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“Make Resilience Matter” for Children Exposed to Intimate Partner Violence Project: Mobilizing Knowledge to Action Using a Research Contributions Framework

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Résumé de l'article

Objective: This article describes using a Research Contribution Framework (RCF) (Morton, 2015a), to plan and document the progress of knowledge mobilization (KMb) efforts for the Make Resilience Matter (MRM) for Children Exposed to Intimate Partner Violence (IPV) study. Research uptake, use and impact activities were planned for this project designed to identify how to foster resilience-informed practice with children exposed to IPV. This KMb strategy is useful for planning and considering how we engage knowledge users, context, environmental impact, unexpected developments, and the complexities of doing research and mobilizing results in the “real world” of practice. The benefits of mapping RCF onto KMb planning and lessons learned may be transferred to other projects. Method: First we outline RCF; second, we describe the MRM project; third we apply RCF to the MRM project detailing a process for engaging knowledge users and planning and tracking research uptake, use and impact. The trans-theoretical theory of change (Prochaska & DiClemente, 1982) is used to understand readiness to change in relation to research uptake and use. An overarching feminist theoretical understanding of gender based violence (Hawkesworth, 2006; Heise, 1998) helps to inform our awareness of the socio-political context. Results: Research uptake, use, and impact as applied to the MRM project are presented. An outcomes chain (Morton, 2015a) is offered to help trace engagement/involvement, activities/outputs, awareness/reactions, knowledge/attitudes, and anticipated practice behaviour change. Four guiding principles emerged from our experience which may helpto inform future KMb efforts.

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"Make Resilience Matter" for Children Exposed to Intimate Partner Violence Project: Mobilizing Knowledge to Action Using a Research Contributions Framework

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Abstract:

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Results: Research uptake, use, and impact as applied to the MRM project are presented. An outcomes chain (Morton, 2015a) is offered to help trace engagement/involvement, activities/outputs, awareness/reactions, knowledge/attitudes, and anticipated practice behaviour change. Four guiding principles emerged from our experience which may help to inform future KMb efforts.

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Conflict of Interest:

Authors declare no conflict of interest.

Keywords:

relationships and reciprocity; transparency; considering context in planning; and adapting to changing conditions; research contribution framework; gender-based violence; resilience

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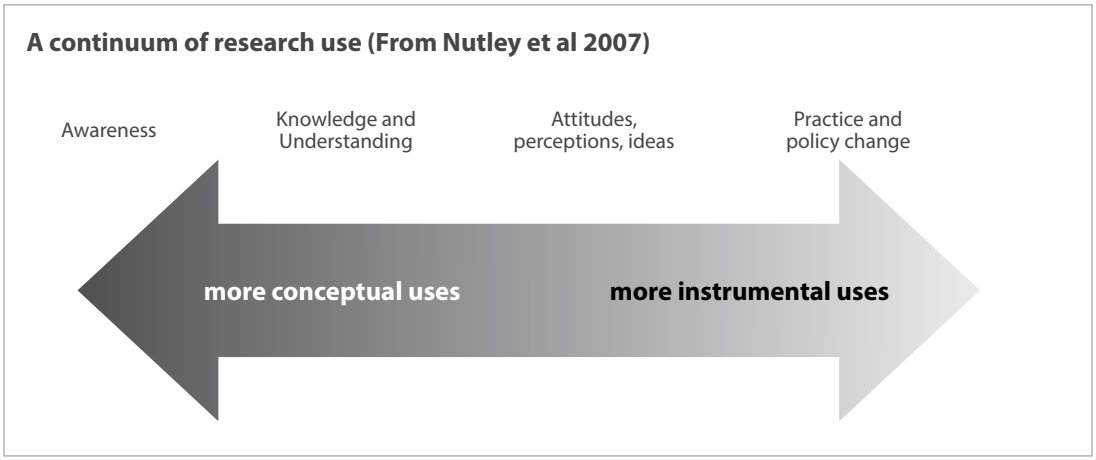
Introduction

