Evaluation Report

Preventing Violent Radicalization in Canada: A Virtual Community of Practice Model for Improved Collaboration and Professional Practices

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Sabrina Paillé, Pablo Madriaza, Nicolas Quiroga

UNESCO

uniTwin

United Nations
Educational, Scientific and
Cultural Organization

"UNESCO Chair in Prevention of Radicalisation
and Violent Extremism", Université de Sherbrooke,
Concordia University, Université du Québec à Montréal

PREV

Canadian Practitioners Network for
the Prevention of Extremist Violence

Réseau des Praticien-ne-s Canadien-ne-s
pour la Prévention de l'Extrémisme Violent

THIS REPORT SHOULD BE CITED AS:

EXECUTIVE SUMMARY

This report presents the findings from the evaluation of the "Preventing Violent Radicalization in Canada: A Virtual Community of Practice Model for Improved Collaboration and Professional Practices" project, implemented by the Canadian Practitioners' Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV). The evaluation was conducted by the UNESCO Chair in Prevention of Radicalization and Violent Extremism (UNESCO-PREV).

In line with the objectives of this impact and process evaluation, which were to assess the outcomes of this community of practice and the factors that influenced its implementation, evaluators used a mixed-methods approach, conducting both quantitative and qualitative data collection and analysis.

The Virtual Partnership in Practice (vPiP) project is a three-year initiative in which participants—practitioners and managers in the field of Prevention of Radicalization and Violent Extremism (PRVE)—form a virtual community of practice. The group meets monthly to share knowledge and case experience and to foster opportunities to connect and collaborate. Besides these regular synchronous meetings, community members can also engage asynchronously through a dedicated virtual platform, functioning similarly to a discussion forum. The group is supported by a team of researchers from CPN-PREV, who are responsible for organizing and moderating the meetings.

Employing a theory of change approach, the project sets out to generate a number of short- and mid-term outcomes that ultimately create a movement of solidarity and engagement of practitioners in the field of PRVE. Initially, the project focuses on building professional relationships between participants, facilitating collaboration on clinical cases, and promoting discussion and sharing of practical tools useful to their practice. The project also aims to develop participants' knowledge base. These immediate outcomes are expected to mitigate the sense of isolation experienced by PRVE practitioners and managers involved in the project, as well as to enhance their capacities. Together, networking and capacity building are anticipated to achieve the long-term outcome cited above.

To assess the impact of the vPiP project and the factors influencing its implementation, this evaluation utilized both quantitative and qualitative methodologies, analyzing participants' responses through surveys, focus groups, and individual interviews. This approach not only measures the project's outcomes but also explores what the project means to community members. Using these to evaluate the process and impact of the project's implementation sheds light on the state of advancement of the project after two years of existence. Furthermore, this evaluation extends beyond its immediate importance for the project, offering UNESCO-PREV an opportunity to contribute to its PREV-IMPACT Canada project, an initiative which tests three different evaluation formats: internal, external, and mixed.

The quantitative analysis assessed significant changes at three points in time: before the start of the project (T0), after one year of implementation (T1), and after two years of implementation (T2). The analysis focused on attitudes toward collaboration, perceived comfort in dealing with individuals considered radicalized, and user satisfaction (at T1 and T2). To complement this, a reflexive thematic analysis approach was used to examine participants' responses gathered through five focus groups and eight individual interviews. These were conducted from mid-January to mid-February 2022 and from mid-March to late April 2023. The qualitative analysis yielded a thematic framework describing how the project achieves its expected immediate, intermediate, and long-term outcomes after two years of implementation.

The qualitative results indicate that participants were highly satisfied with the networking aspect of the project, having made numerous new contacts and established valuable professional relationships. The analysis revealed a significant sense of trust and openness among group members, who perceived various benefits from their collaboration and case-sharing, ranging from personal support to professional and organizational assistance. The quantitative analysis identified significant changes from the project's initiation (Time 0) to one year later (Time 1) in attitudes toward collaboration. These changes were particularly evident in relation to shared norms, the roles played by each participant in relation to themselves and others, and a clear understanding of expectations. Such findings indicate that the group has become much more consolidated than at the outset of the project, an important indicator that a community of practice has been established.

The thematic framework also documented the project's impact on capacity-building in participants, particularly in terms of enhancing their knowledge and tools. Although participants recognized many instances of gaining new knowledge from their involvement in the vPiP project, they expressed a need for more specialized thematic discussions and training. Those who attended the in-person meeting in June 2022 appreciated the opportunity to discuss their teams' respective risk assessment tools, even if relatively few tools were shared or developed during the project. Nevertheless, participants noted an improvement in their personal capacity, citing increased confidence levels. Additionally, the exchange and comparison of best practices were reported to benefit service delivery at the organizational level. The quantitative analysis found no significant improvement in comfort levels when dealing with individuals identified as radicalized. This finding may reflect the participants' initially relatively high comfort levels with the issues addressed by the comfort scales.

In both the qualitative and quantitative analyses, the participants declared high satisfaction levels with the project overall. Those involved in focus groups and interviews were particularly satisfied with the space created by the project, including networking, collaboration, knowledge acquisition, and case discussion seminars. Quantitative results showed that, on average, participants rated their satisfaction highly (Time 1 = 5.9; Time 2 = 6.0), approaching the maximum scale value of 7. Although, in general, participants expressed satisfaction with the project, quantitative data revealed a relatively low level of agreement about how clear and precise the project's objectives were, with less than half of the participants believing these objectives were met. The qualitative analysis identified several areas for improvement. During the first-year evaluation, practitioners and managers expressed dissatisfaction with the asynchronous web platform due to technical access issues. In the second year, concerns were raised about decreased attendance, meeting structure and planning challenges, and a lack of follow-up on certain initiatives. Finally, practitioners voiced a need for more tangible project outputs.

The evaluation's conclusions discuss the achievement of the project's expected outcomes. The immediate outcomes, such as building professional relationships among PRVE practitioners (O1), collaboration on practitioners' clinical cases (O2), and knowledge development (O4) have been achieved. However, the discussion and sharing of practical tools used in PRVE (O3) have been partially achieved. Regarding intermediate outcomes, establishing professional contacts, collaboration, and exchanges facilitated by the vPiP project have successfully alleviated the feeling of isolation for some practitioners (O5). Additionally, collaboration on clinical cases and the exchange of knowledge, strategies, and resources between practitioners have contributed to building participants' confidence within their roles. Nevertheless, due to the limited number of tools shared or developed, capacity-building in PRVE practitioners (O6) has been partly achieved. It is still too early to evaluate the achievement of the long-term outcome, namely the creation of a movement of solidarity and engagement among practitioners in the field of prevention of radicalization and violent extremism (O7). The vPiP project has established a national network of PRVE practice, fostering a sense of community among a core group of practitioners who consistently participated in the meetings and valued the space that has been created. However, challenges such as a decline in attendance, a decreased participant engagement, a less structured and planned approach to meetings in the second year, as well as difficulties in onboarding new members could pose a challenge to the community of practice's potential for autonomous growth and long-term self-sustainability.

Recommendations

1) **Establish an annual or semi-annual schedule of discussion topics** and presenters, while maintaining a degree of flexibility.

2) **Create continuity between meetings** by systematically documenting key insights from case discussions and following up on them.

3) **Encourage the community of practice to join forces** in developing resources or concrete collaborations through small initiatives tailored to their needs.

4) **Clearly define the project's goals and expectations** regarding the sharing of tools.

5) **Continue to organize training and discussion sessions with experts or specialists** from diverse fields, ensuring the group's needs are identified beforehand.

6) **Develop presentation and dissemination materials** to facilitate the onboarding process for new members, clearly outlining the project, its objectives, and expectations.

7) To ensure sustainability, **integrate new practitioners and teams into the group** by broadening the scope of the community of practice to include organizations and frontline practitioners working in related fields (e.g., hate prevention).

8) **Foster greater autonomy** within the community of practice by having teams take turns organizing and leading meetings.

9) Subject to available funding and resources, **plan an annual in-person meeting** to consolidate the professional relationships created in the virtual settings. As far as possible, aim to vary the meeting's location and rotate the organizers.

10) **Find additional direct communication channels** (e.g., Teams, Slack, WhatsApp) as an alternative to the asynchronous web platform, taking care to avoid sharing sensitive information through these channels.

Table of contents

List of acronyms

CPN-PREV	Canadian Practitioners' Network for the Prevention of Radicalization and Extremist Violence
PRVE	prevention of radicalization and violent extremism
UNESCO-PREV	UNESCO Chair for the Prevention of Radicalization and Violent Extremism
vCoP	virtual community of practice
vPiP	Virtual Partnership in Practice
VR	violent radicalization

Introduction

The purpose of this report is to present the findings from the evaluation of the Virtual Partnership in Practice (vPiP) project, a three-year project that pilots a virtual community of practice model with practitioners and program managers in the field of prevention of radicalization and violent extremism (PRVE). During the project, a project team composed of researchers in PRVE organized and facilitated monthly virtual meetings, providing a space for participants to meet and collaborate professionally (exchanging knowledge, discussing cases and practices, and sharing experiences). At the end of each year of the project, an evaluation was conducted.

This report presents the findings of evaluators from the UNESCO Chair for the Prevention of Radicalisation and Violent Extremism (UNESCO-PREV) for the first two years of the project. The evaluators conducted a quantitative and qualitative analysis of participants' responses to a survey alongside insights gathered from focus groups and individual interviews. The results of the analyses indicate that at the end of the second year of the project, the virtual community of practice successfully achieved some of the immediate and intermediate (mid-term) outcomes it planned for—especially in terms of professional contacts and relationships, as well as the development of knowledge and collaboration on practitioners' cases. There is still room for improvement regarding the intermediate outcome of capacity-building—particularly in relation to the sharing of practical tools—and it remains to be seen whether the project will achieve its ultimate outcome of creating an autonomous, self-sustaining community of practice in the long term.

The project is run by the Canadian Practitioners' Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV). CPN-PREV is a practitioners-centered network founded in 2017 that uses a multidisciplinary and multisectoral approach to support coordinated collaboration, capacity-building, and knowledge transfer among key sectors and stakeholders with the aim of developing and promoting Canadian excellence in countering violent radicalization. Initially, CPN-PREV had a team of three facilitators working on the vPiP project, two of whom left in the first year and were replaced by one new facilitator.

The UNESCO Chair for the Prevention of Radicalization and Violent Extremism (UNESCO-PREV) was selected as the external evaluator due to its expertise in monitoring and evaluating PRVE programs and its previous collaboration with CPN-PREV. UNESCO-PREV runs the PREV-IMPACT Canada project. Through action research, this project seeks to develop and implement Canadian models for assessing practices in primary, secondary, and tertiary prevention of violent radicalization (VR). Its goal is to enhance the capacity of key stakeholders in VR prevention in Canada.

In the sections that follow, we detail the vPiP project and its activities. The discussion then moves to the evaluation's methodology and theoretical framework. We then explore the quantitative and qualitative analyses and present their results. These are considered in relation to the expected outcomes defined by the project's theory of change, which aids in assessing the project's impact and process. The report ends with a series of recommendations for the project.

Description of the vPiP Project

In 2020, CPN-PREV partnered with various Canadian organizations to launch a three-year initiative titled "Preventing Violent Radicalization in Canada: A Virtual Community of Practice Model for Improved Collaboration and Professional Practices." The project is succinctly referred to as the Virtual Partnership in Practice (vPiP) project, highlighting its goal of establishing a community of practice.

The vPiP project sought to achieve the following:

01   provide practitioners with a Virtual Community of Practice (VCoP) to facilitate access and continuous exchange of work methods, risk assessment procedures, and case management.

02   Enhance practitioners' knowledge, attitudes, and practices (KAP) in preventing violent radicalization.

03   Improve the nature and level of multiagency and multidisciplinary collaborations between practitioners.

To achieve its objectives, the project is structured around three key tasks. First, it establishes the foundation for the VCoP, bringing together practitioners, program managers, and experts in the field of PRVE on a monthly basis. It conducts activities with its participants to share knowledge and case experience and provides a space for practitioners and managers to meet and discuss their work.[2] Evaluations are conducted at three points: before the beginning of the project, at the end of the first year, and at the end of the second year. Prior to the first meeting in 2021, a mixed team of internal and external evaluators designed and distributed a questionnaire to participants. At the end of the first year in 2022, an external team led focus groups and interviews and distributed the survey questionnaires. Finally, at the end of the second year in 2023, an external team once more conducted focus groups, interviews, and a survey. This mixed-methods evaluation—with surveys analyzed quantitatively and focus groups qualitatively—not only identifies and evaluates the outcomes of the community of practice to monitor the project's progress and offer recommendations for enhancing its delivery but also contributes to Canadian expertise in assessing PRVE programs by incorporating an evaluation component into the project and partnering with an external organization aimed at researching, improving, and disseminating evaluation practices in the PRVE field in Canada.

