resources) (article 1). In the peer network case studies, leaders emphasized the importance of ongoing and meaningful interaction among core leaders. This interaction serves to establish relationships and build the trust among members that is required for open and honest dialogue among leaders. Having common goals but diverse perspectives was also considered to facilitate meaningful discussion and learning among network leaders (article 2).

Many of these factors that facilitate knowledge intermediation provide a foundation for argumentation—the process through which members challenge the ideas of others (Habermas 1981/1984). Healthy tension and disagreement among network leaders was identified in the case studies as a valuable means of advancing learning, fostering collaboration, and maintaining alignment with the HF approach (article 2). Details around processes of argumentation in peer learning were limited in academic knowledge mobilization for the implementation of EBPs (article 1). The lack of detail regarding how stakeholders in communities evaluate the relative advantage of an EBP and establish consensus to advance implementation has been identified as a shortcoming of implementation literature and the basis for critiques regarding a lack of consideration of community fit (Beehler & Trickett, 2016).

In the case studies of peer networks, limiting participation to a small, consistent group of core leaders in decision making roles was described as a requirement for open dialogue, healthy argumentation, and strategic discussions (article 2). This approach is in contrast to Habermas’
conception of the ideal speech situation in which anyone who can make a valuable contribution to the discussion is included (Habermas, 1983/1990). However, the notion of ideal speech has been critiqued because of the assumption that power dynamics can be minimized among participants, and because the inclusive approach requires substantial time (Honneth & Joas, 1991). Limiting participation in peer networks to individuals with decision-making power contributes to an “ideal speech situation” by engaging members with the same level of decision making responsibility. Limiting participation allows for the development of professional relationships among members that facilitate honest and efficient knowledge sharing regarding strategic priorities.

**Contributing to an examination of the impact of HF research.** In the networks described in the case study, the influence of research evidence on HF implementation is difficult to distinguish from the influence of practice-based learning. This is particularly true for the Alberta communities that adopted the HF approach prior to the development of a Canadian HF evidence-base. However, leaders in both networks indicated they engage with research and are committed to EBP. Recent studies conducted in Canada demonstrate that HF research has had an influence on national homelessness policy in Canada (Macnaughton et al., 2017) and on the uptake of HF in a number of Canadian communities (Worton et al., 2018). For this reason, it is likely that HF research has influenced the work of communities in both networks directly and indirectly. Findings from this dissertation research indication that leaders have drawn upon research evidence for HF to support local HF implementation and navigate challenges (articles 2 and 3), particularly for Ontario communities engaged in training and technical assistance (Worton et al., 2018). For this reason, HF research can be considered to have contributed to HF
implementation but the implementation cannot be attributed directly to the research because of
the influence of practice-based learning (Morton, 2015).

A complete examination of the impact of research on HF in Canada would need to
include academic research and community outcome evaluation. Practice-based learning among
communities in both networks is advanced in part through the collection and interpretation of
local data (article 3). In Alberta, as communities shifted towards a systems planning approach,
they developed more in-depth processes for data management. This allowed organizations to
monitor outcomes of HF and of the systems-planning approach. Local data demonstrated
positive outcomes of HF, and was used by leaders to generate “buy-in” for HF among
stakeholders, to advocate for increased resources, and to maintain momentum for the HF
approach (Turner & Rogers, 2016). Nutley, Walter, and Davies (2007) suggest that engaging in
the process of research (or evaluation) can lead practitioners to see programs and services
through a new perspective in which links between activities and outcomes are emphasized. The
development of strong data collection and management processes in communities provides an
opportunity for increased community-engaged research, in which researchers can support
community leaders to use local data to inform changes to services and systems.

The Role of Peer Learning in Building Capacity for Complex Interventions at Multiple
Ecological Levels

Examining connections between peer learning as a capacity building strategy for complex
interventions contributes to efforts to address the critique that EBPs may be a poor fit in
communities in which they are implemented. Enhancing fit requires both innovation-specific
capacity (knowledge of the innovation and how it can be adapted) as well as general capacity to
advance changes needed for effective implementation (e.g., partnerships, leadership, resource
acquisition/allocation) (Flaspohler et al., 2008). The implementation of interventions—particularly complex interventions—requires establishing partnerships and adapting the intervention to fit the local context. Peer learning provides leaders and practitioners with a means of sharing knowledge and helping one another to navigate ambiguity, share ideas for program adaptations, problem-solve challenges arising during implementation, and advance continuous improvement (articles 1 and 2).

