Ontario Centre of Excellence
for Child and Youth
Mental Health

Centre d'excellence de l'Ontario
en santé mentale des
enfants et des adolescents

Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.

Communities of practice and communities of interest: definitions and evaluation considerations

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This report summarizes a Level 1 Evidence In-Sight response. A Level 1 response involves a non-systematic search and summary of the research and grey literature. It is a snapshot and not an exhaustive search or systematic review. The findings are intended to inform the requesting organization, in a timely fashion, and do not imply an extensive knowledge of the current practices of the agency. This report does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the question: *How are communities of practice and communities of interest defined? How can they be evaluated?*

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). This report is a summary of the literature found in a non-systematic search and may include practices your organization already uses. This report is a summary of existing evidence and does not give explicit practice or policy recommendations.

Research is constantly evolving. As the literature changes, so does our idea of what is considered the "best available evidence". Research is a powerful starting point for organizational decision making, but it also has its limitations and should be interpreted carefully. Findings can be affected by methodological issues and efficacy studies might translate differently in each real-world setting. This reinforces the importance of incorporating evaluation into the implementation and delivery of evidence-informed practices and programs. This report contains the findings of a rapid scan of the research literature, but evidence-informed decision making should also draw upon agency and staff expertise, program evaluation and client perspectives to ensure the best possible outcomes.

Thank you for contacting Evidence In-Sight for consultation on your question. Please do not hesitate to follow up with the lead author or to contact us at 613-737-2297.

1. Overview of inquiry

The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) sees the potential of using communities of practice (CoP) and communities of interest (CoI) to support knowledge exchange and mobilization activities in the child and youth mental health sector. For example, Watson (2013) conducted a study of the evaluation support service at the Centre to better understand the facilitators and barriers of sustaining program evaluation efforts after an agency completes a grant. One recommendation from the report was to *improve an agency's commitment to evaluation – organize program evaluation "community of practice" committees within communities.*

As the child and youth mental health system transitions towards a lead agency model, CoPs and CoIs are being discussed as possible vehicles to support knowledge sharing and mobilization across communities. Information on these models (e.g, facilitators, barriers, etc.) will help the Centre consider these as possible mechanisms for supporting a transformed system. For the purpose of this request, the Centre asked the Evidence In-Sight team to research:

- How are CoPs and CoIs defined?
- How do CoPs and CoIs differ? How are they the same?
- How do they evolve?
- What are the essential elements that make each of these models successful (e.g., goals, common activities and outcomes, people involved, how work/initiatives are dispersed among members, venues, recruitment, retention)?
- Are CoIs and CoPs effective knowledge exchange vehicles? If so, are there examples of how these are evaluated, preferably within the Ontario child and youth mental health context?

2. Summary of findings

- Communities of practice (CoP) are groups of people who share a passion, a concern or a set of problems regarding a particular topic, and who interact regularly in order to deepen their knowledge and expertise, and to learn how to do things better.
- Communities of interest (CoI) are groups of people who share an identity or an experience. There is much less research literature on CoIs than on CoPs.
- Both of these knowledge exchange vehicles differ based on a variety of domains including focus, purpose, objectives, nature of problems, knowledge development, membership, challenges, strengths, lifespan, and learning.
- Research on the effectiveness of CoPs and CoIs is limited, although emerging research seems to suggest that CoPs can contribute to staff learning and development. Information was lacking on CoI effectiveness.
- There is no standard way to evaluate CoPs. Some examples of evaluations are discussed in the report, including some examples specific to the Ontario child and youth mental health sector.

3. Answer search strategy

- Search terms: communities of interest, communities of practice, collaborative/collaborations, networks, mental health, health, social services, children, youth, adolescents

- Databases/places searched: Google and Google Scholar, University of Ottawa Library (PsychINFO, AMED- Allied and Complementary Medicine, Ovid MEDLINE ®, Ovid MEDLINE ® In-process & Other Non-Indexed Citations, PubMED, Scolars Portal, Cochrane Library), EBSCO Host

4. Communities of Practice

In healthcare, communities of practice are created to facilitate learning and the sharing of knowledge, or to improve practice (Ranmuthugala et al, 2011). Communities of practice *(CoP) are groups of people who share a passion, a concern or a set of problems regarding a particular topic, and who interact regularly in order to deepen their knowledge and expertise, and to learn how to do things better* (Wenger, 2004; Ranmuthugala et al., 2011; Markwell, 2009). Although CoPs in various forms have long existed, as a formal strategy for knowledge management and knowledge exchange they are a relatively recent innovation and the research on them is still developing. As an element of organizational learning and performance, they connect strategy to performance through developing, refining, and diffusing knowledge.