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[2] Initially, the project intended to use the Promoting Action on Research Implementation in Health Services (PARihS) framework developed by Kitson et al. (1998). This approach employs a diversified knowledge production and mobilization strategy, including seminars, online platforms, and web and curricula resources, to facilitate the uptake of change and/or new knowledge and practices.

Project Activities

At the start of the project, the virtual community of practice comprised 33 members from 13 organizations across Canada (including universities), in addition to three facilitators (project staff) from CPN-PREV. In the first year of the project, two facilitators left and were replaced by one new facilitator. Of the 33 members, three were researchers, and 30 were practitioners working in the field of prevention of radicalization and violent extremism or managers of programs in this field. The project participants met monthly for a 3-hour case discussion seminar via video conferencing. They also had the opportunity to interact through a private and secure online discussion platform accessible at any time during the project.

It is important to note that there have been changes in the vPiP membership since the beginning of the project. Due to staff turnover within organizations, some of the original members left and new ones joined. Moreover, many program directors and managers stopped attending as vPiP shifted its focus toward frontline practitioners. Finally, some members have been inactive for extended periods due to external factors such as scheduling conflicts or parental leave. For these reasons, estimating the actual number of active vPiP members after two years of implementation is difficult.

In the first year, the meetings were dedicated to implementing and testing the virtual space and strengthening trust between participants. During the initial three months, the community of practice—assisted by its facilitators—focused on developing a framework and a code of ethics. The framework's development involved establishing common ground to serve as the basis for practitioners' interactions, employing a bottom-up approach. This included determining the modalities of the meetings, such as the timing, platform, and format, and forming a consensus within the community on the project's planned activities. The activities were divided into two categories: case discussion seminars (reserved for practitioners with direct client contact in the field of PRVE) and thematic meetings (open to all). Since the vCoP's practitioners handle confidential information and adhere to varying ethical guidelines based on their organization or specific discipline, establishing a common code of ethics was crucial for ensuring practitioners feel comfortable sharing meaningful insights about their cases. To accommodate the diverse ethical guidelines to which practitioners are subject, the project facilitators favored a consensus-based approach for the code's development. After finalizing the meeting modalities, the subsequent months were devoted to case discussion seminars, where teams presented clinical situations using a presentation-questions-solutions-feedback formula. Two thematic meetings were also organized during the project's first year. The second year was dedicated to ongoing case presentations, thematic discussions, and continued training on specific topics, as requested by the practitioners.

The project planned an annual face-to-face meeting to strengthen trust between practitioners, discuss emerging challenges, and integrate acquired knowledge and practices. The in-person meeting scheduled for the first year (2021) was canceled due to COVID-19-related difficulties and restrictions in Canada. However, a 2-day face-to-face meeting was successfully held in Montreal in June 2022, during the project's second year. This meeting featured presentations of aggregated data from members' research activities relevant to their clinical practice, a workshop to contrast and discuss risk assessment tools used by each team, a session on promising practices in intervention and case management, and a roundtable discussion on the future of vPiP.

In addition to monthly synchronous meetings, the virtual community of practice also engages asynchronously through a web platform (intranet). This secure discussion platform allows vCoP members to message each other directly or post messages visible to the entire community. Facilitators, who were present in both synchronous and asynchronous interactions, support practitioners and prompt project participants to discuss topics relevant to the synchronous meetings.

01

Methodology

Global Approach

This study used a theory-driven evaluation approach. Both the objectives and the indicators were derived from a process of theory of change reconstruction in partnership with the actors who implemented the project. Connell and Kubisch (1998) define a theory of change as "a systematic and cumulative study of the links between activities, outcomes, and contexts of the initiative" (p. 2). This theoretical model of change has the advantage of establishing a causal relationship between the implemented activities and the achieved results, adapted to the specific needs of the project and the local critical issues.

The objectives of this evaluation were to assess the impact of the community of practice and identify the factors that influenced its implementation, encompassing both impact and process evaluations. A mixed-method approach (i.e., quantitative and qualitative) for data collection and analysis was chosen to achieve these objectives. Firstly, this approach would give us a clear measure of the concrete outcomes this community had on practitioners, comparing these outcomes at the beginning, during, and at the end of the community's implementation. Secondly, it would allow us to explore the meanings and interpretations the community members attributed to the community and the roles they played in its implementation. At the same time, we believe that using a mixed-method approach would enable a complementary analysis of the data, wherein

the qualitative findings could provide us with answers to questions emerging from the quantitative results. The quantitative data, although essential for independent measurement, lack the interpretative depth that can be offered by individuals working in the field.

Finally, this evaluation also contains a longitudinal repeated measures assessment. As mentioned, data collection occurred at three points: at the outset of the project's implementation, after its first year of execution, and at the end of its second year. This approach enabled us to track the evolution and changes experienced by the project's members, both quantitatively and qualitatively.

The project's evaluation contributes to the UNESCO-PREV's PREV-IMPACT Canada project, which tests three different evaluation formats: internal evaluation, conducted by the project's organization; external evaluation, conducted by evaluators external to the project's organization; and mixed evaluation, involving both internal and external evaluators (Madriaza et al., 2021). Internal evaluations have the added benefit of requiring little familiarization work on the part of the evaluators due to their knowledge of and experience witht the project. In contrast, external evaluators have greater independence, potentially enhancing the quality of data collection, analysis, and the ensuing recommendations. This evaluation of the vPiP project tested the mixed evaluation format.

Participants

Quantitative

We received 59 responses to our survey, with 25 responses during the first evaluation period, 24 during the second wave, and 10 at the third time of measurement. Sociodemographic data were collected only at Time 0 and Time 2. The average age of participants at Time 0 was 36.7 years, and at Time 2 it was 36.8 years. Table 1 presents the sociodemographic results of the study participants at Time 0 and Time 2.

Table 1 – Sociodemographic Results at Time 0 and Time 2

Time 0		%	Time 2		%
Gender	Male	56	Gender	Male	34.6
	Female	44		Female	63.6
Age	20-30	36	Age	20-30	27.3
	31-40	44		31-40	45.5
	41-50	8		41-50	18.2
	51-60	12		51-60	9.1
Level of education	College diploma	8	Level of education	College diploma	0
	Undergraduate degree	40		Undergraduate degree	45.5
	Master's degree	40		Master's degree	45.5
	Doctorate	12		Doctorate	9.1
Occupation	Practitioner	56	Occupation	Practitioner	72.8
	Coordinator or manager	28		Coordinator or manager	18.2
	Researcher or analyst	16		Researcher or analyst	0

Qualitative

Evaluators received 13 positive responses at Time 1 and 12 at Time 2 to focus group or interview requests from three types of respondents: practitioners, program coordinators or managers, and researchers or analysts. Sociodemographic information collected from respondents in the qualitative evaluation did not go beyond their occupation and gender. At Time 1, about half of the participants were practitioners, a quarter were program coordinators or managers, and another quarter were composed of researchers or analysts. Female participants represented about 70% of the total number of respondents. At Time 2, 50% of participants were practitioners, 41.6% were program coordinators and managers, and only 8.3% were researchers or analysts. Women represented 66.6% of focus group and interview participants at Time 2. Table 2 presents the sociodemographic characteristics of focus group and interview participants at Time 1 and Time 2.

Table 2 – Sociodemographic Characteristics of Focus Group and Interview Participants at Time 1 and Time 2

Time 1		%	Time 2		%
Gender	Male	31	Gender	Male	33.3
	Female	69		Female	66.6
Occupation	Practitioner	54	Occupation	Practitioner	50
	Coordinator or manager	23		Coordinator or manager	41.6
	Researcher or analyst	23		Researcher or analyst	8.3

Data Collection and Indicators

Quantitative

The quantitative analysis assessed the practitioners' attitudes toward collaboration, their perceived comfort in dealing with individuals considered radicalized, and their satisfaction by comparing averages and percentages at three points: before the project activities began, after the first year, and after two years of implementation, using an online survey. The survey also collected participants' socio-demographic data, received training, frequency of participation in online seminars, and experience working with people considered radicalized.

Attitudes toward collaboration were measured through the PINCOM-Q, a validated scale that measures perceptions and behaviors between professionals in terms of collaboration on individual, group, and organizational levels (Ødegård et al., 2008). This scale comprises 48 items on a 7-point Likert scale, ranging from Strongly disagree to Strongly agree. Ødegård et al. also identified 7 subscales using exploratory factor analysis: Interprofessional Climate, Organizational Culture, Organizational Aims, Professional Power, Group Leadership, and Motivation. Perceived comfort in dealing with individuals considered radicalized was assessed through a scale that explores the level of comfort in dealing with sensitive topics during interventions. This scale, previously used with French probation officers and demonstrating very good reliability (Madriaza et al., 2018), includes 7 items on a 4-point Likert scale, ranging from Very uncomfortable to Very comfortable. Participants evaluated their comfort in relation to the following question: How do you feel about performing the following tasks in your daily work? The tasks included preventing violent radicalization; taking care of an individual identified as a violent extremist; doing a home visit to an individual identified as a violent extremist; working in groups (e.g., programs) with individuals identified as violent extremists; addressing the issue of religion in an interview; addressing the issue of politics in an interview, and addressing the issue of violent radicalization in an interview.

User satisfaction was collected through a custom-made questionnaire inspired by one previously used by CPN-PREV to assess the quality of its training sessions (Hassan et al., 2019). This scale was applied only during Time 1 and Time 2. The scale consists of 9 items on a 7-point Likert scale, ranging from Strongly disagree to Strongly agree.

Qualitative

The qualitative analysis utilized semi-structured focus groups and individual interviews—based on respondents' availability—to collect data (verbatim accounts or transcriptions), which were then subjected to thematic content analysis. At Time 1, evaluators conducted three focus groups with a total of nine participants and four individual interviews. Two focus groups were conducted in English and one in French. Of the individual interviews, three were in English and one in French. At Time 2, evaluators conducted two focus groups in English, comprising six participants in total. In addition, six participants were interviewed individually, with three interviews conducted in English and three in French. Most of the focus groups and interviews were transcribed automatically by the Microsoft Teams meeting platform and subsequently revised manually. Only the French focus group and interview conducted at Time 1 were transcribed manually. Confidential information, such as participants' names, was replaced with a simple and anonymous identifier (i.e., P1, P2, etc.). Evaluators created an English and a French interview guide based on evaluation questions derived from the indicators, as detailed in the Annex.

Procedure

Before starting the implementation and evaluation process, the internal team had produced a comprehensive protocol including most of the methods used, which was approved by the Université du Québec à Montréal (UQAM) Ethics Committee. The online questionnaire was administered at the outset of project implementation. The questionnaire included a question regarding participants' informed consent for this survey. The UNESCO-PREV team, serving as an external evaluator, assumed responsibility for executing the evaluation in accordance with the parameters outlined in the recently developed evaluation guide (Anastasopoulos et al., 2023). At the beginning of this period, the UNESCO-PREV team organized a workshop to reconstruct the theory of change with members of the project implementation team. During this workshop, the causal relationships between the community of practice's needs, activities, and objectives were delineated to define the indicators for both the qualitative and quantitative parts of the evaluation more precisely. Following this, a logic model was developed, and the methodological design was specified.

Quantitative

The online survey was intended to be administered at **three time points**:

1) **before the first vPiP meeting** (T0: months 1 to 3 of Year 1)

2) **at the end of Year 1** (T1: months 10 to 12 of Year 1)

3) **at the end of Year 2** (T2: months 10 to 12 of Year 2).

A question regarding informed consent was included in each version of the survey. Only those who consented to participate were able to complete it. Following this phase, the data were retrieved and analyzed.

Qualitative

The qualitative external evaluators contacted the January 2022 and March 2023 to solicit their participation in either a focus group or an individual interview. An online calendar tool (Doodle) was used to identify common availabilities among willing participants to form focus groups. Participants facing scheduling conflicts were offered individual interviews instead. The focus groups and individual interviews were conducted from mid-January to mid-February 2022 and from mid-March to late April 2023.

Before conducting the focus groups and interviews, the evaluators revisited the project's theory of change and thereby identified indicators to qualitatively assess the project's impact. Interview questions, available in both English and French, were then derived from these indicators. Consent forms were sent to participants to be signed electronically.

The evaluators used Microsoft Teams to conduct focus groups and interviews, leveraging its automatic transcription feature to produce verbatim records. The records were anonymized, cleaned, and corrected before analysis.