Getting new research-based knowledge into the hands of those who need it is challenging (Nutley, Walter & Davies, 2007). Fortunately, growing interest in knowledge mobilization (KMb) over the last 15 years, has been accompanied by a growing literature. While there are many studies on the barriers and enablers of KMb (e.g. Oliver, Innvar, Lorenc, Woodman, & Thomas, 2014; Mitton, Adair, McKenzie, Patten, & Perry, 2007), less work has focused on how research knowledge gets taken up and used in policy and practice. For example, practitioners as potential knowledge users working in the helping professions face organizational and practical barriers to bringing research into practice (Williams, 2011; Gabbay & le May, 2004). They face difficulties in accessing current research as they are not typically privy to traditional academic avenues including expensive, difficult-to-locate peer-reviewed journal articles and systematic reviews. When practitioners—knowledge users from the "real world" of practice—are occasionally able to break through to consume evidence-based information, they are often met with highly technical, intellectualized language rendering the information inaccessible for translation purposes (Mitton et al., 2007). In light of this, it is not surprising to find a proliferation of websites springing up to meet the consumer need for quick and easy access to information. Often found through a simple google search, the popularity of these websites is of considerable concern because the

quality and veracity of the knowledge claims made on such sites are not subject to rigorous assessment. Further, websites are "static"—they may provide information but they do not help to address the "real world" challenges of putting that information into active use. Fittingly, research into KMb over the last fifteen years has concentrated more on the relational aspects of research use, i.e. building networks, relationships and systems that promote two-way dialogue about research and practice in order to effectively contribute to the learning needed for practice and policy change (Best & Holmes, 2010). It is through these kinds of processes that knowledge can be more effectively turned into action for policy and practice purposes (Phelps, Heidl, & Wadhwa, 2012; Meyer, 2010).

The following is a conceptual article describing how RCF was used to develop KMb activities and track the progress of the "Make Resilience Matter (MRM) for Children Exposed to Intimate Partner Violence (IPV)" project (Alaggia, Jenney, Morton, Scott & Fallon, 2014, unpublished proposal). First, we explain RCF; second, we describe the MRM project; third, we outline the RCF process as applied to the MRM project; and finally, we discuss the process of research uptake and use, examining how RCF maps onto knowledge mobilization (KMb) efforts to achieve project goals. On the continuum of research use (see Figure 1 for Nutley, Walter & Davies, 2007 Continuum), we are still largely on the conceptual end of the continuum but are certainly moving towards more instrumental uses. The means to evaluate the research impact of the MRM project are still being developed and assessed, however our experience using RCF to date may serve to help other project teams in their KMb planning.

Figure 1: Continuum of Research Use



Research Contributions Framework (RCF)

RCF (Morton, 2015a) is an empirically-based framework for research impact planning and assessment, adapted from contribution analysis (Mayne, 2008). Fundamental to RCF is the idea of using "contribution" to help explain the ways research can influence policy

and practice (Morton, 2015a). RCF incorporates an understanding of cause and effect that acknowledges the complexity of the environments in which most social actors operate (Morton, 2015a). RCF was used in the current project as a practical tool for the planning and execution of research and knowledge-exchange, including tracking and reporting on uptake and use activities. Unlike other research impact frameworks (e.g. Lavis, Robertson, Woodside, Mcleod, & Abelson, 2003; Donovan & Hanney, 2011), RCF allows for planning, monitoring and evaluation to be contained within one framework, which is empirically-constructed and complexity-informed. It is particularly well-suited to a non-health-related research impact project. Similar to Wathen, Sibbald, Jack, and MacMillan's KMb model (2011), RCF tracks research use and uptake with knowledge users in an integrative manner. However, in the RCF approach, stakeholders are included earlier in the creation of knowledge, rather than later as recipients of the dissemination of established research findings. During the MRM project, knowledge users were "invited in" to the project to raise questions and consider the implications of the early research findings for their work. In one case, the MRM researchers joined in with an agency's evaluation efforts in order to work together to achieve MRM objectives and generate results in collaboration. In this situation, agency staff became active contributors and disseminators. RCF brings knowledge users into the research process sooner to ensure findings are relevant to, and informed by, their practice.