Other terms are used in the literature, such as learning communities or networks, thematic groups, tech clubs, and professional learning communities.

4.1 Essential elements
Wenger (2004) suggests that CoPs have three key elements:

1. **Domain**: the area of knowledge that brings the community together, gives it an identity, and defines the key issues that its members collectively want to address. It is more than a personal network because it is about something – an area of knowledge that needs to be explored and developed, not a task.
2. **Community**: the group of people for whom the domain is relevant, the quality of their relationship, and how the boundary between the group and the wider world is defined. Ongoing relationships among the members are central to enable them to address problems and share problems. It is a community, which is much more than a website or a library.
3. **Practice**: the body of knowledge, the relevant tools and methods, cases, documents, and stories that members develop together and share. There is an element of activity that goes beyond simple interest, as it brings together practitioners who are involved in doing something.

The combination of domain, community, and practice enable communities of practice to collectively manage and build knowledge. The domain provides a shared focus; community supports and builds relationships that enable learning; and practice grounds the learning and knowledge in what people do.

4.2 Membership
The number of people in a CoP can vary widely (Wenger & Snyder, 2000) and over time (Ranmuthugala et al., 2011). Large communities are often subdivided by geographic region or by subject matter in order

to encourage people to take part actively (Wenger & Snyder, 2000). Membership is often across geographical, professional and/or organizational boundaries, and the focus of the group can vary over time (Ranmuthugala et al., 2011). Membership should be voluntary, with people participating because they get value from being a part of the CoP (Garcia & Dorohovich, 2005). They become members through their shared practice and the CoP helps establish professional identity with members working towards a common goal or purpose (Ranmuthugala et al., 2011).

Within a CoP, members can take on various roles. Leaders need to agree on why the community is being formed, what its goals are, and what participants can expect to get from it. *Core members* have an integral role to play in taking on central roles within the community and giving it scope and credibility. Core members' passion for the topic energizes the community, and they provide intellectual and social leadership (Wenger & Snyder, 2000). There are usually a few core members and many *peripheral members*. Newcomers often come in from the periphery and move toward the centre as they become more knowledgeable (Fischer & Ostwald, 2003).

Some of the defined roles include (Wenger & Snyder, 2000):

- **Sponsors** – key organization that is a champion of the community of practice and brokers resources, advises the community leadership, and helps attract new members.
- **Leaders** – drives the community forward and guides its strategic goals.
- **Subject matter experts** – use their experience in the field to guide what should be in a community's knowledge base
- **Content editors** – review and approve contributions (with help from subject matter experts as needed)
- **Facilitators** – help community members come together and make communication among them easier

4.3 Evolution of communities of practice: designing and creating

CoPs are formed by people who engage in a process of collective learning in a shared domain (Wenger & Trayner, n.d.). Learning can be the reason the community comes together in a CoP, it can be intentionally formed (i.e., an established management initiative), or voluntary/informal (i.e., an incidental outcome of members' interactions; Wenger & Trayner, n.d.). Most CoPs form on a voluntary, informal basis and some researchers say that CoPs should be informal for them to succeed (Hemmasi & Csanda, 2009). CoPs can be formed intentionally and still be successful (Hemmasi & Csanda, 2009).

One model states that CoPs go through five stages of development or evolution (Ranmuthugala et al., 2011):

Potential	Coalesce	Mature	Steward	Transform

The Kaplan Consulting Group has a simple step-by-step guide for creating a collaborative community of practice (http://www.icohere.com/CoPDesignGuide.pdf). The suggested lifecycle for a CoP is:

> Phase 1: Inquire – identify the audience, goals, purpose, and vision for the community
> Phase 2: Design – define activities, technology, group processes, and roles
> Phase 3: Prototype – pilot the CoP with a select group of stakeholders
> Phase 4: Launch – roll out the community to a broader audience
> Phase 5: Grow – engage members in collaborative learning and knowledge sharing
> Phase 6: Sustain – cultivate and assess the learning, knowledge, and products

The termination of a CoP is not a clearly defined process. A community typically starts without a clear sense of how long it will exist, and lasts as long as members find value in learning together. Wenger and Trayner (2012) state that the intensity and relevance of the shared learning is more important than the duration of the community. Some communities last a brief time, others for years, but a CoP should be allowed to disperse as soon as it has outlived its usefulness.