Limitations

One of the main limitations of this study is the small number of participants. While the target population was initially small (i.e., practitioners and program managers involved in the virtual community of practice), the low response rate relative to the number of people contacted by the evaluators means that the sample cannot be considered representative of all past and present vPiP members. Another limitation is the high attrition rate of survey respondents, especially from Time 1 to Time 2. Furthermore, it was not necessarily the same respondents who completed the survey across the three measurement times. Consequently, our analysis was limited to comparisons of means using ANOVA and non-parametric tests, which do not allow for inference about relationships or demonstrate causality. The difficulty of establishing causality is a common issue in PVE program evaluations, where robust experimental designs are "generally not feasible or ethically desirable" (Anastasopoulos et al., 2023, p. 96). While we cannot isolate the effects of the program's activities from other external factors, we can realistically assess how the program has contributed to achieving its desired outcomes (Anastasopoulos et al., 2023).

02

Theoretical Framework

Connell and Kubisch (1998) propose a three-stage theory of change approach to evaluate comprehensive community initiatives (CCIs). CCIs are initiatives where a group of people collaborates to address a complex problem that they are unable to tackle effectively on their own. Unlike other programs, CCIs often bring together diverse stakeholders (e.g., government, community organizations, academia) to co-construct an intervention operating at various levels (e.g., community, institutional, personal) and calling upon a diversity of disciplines or fields (e.g., economic, political, social). These initiatives are also often iterative and evolve over their course. As Connell and Kubisch note, "each of these complicating factors can plague evaluation of more circumscribed programs, to be sure, but in CCIs, these factors are defining traits. They are the rule, not the exception" (1998, p. 1). Although CCIs seek to address complex social problems such as poverty reduction, crime reduction, or youth development, their collaborative, multi-disciplinary, and multi-sectoral nature, the complexity of the problems they seek to tackle, and the difficulty they pose to evaluation make their theory of change approach relevant to the vPiP project as well.

The first stage of a theory of change approach is "to surface and articulate" a theory of change (Connell & Kubisch, 1998, p.1). Originally defined by Weiss (1995) as a theory of how and why an initiative works, a theory of change identifies the links between activities, outcomes, and contexts of an initiative (Connell & Kubisch, 1998).

In a theory of change approach to program evaluation, the theory of change is surfaced by bringing the initiative's stakeholders together to consider what long-term outcomes are sought and what interim outcomes and contextual conditions are necessary to produce these outcomes. Activities necessary to achieve these outcomes and resources required to accomplish these activities are also reflected upon. A theoretical model linking the resources, activities, outcomes, and context is then generated while being careful to respect three criteria: it should be plausible, doable, and testable.

The second stage of a theory of change approach is to "measure activities and outcomes" (Connell & Kubisch, 1998, p. 4) In this stage, evaluators consider how the activities and outcomes identified in the previous stage can be measured. They generate indicators that will act as reliable measurement points to assess the impact of the activities. Based on these indicators, evaluators elaborate an evaluation matrix that operationalizes indicators into evaluation questions and specifies the source of the measurement data or the method of their collection. It is at this stage that the data collection and analysis methods are fixed and planned for.
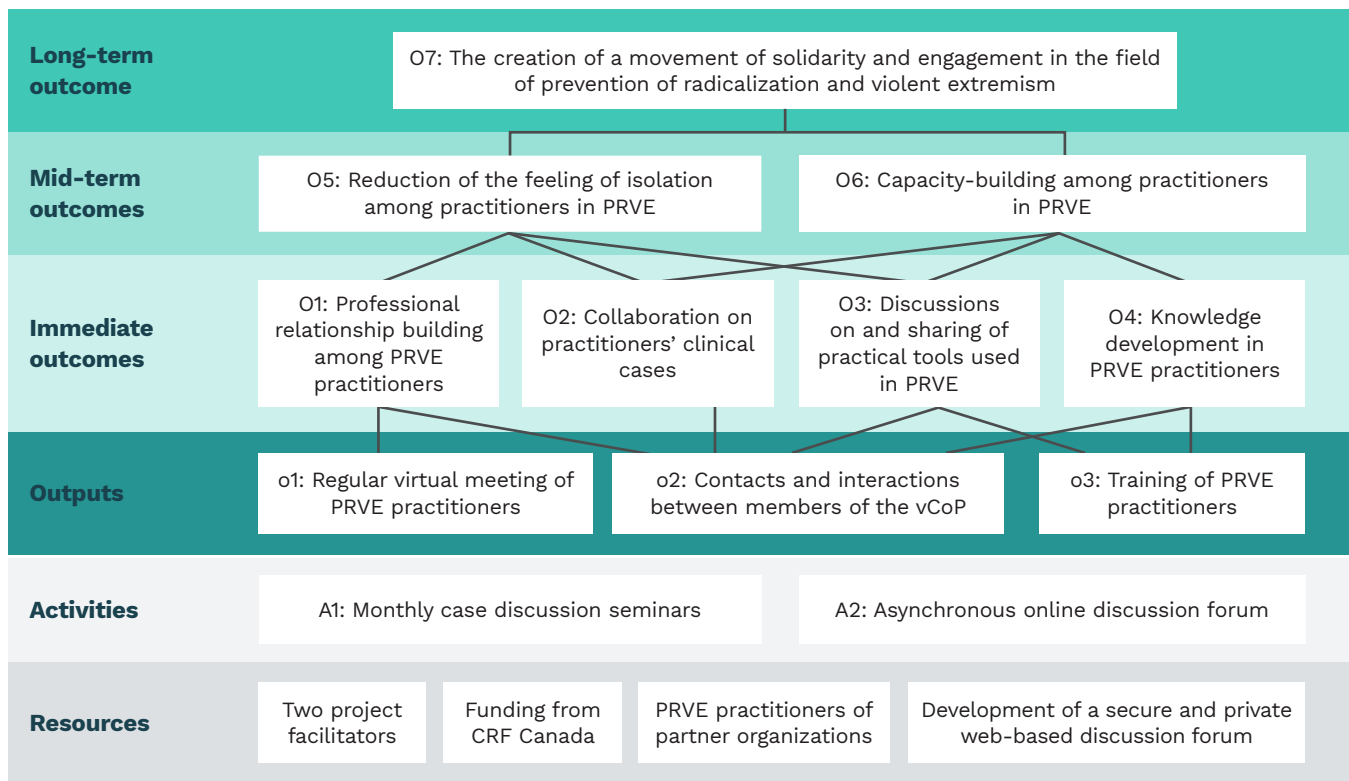
Once the data has been collected, evaluators move on to the third stage of the theory of change approach: analyzing and interpreting the results. The data analysis and the interpretation of its results are conducted in accordance with what has been planned for in the second

stage. In a theory of change approach, the initiative's activities (and its theory of change) are often not fixed but can change and evolve as the initiative progresses. The recommendations of the evaluators, based on the interpretation of the analysis results, are, therefore, a crucial element of the evaluation as they feed back into the initiative to improve the delivery of its intended outcomes.

In this evaluation, the surfacing of the theory of change began in December 2021 with a meeting between the lead researcher and instigator of the project, the project facilitators, and the internal evaluator. The meeting was recorded, and the verbatim, together with project documentation such as the project's grant application and research reports of CPN-PREV and UNESCO-PREV, were used to articulate the theory of change and identify the causal relationships between its outputs and outcomes.

The Theory of Change of the vPiP Project

Figure 1 – Theory of Change

Long-term outcome	O7: The creation of a movement of solidarity and engagement in the field of prevention of radicalization and violent extremism
Mid-term outcomes	O5: Reduction of the feeling of isolation among practitioners in PRVE / O6: Capacity-building among practitioners in PRVE
Immediate outcomes	O1: Professional relationship building among PRVE practitioners / O2: Collaboration on practitioners' clinical cases / O3: Discussions on and sharing of practical tools used in PRVE / O4: Knowledge development in PRVE practitioners
Outputs	o1: Regular virtual meeting of PRVE practitioners / o2: Contacts and interactions between members of the vCoP / o3: Training of PRVE practitioners
Activities	A1: Monthly case discussion seminars / A2: Asynchronous online discussion forum
Resources	Two project facilitators / Funding from CRF Canada / PRVE practitioners of partner organizations / Development of a secure and private web-based discussion forum

The two activities of the vPiP project, namely the monthly case discussion seminars and the asynchronous online discussion forum, were expected to generate three outputs: (o1) the establishment and maintenance of a regular virtual space for participating PRVE practitioners and managers to meet, discuss their work and practice, and pose questions to each other, project facilitators and invited experts; (o2) repeated contacts and interactions among project participants as they meet and collaborate; and (o3) the training of practitioners through thematic presentations by invited experts and exposure to the approaches and tools of other practitioners. In essence, by bringing the participants together synchronously and asynchronously, the project aimed to establish a tailored

locus for PRVE practitioners to meet and interact with their peers. As these contacts and interactions grow throughout the project, the participants form a nexus or a network of relationships. While the first two outputs—regular virtual meetings and the contacts and interactions participants have through case discussion seminars—describe a single community of practice that is established and maintained by the project activities, they represent two distinct aspects: one physical and one social. The third output represents the knowledge and practices gained by practitioners through attending and participating in the project.

The first outcome deriving from these outputs is the development of professional relationships among PRVE practitioners and program managers participating in the project (O1) stemming from their gatherings and interactions. As the project progresses and monthly meetings follow one another, this group of peers collaborates and shares, thereby cultivating professional relationships over time. The second immediate outcome (O2) is the collaboration between practitioners as they share and discuss each other's cases, ask questions, and offer advice. This collaboration is not limited to individuals and can happen between organizations. The third immediate outcome (O3) generated by the community of practice is the discussion and exchange of tools, methods, and approaches among practitioners. These practitioners come from various disciplines, including psychology, social work, and education, offering varied perspectives on radicalization and violent extremism and using different tools to tackle these issues. Such practitioners stand to learn from one another, leading to the fourth immediate outcome of the project (O4): the development of knowledge among PRVE practitioners.

From these immediate outcomes, two mid-term outcomes were expected. Hassan et al.'s (2022) study found that in Canada, PVRE teams are young, operate in silos, and are involved in small, localized, and non-specialized networks, with little or no specific training. Interviewed practitioners highlighted "networking" as the core of their needs. By offering a unique platform to develop relationships, share and collaborate on cases, and exchange tools, methods, and approaches, it is expected that being part of the vPiP community and regularly engaging with it should reduce the professional isolation felt by PRVE practitioners (O5). Additionally, the project seeks to build capacity in participating practitioners and program managers (O6). Indeed, it is hoped that the immediate outcomes generated by the project will have a positive impact on participants' levels of knowledge, comfort, and confidence in their practice. The materials and resources to be created by the project in its second and third years should also build practitioners' capacity. Finally, the sharing of experience and approaches by practitioners from various disciplines is expected to equip them with more tools and methods, improve their use, and stimulate creativity in problem-solving.

In the long term, the project seeks to foster solidarity among Canadian PRVE practitioners and program managers (O7), where their engagement in the community of practice becomes self-sustaining, supporting their professional development, improving their practice, and ultimately the delivery of their services. This outcome should be achieved by strengthening the professional relationships they have with one another (O5) and enhancing their professional capacities (O6). While the initial engagement of members of this community of practice (both individuals and organizations) is stimulated by the project and its facilitators, the project assumes that engagement will continue and grow autonomously driven by the high relevance practitioners will find in this community of practice.

03

Data Analysis

Quantitative

Before analyzing the results of the comparison between the two time points, standard tests for constructing scales (Cronbach's alpha) and testing the assumptions necessary to perform parametric tests were conducted (i.e., tests for normality and homogeneity of variances). The results of these tests can be found in the appendices of this study.

Due to the small sample size of the professionals involved, statistical analyses were limited to bivariate analyses. This is because detecting incremental validity, mediation, or moderation effects is not adequate with small samples. The presence of significant changes between T0, T1, and T2 was examined using one-way ANOVA tests (and the post hoc analysis) for the following measures: attitudes toward collaboration (main scale and subscales), perceived comfort in dealing with individuals considered radicalized, and user satisfaction between T1 and T2. Where the assumptions for the ANOVA test were not met, the non-parametric Kruskal-Wallis test was utilized. Descriptive analyses were also performed to complement the already presented analyses.

Qualitative

For qualitative data analysis, QSR's NVivo 12 software was employed to examine the verbatims from focus groups and interviews through thematic content analysis. The qualitative data were analyzed in a three-stage process: (1) pre-coding—using the project's evaluation guide and theory of change—to generate initial codes and organize responses; (2) grouping and ordering of codes into themes and subthemes; and (3) describing themes and subthemes and selecting illustrative quotes.