RCF offers the following guidelines to help project teams think through how impact might occur at the various stages (Morton, 2015a) (see Diagram 1):

1. Research Uptake: Who are your stakeholders? What activities will most likely engage and involve them? Which activities will they undertake?
2. Research Use: How do stakeholders react? (immediate outcomes) What changes in skills/knowledge/understanding are needed for practice or behaviour change to happen? How does this get passed on?
3. Research Impact: What are the changes in behaviour and practices? (intermediate outcomes) What is the contribution to change? What difference does it make? (final outcomes) (see Diagram 1 next page)

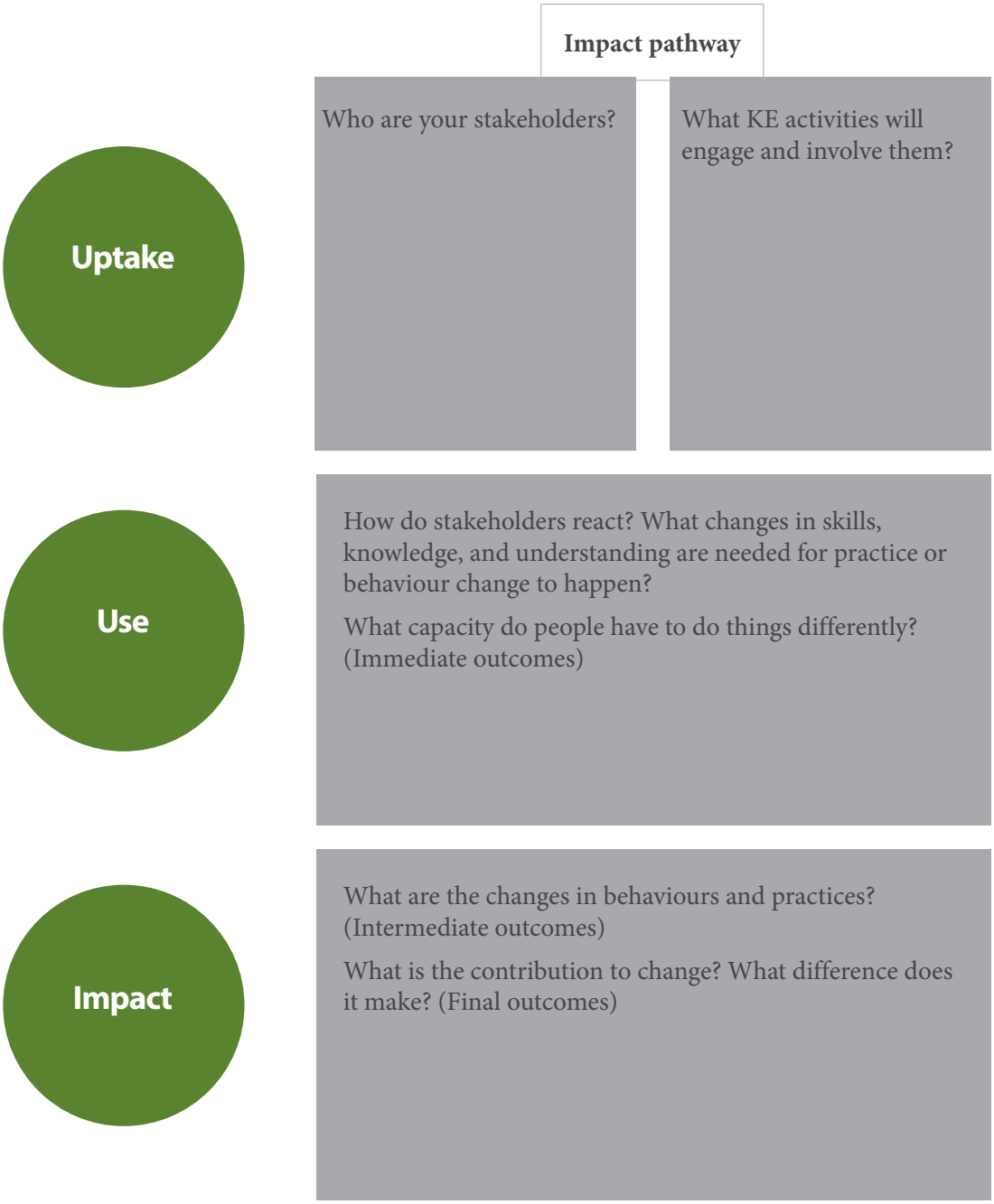
"Make Resilience Matter (MRM) for Children Exposed to IPV" Project

The MRM research project originates in a major urban centre in Ontario, Canada, where community-based children's mental health centres receive a measure of dedicated funding from the provincial government to provide programming for IPV-exposed children and their mothers.