Hemmasi & Csanda (2009) give three organizational considerations when designing a CoP:

- The kinds of knowledge that will be shared in the group (i.e., explicit or tactic knowledge).
- The group's sense of identity.
- The extent to which knowledge is integrated into actual work.

Cultivating communities of practice requires paying attention to domain, community, and practice (Wenger, 2004). Developing them needs to be a flexible process that can be adjusted along with the community's goals (Garcia & Dorohovich, 2005). There are some basic steps to guide the initial set-up:

- Start with a concept meeting to identify and establish a core group of community stakeholders and subject matter experts. These people can then put together a planning workshop so that core members and stakeholders can decide on the community's purpose, resources, and roles.
- Create an online structure to house the community's web-based resources and interactions, with particular attention to making it logical and easy to navigate.
  - Draw a community "knowledge map" that lists who the knowledge experts are and where different knowledge can be found.
  - Organize content on the web site.
  - Select content editors and train them to use the web site tools and how to manage its information.
  - Keep content current and relevant.
  - Have dedicated facilitators to help develop relationships and run meetings and discussions.
  - Conduct ongoing evaluation.

4.4 What CoPs look like and accompanying success factors

A CoP can take on many forms (Wenger, McDermott, & Snyder, 2002; Wenger & Trayner, n.d.):

- **Small or big:** larger communities are structured differently and are usually subdivided by geographic region or by subtopic in order to encourage all members to take part actively. Some are very large, often with a core group and many peripheral members.
- **Long-lived or short-lived:** lifespan depends on value and usefulness.
- **Co-located or distributed:** Some are distributed over wide areas, some meet regularly in person, and others connect primarily by email and phone and may meet only once or twice a year.
- **Homogenous and heterogeneous:** Some are composed of people from same discipline/function while others come from different backgrounds.
- **Inside and across boundaries:** within organization or between organizations.
- **Spontaneous or intentional.**
- **Formality:** can range from being unrecognized to largely institutionalized where some are formally recognized, often supported with a budget, and some are completely informal and even invisible.

Despite the various potential forms, common to all CoPs is the intention to facilitate learning and the exchange of information or knowledge to improve practice (Ranmuthugala et al., 2011).

CoPs develop through a variety of activities. Examples include (Wenger & Trayner, n.d.):

- Problem-solving
- Requests for information
- Seeking experience
- Reusing assets
- Coordination and synergy

- Discussing developments
- Documentation projects
- Visits
- Mapping knowledge and identifying gaps

Success factors

Despite taking a variety of forms, there are factors that influence the successes of communities of practice. The research on communities of practice in healthcare organizations demonstrates that what may be a facilitating factor in one group may be a hindrance to another group working towards a different goal or under different circumstance (Ranmuthugala et al, 2011). The following are some examples of success factors discussed in the literature at the community and organizational level:

- **Critical success factors for CoPs** (Wenger, 2002; Ranmuthugala et al., 2011; Kischuk et al., 2013; Ardichvili, Page & Wentling, 2002): an energized core group, a skillful and reputable coordinator, involvement of experts, activities that address details of practice, the right rhythm and mix of activities, an active facilitator, a shared purpose, a commitment and enthusiasm from the members, motivation and active participation of members, self-selected membership, regular communication with and interaction between members, development of relationships through

face-to-face interactions, supportive and open-minded atmosphere, flexible and feasible format, infrastructure to support the work of the CoP in terms of ease of access to knowledge or evidence.

- **Critical success factors for organization supporting CoP** (Ranmuthugala et al., 2011; Wenger, 2002): strategic relevance of domain, visible leadership sponsorship/endorsement without micro-management, balance of formal and informal structures, adequate resources, a consistent attitude, and alignment with the organization goals.