The qualitative analysis method used in this evaluation followed the approach Braun et al. (2019) describe as "reflexive thematic analysis," in which the active role of the researcher in the knowledge production process is emphasized. Braun et al. (2019) state the following:

> in reflexive TA, themes are conceptualized as meaning-based patterns, evident in explicit (semantic) or conceptual (latent) ways, and as the output of coding – themes result from considerable analytic work on the part of the researcher to explore and develop an understanding of patterned meaning across the dataset. (p. 848)

This means that "an initial code may be split into two or more different codes, renamed or combined with other codes" (ibid.). Such changes aim to better capture the researcher's developing conceptualization of the data and provide a coherent and compelling interpretation of the data, grounded in the data.

04

Results

As stated in the methodology, the quantitative section of this evaluation focused on variables measuring the evolution of attitudes among the community of practice members regarding collaboration, comfort in addressing radicalization in a psychosocial intervention context, and satisfaction with the online case discussion seminar. The presentation of the quantitative results is woven into the thematic framework that emerged from the qualitative analysis.

After coding the interviews and grouping the codes into themes and subthemes, the third stage of the qualitative analysis—conceptualization and description of the themes—resulted in a thematic framework composed of three themes, each divided into several subthemes:

1) **Networking toward a community of practice**
   - Establishing and maintaining professional contacts
   - Collaboration on cases and personal support
   - Collaboration between organizations
   - Signs of emergence of a community of practice

2) **Improvements in capacity**
   - Building knowledge
   - Sharing tools
   - Confidence, competence, and comfort

3) **Participant satisfaction with the project and areas for improvement**
   - Participant satisfaction with the project
   - Areas for improvement

This thematic framework provides an interpretation of responses from practitioners and managers, aiming to capture the meanings and perspectives the community members attribute to it and to the role they play in its implementation. The interpretation of the results documents how the expected immediate, intermediate, and long-term outcomes are attained after two years of the project's implementation.

Networking Toward a Community of Practice

During both Year 1 and Year 2 focus groups and interviews, participants expressed high satisfaction with the networking facilitated by the vPiP project and with how it brought people together. Notably, networking emerged as one of the practitioners' most significant needs and a crucial element for attracting participation. This section documents the impact of the community of practice on networking and collaboration, covering the interactions among members during meetings, the relationships developed, and the support and collaboration within the community and between organizations. Finally, the section describes the signs indicating the vPiP project has at least partly succeeded at creating a community of practice.

Establishing and maintaining professional contacts

The vPiP project has been successful at establishing a national network of PRVE practice. Although some practitioners prefer in-person meetings, a virtual community of practice has been acknowledged as the best formula to bring together individuals working in different locations. Participants frequently noted the important role of the project team; the presence of dedicated staff to coordinate the community of practice and organize and facilitate the meetings made it easier for them to attend and participate. The dates, times, and frequency of the meetings suited most interviewed participants, allowing them to build professional relationships with colleagues throughout Canada.

When reflecting on the professional contacts made through the vPiP meetings, participants expressed gratitude for the opportunities the meetings provided to connect with other practitioners in the PRVE field. The participating practitioners noted that PRVE was often described as a niche or an emerging field in which few individuals were working. Consequently, participants felt the contacts made through the project were crucial to them as their teams were small and their programs were often standalone initiatives within a city or province, contributing to a sense of isolation and uncertainty. For these reasons, participants especially valued the project for creating a rare space where they could discuss cases or approaches, get feedback, and ask for and receive help.

The networking space provided by the project, along with the professional relationships it fostered, allowed practitioners to collaborate as well as engage with and learn from one another by sharing resources, insights, and strategies. Participants had the possibility to discuss best practices and challenges they faced with other teams working in the PRVE field. This was found to be validating, with one practitioner stating, "just seeing other people talk about their strategies and their challenges and what they're going through, it feels like OK, well, I'm not the only one here. I am on the right track." Moreover, being exposed to a variety of approaches and points of view through interactions with colleagues from different backgrounds or sectors was seen as a valuable addition to their practice, encouraging them to consider multiple perspectives on their cases.

As a result of their involvement in vPiP, participants noted an increased awareness of services offered across Canada. Many practitioners reported that the professional contacts forged by the project made them comfortable reaching out to colleagues from other organizations for help or to refer a client outside vPiP's synchronous meetings. Several times during the evaluation process, participants mentioned that the project facilitated the referral process for clients moving from one province

to another because they knew practitioners from PRVE organizations in other provinces and had interacted with them during the project's meetings. One participant commented, "we know if we get a call from another province, who to talk to and how to get things transferred very quickly." Having a personal contact to reach out to makes it easier for practitioners to ensure continuous service provision for their clients.

The notion of trust often came up when participants talked about professional contacts. At the beginning of the project, the team's consultative approach to developing a common code of ethics and framework afforded the group a way to build trust relatively quickly. Participants repeatedly referred to vPiP as a safe space where they felt welcomed and supported. During the meetings, practitioners allowed themselves to express vulnerability when going through difficult experiences. For example, one practitioner reported being able to count on the group's advice and support when he admitted to having received violent threats from a client. This kind of mutual support was facilitated by the project team's openness to swiftly modify the meeting's agenda when a member of the group was in a crisis situation. The team's collaborative approach was also able to foster a climate of informality and horizontal relationships within the group. Participants felt included, respected, and that their input was valued regardless of their level of experience in the field. More than one practitioner contrasted this with their experiences in other communities of practice or multidisciplinary teams, where hierarchies and power dynamics appeared very quickly. Mutual trust facilitated collaboration among vPiP members, as they felt they could confide important information to each other, believed they could rely on other members' expertise, and were confident that their colleagues would be there should they need support.

The in-person vPiP meeting that took place in Montreal in June 2022 was highlighted during the second round of evaluation's focus groups and interviews as particularly successful in facilitating networking and building professional relationships. Indeed, all participants identified it as a major success of the project. The meeting enabled practitioners to get to know each other better on both personal and professional levels, become more familiar with one another's programs, share knowledge and resources, and compare tools and approaches. As such, the face-to-face event solidified the connections created between practitioners and organizations in the monthly virtual meetings. While the participants recognized the high costs and scheduling challenges associated with such an event, many expressed the wish to have an in-person vPiP meeting on a yearly basis and believed this would help further consolidate the community of practice.

Collaboration on Cases and Personal Support

Participants reported high levels of collaboration with other group members (practitioners, managers, and the project team). Collaboration generally involved practitioners sharing insights from their cases. The vPiP project allowed them to ask questions and discuss various aspects of their cases or their practice with other professionals from a variety of backgrounds. One practitioner stated that the insights gained from vPiP meetings could potentially change the trajectory of a case toward a more successful outcome. However, the lack of follow-up on previously discussed cases in subsequent meetings posed a challenge as it made it difficult for many participants to assess whether the discussions had an impact on the cases presented by other practitioners and to what extent.

When a case was presented and discussed, practitioners thought about how they could contribute based on their knowledge and experience and how their own cases might benefit from shared experiences. Practitioners sharing details about their cases walked away with different options to explore, new directions to pursue, or innovative frontline strategies to try with their clients. The feedback received was beneficial not only to the presenting practitioner but also to other participants facing similar challenges. Some practitioners reported mentally comparing the shared information to their cases and experiences, which enabled them to identify their blind spots, validate their knowledge, actions, or approaches, and recognize and address capacity gaps. These findings remained consistent throughout the evaluation process.

In addition to providing possible solutions for advancing their cases, collaboration impacted practitioners on a personal level by validating their experiences and normalizing difficulties. It was reassuring for practitioners to realize they were not alone in struggling with a particular problem and that the questions about their practice were common. According to a program manager's perspective:

> I think it helped people to normalize difficulties that they're having because oftentimes other people would be having the same difficulties. Because not a lot of people are doing this work, you probably didn't do this work before. It's scary, or like, am I different? Am I failing? And so to be able to speak to other people who like, oh, I'm going through that as well and express that. So this has the impact of building your confidence and encouraging to keep going, but also the other impact is getting some advice back which then you could… Maybe I didn't think about that, and I can try doing this with the client.

Some practitioners reported that case discussions made them feel more confident and better equipped to do their work and find the resources they need. One participant highlighted how collaboration within vPiP enhanced his overall well-being and ability to cope with a stressful work environment. He stated: "On a personal level, it just improved everything from my ability to do my job to my mental health and me having to cope and deal with some of that stress." As previously noted, it is common practice in meetings to offer assistance to a colleague experiencing difficulties.

The safe space created by the project, along with the mutual trust among the group members, facilitated collaboration within vPiP by providing a confidential and non-judgemental environment. Due to the sensitive nature of their work and related ethical concerns, the project team's reminders that the shared information would not be disclosed outside the meetings were key in putting the group members at ease and encouraging them to work together. As one participant highlighted:

> I've noticed that there's often an effort to remind us that it's confidential and the information that are shared are only shared in the meetings of the vPiP and I think for the nature of the work that we do, it's something we always have in mind, what information can I share and if I do how will it be used? So I think it contributes to the feeling of feeling safe in the meetings and making us want to share and collaborate.

Several participants indicated that the project's open and supportive environment, which allowed practitioners to ask questions without being judged, as well as the group members' flexibility to come up with creative solutions, had a positive impact on the collaboration among vPiP members. However, in the second year of the evaluation, some practitioners felt that low attendance and, at times, unstructured meetings limited the potential for effective collaboration.

Attitudes Toward Collaboration

Attitudes toward collaboration were measured quantitatively through the PINCOM-Q questionnaire (Ødegård et al., 2008). This questionnaire can be analyzed from two angles: as a complete scale of collaboration and through the subscales that were determined by the authors of this questionnaire in their seminal paper (Ødegård et al., 2008). The descriptive results of this analysis can be seen in Table 3.

Table 3 – Descriptive Analysis of Collaboration Between Time 0, Time 1, and Time 2

	Measurement period	N	Mean	Std. Deviation
Interprofessional Climate	Time 0	25	5.2133	.77507
	Time 1	21	5.4444	.67563
	Time 2	10	5.5167	.97325
Organizational Aims*	Time 0	25	5.0533	.67309
	Time 1	20	5.6333	.72062
	Time 2	10	5.3333	.89581
Professional Power*	Time 0	25	5.9200	.53852
	Time 1	21	5.6190	.43315
	Time 2	10	5.4200	.38239
Group Leadership	Time 0	25	4.9200	1.07703
	Time 1	22	4.9091	.97689
	Time 2	11	4.9394	.72753
Work Motivation*	Time 0	25	4.6600	.78355
	Time 1	22	4.0341	.91057
	Time 2	11	3.9773	.88356
PINCOM	Time 0	25	4.8608	.41465
	Time 1	20	4.8323	.35494
	Time 2	10	4.7292	.34063
Organizational Culture**	Time 0	25	5.1900	.70445
	Time 1	20	5.0250	.70664
	Time 2	10	4.9500	.38730

* The difference is significant in the ANOVA test ($p < 0.05$).
** The difference was not significant based on the Kruskal-Wallis nonparametric test.

The ANOVA test calculated the differences in means between the three time periods, except for Organizational Culture, where the nonparametric Kruskal-Wallis test was used, given that not all the mandatory assumptions for performing an ANOVA were met (see annexes). The descriptive data show small differences between these times; however, only three of the subscales showed statistically significant differences globally: Organizational Aims, Professional Power, and Work Motivation. These results should be viewed with caution since even when significant differences exist, they are not always linear from Time 0 to Time 2. This suggests that some changes occurred between Time 0 and 1 and others between Time 0 and 2 (see the post hoc analysis in the annexes). For example, in Organizational Aims, there is a significant increase in this indicator between Time 0 and Time 1, but there are no significant differences between the first and the last measurement, nor between the last two measurements. This subscale addresses aspects related to the organization and objectives of the case discussion seminars, focusing on shared norms, the roles played by each actor in relation to themselves and others, and the clarification of expectations. Essentially, it reflects the natural organizational process of a group that initially knew little about what was expected of them in the project and how the seminars would operate. This significant increase indicates that the group is much more consolidated than at the beginning of the project's implementation and can be seen as an important indicator of the process of establishing a community of practice. In other words, the project is on the right track toward its ultimate objectives, but it is still too early to know its actual outcomes. Consequently, no significant changes were observed in the last measurement, as the norms and the group had already been consolidated.

Professional Power refers to the capacity of interprofessional collaboration to contribute to the professional development of the members of a group. In this case, a persistent decrease in this indicator was observed over the 3 years of the project, with a statistically significant difference between the beginning

of the project and the last measurement 3 years later. This may reflect a certain erosion of the community of practice but also a team that perceives itself as more prepared, making the group's contribution appear progressively less relevant. Moreover, it can suggest that, as noted by some interviewed practitioners, when sharing details about cases, it can sometimes be challenging to find commonalities to inform one's practice since some gaps remain and are hard to bridge.