Capacity for implementing EBPs is required at individual, organizational, and community levels (Flaspohler et al., 2008). Some knowledge mobilization interventions facilitate the creation of multi-stakeholder implementation teams or require participation from both practitioners/service providers and organizational leaders (article 1). This serves to build capacity at different levels within an organization, which by linking individuals with diverse perspectives, can inform and contribute to implementation process. In the case studies of peer networks, leaders indicated that different perspectives of participating leaders (both in terms of professional background and community context) facilitated learning and enriched dialogue around strategic priorities (article 2). Diversity is considered a core component of ecological theory in community psychology. As Hawe (2016) states “where communities have diversity, they have strength” (p. 91).

A contribution of this dissertation to ecological theory in community psychology is the examination of connections across communities as an ecological “level” for knowledge mobilization. This reflects a networked model of ecological theory, in which structures (e.g., organizations, families, governments) overlap and are linked by the interactions of individuals within these structures (Neal & Neal, 2013). Leaders in the peer networks interact with one another, connecting across organizational and geographical boundaries to share knowledge.
Individually, leaders draw upon knowledge gained from the network in their work to advance HF in their communities (article 2). These interactions link the peer network to the community. Collectively, network leaders can establish connections with government or national organizations to foster partnerships or act in an advisory capacity to advance the HF approach (article 3). These interactions also link the peer network to structures of government or other provincial or national organizations in ways that facilitate partnerships and collaboration.

**Influence of Peer Learning on Advancing Systems Change Through Cross-Boundary Knowledge Mobilization**

In this dissertation, systems theory was incorporated into the conceptual framework to allow for an examination of how peer learning within community networks advanced systems change regarding HF. Conceptualizing interventions as events in systems (Hawe et al., 2009) helps to understand how programs at the community level can influence systems’ structures. It has been suggested that implementing EBPs can have unintended consequences at the systems level (Beehler & Trickett, 2016). This can be interpreted as an argument for developing local interventions that reflect the systems’ structures. However, the HF approach demonstrates how an EBP can be a catalyst for advancing positive change at the systems level. The implementation of HF programs can illuminate the need for systems changes to support individuals with high service needs and to advance the goal of ending chronic homelessness (Padgett, Henwood, & Tsemberis, 2016).

Through participation in peer networks, core leaders in the case studies described building their individual capacity and collective capacity to understand HF implementation (and implementation issues) within the context of all member communities (article 2). Knowledge of common challenges informs strategic discussion of solutions to these shared challenges, many of
which require changes to systems structures and processes (article 3). Like community-level implementation, systems change is a challenging process characterized by ambiguity and complexity. The present research links systems change literature to the knowledge mobilization process, describing how peer learning facilitates collaboration among learners in the network and with external stakeholders in key positions at various systems levels (article 3).

Findings from all studies in this dissertation indicate that peer learning can build the collective capacity of those championing changes to advance particular EBPs within organizations or broader service systems. Peer learning builds the capacity of champions who can draw upon the support, expertise, and wisdom of champions in other roles, organizations, or jurisdictions (articles 1, 2 and 3). These findings align with systems change literature in which the role of “champions” is described as crucial for advancing systems change.

**Implications of the Research**

This dissertation research has implications for advancing the incorporation of peer learning in knowledge mobilization for EBPs. Specifically, the findings have implications for the implementation of complex community interventions such as HF. In this section, I describe four main implications of this dissertation. The first two implications are related to advancing research and theory for knowledge mobilization. The third and fourth implications are related to advancing knowledge mobilization practice and have implications for researchers and community leaders/practitioners:

1. Positioning peer learning as a key knowledge mobilization strategy
2. Incorporating peer learning into community science
3. Supporting implementation through community-led knowledge mobilization
4. Advancing strategies for mobilizing knowledge across boundaries
Positioning Peer Learning as a Key Knowledge Mobilization Strategy

The findings of this dissertation research can be used to make a case for further examination of peer learning as an important knowledge mobilization strategy. While peer learning has been incorporated into some knowledge mobilization initiatives, detail about the peer learning process is often limited.

The scoping review in this dissertation identified many articles that included peer learning in knowledge mobilization initiatives for EBPs. The majority of the included articles were published recently (within the last 5-8 years), suggesting that researchers are advancing knowledge mobilization in ways that promote multi-directional learning. However, many articles describing interactive knowledge mobilization processes were excluded from the review because of a lack sufficient description of peer learning or of the knowledge mobilization process in general. Many articles included in the review provided only minimal detail about the peer learning activities and the rationale for including peer learning as a strategy. This makes it difficult to examine the process of peer learning in knowledge mobilization or determine how peer learning influences outcomes related to uptake and implementation.