Wenger and Trayner (2012) identify success factors to sustain communities of practice:

1. **Identification**: CoP's thrive on social energy and passion for the domain is key. This makes negotiating and defining the domain a critical success factor.
2. **Leadership**: the dedication and skill of people who take the initiative to nurture the community is very important. Many communities fail, not because members have lost interest, but because nobody has the time to organize logistics and manage the general affairs of keeping the group in contact.
3. **Time**: since time is at such a premium, a key principle of community cultivation is to ensure high value for time for those who invest themselves.
4. Other important success factors are self-governance, a sense of ownership, level of trust, recognition for contributions, high expectations for value creation, organizational voice, connection to a broader field, and interactions with other communities.

Related to the success factors mentioned, Wenger, McDermott, and Snyder (2002) argued seven principles to keeping a community of practice alive. See an extract that explains the principles at http://hbswk.hbs.edu/archive/2855.html:

1. Design for evolution.
2. Open a dialogue between inside and outside perspectives.
3. Invite different levels of participation.
4. Develop both public and private community spaces.
5. Focus on value.
6. Combine familiarity and excitement.
7. Create a rhythm for the community.

Garcia and Dorovich (2005) suggest four key components within the process of establishing effective communities of practice, which require some adaptations based on the setting:

- **Clarity of community purpose and core membership:** There needs to be a clear reason for the CoP, understanding how it will be used, and what realistic outcomes to be expected. Core members need to understand their responsibilities and consent to the necessary level of participation. It is critical to involve core members representing the critical mass of knowledge.

- **Healthy infrastructure:** This includes people, process and technology.
- **Community-building process:** suggest 14 steps (see paper for details).
- **Measuring results:** use both quantitative (e.g., page views, number of times a document is viewed, number of new discussion threads, participation in community meetings, number of new contributions) and qualitative (e.g., surveys and unsolicitated feedback from members).

5. Communities of interest

C*ommunities of interest (CoI) are groups of people who share an identity or an experience* (Markwell, 2009). In CoIs, groups of people from different areas and backgrounds get together to solve problems affecting all those involved in the community (Markwell, 2009). Community members work together to learn from each other and help each other think of solutions everybody can use to make things better in their own area of work (Markwell, 2009).

The value of CoIs is the members' ability to help each other do things better, more quickly, and/or for less money than they could do if each member worked individually (Markwell, 2009). The more energy and excitement they have the more quickly their problems get solved (Markwell, 2009). Members get to know each other and talk to each other, even though they may not meet in-person or work together every day (Markwell, 2009). Member participation can vary where some members might be at every single event while others may only go to one event (Markwell, 2009). Members come from varying backgrounds and areas of expertise, meaning that some might already know a lot about the problem and others might know nothing (Markwell, 2009). The importance is that these people can still help the rest of the group by sharing their ideas or passing on information to other people outside of the CoI (Markwell, 2009).

The activity of a CoI does not correspond to a collective field or an area of work (Henri & Pudelko, 2003). The members do not systematically expect other members to share their knowledge, and they do not feel responsible for sharing how they use this knowledge (Henri & Pudelko, 2003). However, a minimum involvement is required and this creates a process of negotiation of meaning with the purpose of reconciling the various perspectives (Henri & Pudelko, 2003). The members identify themselves more to the topic of interest of the group than to its members, and the learning resulting from community consists of knowledge construction, the use of which is more personal than collective (Henri & Pudelko, 2003).

Henri & Pudelko (2003) looked at virtual communities and created a continuum based on the strength of the social bond and the gatherings' intentionality, both of which increase moving from CoI to CoP:

1. **Community of interest:** a gathering of people assembled around a topic of common interest. Its members take part in the community to exchange information, to obtain answers to personal questions or problems, to improve their understanding of a subject, to share common passions or to play. Their synergy cannot be assimilated into that of a formal group motivated by a

common goal. Lifespan is variable. CoIs often divide into smaller communities, which happen on the basis of specialized topics of interest.

2. **Goal-oriented community of interest:** comparable to a task-force or to a project team vested with a specific mandate. The group is comprised of expert individuals, recruited for their competence or their experience, and who share the knowledge and the approaches related to their respective specialty areas. This type of community is created to meet specific needs, to solve a particular problem, to define or carry out a project. Lifespan is fixed and linked to a given mandate, and survival depends on available funds.