The Work Motivation variable is directly related to the domination of group work by only a few participants. The higher the indicator, the stronger the perception that certain individuals monopolize the discussion. In this case, there was a significant decrease in this indicator between the beginning of the project and the second evaluation period, but it remained stable during the last year of the evaluation. This can be interpreted positively since a lower indicator implies that participants no longer consider the discussions to be dominated by a few individuals alone. This is consistent with qualitative findings describing a horizontal space where participants feel everyone's input is welcome.

Collaboration Between Organizations

While collaboration at an organizational level took place to a limited extent only during the project's first year, evaluation in the second year revealed that vPiP contributed to greater collaboration between organizations in PRVE across Canada. According to the project team, these organizations did not know one another well before being part of vPiP. However, the project allowed them to become more familiar with each other and communicate more easily than before. Furthermore, practitioners and program managers expressed being more aware of the similarities and differences in the organizations' areas of expertise, mandates, and capacities, and how they could complement and support each other.

As noted, vPiP meetings improved communication channels and case referral pathways among organizations in different provinces, making participants more comfortable contacting each other. Knowing which organization to refer someone to and who to contact in that organization positively impacted referrals, simplifying their process in a way that was beneficial to both the practitioners and their clients. Another concrete example of collaboration between organizations occurred when an English-speaking organization shared a new form for a French-speaking client with a French-speaking organization for language validation. In both instances, collaboration between participants at an organizational level ensured a continuity in service delivery, both in client referrals and in adapting services to meet the linguistic needs of the client.

Another area where vPiP contributed to collaboration between organizations was information sharing. During the first-year evaluation, some participants stated that being part of the project enabled them to share information across sectors and fields (e.g., mental health, social services, and law enforcement). One participant noted that the project represented a unique platform, offering a national-scale discussion forum where he could talk about his cases with others in compliance with privacy legislation and relevant protocols. Another highlighted that, as part of the project, organizations working together were developing a distinctly Canadian conceptualization of best practices and adapting them to the local contexts of the practitioners' communities. Another interviewed participant observed that the collaboration between organizations was especially helpful to younger or smaller organizations, as it allowed them to learn from the experiences and practices of other practitioners in larger or more established organizations. Finally, a participant remarked that participating in the project and the monthly meetings made it easier to learn what events were organized by other PRVE organizations in Canada and to be invited to them.

Besides case referrals and information sharing, collaboration among organizations expanded beyond the regular vPiP meetings in the project's second year. Common concerns and goals are important drivers of collaboration, prompting practitioners and organizations to work together when they have a concrete project to carry out. For example, some members became involved in organizing the face-to-face meeting and met with the internal team outside of the regular monthly meetings to plan the event's schedule and content. Additionally, vPiP members worked together when the organizers of events, such as conferences supported by government funders, solicited collaborations between them (for example, to present shared observations from clinical cases). Finally, organizations communicated and collaborated outside the vPiP meetings on issues of common interest, such as the return of radicalized individuals to Canada from combat zones. Two years into the project, new initiatives are thus starting to emerge from vPiP in response to current events and run in parallel with ongoing vPiP operations.

Signs of Emergence of a Community of Practice

After two years of the vPiP project, several observations from the focus groups and interviews indicate the group has at least partly succeeded in establishing itself as a community of practice.

First, the contacts and relationships participants have with each other clearly point to a sense of community among vPiP members. The evaluation found that in the project's first year, participants had already experienced a sense of belonging to the group. The participants know and trust each other and feel comfortable interacting both during and outside the meetings. The participants

also recognized their own diversity, welcoming the role played by the project team and appreciating the access to researchers and practitioners representing various backgrounds. The pan-Canadian aspect of the group proved helpful in connecting with practitioners in other parts of Canada and sharing information and knowledge across the country. Beyond the exchange of information, members of the project team noted that vPiP was also a space where practitioners could find social support and confide in others when they felt overwhelmed or uncertain.

The second indicator of the emergence of a community of practice is consistency. After two years, there is a core group of participants who keep coming back, feel the space the project created is necessary, and benefit from it. These participants want to meet and have appropriated the space, making it their own, with the knowledge they can count on the network for advice and support. Several participants expressed the hope that the project will carry on and that the community continue to grow.

The third element indicating the vPiP project is successful at establishing a community of practice is its strong emphasis on co-development. One practitioner noted that community members sometimes lacked assertiveness regarding their expectations and goals. However, the project team left a lot of room for participants to make suggestions for future meetings and request adjustments to better accommodate everyone's needs. Together, participants have established an environment that has enough flexibility to evolve in new directions. As shown by the collaborations that are starting to emerge outside of regular meetings, there is considerable potential for growth. However, due to attendance and retention issues, as well as challenges in onboarding new members, it is unclear whether the group can sustain itself autonomously in the long term.

Improvements in Capacity

This section addresses instances where participants reported having gained knowledge or tools which had a positive impact on their practice. While the vPiP meetings offered a lot to participants in terms of knowledge, they expressed the need for more specialized thematic discussions and training. Although those who attended the in-person meeting appreciated the opportunity to discuss their teams' respective risk assessment tools, relatively few tools were shared or developed during the course of the project. Nevertheless, participants reported the project improved their capacity on a personal level by increasing their level of confidence and comfort and that sharing and comparing best practices also benefits service delivery at the organizational level.

Building Knowledge

Throughout the focus groups and interviews, participants reported having gained knowledge on many topics. Indeed, as a result of interacting with other vPiP participants, practitioners have developed a better understanding of the PVRE field in Canada and how they are situated within it. Networking in vPiP meetings has given practitioners a better knowledge of services, agencies, and other stakeholders in the field of prevention of violent radicalization and extremism across the country. They have learned a lot about what others are doing, emerging trends, and shared challenges. For some practitioners, vPiP meetings have helped develop a better understanding of what differentiates PVRE from other areas of practice, such as street-level and gang-related violence. They are also more aware of the differences between the organizations in terms of their mandates and internal capacities. Participants explained, for instance, that some organizations have clinical teams and offer therapy or counselling, whereas others have more of a case management approach and tend to refer clients to other organizations for mental health support. Overall, this diversity is seen as a strength.

The vPiP project has increased practitioners' and program managers' knowledge of the various policies and protocols of organizations. It has also deepened their understanding of the different approaches, theoretical frameworks, and clinical strategies that are used in the field. Discussions within the group also raised awareness of the sheer diversity of the clientele practitioners in PRVE are working with, for example, in terms of personal characteristics, ideologies, and pathways to violent radicalization. One focus group participant reported that vPiP has increased his awareness of the risks associated with frontline work in PVRE. Furthermore, it has illuminated the influence of his own personal characteristics (e.g., race/ethnicity) on how he experiences his work and what he can do to better assist colleagues:

> Now I'm more mindful of what kind of accommodations I can help my colleagues with or how I can support them better because (name), for example, disclosed how it's very different for him, being Black on the frontline and how that impacts his communication with law enforcement and community, so it really puts things into perspective.

On joining vPiP, some participants felt the need to build up their knowledge about working with individuals who had engaged in hate-motivated violence. The project, they reported, has fulfilled that need. As one participant explained: "I would say I gained a better understanding of the risks to radicalization and how to work with this population." Exposure to a diversity of perspectives and learning from other professionals with different levels of experience and methodologies has also increased practitioners' reflexivity regarding their work. One noted,

"It just expands your horizons and your knowledge in general. So I think that's always nice to have that critical thinking regarding your own practice."

Some practitioners noted that their participation in vPiP has reinforced or validated what they already knew. Importantly, it has also underscored the gaps in knowledge and capacity that are common across the teams in areas like risk management and policies surrounding communications with law enforcement. As one practitioner stated:

> I think it highlighted that those are not solely the issues that we have to think about as an individual team, but they're I think universal to the field itself. It's validating that these are kind of the areas that need work and that we want to develop.

The practitioner described a process of "collective learning and sharing" that is slow and incremental, adding "We're learning as we're going." The project team concurred that vPiP is a space where practitioners are developing a reflexive stance on their work, trying new things, and readjusting as they proceed.

In both rounds of evaluation, vPiP members reported having acquired knowledge that had a positive impact on their practice. However, several expressed an unmet need for a stronger learning component. Some participants were hoping to discuss and learn more about specialized topics relevant to their practice and felt there was a missed opportunity to do so in the second year. Others expected a stronger "academic bent" to the project, where practitioners would read and discuss current research about promising practices. vPiP members were also disappointed with the two training sessions they had as a group and felt they "didn't necessarily learn anything new." The project team acknowledged that the content of these training sessions was somewhat elementary and failed to meet participants' needs. Therefore, while participants still ask to receive training from invited experts, their needs should be carefully reassessed beforehand.

Sharing Tools

Few of the interviewed participants reported directly sharing specific tools with the group during the project. However, most organizations did share and discuss their respective risk assessment tools during the Montreal in-person meeting. Prior to the event, a booklet compiling all risk assessment tools and models—both internal tools and externally validated ones—used by each team was created. Participants were highly satisfied with that resource, which remains available and could be updated in the future.

While some practitioners reported gaining "shared tools that work," only a limited number of the specific, formal tools shared in vPiP meetings were actually implemented by the teams. This limited implementation could be due to the inherent challenges in bridging the gaps across disciplines, fields, or sectors. For instance, one manager mentioned that her team must use the tools that are already structured into her organization's clinical policies and guidelines. However, participants appreciate learning about the tools used by others, and this sometimes informs changes in their own assessments and intake processes. The tools shared during the project also allegedly confirmed organizations were aligned in that they all have risk evaluation and needs assessment components. A program director expressed the wish to arrive at a national best practices consensus, and thought the platform offered by vPiP is underutilized for such purposes.

When asked about the tools shared during the project, many focus group and interview participants demonstrated a vague understanding of the term "tool" and interpreted the question broadly. In both rounds of evaluation, participants frequently discussed the general resources, information, and strategies that they had shared or gained from the project. Some practitioners felt that compared to other aspects of collaboration and networking, the sharing of specific knowledge and specific tools was missing from vPiP. The participants further expressed the need for more opportunities to share tools and strategies that work with different populations beyond the issue of risk assessment. For example, one practitioner shared: "I would like if there was more sharing of tools and strategies and even activities that people do in a frontline context that are more oriented toward community-based, strength-based, trauma-informed practices." Participants also requested other tangible resources, similar to the booklet created for the Montreal event, to be generated and shared through vPiP. Meanwhile, some participants reported that the sharing of tools was unstructured and often happened during case discussions. Many practitioners believed a more structured approach and advanced planning would be helpful. To facilitate structured sharing, the participants suggested holding a semi-annual virtual conference or symposium.