Recommendations for researchers. It is important that researchers engaged in knowledge mobilization initiatives provide more detail about the knowledge mobilization process in reports and publications. This can be done by describing specific knowledge mobilization initiatives in terms of Ward’s (2017) key questions: what knowledge is being shared, whose knowledge is it, why is it being shared, and how is it being shared. Inclusion of this information in articles will make it easier to locate initiatives that incorporate peer learning. This information will also be beneficial in understanding how peer learning is used to link different forms of knowledge and what outcomes peer learning is intended to achieve.
Describing peer learning and other knowledge mobilization processes in more detail is also a means of responding to critiques that knowledge about EBPs is treated like a “product” to be transferred from experts to learners (Reimer-Kirkham et al., 2009).

**Incorporating Peer Learning into Community Science**

Findings from this dissertation have implications for theory and practice in community psychology in the area of community science (Wandersman, 2003). In particular, the findings relate to how interactions among “systems” in the Interactive Systems Framework (ISF) (Wandersman et al., 2008) are conceptualized. Peer learning influences the process by which the “support system” provides training and technical assistance to the “delivery system”. By taking part in peer learning activities and/or peer networks, community stakeholders in the delivery system (practitioners, staff, organizational decision makers, etc.) become an active part of the support system by advancing mutual learning. Engaging stakeholders in the support system also helps to incorporate considerations of complexity in the implementation process. As described in the peer network case studies, community leaders can support one another in navigating implementation-related change processes in ways that reflect the current socio-economic and political context.

**Recommendations for researchers.** Future research should build on the work of Leeman et al. (2015) to examine the role of peer learning (including peer networking) in the support system. Peer learning should be conceptualized as a capacity-building strategy that can be incorporated into training, technical assistance, and quality assurance (Wandersman, Chien, & Katz, 2012). Incorporating peer learning as a capacity building strategy will provide insight regarding role of relationships in the capacity building process. Relationships are incorporated into implementation theory (e.g., Wandersman et al., 2012), but more detail is needed regarding
how relationships are formed in the knowledge mobilization process, with whom, and for what purpose. Furthermore, future research should draw more attention to the processes through which stakeholders determine an EBP to be advantageous and adaptable to their local context. This would be helpful in addressing critiques that EBPs can be a poor fit for community settings (Beehler & Trickett, 2016). Steps for considering the adoption (and adaptation) of an EBP have been incorporated into community science (e.g., Getting to Outcomes [Wandersman, Alia, Cook, Hsu & Ramaswamy, 2016]) but there is value in examining the role that peer learning plays in this process.

**Advancing Knowledge Mobilization through Community-led Initiatives**

This dissertation research provides a starting point for further research on community-led knowledge mobilization regarding the uptake, implementation, and sustainability of EBPs. The research findings demonstrate that community-based teams and networks facilitate knowledge sharing, mutual learning, and collaboration among members. Building connections between researchers and community-led knowledge mobilization groups (such as teams, coalitions, committees, networks, etc.) is a means of promoting awareness and uptake of EBPs in practice. In groups where members are all engaged in implementing the same EBP (either within or across organizations) members can share best practices with one another to advance local implementation. In complex interventions, these best practices may represent adaptations to the EBP that could be evaluated and shared broadly to support similar adaptations in other settings.

**Recommendations for practitioners.** The experiences of the networks in this dissertation research highlight the value of building connections among leaders doing similar work within an organization, community, or region. Leaders/practitioners engaged in group-based knowledge mobilization strategies (e.g., community networks, coalitions, communities of
practice) may benefit from reaching out to key stakeholders—such as academics with relevant expertise or government decisions makers—to share information about the group’s purpose and key activities. Connections with researchers may lead to opportunities for collaboration.

Collaborative, community-based research can be a means to develop solutions to implementation issues, evaluate local adaptations of an EBP, or advance systems change associated with implementing complex community interventions.

**Recommendations for researchers.** In addition to communicating scientific knowledge in ways that reflect considerations of adaptation and fit, researchers should aim to assist stakeholders/knowledge users in evaluating adaptations of EBPs in context. Supporting communities to evaluate local implementation of EBPs can promote fidelity to fixed elements of the EBP (Hawe et al., 2009) and determine the effectiveness of adaptations. Engaging with communities to support knowledge mobilization and solutions-focused research is a particularly relevant role for researchers in community psychology. By positioning themselves as a resource to support community knowledge mobilization and adaptation of EBPs, community psychology researchers can advance the uptake of research findings and EBPs in ways that align with the sub-discipline’s core values of collaboration and empowerment.