3. **Learners' community**

4. **Community of practice** (discussed in previous sections above)

6. Differentiating between communities of practice and interest

Communities of practice (CoP) and communities of interest (CoI) differ in a number of domains including their focus, purpose, objectives, nature of problems, knowledge development, membership, challenges, strengths, lifespan and learning. The table below outlines how CoPs and CoIs differ within each of these domains (Evidence Exchange Network, n.d.; Wenger, McDermott, Snyder; 2002; Henri & Pudelko, 2003; Markwell, 2009; Fischer, 2004; Fischer & Ostwald, 2003).

Domain	CoI	CoP
Focus	A community of people who share a topic of common interest. In a CoI, members work to exchange information, obtain answers to problems, and/or improve their understanding of a subject. Brings together stakeholders from different communities of practice to solve a particular problem of concern.	A group of people who share a craft or a profession and learn how to do it better as they interact regularly – practitioners who work as a community in a certain domain undertaking similar work to connect to solve problems, share ideas, set standards, build tools, and develop relationships with peers and stakeholders. Typically broader in scope and tends to focus on a common purpose, follow on actions and information exchanges.
Purpose	To be informed	To create, expand and exchange knowledge and to develop individual capabilities.
Major objectives	• Shared understanding • Making all voices heard	• Codified knowledge • Domain coverage
Nature of problem	Common task over multiple domains.	Different tasks in the same domain and a uniform representation.
Knowledge development	• Synthesis and mutual learning through integration of multiple knowledge	• Refinement of one knowledge system, new ideas come from

Domain	CoI	CoP
	systems. • Learning when the answer is not known. • Learning within CoIs is more complex and multi-faceted than legitimate peripheral participation in CoPs.	within the practice. • Learning when the answer is known. • Learning within CoPs involves legitimate peripheral participation in CoPs, which assumes that there is a single knowledge system in which newcomers move toward the center over time.
Members	• Includes whoever is interested (i.e., members have a shared interest), including from different fields and systems. • Members share an identity, an experience, or a concern and work together to highlight that identity, share experience or address the concern. • Members take part in community to exchange information, to obtain answers to problems, to improve their understanding of a subject, or to share common passions. • Members are considered information participants who are neither experts nor novices, but rather both: they are experts when they communicate their knowledge to others, and they are novices when they learn from others who are experts in areas outside their own knowledge. • Generally cannot be easily defined by a particular geographical area.	• Self-selection based on expertise or passion for a topic. In other words, members select the topic themselves, create their own structure, and develop their own culture. • Exist rarely in any one organization's setting. • Members engage in joint activities and discussions, help each other, and share information and experiences. They build relationships that enable them to learn from one another, and have an opportunity to develop themselves personally and professionally. • Includes beginners and experts (apprentices and masters). • The group can evolve naturally because of the members' common interest in a particular domain or area, or it can be created specifically with the goal of gaining knowledge related to their fields.
Challenges	• Different languages and different conceptual knowledge systems. • Lack of shared understanding in which each stakeholder might have some but not all relevant knowledge. • Building a shared understanding of the task at hand, which often does not exist at the beginning, but evolveds incrementally and collaboratively.	• Group-think. • Subject area limitations. • Lowering barriers among members to get involved in knowledge sharing activities. • Recruiting the right members. • Sustaining members' participation since participation is central to the evolution of the

Domain	CoI	CoP
	• Members might have different ideas about the problem and might not be able to arrive at a unanimous definition, until members come to a common language and interact with one another. • Reaching common understanding between stakeholders/members in a CoI, due to the communication divide that exists between their respective cultures/perspectives/languages.	community and to the creation of relationships that help develop the sense of trust and identity that defines the community.
Strengths	• Social creativity • Diversity • Making all voices heard • Potential for community-wide impact (rather than limited to one sector/profession)	• Shared knowledge as a set of concepts within a domain, and the relationships among those concepts.
Lifespan	• Variable lifespan; some degree of permanence as long as members stay interested. • Evolve and end organically (last as long as is relevant to the topic and value and interest in learning together). • Often are more temporary than CoPs (i.e., they come together in the context of a specific project and dissolved after the project has ended).	• Permanence continues often as long as issue requires learning and improvement. • How long they last: Evolve and end organically. • Less temporary compared to CoIs.
What holds them together	Access to information and sense of like-mindedness.	Passion, commitment and identification with the group and its expertise.
Learning	Informed participation meaning that participants can be learning from others and teaching others at the same time.	Legitimate peripheral participation, which is where newcomers enter the community from the periphery and move toward the centre as they become more knowledgeable.
Examples	• Seniors Health Knowledge Network • Arts and Humanities Community of Interest • Child and youth mental health focused CoIs supported by the Centre and EENet	Knowledge transfer and Exchange (KTE)