Confidence, Competence, and Comfort

Besides knowledge development and tool sharing, interviewed participants identified other ways in which collaboration within vPiP helped improve capacity and service delivery. On an individual level, participation in vPiP has built capacity by increasing participants' confidence and giving them strategies and know-how to better do their work as well as resources they can turn to should they need support to overcome challenges. One individual reflected: "It all contributes to the confidence, the competence, and me being able to do and deliver the work."
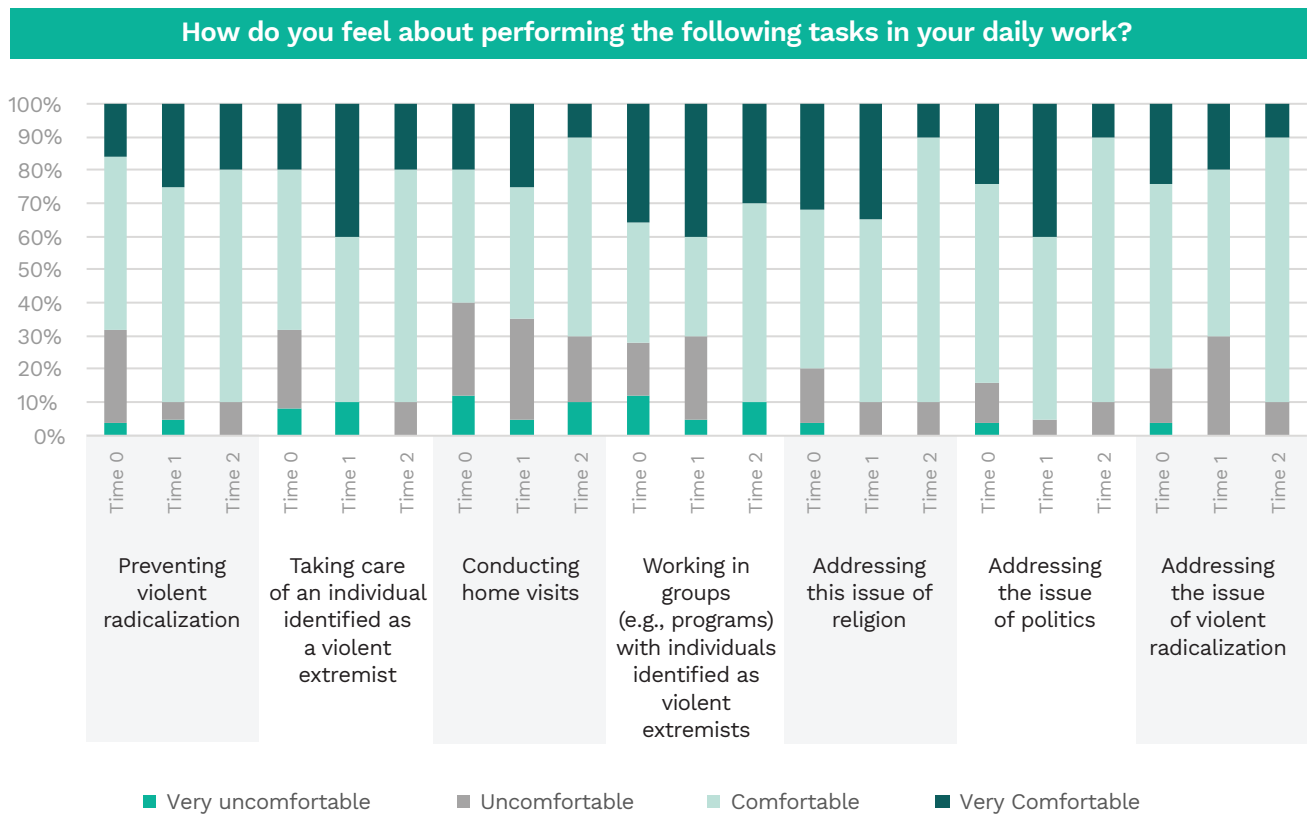
As detailed in the methodology section, to evaluate perceived comfort in addressing radicalization issues in the context of psychosocial intervention, we utilized a scale of perceived comfort in dealing with people identified as radicalized. The following table shows the descriptive results between Time 0, Time 1, and Time 2.

Utilizing the nonparametric Kruskal-Wallis test, no statistically significant difference was observed between the three periods. This outcome could indicate that the project did not improve participants' feeling of comfort during the intervention process. A possible explanation for this finding is that interveners already presented a high level of perceived comfort at Time 0 concerning the questions proposed in this scale.

Table 3 – Descriptive Analysis of Perceived Comfort Between Time 0, Time 1, and Time 2

	Measurement period	N	Mean	Std. Deviation
Comfort	Time 0	25	2.9086	.65450
	Time 1	20	3.1000	.47966
	Time 2	10	3.0000	.40963

Figure 2 – Descriptive Analysis of Perceived Comfort Dealing with Individuals Considered as Radicalized Between Time 0, Time 1, and Time 2

How do you feel about performing the following tasks in your daily work?

■ Very uncomfortable ■ Uncomfortable ■ Comfortable ■ Very Comfortable

From the outset of the project, and from a purely descriptive standpoint, participants already felt relatively comfortable addressing the various issues presented in this scale. The room for growth is, therefore, very limited. The feeling of comfort (i.e., the sum of *Comfortable* and *Very comfortable*) increased significantly in almost all indicators during the first year of the project and then remained stable during the last period. This trend was particularly pronounced for statements related to preventing violent radicalization, taking care of an individual identified as a violent extremist, and discussing religion and politics. Practitioners felt least comfortable with home visits, working in groups, and directly addressing the issue of violent radicalization. The percentage of participants who felt comfortable working in groups remained relatively stable over the three years. However, both home visits and directly addressing the issue of violent radicalization showed a tendency to improve the feeling of comfort. For home visits, this growth was linear, while for directly addressing violent radicalization, this evolution was particularly noticeable in the last period of work.

The findings of the qualitative analysis suggest the vPiP project has also helped improve capacity at an organizational level. A focus group participant mentioned, for example, that discussions within vPiP have informed some of the measures her organization is putting in place to help her team cope with the psychological stress working in this field might entail, such as when violence is directed at the practitioner. Additionally, being part of the community of practice has prompted practitioners and program managers to reflect on the scope of their work with certain populations (e.g., returnees). It has also led participants to compare their approaches to those of other organizations or practitioners and to consider how they might adjust their interventions to align with each other's best practices. One manager felt confident that practices were improving as a result of collaboration and networking:

> **You kind of get the sense that everyone is working hard, that people's practices are getting better and they're better able to reach clients. I don't know if the growth will mean more clients, but the programs will grow stronger and be more effective.**

The same manager also pointed out that hearing frontline practitioners talk about their experiences has helped him be more responsive to his staff's needs.

Participant Satisfaction with the Project and Areas for Improvement

This section discusses participants' satisfaction with various elements of the vPiP project, along with areas that could be improved. Participants were highly satisfied with the space created by the project, the networking and collaboration components, the knowledge gained, and the case discussion seminars. However, they were not satisfied with the asynchronous web platform due to accessibility problems. Additional concerns included a decline in attendance, issues with meeting structure and planning, and a lack of follow-up on certain initiatives in the second year of the project. Participants also expressed a desire for more tangible outputs from the project.

Participant Satisfaction with the Project

In both rounds of evaluation, participants generally reported a high level of satisfaction with the space the project has created—a space where PRVE practitioners and managers meet regularly, with a shared purpose of helping each other in their practice. Participants appreciated the organization, facilitation, and leadership of the project facilitators, along with their openness to suggestions and feedback. Participants attributed part of the success of this space to the consensus-based format since they felt listened to and acknowledged, that their opinions were considered, and that they had a say in how the meetings would proceed. Some participants believed the variety of topics addressed in the meetings and the flexibility of the format were successful at accommodating the group's diversity. This approach significantly enhanced the value of the space, as noted by one participant: "[It created] the right space for different types of learning, different types of contribution, different types of participating, because people have different comfort levels. And I feel that when these spaces were created for people, they offered a lot."

Participants were also highly satisfied with the networking and collaboration aspects of the vPiP project. The initiative has successfully established a network and built a community where practitioners actively share knowledge, information, and resources while learning from each other. Furthermore, the motivation within the teams to meet with others, coupled with practitioners' need to work together in a safe collaborative space are factors that facilitated the project's implementation.

Participants expressed high satisfaction with the knowledge they gained through participating in the project and its meetings. Besides gaining new thematic knowledge, they were exposed to new approaches and learned by discussing strategies with other practitioners. However, as previously discussed, participants often asked for more specialized discussions and a stronger training component to the project.

Another element with which the participants were very satisfied is the case-sharing planned for and facilitated by the project. Many practitioners said they enjoyed those moments and that they found them useful since they provided numerous insights beneficial to all group members. Practitioners particularly appreciated the fact that everyone participated and was engaged in the discussions, asking questions, reflecting, and seeking to collectively understand the situations being discussed. The high level of trust facilitated the sharing of information, and practitioners were able to find support not just professionally but also on a personal level.

Quantitatively, the satisfaction of the participants in this project was only assessed in the last two measurement periods. No statistically significant changes were observed between the two periods despite a slight non-significant increase in satisfaction in the last period (see Kruskal-Wallis test in the annexes).

Figure 3 – Descriptive Analysis of Satisfaction Between Time 1 and Time 2
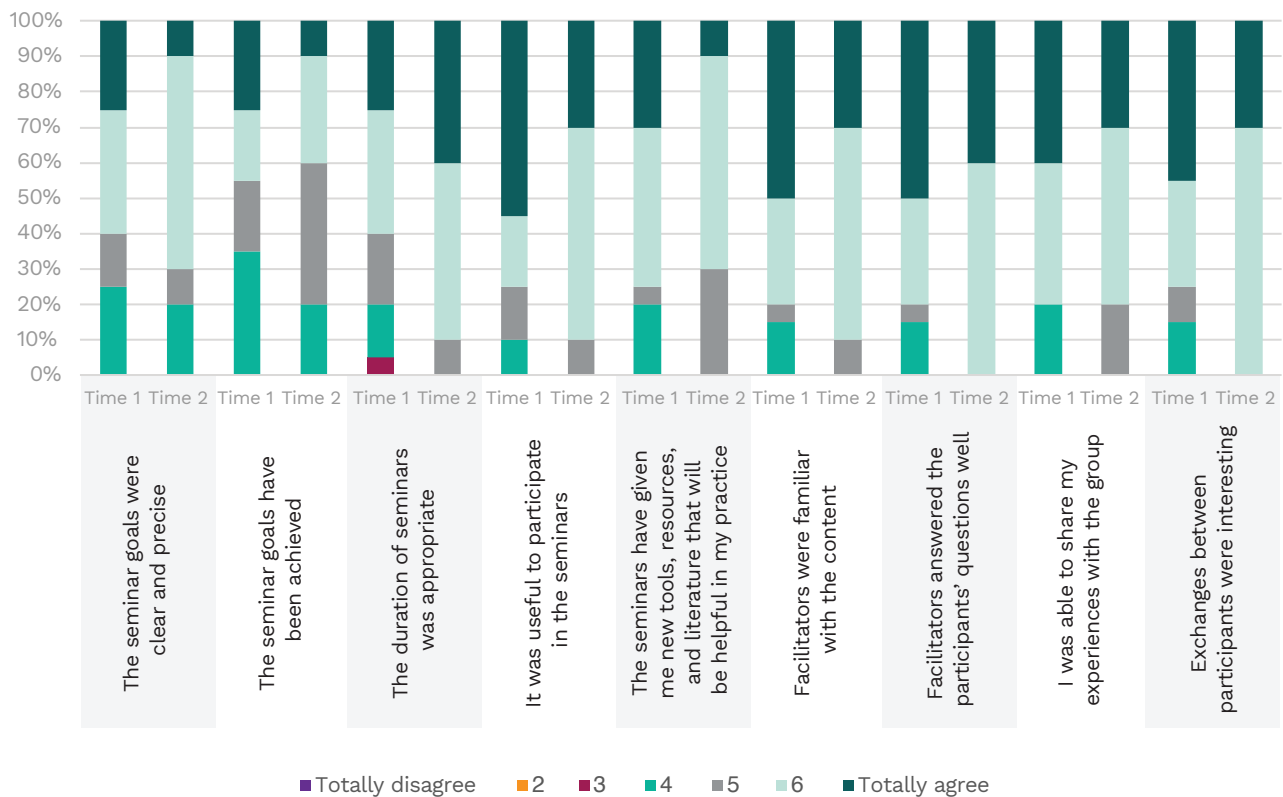
Table 3 – Descriptive Analysis of Satisfaction Between Time 1 and Time 2

	Measurement period	N	Mean	Std. Deviation
Satisfaction	Time 0	—	—	—
	Time 1	20	5.8778	.99374
	Time 2	10	6.0222	.47948

On average, participants reported high levels of satisfaction with the project (Time 1 = 5.9; Time 2 = 6.0), nearing the scale's maximum value (7). Figure 3 shows that, for most of the questions, participants never indicated complete disagreement with the positive judgments presented. If we take as a reference the sum of the two highest alternatives (i.e., 6 and *Totally agree*— the light blue and dark green sectors of the graph), a high level of satisfaction with almost all the items is evident. However, some slight changes are observable between Time 1 and Time 2. The duration of the seminars was one of the least favored aspects at the time of the first measurement. However, this indicator improved considerably during the last study period. Evaluations of the facilitators' answers to questions and the quality of exchanges between participants also improved. Positive changes, albeit less significant, were observed in the goals' clarity and precision, as well as the usefulness of the case discussion seminars. The less positive evaluations were specifically related to the objectives of this seminar. Despite an improvement in the objectives' clarity and precision, this indicator was one of the least favored. The same can be said concerning whether or not these objectives have been achieved. In both evaluation periods, less than half of the participants disagreed with the idea that these objectives have been achieved, possibly reflecting a need to keep the space open for ongoing exchanges.