**Informing New Strategies for Mobilizing Knowledge Across Boundaries**

Collaborative research projects have the potential to help link system stakeholders. However, it is important to note that academic researchers often have limited capacity to engage in knowledge mobilization, especially over the long-term (Leadbeater, 2010). The findings from the peer network case studies in this dissertation highlight how resource and time constraints also limit leaders’ capacity for involvement in knowledge mobilization initiatives and collaborative projects. These capacity limitations have implications for knowledge mobilization interventions.
Such interventions must be designed to directly advance the goals of participants, provide information unattainable through other means, and link stakeholders across organizational and sector boundaries. Both researchers and community practitioners/leaders can play a role in informing new strategies for mobilizing knowledge across boundaries. However, the capacity limitations of both groups mean that support will likely be required from organizations with dedicated resources for mobilizing knowledge (e.g., the Ontario Housing First Community of interest; the Canadian Observatory on Homelessness; the Canadian Alliance to End Homelessness).

**Recommendations for practitioners.** Leaders who act as champions for advancing complex community interventions can benefit from connecting with champions doing similar work in other organizations or jurisdictions. The findings of this dissertation research indicate that connections among champions can be a source of social support and mutual learning and that diverse perspectives among champions advances this learning. The experiences of leaders in peer network case studies indicate there is value in building connections based on the goal of sharing knowledge and building capacity (over time) to collaborate on projects. Findings also suggest that engaging in face-to-face meetings helps to build relationships and create opportunities for dialogue and problem-solving. Engaging in learning opportunities provided by other organizations (e.g., webinars, conferences)—either independently or as a group—can be a way to advance learning and expand network connections.

**Recommendations for researchers.** When possible, researchers should engage in research and knowledge mobilization that facilitates both horizontal connections (e.g., connections across sectors) and vertical connections (e.g., connections between community leaders and government representatives) community (Berta, Virani, Bajnok, Edwards, & Rowan,
Due to their position working outside of health and social service systems, academic researchers may be uniquely positioned to develop stakeholder connections across boundaries to facilitate learning and implementation. For example, training and technical assistance for HF has played a role in connecting stakeholders from mental health and housing sectors, resulting in collaborative planning for HF implementation (Nelson et al., in press). These network connections support peer learning and planning among stakeholders across the system.

Given that researchers often have limited capacity to lead knowledge mobilization, connections between researchers and organizations with a mandate for knowledge mobilization can be of value. A potential area of future research is how knowledge brokers can help share knowledge across boundaries and in ways that reflect the contexts, needs, and strengths of community stakeholders engaged in implementing complex community interventions. Roles for knowledge brokers have been established in health care and other sectors (Meyer, 2010) and could potentially play a role in advancing knowledge mobilization and peer learning in the homelessness sector as well.

**Limitations**

In this dissertation, I examined peer learning as a knowledge mobilization strategy for advancing the uptake and implementation of EBPs (specifically complex community interventions). There are a number of different purposes for sharing knowledge, including informing research, changing practice or policy, generating interest, etc. (Barwick, 2018; Ward, 2017). I did not distinguish the process of knowledge mobilization from implementation. Some scholars consider knowledge mobilization and implementation to be inter-related but distinct, with implementation focused on achieving the narrow goals of changing practice while knowledge mobilization is related to advancing research use in broader ways, such as to
advocate (Barwick, 2018). In the peer network case studies in this dissertation, networks advanced both knowledge mobilization and implementation. Further exploration of the differences in goals of the two approaches would be informative in understanding the contributions of peer learning to each approach.

A major critique of knowledge-to-action theory is the lack of examination of power dynamics in knowledge generation, mobilization, and application (Reimer-Kirkham et al., 2009). The focus of this dissertation research was on the process of peer learning and networking. Due to considerations of scope and limitations related to conducting research as a student and outsider, power dynamics within peer networking process were not explored. As a result, findings in this dissertation likely do not fully reflect the challenges inherent in establishing partnerships, collaborating, planning and advancing systems change. Furthermore, limiting participation to core leaders of the network—though valuable in understanding the experience of these leaders—does not allow for examination of how the network advances learning for other staff within member organizations. Future research on peer learning and systems change would benefit from an examination of the influence of power as well as well as a broader scope that captures experiences of a broader range of learners.