7. Effectiveness of communities of practice and communities of interest

There has been an increase in the use of CoPs in general (Hemmasi & Csanda, 2009) and in the healthcare sector in particular (Ranmuthugala et al., 2011). Despite this increase, there is a lack of empirical evidence showing that CoPs improve healthcare practice, and much of the published literature is limited to describing the establishment or activities of CoPs (Ranmuthugala et al., 2011). The literature is complicated by the lack of uniform operating definitions of CoPs, which has created considerable variation in the structure and function of these groups and made it difficult to evaluate their effectiveness even as the concept evolves (Li et al., 2009).

Most learning networks are not in a position to provide answers to questions of impact and monitoring and evaluation practice falls short of what is required to assess the learning impacts of a network (James, 2010). It is a challenge to determine how to monitor and evaluate the performance of CoPs given the limited literature and little practical experience (James, 2010), and it is difficult to measure the impact of capacity building because learning is applied in members' respective organizations (James, 2010).

Although there is little evidence regarding the impact of CoPs, there is still some work being done in this area and CoPs are thought to be useful tools for the individuals participating and their respective organizations (Ardichvili, Page & Wentling, 2002). Ranmuthugala et al. (2011) conducted a review of healthcare literature on CoPs and found early indications of efforts to assess impact of CoPs on the quality of healthcare. Results from this review suggest CoPs may have a role in improving healthcare performance with a diverse range of outcomes including:

- Gaining competencies following completion of basic training.
- Breaking down professional, geographical, and organizational barriers.
- Sharing information.
- Reducing professional isolation.
- Facilitating the implementation of new processes and technology.

Barwick, Peters and Boydell (2009) reviewed 26 CoP studies specific to the dissemination and uptake of evidence-based practices in health care. These studies were typically conducted through action research and case study methods, not more rigorous methods. Findings indicate that CoPs can transcend barriers and limitations inherent in traditional medical education; have positive effects on the acquisition and maintenance of knowledge in cardiovascular care; reduce time to treatment, improve wait times, and increase patient and staff satisfaction in emergency care; improve operating-room practices and effective techniques among heart surgeons; promote evidence-based practices in nursing; and facilitate quality improvement initiatives in surgical oncology.

We found no research on the effectiveness and impact of communities of interest, but evaluations of CoIs could be designed based on evaluations of CoPs. CoIs and CoPs are not necessarily two distinct concepts and communities can sometimes be a mixture of the two. The semantics around these models also make it difficult to distinguish the type of community actually being evaluated.

8. Evaluating communities of practice and communities of interest

Henri and Pudelko (2003) suggest that in order to generally understand and evaluate the activity and the learning realized in virtual communities, evaluation criteria must take into account their social context and goal, evolution, and the activities they carry out. To analyze the virtual community activity, the authors suggest it is necessary to simultaneously take into account the process of participation (communication and action) and the process of reification (use and production of intermediary objects).

Beyond these general suggestions, there are a few evaluation models and approaches discussed in the literature.

Ranmuthugala et al. (2011) discuss the *realist approach*. Instead of traditional evaluation methods that examine the success of an intervention based on whether or not a predefined outcome is achieved, the realist approach seeks to answer the questions – how, why, and when does the intervention work? It is a theory-driven approach to understanding what it is about a program that achieves a particular outcome in one setting and a different outcome in another. The underlying principle of this approach is that the context will trigger mechanisms to yield outcomes, which is beyond inputs and outputs.

There are four stages to this approach where the findings from each stage inform the next stage:

- Stage 1: theory
- Stage 2: hypothesis generation
- Stage 3: observations
- Stage 4: program specification

James (2010) suggests the need to start with an adequate theory of change by being explicit about why the capacity building is being done, what it involves, how change is expected to occur, and how changes at individual or organizational level might contribute to any desired wider changes. He also suggests that evaluating a CoP starts with good planning involving key stakeholders (e.g., network participants, their managers, the learning group coordinator, funders) with a strong interest in the findings. At this stage it is important to ask some key questions: Who needs to know? What do they need to know? Why do they need to know it?