Using mixed methods to generate relevant findings for resilience-informed interventions, we set out to enrich conceptual understanding, contribute to theory development and increase awareness of resilience factors and processes with children exposed to IPV. The research study was subjected to a rigorous ethical review and gained approval through the University of Toronto Research Ethics Board.

First, qualitative data were collected through in-depth interviewing of adult survivors who were exposed to IPV as children to uncover sources of resilience and help generate theory. This was the retrospective aspect of the study. Second, we gathered data from

Diagram 1: Research uptake, use and impact (Author, 2015)



children and youth aged six to sixteen, recently exposed to IPV, and currently receiving services from practitioners and agencies working together through a network-based service delivery model to provide specialized group-based services for children and their mothers. As well, we collected data from the mothers regarding their observations of their children and their own resilience levels. Established measures of resilience were used to help understand how these children present when they are referred to services for IPV exposure. Finally, a secondary analysis of the National Longitudinal Study of Children and Youth (NLSCY)—a Canadian dataset which includes a sub-sample of IPV-exposed children and youth—is being conducted to identify vulnerabilities and protective factors and resilience. The final results of the completed study are forthcoming but in keeping with the spirit of making research findings accessible and timely, we have been releasing early and mid-project findings to knowledge users as they have emerged.

Applying a Research Contributions Framework (RCF)

Theoretical Framework

Before delving into how we applied RCF, we describe the theoretical foundation we used to help understand complex change processes. Prochaska and DiClemente's (1982) trans-theoretical model of change was chosen to lend theoretical integrity to understanding research uptake and use by knowledge users. With RCF, attending to context is of utmost importance since it will impact the change process (Phipps & Morton, 2013). The environment in which knowledge is mobilized can greatly affect research uptake and use, ultimately affecting impact. Where an agency 'is at' as an organization, as well as the readiness of individuals working within that organizational context, are important factors to consider in terms of readiness to change (Williams, 2011). Stages of change as described by Prochaska and DiClemente (1982) include: pre-contemplation, contemplation, preparation, action, and maintenance. As we began to engage with potential knowledge actors, these stages offered a practical framework for assessing readiness.

A second theoretical premise informed our work: understanding gender-based violence through a feminist lens (Hawkesworth, 2006; Heise, 1998) sharpened our awareness of the socio-political context in which the children and their mothers are receiving services. For example, we noted that the funding and service approach being used by the government in partnership with the service network providing programs for IPV-exposed children and their mothers largely involves borrowing space from host agencies and using contract staff, paid by the hour, without benefits or job security. Some of these programs rely on local businesses and restaurants to donate food for the dinners provided to participating families. In other words, these programs operate as add-ons, funded and staffed outside the infrastructures of their host agencies.

Getting Started with RCF

From the outset, the MRM project operated on the premise that research impact is not dissemination "to" knowledge users, but rather an ongoing engagement "with" knowledge

users. Knowledge mobilization was approached as an ongoing process of assessing, planning, and reviewing, involving key actors and considering important contextual information (Morton, 2015b; Phipps & Morton, 2013). We began engaging potential knowledge users—actors—from the very beginning. We partnered with one large agency serving this population in developing the grant proposal which was then successfully funded for the four-year project. The full-time director of the agency's family violence services division, as well as university-based co-investigators and a knowledge mobilization specialist, all signed on as formal project partners.

RCF helped focus our knowledge mobilization strategy and included: developing the outcomes chain, identifying and considering risks and assumptions, conducting knowledge mobilization activities, and reviewing and reflecting as outlined in Diagram 2.

Diagram 2: Stages of the MRM Project

Develop Outcomes Chain	• Draft outcomes chain identifying how KMb activities are anticipated to help improve the lives of children living with IPV • Involve researchers, actors, research assistants

Identify Risks and Assumptions	• Identify and work through risks and assumptions underpinning the outcomes chain to test the logic:
	  • Assumptions - Research will help children exposed to IPV; actors need and will be able to make use of it
	  • Risks - Actors don't value or use the research
	• Plan key activities that will have the most impact