Many different strategies are needed to address the research practice gap and respond to critiques of knowledge-to-action theories. Advancing peer learning to support the implementation of EBPs is one strategy, but equal attention should be directed to advancing other approaches that facilitate learning for knowledge generation (e.g., community-based participatory research) or facilitate collaboration among researchers and practitioners (e.g., researcher-practitioner collaboratives).
Dissertation Knowledge Mobilization Activities

A list of knowledge mobilization activities (both completed and forthcoming) is presented in Table 5.1. The primary knowledge mobilization strategies for this dissertation included writing reports for each participating peer network, delivering presentations to various audiences at conferences, publishing articles in this dissertation in academic journals, and developing a plain language summary to be available online.

The content for each of the knowledge mobilization activities is tailored to the intended audiences. For example, the presentation at the Canadian Knowledge Mobilization forum highlighted key findings that had implications for knowledge mobilization practice, while the presentation at the Ontario Housing First Forum included more detail on systems change and implications for peer networking in advancing strategies to end homelessness through HF.

One of the most valuable knowledge mobilization activities completed to date was the presentation delivered at the 2017 Canadian Alliance to End Homelessness conference. This presentation was delivered in collaboration with leaders from the 7 Cities, the SW5, and a recently established peer learning network—the BC 10 (comprised of leaders from 10 community entity organizations in British Columbia, Canada). Leaders presented a summary of the structure, activities, and goals of their network. The conference session served as an opportunity to bring these leaders together and facilitate connections and peer learning opportunities among the three peer networks.
Table 5.1

*Dissertation Knowledge Mobilization Activities*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Title</th>
<th>Target Audience(s)</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Cities Case Report</td>
<td>Knowledge mobilization for complex community initiatives—Examining cross-community learning for implementing Housing First: Case study of the Alberta 7 Cities.</td>
<td>7 Cities core leaders</td>
<td>September 2017</td>
</tr>
<tr>
<td>SW5 Case Report</td>
<td>Knowledge mobilization for complex community initiatives—Examining cross-community learning for implementing Housing First: Case study of the Ontario Southwest 5.</td>
<td>SW5 core leaders</td>
<td>September 2017</td>
</tr>
<tr>
<td>Cross-Site Summary</td>
<td>Knowledge mobilization for complex community initiatives—Examining cross-community learning for implementing Housing First: Cross-case summary.</td>
<td>7 Cities core leaders, SW5 core leaders</td>
<td>October 2018</td>
</tr>
<tr>
<td>Conference Presentation – 2018 Canadian Knowledge Mobilization Forum</td>
<td>The role of peer networks in mobilizing knowledge: Building capacity among leaders advancing strategies to end homelessness.</td>
<td>Knowledge mobilization scholars and academics</td>
<td>May 2017</td>
</tr>
<tr>
<td>Conference presentation – Society for Community Research and Action (SCRA) Biennial</td>
<td>The role of networks in enhancing capacity among community leaders working to end homelessness: Transformative change through network approaches.</td>
<td>Community psychology scholars</td>
<td>June 2017</td>
</tr>
<tr>
<td>Conference presentation – Canadian Alliance to End Homelessness.</td>
<td>The power of networks for mobilizing knowledge to end homelessness. (Co-presented with leaders from the 7 Cities, SW5, and BC10)</td>
<td>Peer networks, homelessness sector leaders, researchers, practitioners, consumers</td>
<td>November 2017</td>
</tr>
<tr>
<td>Conference presentation – Ontario Housing First Community of Interest: Housing First forum</td>
<td>Housing First knowledge mobilization and systems change. (Co-presented with leaders from the SW5)</td>
<td>Homelessness sector leaders, researchers, practitioners, consumers</td>
<td>January 2018</td>
</tr>
<tr>
<td>Article 1 (for submission to Evidence and Policy)</td>
<td>Examining peer learning as a strategy for advancing uptake of evidence-based practices: A scoping review</td>
<td>Academic researchers</td>
<td>In progress</td>
</tr>
<tr>
<td>Article 2 (for submission to Gateways: International Journal of Community Research and)</td>
<td>Examining Peer networking as a Knowledge Mobilization Strategy for Implementing Housing First</td>
<td>Community leaders and practitioners, academic researchers</td>
<td>In progress</td>
</tr>
<tr>
<td>Engagement)</td>
<td>Understanding the role of peer networks in building capacity for systems change: A case study of two Canadian networks implementing Housing First</td>
<td>Homelessness sector leaders, academic researchers</td>
<td>In progress</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Highlights Summary (for online distribution through social media and the website of the Ontario Housing First Community of Interest)</td>
<td>TBD</td>
<td>Homelessness sector leaders and practitioners, knowledge mobilization professionals.</td>
<td>In progress</td>
</tr>
</tbody>
</table>
References


implement community-based interventions and are they effective?: A systematic review.