The following elements are important to look at. The first three should be done continually for monitoring purposes and the last three should be done periodically for evaluation purposes (James, 2010):

- Learning activities (e.g., what is being done, frequency, quality, relevance, costs).
- Members' engagement in activities (e.g., use of services).
- Learning outputs (e.g., knowledge generated).
- Learning outcomes and impact (e.g., the learning group objectives).
- Relationships developed between members.
- Learning for others outside the group.

Considerations in monitoring CoPs include (James, 2010):

- It is a management responsibility to monitor a CoP, which needs to be built into the daily management systems.
- Efforts need to be made to capture informal feedback from members. The group coordinator should record unsolicited feedback.
- Some learning groups also have an annual review to monitor progress, which can be structured around the following questions: What has happened in the last year? What has gone well? What difference has it made? What did not go so well and needs improving?

James (2010) provides suggestions on how to evaluate a CoP periodically in addition to the regular monitoring:

- Use evaluation to look at quality of learning outputs, learning outcomes and impact, relationships developed between members, and learning for others.
- Clarify the aim and specify scope to what is essential in the evaluation.
- Use a variety of data collection methods for triangulation of findings. Common methods used in evaluating learning networks include document review, observation, survey, semi-structured interviews, stories of change, focus group discussions, statistical analysis of downloads and web visits, participatory exercises.
- Evaluation should be done in a way that is consistent with the aim of the network.

8.1 Evaluating collaborations

Collaborations are not the same as CoPs, as they differ in terms of the relationships and goals. However, since there is little empirical research on the evaluation of CoPs, the evaluation of collaborations may offer some insight given that collaboration is often an activity that happens within a CoP.

Gajda & Koliba (2007) conceptualize CoPs as the embodiment of interpersonal collaboration within an organization in which the individual members of a social learning system share common practices and work together to achieve mutually desired outcomes. The authors mention that the literature discusses

practices such as empowerment evaluation, utilization-based evaluation, participatory action research and action research as approaches to evaluating collaborations. These approaches are presented within the context of collaboration between the evaluator and practitioner to integrate ideas of collaboration into the evaluation process itself.

Gajda & Koliba (2007) used collaboration theory to develop evaluation strategies that increase stakeholder capacity to understand, examine, and capitalize on the power of intra-organizational collaboration. The main measure used in their evaluation was the CoPCAR, which is an assessment tool designed to capture and communicate in a straightforward fashion the six fundamental characteristics of intra-organizational and interpersonal collaboration. The authors further describe how this measure is used in a four-step evaluation process that can be adapted to a wide range of organizational contexts:

1. Increase collaboration literacy among stakeholders.
2. Identify and inventory CoPs within the organizational setting.
3. Formatively assess the quality and development of CoPs.
4. Determine the correlation between interpersonal collaboration and essential organizational outcomes.

Gajda (2004) discussed the evaluation of strategic agency alliances and suggested using collaboration theory in conjunction with formative assessment. For many initiatives, the questions of relevance to the program's evaluation are:

- How do we determine if partnerships have been strengthened or if new linkages have been formed as a result of this strategic alliance?
- How do we describe a community-wide infrastructure and how can we measure and/or characterize its development over time?
- What does it mean to link agencies?
- Is the strategic alliance becoming increasingly seamless to achieve particular outcomes?
- What is the point at which efforts to increase collaboration are simply a waste of resources, without the increase in desired outcomes?

Evaluations of strategic alliances must include measures and methods that address the relative health of a collaborative effort, which is beyond just capturing, analyzing and reporting attainment of more concrete short-term objectives, interim performance indicators, and long-term outcomes (Gajda, 2004). The Strategic Alliance Formative Assessment Rubric (SAFAR) is an assessment tool that can be used by program evaluators to evaluate collaboration and can be used in each stage of alliance development as part of a comprehensive evaluation plan that includes the assessment of collaboration over time. A four stage evaluation approach involves:

- Convening alliance leadership for focus group interview.
- Assessing baseline and projected levels of integration through a workshop.