Areas for Improvement

During the first-year evaluation, the most frequent complaint practitioners and managers expressed was the difficulty in accessing the asynchronous platform. It was only accessible through a single web access point, and several users experienced difficulties in logging in or could not log in at all. Several interviewees mentioned that these accessibility issues discouraged them from using the platform. Individuals who successfully logged on and used the platform observed low engagement from other participants, which resulted in little to engage with. More than once, participants framed their participation in and satisfaction with the asynchronous platform as follows: Practitioners work a lot and have a busy schedule, but they reserve a few hours every month to

attend the vPiP meetings because they got a lot out of them. The asynchronous platform, in contrast, could be accessed at any time, but accessing it could sometimes be troublesome, time-consuming, or not functional. Furthermore, the asynchronous platform offered minimal help since there were few updates or interactions. Given these constraints and the limited time participants could dedicate to the project, many preferred to prioritize attending the synchronous meetings and participating there over using the asynchronous platform. Participants noted that they understood the idea behind the asynchronous platform and agreed that it could be beneficial, but they did not use it. One participant suggested that the platform could be more accessible if it were based on a system they already used regularly, like Microsoft, as this would facilitate logging on and be more user-friendly.

During the second-year evaluation, several other areas for improvement emerged from the focus groups and interviews. These had to do with attendance and retention, the structure and planning of the meetings, follow-up and accountability, and the project's tangible outputs.

The project team and some interviewed practitioners identified low attendance in monthly meetings as a matter of concern. Although a small group of practitioners attend consistently, some teams are sometimes completely absent from the meetings and often only one practitioner from a given team is present. A decline in attendance in the second year made it harder for the group to follow certain planned activities. Occasionally, conversations or case presentations better suited for larger groups had to be postponed if attendance was lower than anticipated. Some participants believed such postponements adversely impacted the quality and added value of the meetings and feared this could lead to a further drop in attendance down the line.

Low attendance can be explained in part by scheduling conflicts, limited capacity, and a high staff turnover within organizations. Nearly all interviewed participants, including some who no longer attend meetings, cited competing commitments and the need to prioritize among multiple demands on their time as factors limiting their participation. For example, members of one francophone CoP in Quebec can rarely attend vPiP sessions, as their CoP meetings are held at the same time. Also, although teams strive to have at least one representative present, those with fewer resources and funding are not always able to liberate a practitioner to attend vPiP meetings every month. Furthermore, some organizations are short-staffed and have a high turnover, which leads to retention challenges and difficulties in onboarding new members. In addition, when newly hired practitioners join vPiP, they do not always immediately understand the purpose of the meetings and the facilitators have to continually re-introduce the project and its goals. Sometimes these

newly recruited practitioners attend only one session and do not come back. One practitioner suggested that creating documentation that explains the vPiP project and its objectives to newcomers, along with a directory of involved individuals, would help with onboarding and retention.

Another area for improvement that emerged from the focus groups and interviews relates to the format and structure of the meetings. While some meetings were dedicated to case presentations and clinical discussions, others had a more open and unstructured format. Although participants generally appreciated the team's informal and consultative approach, they felt the approach also had downsides. Participants reported that sometimes items on the agenda were not implemented and what was already agreed upon was not followed through, leaving some practitioners feeling they were not taking away as much as they hoped from the meetings. One participant, for instance, commented as follows:

> I think the sessions where there has been more structure, where there's a case presentation and the person has had enough time to prepare and we kind of go through more of the structured process… those have been the better meetings for sure. Where it's left more open it doesn't feel quite as helpful.

Some participants noticed changes in the second year with respect to preparation. In Year 2, some case presentations were planned at the last minute, and practitioners were not able to prepare adequately and anticipate the discussions, resulting in a lower level of engagement. They suggested that planning ahead with a list of topics and presenters scheduled several months in advance would help stimulate and maintain participant engagement. Indeed, one participant had this to say:

> These two things kind of feed into each other, right, attendance will impact quality and then quality will impact attendance and they just keep feeding each other. I think structure will provide value and value will provide attendance and then that will help strengthen the whole thing.

Additionally, one manager proposed that occasionally having each team be responsible for preparing a meeting would encourage them to take further ownership of the space. However, participants acknowledged that flexibility remains important in cases where a presenter cannot make it to the meeting or if an urgent situation demands immediate attention.

Several practitioners noted an absence of follow-up on specific initiatives. For example, participants provided their input on topics they wished to discuss during the year in an online survey and during the face-to-face meeting, but no action was taken in response to their suggestions. As one participant pointed out, "there's too much reliance on us as participants in these meetings on the day of to come up with the agenda." The practitioners felt that the data collected on these two occasions could have been used to identify priorities and create a schedule for the year, as reflected in the following comment: "it would have been more helpful and would have brought more success in terms of the deliverables of vPiP this year." In sum, these participants thought the project would benefit from more structured planning as well as greater accountability from the team when seeking the members' input.

Finally, a need for more formalized deliverables was identified by both project team members and participants. Systematizing the recommendations from case discussions, for example, by sending an email after the meetings to summarize the key points of the discussion and the lessons learned, would help establish more continuity between the meetings. Other tangible outputs suggested by the project team and participants included the creation of risk assessment or case management guidelines and the establishment of a vPiP member database. This database would include contact information, as well as organizations' mandates and rules, so as to facilitate communication and collaboration outside of regular meetings. Notably, the project team has started working on the database, but it has yet to be completed. Given the clear need for such initiatives, commitment to seeing them through is important.

05

Conclusions

This section summarizes elements of the data that demonstrate the achievement of the project's expected outcomes.

Both the quantitative and qualitative analyses suggest that the first immediate expected outcome (O1)—professional relationships—have been attained. The quantitative analysis found that there was a significant increase in the Organizational Aim subscale of attitude toward collaboration at T1, indicating that the group was much more consolidated after the first year of the project's implementation. The qualitative analysis, meanwhile, revealed that participants felt the project helped them develop professional contacts with other practitioners and managers across Canada. They were very satisfied with the project's networking aspect and reported a high level of trust between group members. This trust made it more comfortable for them to communicate with and reach out to each other, facilitating the development of professional relationships over time.

The quantitative data also supports the achievement of the second expected outcome (O2)—collaboration between practitioners on clinical cases. The subscale indicated that the group's organization around case discussion seminars and the clarification of group participants' roles and seminar objectives improved during the first year of the project. However, no significant difference was observed in the second year. The qualitative results, moreover, indicated that the meetings served as a space

where participants could reflect on and discuss other participants' cases as well as their own. Participants reported several benefits from their participation in case discussions: increased motivation, personal support, and the provision of a safe and non-judgemental environment. Nonetheless, it was difficult to assess the impact of the case discussions on the cases' outcomes since there was no follow-up during the meetings to debrief on whether the group's suggestions worked or not. Importantly, collaboration among individual practitioners in vPiP meetings facilitated cooperation between organizations on case referrals, information sharing, and ad hoc work on specific projects or issues of common interest. After two years of implementation, the second immediate outcome has thus been realized.

The third immediate outcome—discussion on and sharing of practical tools (O3)—has been partly achieved. According to the quantitative data, the tools and resources gained during the case discussion seminars can be considered a subset of participants' satisfaction. About 75% of survey respondents at Time 1 and 70% of respondents at Time 2 chose the two highest alternatives (6 and 7 on a scale of 1 to 7) to express their agreement that they gained new tools, resources, and literature that will be helpful for their practice. The qualitative results, meanwhile, indicate that more tools were shared in the second year of the project (notably at the in-person meeting), allowing practitioners to appreciate the commonalities and differences in approaches. However, there is still little use of tools shared within the group by other practitioners or teams. The qualitative analysis

also suggests that participants have a broader and more holistic understanding of tools (e.g., as strategies to use in cases), which may not be fully captured when considering only the acquisition of tools. Nevertheless, the few instances of actual tool sharing and the lack of clarity on what a tool is and how it can help practitioners suggest that the project's expected outcome (O3) on tool sharing has been only partially realized after two years of implementation.

The qualitative results indicate that participants have gained new knowledge that had a positive impact on their practice across a variety of topics, including the landscape of PRVE in Canada, the diversity of clientele encountered by practitioners, and the specificities of working in this field. Participants used the seminars to validate their existing knowledge and identify gaps in understanding. Although participants still felt they needed more knowledge, they were very satisfied with this aspect of the seminars. The fourth immediate outcome expected from the project, knowledge development in PRVE practitioners (O4), has thus been achieved.

The first intermediate outcome—the reduction of the feeling of isolation in PRVE practitioners—relates to the immediate outcomes of professional relationship building (O1), collaboration on practitioners' clinical cases (O2), and discussion and sharing of practical tools (O3). The qualitative results show that case discussion seminars validate practitioners' experiences and normalize difficulties, while the occasional sharing of tools confirms organizations are aligned in many ways. As such, the professional contacts, collaboration, and exchanges facilitated by vPiP have successfully alleviated isolation or uncertainty in some practitioners. The first intermediate outcome has thus been achieved.

The second intermediate outcome—capacity-building (O6)—is based on the immediate outcomes of collaboration (O2), discussion and sharing of tools (O3), and the development of knowledge (O4). The qualitative analysis reveals that collaboration on clinical cases and the exchange of knowledge, strategies, and resources between practitioners has contributed to building participants' confidence in their roles. Quantitative results on perceived comfort in addressing issues of violent radicalization in the context of psychosocial intervention show that respondents' feeling of comfort grew significantly in the first year of the project and

remained relatively stable afterwards. Participants reporting more instances of tools being shared and giving examples of how these have contributed to their practice also indicate that the project has built capacity in practitioners. Since only the immediate outcomes related to collaboration on practitioners' clinical cases (O2) and knowledge development (O4) have been realized, and the immediate outcome of gaining new tools (O3) is not clearly supported by either quantitative or qualitative findings, the intermediate outcome regarding capacity-building (O6) can be considered partly achieved.

It is still too early to evaluate the achievement of the long-term outcome—the creation of a movement of solidarity and engagement of practitioners in the field of prevention of radicalization and violent extremism (O7). Some elements of the quantitative and qualitative analyses suggest that the project is on the right track. As noted above, the quantitative analysis showed a statistically significant difference in the organizational aims subscale of its measurement of attitudes toward collaboration. This suggests that the vPiP is more consolidated in terms of shared norms, the roles played by each actor, and the clarification of what is expected of them in the case seminar discussions. The qualitative analysis showed the vPiP project has established a national network of PRVE practice, fostering a sense of community among a core group of practitioners who consistently participate in meetings and highly value the created space. However, the analysis also identified factors that might prevent the project from achieving its long-term objectives. Some practitioners reported a decline in attendance and participant engagement, compounded by a less structured and planned approach to the meetings in the second year of the project. While certain reasons for fluctuating attendance are out of the project team's control (i.e., scheduling conflicts, high staff turnover within organizations, limited resources, etc.), retention issues and difficulties in onboarding new members could pose a challenge to the community of practice's ability to grow autonomously and self-sustain in the long term.

In sum, the evaluation results for the vPiP project are broadly positive, with all immediate and intermediate outcomes either achieved or partly achieved. The less positive results point to areas for improvement and mainly concern the project's systematization, autonomization, and sustainability.

06

Recommendations

Based on the results of the evaluation of the vPiP project, the following are recommended:

1 **Establish an annual or semi-annual schedule of discussion topics** and presenters, while maintaining a degree of flexibility.

2 **Create continuity between meetings** by systematically documenting key insights from case discussions and following up on them.

3 **Encourage the community of practice to join forces** in developing resources or concrete collaborations through small initiatives tailored to their needs.

4 **Clearly define the project's goals and expectations** regarding the sharing of tools.

5 **Continue to organize training and discussion sessions with experts or specialists** from diverse fields, ensuring the group's needs are identified beforehand.

6 **Develop presentation and dissemination materials** to facilitate the onboarding process for new members, clearly outlining the project, its objectives, and expectations.

7 To ensure sustainability, **integrate new practitioners and teams** by broadening the scope of the community of practice to include organizations and frontline practitioners working in related fields (e.g., hate prevention).

8 **Foster greater autonomy** within the community of practice by having teams take turns organizing and leading meetings.

9 Subject to available funding and resources, **plan an annual in-person meeting** to consolidate the professional relationships created in the virtual settings. As far as possible, aim to vary the meeting's location and rotate the organizers.

10 **Find additional direct communication channels** (e.g., Teams, Slack, WhatsApp) as an alternative to the asynchronous web platform, taking care to avoid sharing sensitive information through these channels.