### APPENDICES

**Appendix A: Scoping Review Criteria**

**ROUND ONE: Abstract Review for Interactive Knowledge Sharing Strategies**

<table>
<thead>
<tr>
<th>Include if…</th>
<th>But exclude if</th>
</tr>
</thead>
<tbody>
<tr>
<td>The research been conducted (i.e. not a study protocol)</td>
<td>The article is focused on generating and evaluating new practices to develop an evidence base (rather than share the knowledge of existing evidence-based practices)?</td>
</tr>
<tr>
<td>The article is dealing with a human service setting (social services, K-12, health)</td>
<td>The audience/knowledge-users are the general public (parents, children, citizens, patients, etc.)</td>
</tr>
<tr>
<td>There is a specific evidence-based innovation being translated or shared (program, practice, etc.)</td>
<td>The article deals with knowledge sharing in a formal educational/classroom setting with students or medical/nursing residents (e.g, school or post-secondary setting such as medical school)</td>
</tr>
<tr>
<td>The primary target audience is professional providers of human services (support workers, doctors, nurses, public health, K-12 teachers, etc.)</td>
<td>The article focuses on building capacity for understanding/implementing evidence-based practices in general</td>
</tr>
<tr>
<td>There is evidence of interaction within the knowledge sharing process (of any stakeholders such as peer-to-peer or interaction between knowledge producers/researchers and knowledge user/practitioner) e.g., group training, workshops, communities of practice, etc.</td>
<td></td>
</tr>
<tr>
<td>The article was published between January 2000 and January 2018</td>
<td></td>
</tr>
<tr>
<td>The article is focused on supports offered by faith communities</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>The article is focused on knowledge sharing or knowledge management within private sector/corporate settings.</td>
<td></td>
</tr>
</tbody>
</table>

**ROUND TWO (Full Text Review)**

<table>
<thead>
<tr>
<th>Include if…</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>There is some form of peer interaction or stakeholder networking for capacity building in the knowledge sharing/implementation process</td>
<td></td>
</tr>
<tr>
<td>Authors of the article describe the peer learning process (e.g., who, what, how, where, why).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclude if…</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No indication of peer networking/interaction in the knowledge sharing process (i.e., interaction is only shared between researchers/knowledge-producers and practitioners/knowledge-users)</td>
<td></td>
</tr>
<tr>
<td>Insufficient detail regarding the process of peer learning</td>
<td></td>
</tr>
<tr>
<td>OTHER (Explain)</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix B: Scoping Review Charting Categories

<table>
<thead>
<tr>
<th>Citation</th>
<th>Year</th>
<th>Country</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Community psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Psychology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Social work</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Public health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Political science</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other (add text)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study Aim (text description)</th>
<th>Methodology of the study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Qualitative</td>
</tr>
<tr>
<td></td>
<td>Quantitative</td>
</tr>
<tr>
<td></td>
<td>Mixed methods</td>
</tr>
<tr>
<td></td>
<td>Other (add text)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge user sector</th>
<th>Knowledge user heterogeneity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Knowledge users all from one role/position (e.g., primary care providers)</td>
</tr>
<tr>
<td>Health</td>
<td>Knowledge users from various roles/positions</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Interdisciplinary</td>
</tr>
<tr>
<td>Social services</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge user group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner (i.e., front line, primary care provider)</td>
</tr>
<tr>
<td>Decision maker/administration (i.e., management, executive directors)</td>
</tr>
<tr>
<td>Policy makers/government</td>
</tr>
<tr>
<td>Volunteer/community member</td>
</tr>
<tr>
<td>Individuals with lived experience/clients/consumers</td>
</tr>
<tr>
<td>Other (add text)</td>
</tr>
</tbody>
</table>
Facilitator group (i.e., who leads the KT strategy)
- Researchers/academics
- Coordinating organization
- Government
- Other (add text)

Type of evidence-based practice/innovation being shared or implemented?
- Programs
- Practices (e.g., treatment or therapy approaches)
- Tools
- Guidelines
- Research Findings
- Other (add text)