- Baseline data reporting based on data aggregated from step two.
- Assessing growth in collaboration through a follow-up workshop.

The Wilder Collaboration Factors Inventory helps groups to do a systematic, careful examination of where they stand on the factors that influence the success of collaboration (Mattessich, Murray-Close, and Monsey, 2001). Groups can use this inventory to develop a list or inventory of their strengths and weaknesses with respect to the factors that influence the success of collaboration. Information provided can be used as a starting point for discussion, and can be applied at anytime before or during a collaborative initiative's life. Please refer to this reference to access this tool and to learn more about the success factors for collaboration.

Examples of evaluations conducted on CoPs in the Ontario child and youth mental health sector:
The table below contains examples of evaluations of CoPs. The terminology used for defining each learning model is different depending on the study and it is not always clear whether the model is truly representative of a CoP.

CoP/CoI	Reference	Evaluation purpose	Methods used
- Authors use the term *learning circles*, which they define as structured collaborative cycles of learning activities organized by experienced practitioners about topics of mutual interest where members are collectively responsible to support learning. - Used this format for advance professional development for a group of four program evaluators. - Sessions were held by phone with topics identified by group members and led by a different member during each session.	Kishchuk et al., 2013	- Reports on a trial implementation of the learning circle's model (refer to paper for model specifics) - Focus is on what was learnt about the purpose, process and outcomes for professional development.	A self-assessment tool was used after each session to look at the learning outcomes of the learning circle
- State Farm Insurance Companies operate in a decentralized fashion in 13 different zone offices. - Creation of a network of CoPs with a focus on inducing a greater quantity and quality of intentional collaboration and accelerating the transfer of best practices throughout the organization through the CoP network.	Hemmasi & Csanda, 2009	- To explore the impact of select community characteristics on perceived overall community effectiveness as reported by community members and satisfaction of community members with their community experience - Key research question: What community	- Used an anonymous survey questionnaire via email to all 579 employees who were participating in all 18 active CoPs at State Farm Insurance Companies. - Resulted in 204 completed surveys - All variables (i.e., model components

		characteristics contributed to the effectiveness of CoPs? - Sub-questions: Does participation in CoPs have an impact on community members' job performance? Does the strength of community leadership play a role in determining the quality of experience employees report? Is participation in CoPs, in general, a satisfactory experience? Does the affective commitment of community members to its viability and success play a part in determining its effectiveness?	detailed in the paper) were measured using five-point likert scales and items for each of the research constructs were developed by authors and validated for content (piloted with a graduate level methods class) and construct (factor analysis). - Regression analysis used to test model.
-Community of practice in the Ontario child and youth mental health sector for organizations mandated to adopt the Child and Adolescent Functional Assessment Scale (CAFAS), a standardized outcome measure to monitor client response to treatment.	Barwick, Peters & Boydell, 2009	To explore clinician practice, practice knowledge, and use of and satisfaction with CAFAS implementation supports among clinicians participating in a community of practice verses clinicians engaging in usual practice.	- Readiness for change, practice change, content knowledge, and satisfaction with and use of implementation supports were examined among practitioners newly trained on the measure who were randomly assigned to a CoP or a practice as usual group (PaU). - CoP practitioners attended 6 sessions over 12 months whereas PaU had access to usual implementation supports. - Tools used: CAFAS supports Questionnaire (administered to CoP members at each meeting); CAFAS Knowledge

			Questionnaire and Practice Change Questionnaire (administered to both groups at baseline, mid-point, and end-point).
Community of practice within Guelph/Wellington and Dufferin County for Collaborative Problem Solving (CPS).	Campbell, 2012	Included an evaluation framework for looking at the process and outcomes of the CoP.	- Kept an activity record - Used two surveys (included in the document): one after each learning activity and one after the last learning activity.
Every Kid in our Communities: a coalition of over 30 agencies, organizations and individuals working together to improve health and well-being for children, youth and families in Leeds-Grenville.	Children's Mental Health of Leeds-Grenville, 2011	To develop an evaluation framework to measure levels of collaboration within and across member agencies.	Plan to use the following tools: a Retrospective pre-test to measure knowledge exchange, a Peer/Group Evaluation tool to measure collaboration process after project completion, a survey to determine members knowledge about the components of successful collaboration and type of participation and satisfaction.

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