Conduct Activities	• Carry out activities (Research Uptake) and collect evidence from participants about what they learned and might do differently (Research Use) • Activities: Early Days Symposium in Toronto, Canada; workshop in Edinburgh, Scotland; IPV Specialist Forum; launch of www.makeresiliencematter.ca, blog and e-alert service; present paper and poster at international resilience conference; prepare several papers for publication and post on website; act on interest, invitations, new opportunities
Review and Reflect	• Review and reflect on emerging evidence (Research Impact) and tweak the strategy as needed • Contextual analysis needs to occur in ongoing manner • Involve communications advisor to mobilize knowledge in creative, accessible ways • Present project at national KMb conference for feedback and input

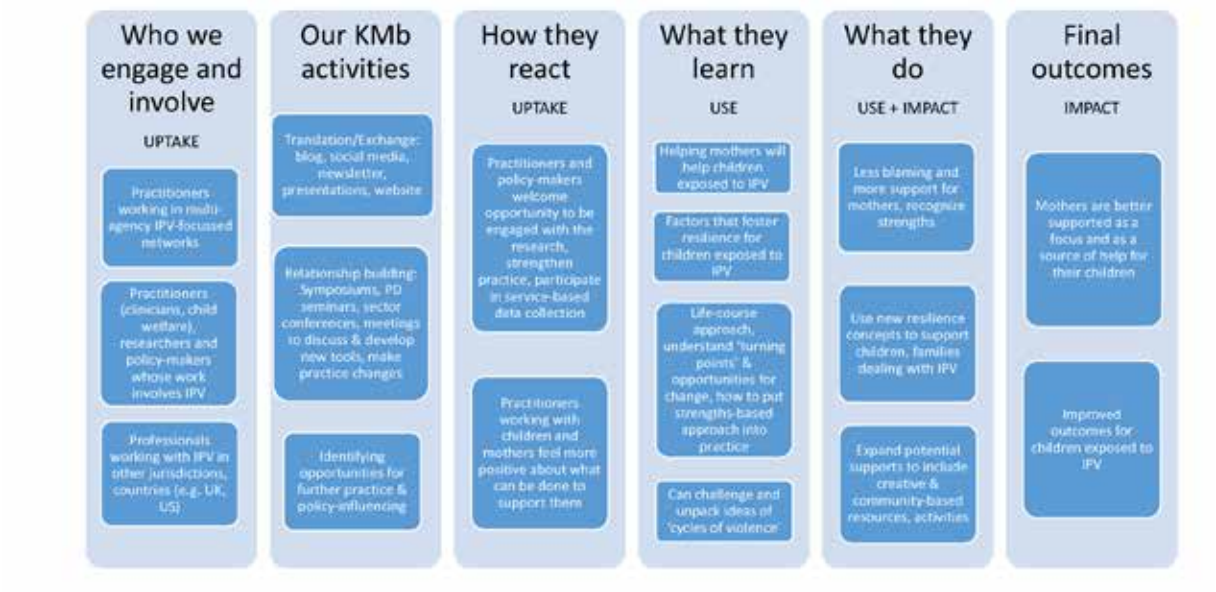
Outcomes Chain

Our outcomes chain was developed through a workshop involving the research team in the initial phase of the project, led by the knowledge mobilization specialist, and bringing together researchers and practitioner representatives (see Figure 2 Outcomes Chain). The outcomes chain separates the processes of research uptake, use and impact, into a linear format to help research teams shape a knowledge mobilization strategy and plan and review activities.

The processes of engaging participants, sharing research findings and integrating research into practice however do not occur in a linear way. Instead, the overall process

involves cycling back and forth across the chain in response to the ebb and flow of participation, and use and uptake, which happen at different times and in different ways for different participants, agencies and locations. Separating the processes helps research teams break the larger parts down into manageable and trackable steps.

Figure 2: MRM Outcomes Chain



We soon established a theory of change for the project and worked together to think about who it would be important to engage if this research was to have an impact, what they would learn and gain, and how they might act differently to improve the lives of the children and families affected by IPV. As well, we expanded the team to include communication advisors and soon began using teleconference calls, Skype and other technologies to bring people together from different sites and time-zones.

Who We Engaged and Involved

Connected through a city-wide service network focusing on violence intervention and prevention, participating agencies and service providers meet regularly to plan, organize and deliver specialized group programming to this population. The MRM research team identified this network of service providers as its primary "target audience"— more aptly described as "actors" by KMb specialists (Morton & Casey, 2017) because they will presumably act on knowledge as practitioners providing services through this network. Our goal was to directly reach practitioners directly working with IPV-exposed children and their mothers. We want to provide them with research intended to impact "user awareness," knowledge and understanding, and work with them to actively explore how the research findings could be integrated into policy and practice changes, such as those outlined by Nutley et al. (2007). The secondary actors identified included researchers, policymakers and

practitioners working in related areas (such as child welfare, child and adult mental health and justice services) –practitioners that commonly refer children and their mothers to IPV services.