Types of peer learning strategies used
- In person discussion/dialogue
- Problem-solving
- Group case study
- Community of practice
- Network
- Online forum
- Listserv
- Conference call
- Review and feedback

Description of the peer learning strategy
- (text response)

Duration of the peer learning activity
- Immediate (hours or day/s)
- Short term (weeks)
- Long term (months or year/s)

Setting of peer learning activity
- Online
- In person
- Teleconference
- Other

Priority of peer learning strategy
- Peer learning is the primary strategy used in KT
- Peer learning is one of many strategies that are equally weighted
- Peer learning is a secondary/supplementary strategy
- Other
Other elements of training/learning
  • (text response)

What level of change is the knowledge sharing initiative targeting?
  • Individual
  • Organizational/group
  • Systems/policy

In what ways did peer learning activities promote individual learning/capacity building for participants?
  • (text response)

In what ways did peer learning activities promote collective learning/capacity building among participants?
  • (text response)

Are there any contextual factors that influenced KT or the peer learning strategies used? (E.g., grant received for KT, organization sponsorship for KT, policy in place that motivated implementation of the EBP, etc.)
  • (text response)

Have any specific aspects of peer learning (e.g., social support, shared experience, etc.) been linked to capacity building outcomes in this study?
  • (text response)
Appendix C: Document Analysis Framework

1. Network development and evolution
2. Network membership
3. Network structure
4. Network involvement in Housing First implementation
5. General activities of the network
6. Network Activities specific to Housing First
   a. Learning activities (informal/formal)
   b. External training and technical assistance provided to the network
7. Outcomes of Learning Activities
8. Core priorities of community plans to end homelessness (and provincial plans if relevant)
Appendix D: Network Member Interview Guide
Network Member Interview Questions

Individual Learning (personal experiences of learning)

1. How has being involved the [7 Cities/SW5] influenced your own knowledge of strategies to address homelessness? (e.g., Housing First)

2. In what ways have you learned from other members of the network?
   
   a. Introduction to the work of the network, network history, connections, networks, etc.

3. How (if at all) does your participation in the [7 Cities/SW5] influence your ability to implement new strategies to address homelessness (e.g., Housing First) locally?

Collective Learning

4. What kinds of information/knowledge is commonly shared among members of the [7 Cities/SW5]?
   
   a. What is the role of research evidence? (research studies – local or national/global)
   
   b. What is the role of data? (local and provincial data)
   
   c. What is the role of operational or process knowledge (e.g., administering funding, support strategies, new initiatives?)

   Examples: Information from existing programs/services, community research, academic research, experiential knowledge, process information, strategic information, new initiatives)

5. How would you describe the process of knowledge sharing within the [7 Cities/SW5]?
   
   a. What characteristics of the [7 Cities/SW5] partnership make it possible to share information in this way? (e.g., trust, relationships, commitment, shared values)
   
   b. How do you share information from the [7 Cities/SW5] table with staff and others in your community?
   
   c. How is information shared externally with partners/stakeholders (e.g., government, research partners, etc.)
   
   d. How do connections for sharing knowledge develop or evolve?

6. How does the sharing of knowledge influence the activities of individual members or of the network as a whole? (programs, services, advocacy, strategic planning?)

7. What advantages (if any) does knowledge sharing within the [7 Cities/SW5] have for learning over other means (workshops, toolkits, training, community forums, etc.)
8. In what ways (if any) do you think learning within the network could be enhanced?
   a. New opportunities, new connections, new directions for sharing knowledge?

**Partnership Development and Evolution (Questions for Network Chair Only)**

9. How has the development of the [7 Cities/SW5] been influenced, positively or negatively, by external factors (e.g., policy change, government priorities, economic influences, priorities within the housing sector, organizational initiatives)?
   a. What key factors influenced the establishment of the network (early stages)
   b. What key factors influenced the further development/evolution of the network (later stages/later years)?

10. How have external factors (i.e., factors external to the [7 Cities/SW5]) influenced the work of the network in terms of implementing new strategies to address homelessness such as Housing First.

**Context**

11. How (if at all) has your ability to share or apply the knowledge and/or skills gained through participation in the network been influenced by contextual factors in your municipal housing system?
   a. What is unique about your community that influences what you bring to the [7 Cities/SW5] table or what support you draw from the group?

**Wrap Up**

12. Is there anything I haven’t asked you about the process of knowledge sharing through the network, in general or specific to Housing First, that I should have?
Appendix E: Focus Group Guide/Script 7 Cities

Welcome everyone.