Annex A

Qualitative Indicators

Table 1 – Evaluation questions, indicators, and target

Evaluation question	Indicator	Target (which type of stakeholder is asked)
Pertaining to the implementation of the project		
In your opinion, what were the challenges and obstacles in the implementation of vPiP?	Obstacles encountered during the implementation of the project (blocking or slowing down the implementation of the project)	Project staff (facilitators and instigator); participating practitioners and program managers
	Challenges encountered during the implementation of the project (element or situation that was difficult to overcome)	Project staff (facilitators and instigator); participating practitioners and program managers
What do you think facilitated the implementation of vPiP?	Facilitating factors contributing to the delivery of the project	Project staff (facilitators and instigator); participating practitioners and program managers
Did the modalities of the meetings (date and time, duration, frequency, format, language) suit you? Which ones facilitated or limited your attendance and participation?	Impact of the modalities of the synchronous meetings on participants	Project staff (facilitators and instigator); participating practitioners and program managers
How would you evaluate the level of collaboration and support between practitioners and organizations?	Level of collaboration and support between practitioners and organizations	Project staff (facilitators and instigator); participating practitioners and program managers
What were some of the challenges and obstacles to collaboration among this group?	Challenges and obstacles encountered in participants' collaboration	Participating practitioners and program managers
What were the solutions brought by the facilitators to resolve those challenges and obstacles?	Solutions brought by project facilitators to address challenges and obstacles to collaboration	Participating practitioners and program managers
What were some of the positive or facilitating elements to your collaboration among this group?	Facilitating factors contributing to participants' collaboration	Project staff (facilitators and instigator); participating practitioners and program managers

How would you evaluate the work accomplished in this project? What were the successes? The failures? What would you recommend? What other learnings did you draw from your experience?	Self-evaluation of the work accomplished through the project (success and failures, lessons learned and recommendations)	Project staff (facilitators and instigator); participating practitioners and program managers
What ethical elements should be considered for an evaluation in this field?	Ethical considerations relevant to the evaluation of the project	Project staff (facilitators and instigator); participating practitioners and program managers
How would you describe your engagement with the project?	Self-evaluation of participant's engagement in the project	Participating practitioners and program managers
What do you think of your contribution and what you have taken away in participating to the project?	Participant's perception of his contribution to the project and its takeaways	Participating practitioners and program managers
How would you describe your need of knowledge at the start of the project? Did the project fulfill that need?	Participant's need for knowledge and extent to which the project fulfilled that need	Participating practitioners and program managers
How would you describe your need of tools at the start of the project? Did the project fulfill that need?	Participant's need for tools and extent to which the project fulfilled that need	Participating practitioners and program managers
How would you describe your need of networking at the start of the project? Did the project fulfill that need?	Participant's need for networking and extent to which the project fulfilled that need	Participating practitioners and program managers
How would you describe your need of collaboration on clinical cases at the start of the project? Did the project fulfill that need?	Participant's need for collaboration on clinical cases and extent to which the project fulfilled that need	Participating practitioners and program managers

Pertaining to the efficiency (impact) of the project

During the project, how did you feel as a member of the group?	Participant's feeling as a member of the group (CoP)	Participating practitioners and program managers
When the project started, did you have expectations toward the group? Which ones? Were you satisfied or disappointed? How so?	Participant's expectations toward the project and fulfilment of these expectations	Participating practitioners and program managers
During the project, when a case was shared, what impact did the sharing have on the case?	Impact of clinical case sharing on the case itself	Participating practitioners and programme managers
During the project, when a case was shared, what impact did the sharing have on you?	Impact of clinical case sharing on other participants (not involved in the case)	Participating practitioners and program managers
During the project, did you use a new tool acquired from the project? What impact did that have on you? On your colleagues? On the case? (if no use or no impact, why not?)	Use of new tools acquired during the project and its impact	Participating practitioners and program managers

During the project, did you share a tool with the group? What impact did that have on you? On your colleagues? On the other members of the group?	Extent of tool sharing and its impact	Participating practitioners and program managers
What do you think of the sharing of tools during the project? Are you satisfied with it?	Participant's satisfaction toward the sharing of tools	Participating practitioners and program managers
What do you think of the sharing of knowledge during the project? Are you satisfied with it?	Participant's satisfaction toward the sharing of knowledge	Participating practitioners and program managers
What difference did the knowledge acquired during the project make on you? On your practice? On your colleagues?	Impact of knowledge acquired through the project	Participating practitioners and program managers
The other members of the group come from various disciplines but have in common that they all work in PRVE, did you notice similarities, or differences between your work and that of others? A few or a lot?	Extent to which participant recognizes other participants as their peers	Participating practitioners and program managers
What do you think was the impact of the project on the networking of its members (how they are connected with each other)?	Impact of the project on participant's socio-professional relationships (participant's network)	Participating practitioners and program managers
In your opinion, did the project build capacity in its participants? How? Why is that important?	Impact of the project on participant's capacity and its relevance for the participant	Participating practitioners and program managers
What did you learn from the contact and sharing with other PRVE professionals about the nature of your work? On the management of your work (and its risks)? On your role? On your responsibilities?	Impact of the project on participant's professional development	Participating practitioners and program managers

Annex B

Testing Assumptions for Parametric Tests

Tests of Normality

Since the amount of data per sample is less than 30, the Shapiro-Wilk test is used to estimate the normality of the samples.

Tests of Normality							
	Time of measurement	Kolmogorov-Smirnova			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Interprofessional Climate	0	.162	25	.091	.965	25	.521
	1	.146	20	.200*	.941	20	.245
	2	.161	10	.200*	.949	10	.655
Organizational Culture	0	.146	25	.178	.971	25	.672
	1	.149	20	.200*	.894	20	.032
	2	.251	10	.073	.896	10	.197
Organizational aims	0	.157	25	.113	.945	25	.188
	1	.139	20	.200*	.955	20	.455
	2	.274	10	.032	.858	10	.072
Professional power	0	.199	25	.012	.925	25	.068
	1	.168	20	.141	.949	20	.350
	2	.183	10	.200*	.873	10	.107
Group leadership	0	.133	25	.200*	.949	25	.232
	1	.158	20	.200*	.957	20	.482
	2	.200	10	.200*	.939	10	.539
Motivation	0	.146	25	.181	.962	25	.461
	1	.151	20	.200*	.937	20	.211
	2	.184	10	.200*	.953	10	.702
Comfort	0	.152	25	.141	.934	25	.109
	1	.133	20	.200*	.957	20	.489
	2	.300	10	.011	.807	10	.018
Satisfaction	1	.160	20	.193	.887	20	.023
	2	.158	10	.200*	.964	10	.826
PINCOM	0	.142	25	.200*	.962	25	.462
	1	.094	20	.200*	.982	20	.961
	2	.166	10	.200*	.949	10	.661

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

For most variables, the tests cannot reject the null hypothesis, which may indicate that the samples are mostly normally distributed. We found three exceptions: Organizational culture and Satisfaction at time 1 and Comfort at time 0. We used non-parametric statistics to analyze these variables.

Homogeneity test

Tests of Homogeneity of Variances		Levene Statistic	df1	df2	Sig.
Interprofessional Climate	Based on Mean	1.357	2	53	.266
	Based on Median	.965	2	53	.387
	Based on the Median and with adjusted df	.965	2	52.271	.388
	Based on trimmed mean	1.366	2	53	.264
Organizational Culture	Based on Mean	1.760	2	52	.182
	Based on Median	1.837	2	52	.170
	Based on Median and with adjusted df	1.837	2	48.616	.170
	Based on trimmed mean	1.833	2	52	.170
Organizational aims	Based on Mean	.790	2	52	.459
	Based on Median	.133	2	52	.876
	Based on Median and with adjusted df	.133	2	40.415	.876
	Based on trimmed mean	.686	2	52	.508
Professional power	Based on Mean	.389	2	53	.679
	Based on Median	.189	2	53	.829
	Based on Median and with adjusted df	.189	2	45.768	.829
	Based on trimmed mean	.399	2	53	.673
Group leadership	Based on Mean	.549	2	55	.581
	Based on Median	.528	2	55	.592
	Based on Median and with adjusted df	.528	2	50.214	.593
	Based on trimmed mean	.479	2	55	.622
Motivation	Based on Mean	.681	2	55	.510
	Based on Median	.532	2	55	.591
	Based on Median and with adjusted df	.532	2	54.331	.591
	Based on trimmed mean	.680	2	55	.511

Satisfaction	Based on Mean	4.899	1	28	.035
	Based on Median	3.722	1	28	.064
	Based on Median and with adjusted df	3.722	1	23.152	.066
	Based on trimmed mean	4.526	1	28	.042
Comfort	Based on Mean	1.886	2	52	.162
	Based on Median	1.781	2	52	.179
	Based on Median and with adjusted df	1.781	2	48.441	.179
	Based on trimmed mean	1.803	2	52	.175
PINCOM	Based on Mean	.597	2	52	.554
	Based on Median	.565	2	52	.572
	Based on Median and with adjusted df	.565	2	50.408	.572
	Based on trimmed mean	.597	2	52	.554

In this case, we need to know if the variances are homogeneous between Time 0, 1, and 2 since this is a condition for the comparison of parametric means. We use Levene's test. According to the test, the variances of the tree samples are homogeneous except for Satisfaction, so we can proceed with the parametric tests.

Conclusion
In conclusion, we can use parametric tests for all scales except for Comfort, Organizational culture, and Satisfaction for which we will use a non-parametric test (Wilcoxon signed-rank nonparametric test).

Annex C

Additional Tables

Anova one-way test						
		Sum of Squares	Df	Mean Square	F	Sig.
Interprofessional Climate	Between Groups	.931	2	.466	.769	.468
	Within Groups	32.072	53	.605		
	Total	33.003	55			
Organizational aims	Between Groups	3.742	2	1.871	3.479	.038
	Within Groups	27.962	52	.538		
	Total	31.704	54			
Professional power	Between Groups	2.114	2	1.057	4.657	.014
	Within Groups	12.028	53	.227		
	Total	14.142	55			
Group leadership	Between Groups	.007	2	.003	.003	.997
	Within Groups	53.173	55	.967		
	Total	53.180	57			
Motivation	Between Groups	5.938	2	2.969	4.087	.022
	Within Groups	39.954	55	.726		
	Total	45.892	57			
PINCOM	Between Groups	.125	2	.062	.429	.653
	Within Groups	7.564	52	.145		
	Total	7.689	54			

Post Hoc Tests (Tukey HSD)

Dependent Variable	TIME (I)	Compare to (J)	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Interprofessional Climate	0	1	-.23111	.23026	.578	-.7863	.3241
		2	-.30333	.29107	.554	-1.0052	.3985
	1	0	.23111	.23026	.578	-.3241	.7863
		2	-.07222	.29888	.968	-.7929	.6485
	2	0	.30333	.29107	.554	-.3985	1.0052
		1	.07222	.29888	.968	-.6485	.7929
Organizational aims	0	1	-.58000*	.21999	.029	-1.1107	-.0493
		2	-.28000	.27438	.567	-.9420	.3820
	1	0	.58000*	.21999	.029	.0493	1.1107
		2	.30000	.28401	.545	-.3852	.9852
	2	0	.28000	.27438	.567	-.3820	.9420
		1	-.30000	.28401	.545	-.9852	.3852
Professional power	0	1	.30095	.14101	.093	-.0391	.6410
		2	.50000*	.17825	.019	.0702	.9298
	1	0	-.30095	.14101	.093	-.6410	.0391
		2	.19905	.18304	.526	-.2423	.6404
	2	0	-.50000*	.17825	.019	-.9298	-.0702
		1	-.19905	.18304	.526	-.6404	.2423
Group leadership	0	1	.01091	.28743	.999	-.6814	.7033
		2	-.01939	.35575	.998	-.8763	.8375
	1	0	-.01091	.28743	.999	-.7033	.6814
		2	-.03030	.36309	.996	-.9049	.8443
	2	0	.01939	.35575	.998	-.8375	.8763
		1	.03030	.36309	.996	-.8443	.9049

Motivation	0	1	.62591*	.24915	.039	.0258	1.2261
		2	.68273	.30838	.078	-.0601	1.4255
	1	0	-.62591*	.24915	.039	-1.2261	-.0258
		2	.05682	.31474	.982	-.7013	.8149
	2	0	-.68273	.30838	.078	-1.4255	.0601
		1	-.05682	.31474	.982	-.8149	.7013
PINCOM	0	1	.02854	.11442	.966	-.2475	.3046
		2	.13167	.14271	.629	-.2126	.4760
	1	0	-.02854	.11442	.966	-.3046	.2475
		2	.10313	.14772	.766	-.2533	.4595
	2	0	-.3167	.14271	.629	-.4760	.2126
		1	-.10313	.14772	.766	-.4595	.2533

*. The mean difference is significant at the 0.05 level.

Kruskal-Wallis Test

Test Statistics[a,b]	Organizational Culture	Satisfaction	Comfort
Kruskal-Wallis H	1.328	.018	1.537
Df	2	1	2
Asymp. Sig.	.515	.895	.464

a. Kruskal Wallis Test
b. Grouping Variable: Year of measurement (0,1,2)

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