Uptake, Use and Impact of the MRM project

This next section describes how we mapped out our plan for research uptake, use and impact.

Research Uptake

As discussed, we identified key stakeholders as:

- Practitioners working in a multi-agency IPV-focused service network
- Practitioners (clinicians, child welfare workers), researchers and policymakers whose work involves IPV
- Professionals working with IPV in other jurisdictions, countries

From the outset we knew that practitioners—our prospective knowledge users—typically search online for information and resources and attend conferences and workshops to gain new knowledge and skills to support their practice. Accordingly, and in keeping with the role of the principal investigator as a community convener for exploring and addressing practice issues, we decided to invite prospective knowledge users to an "Early Days" Symposium (EDS). We had several goals: provide an overview of the project; share emerging results; ask for feedback on how these results related to their work; find out how plans for the MRM web site and online materials could meet their needs; and, invite them to actively participate in subsequent knowledge mobilization activities.

At the Symposium, we used a combination of short presentations, interactive exercises, small group work and full group discussion to support participant engagement throughout the day. In addition, we had synthesized the early findings into an infographic-based Fact Sheet called "24 Ways to Resilience" (Alaggia,Vine & Rajchel, 2016) which we then distributed at the EDS (and subsequent meetings and events). After developing the MRM website, we posted the Fact Sheet there as well for wider dissemination (refer to www.makeresiliencematter.ca to view the Fact Sheet).

Holding an "Early Days" Symposium was both a conventional and novel activity. It was novel (and a risk) for the research team to publicly share early findings and ideas because this goes against common research practice, since findings are usually shared at the conclusion of projects and often upon publication. As we know, developing articles for submission to journals and proposals for conferences to reach other researchers is a more conventional pathway to mobilizing knowledge. Typically, an academic activity, reserved for the university-based researchers on the team, it was recognized early on that this form of dissemination is the least used by practitioners in agencies. And so, following the Symposium, we took a more novel approach by working with our communications advisors to take the core messages of our academic articles and develop them into plain language blogs and e-alerts for the MRM website. The website soon featured blogs, tools for practitioners such as Fact Sheets, and more

recently, Podcasts since they are currently a very popular vehicle for conveying information. The role of a communications advisor cannot be under-estimated as their expertise helps to mobilize knowledge in accessible ways. Since the launch of the MRM website, we have set up Google analytics to track not only the number of visits to the site, but also the number of downloads of materials and tools in order to learn which topics and formats are more popular.

Research Use

We identified our immediate outcomes through formal participant feedback indicating strong support for the resilience content and practice ideas offered at the "Early Days" Symposium. Sixty-four staff attended from over twenty local agencies and over ninety percent completed an evaluation feedback form (See Figure 3: Feedback Tool). Participants exhibited high energy and excitement during the day and reported that resilience offered a new and welcome lens they could incorporate into their work. They noted their focus is typically on the problems experienced by IPV-exposed children and that using the "24 Ways to Resilience" Fact Sheet as a tool could help them shift how they support clients. They also commented that resilience offers a concrete way to practice from a strengths-based foundation. Participants began to see ways to use the Fact Sheet as a tool to support mothers to help their children, too. Not only was the information valued, by the end of the day, participants were also expressing optimism about the work they are doing.

In terms of contributing to possible next steps, interest was strong. Participants expressed their desire to: actively participate in MRM research activities; receive additional training; have the team visit their practice settings to discuss how resilience concepts could be incorporated into their work; get access to a synthesized review of the literature and other materials that could be directly applied to practice; and, help develop future knowledge "products" such as providing case studies for consultations and writing blogs for the upcoming website.

In the months after the Symposium, the team followed up on the intermediate outcomes and next steps. As well as launching the website, www.makeresiliencematter.ca, we created an e-alert system to notify participants when new blog posts, reports, resources and other project updates were added. The e-alerts were designed to make it easy to forward to colleagues in order to keep expanding our reach. Indeed, case studies were provided through posts of Open Access materials (Alaggia & Donohue, 2018; Jenney et al., 2016), as well as a new feature - Podcasts.