Thanks for giving up some of your meeting time to be involved in this focus group. It is important that you have a chance to review some of my early findings from this study to make sure that they are accurate given your own experiences. I will be audio recording the focus group [say only if all participants have agreed to audio recording].

I will start off the focus group by going over some of the key findings from the study. I have printed out some of these findings so that each of you can look them over.

[10-minute presentation of key findings]

To begin our discussion, I would like to ask you about your thoughts on these early findings.

1. Do these findings align with your experiences as a member of the 7 Cities? Is there anything that you feel is missing from these findings or anything that needs to be changed?

In the presentation of findings, there are a few main themes that I identified as being important and warranting further discussion. These themes are the basis for the questions I will ask you in the remainder of the focus group. These themes have emerged from my analysis of both the work of the 7 Cities and the SW5, and I believe exploring these themes is important in helping other communities to understand the benefits and challenges of connecting with peers to share knowledge and advance strategies to end homelessness.

Some of these questions reflect tensions identified as inherent in navigating the composition of the network and the role of the network in influencing broader systems. I don’t expect you to have all the answers to these questions, but I want to pose them to you for reflection. It may be useful to consider answering these questions in terms of the advice you would give other networks navigating similar points of tension. I’ll remind you that you can opt not to answer any questions if you choose. You can also send me reflections individually or on behalf of the group afterwards if you need more time to think about some of these questions.

2. To what extent does the degree of support you receive from your organizations/municipalities for your involvement 7 Cities in the affect the work of the 7 Cities. How is this support developed and maintained?

3. How do you as a network navigate how to utilize the political influence or power inherent in working together as a group of leaders?

4. How does the 7 Cities navigate the consideration of membership inclusivity vs. exclusivity within the network?
5. To what extent (if at all) does the knowledge of individuals with lived experience influence the work of the 7 Cities?

Thank you to everyone for your comments and feedback. This has been really helpful for me. I hope it’s been interesting for you. Now I will use your feedback to go further with my analysis. I’m going to be writing up a case study report in the next couple of months that covers all of these findings. I will send this along when it is complete.

Does anyone have any questions about the research or the reporting before we wrap up?
[Any questions are answered]

[End of Session]
Appendix F: Focus Group Guide/Script Southwest 5

Thank you for giving up some of your meeting time to be involved in this focus group. It is important that you have a chance to review some of my early findings from this study to make sure that they are accurate given your own experiences. I will be audio recording the focus group [say only if all participants have agreed to audio recording].

I will start off the focus group by going over some of the key findings from the study. I have printed out some of these findings so that each of you can look them over.

[10-minute presentation of key findings]

To begin our discussion, I would like to ask you about your thoughts on these early findings.

1. Do these findings align with your experiences as a member of the SW5? Is there anything that you feel is missing from these findings or anything that needs to be changed?

In the presentation of findings, there are a few main themes that I identified as being important and warranting further discussion. These themes are the basis for the questions I will ask you in the remainder of the focus group. These themes have emerged from my analysis of both the work of the 7 Cities and the SW5, and I believe exploring these themes is important in helping other communities to understand the benefits and challenges of connecting with peers to share knowledge and advance strategies to end homelessness.

Some of these questions reflect considerations that come up in the literature on collaboration and community of practice, such as the incorporation of knowledge from various sources. I’ll remind you that you can opt not to answer any questions if you choose. You can also send me reflections individually or on behalf of the group afterwards if you need more time to think about some of these questions.

2. What, if anything, would you add or change regarding the analysis of how the SW5 influences member capacity for Housing First:
   a. As a philosophy (values and principles)?
   b. As a program model?
   c. As a systems initiative?

3. In addition to the knowledge of core SW5 leaders, what other sources of knowledge do you draw upon as a network or individually that inform your contributions to the network? For example…

4. How (if at all) do other sources of practical wisdom (i.e., professional judgement, values) or technical knowledge (i.e., experiences, practical skills) influence the work of the SW5?
   a. Knowledge of municipal staff
   b. Knowledge of staff in local community organizations
c. Knowledge of individuals with lived experience

5. How (if at all) do sources of scientific knowledge (e.g., research findings, evaluation data, population statistics) influence the work of the SW5?

Thank you to everyone for your comments and feedback. This has been really helpful for me. I hope it’s been interesting for you. Now I will use your feedback to go further with my analysis. I’m going to be writing up a case study report in the next couple of months that covers all of these findings. I will send this along when it is complete.

Does anyone have any questions about the research or the reporting before we wrap up?
[Any questions are answered]

[End of Session]