While several agencies attending the Symposium expressed interest in becoming research sites, to date, only one additional agency has completed the process of signing on and, with the support of the research team, started to collect data from their clients. Further evidence of research use also began to emerge through requests coming into the project from people who had not attended the Symposium. For example, we were invited to a local forum to share our findings and facilitate working sessions to help almost 100 practitioner specialists in IPV integrate new knowledge on resilience factors and processes into their practice. On the heels of this, the principal investigator and KMb specialist ran a similar

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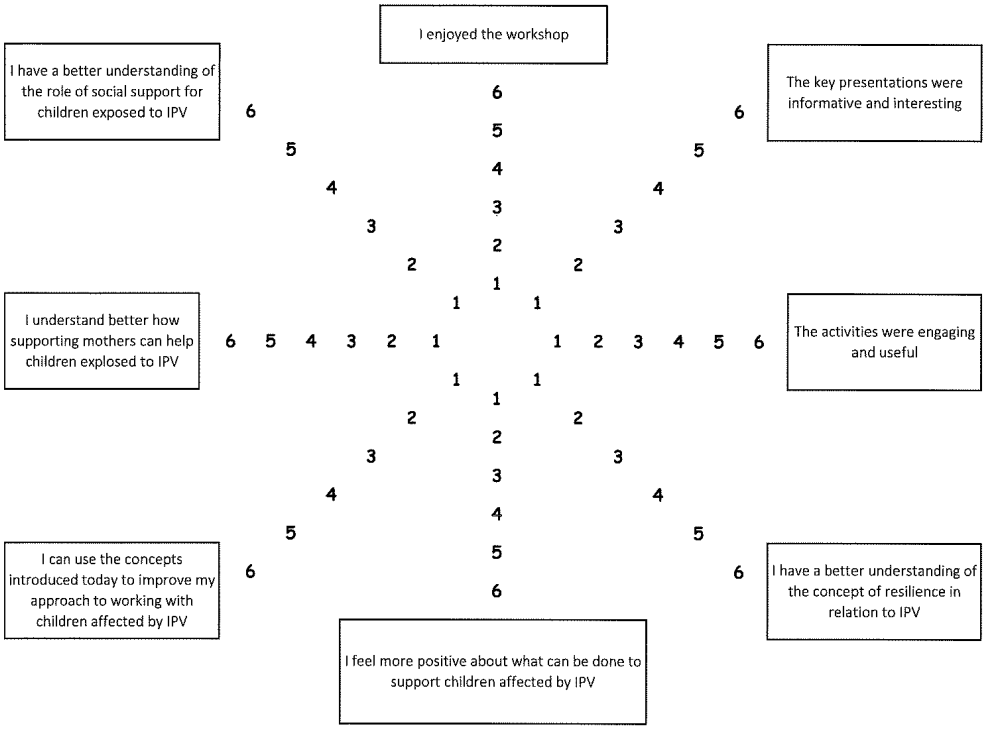
Feedback

Please rate each statement by circling the appropriate number on the scale. 1 = Strongly Disagree; 6 = Strongly Agree



1.What will you take back to your workplace/research after this workshop? _____

_____

_____

2. Will you do anything differently after this workshop? _____

_____

_____

3. What should the workshop organisers do differently next time? _____

_____

4. Can we contact you again about this work? (please leave email) _____

_____

5. Any other comments? _____

_____

_____

workshop for forty-three service providers at the Centre for Research on Families and Relationships in Edinburgh, Scotland. Since then we have had further invitations to present our work in the UK and in Ontario for practitioner and policy groups.

Research Impact

Admittedly, the greatest challenge is measuring the impact of the research itself—especially when qualitative data and processes are involved (Morton, 2015b). The project is not contained in a laboratory where unexpected environmental changes can be controlled.

While initially we experienced enthusiastic uptake and use of the new knowledge being generated by the MRM project, over the next year a slowing down occurred. Early staff and agency interest in actively participating in the project was replaced by postponements and delays largely attributed to significant staffing and service challenges. It eventually became clear to us that a number of contextual influences were at play. Fortunately, attending to contextual factors is built into the RCF approach (Morton, 2017): ongoing contextual analysis is vital to account and plan for changing conditions. This analysis is particularly helpful for planning and understanding research uptake and use and we elaborate on these issues in our Discussion section.

Now well into the life of the project, we continue to track our progress against the impact plan we set out, incorporating changes to our approach, and attending to the reactions and actions of our knowledge users as we go.

It is also important to distinguish between immediate, intermediate and final outcomes. For example, we are observing immediate and intermediate outcomes through changes in knowledge, attitudes and skills, and are seeing some early changes in behaviours and practices—at the distal level. It will be some time before evidence of higher-level impacts in terms of direct results for children and families can be observed and measured. This is consistent with other studies of research impact (Boaz, Fitzpatrick, & Shaw, 2009; Morton, 2015b), showing that impacts of research knowledge of this nature can take a long time. To this end we are devising ways to extend funding to complete the project in order to measure final outcomes. Further, we are making more consistent use of impact tools to collect feedback from the practitioners we engage with to help better track progress across our outcomes chain.

As the project moves into its fourth and final year, based on our learning to date, we are currently planning to pilot three more KMb activities: 1) with the increasing popularity of Podcasts, we will air several episodes with guest practitioners and experts on integrating resilience into research, policy and practice; 2) we are identifying senior clinicians who may be interested in working with the research team to co-create ways to apply new resilience learning to individual and group assessment and treatment scenarios; and, 3) we will hold a "Later Days" Symposium where researchers and practitioners will partner to present and discuss research findings coming out of the project and the process of implementing resilience-informed approaches into practice at the agencies. Building on the practice established at the closing of the "Early Days" Symposium, we will continue to solicit participant ideas and interest in next steps.

Discussion

Utilizing RCF has helped in the execution of our KMb activities enabling us to plan, track and identify evidence of uptake, use and a pathway to impacts. This framework has also helped us to examine and discuss some of the challenges we experienced in this process and to consider possibilities for the future.

As we encountered barriers, we circled back to our theoretical framework to explain some of the roadblocks we were experiencing and we concluded that we had not accurately assessed where the agencies and practitioners—the various actors—"were at" in terms of "readiness to change" (Prochaska, 1991; Prochaska & DiClemente, 1982). Based on their initial, enthusiastic response, we had considered the various knowledge users to be at the "action" stage when in fact they were still at the "contemplative" stage. For example, while senior management at one agency was on board for collecting resilience data from their clients, on the first evening of data collection it became clear that the group facilitators had reservations about proceeding. This came as a surprise as we had the thought the group facilitators were in full support. In light of this we took a step back and the project team planned an orientation and training session for the group facilitators in advance of the next round of data collection. In order to build trust and comfort, part of the plan included exposing the group facilitators to peers at other settings who had already been part of the research.

Beyond readiness to change issues, there were significant contextual factors at play that we had underestimated. The service arena in this jurisdiction is actively undergoing a "reform" and "transformation" process to streamline and increase cost-efficiency. This has involved the government reallocating funding and consequently raising concerns about budget and service cuts across the children's mental health system as a whole—involving over 30 local agencies. Many of these agencies are involved in either referring or providing services to IPV-exposed children and their mothers.

Further, the particular structure of the service network for IPV-exposed children and their mothers is largely reliant on contractual agreements for hiring program staff/group facilitators. We learned these circumstances had ripple effects before and after the "Early Days" Symposium. Some of the staff who attended, for example, now no longer worked for the participating agencies, thus reducing the number of resilience-informed practitioners. Conversely, there were staff who had wanted to attend but were unable to for a number of reasons: they would not be paid for the hours spent at the Symposium and/or they held positions in other organizations (to supplement their contractual work) and could not be released from their "day jobs" to attend. We had not anticipated that these precarious employment arrangements would have an impact on the extent to which new research findings could ultimately find their way into practice. In light of these realities, we continue to proceed but have extended our timelines to include a longer engagement period with interested agencies and we have developed the means to support agency participation by subsidizing the time required to orient and train staff in data collection for the research. Throughout, we acquired a deeper appreciation for the role of contextual factors, the need for thorough and ongoing contextual analysis, and the value of cycling back and forth among

KMb processes.

From the inception of the "Make Resilience Matter" project we were committed to using RCF as an innovative framework for knowledge mobilization. Embedded in the proposal for funding we suggested using the RCF to guide the project, and once funding was secured, we carved out a staged process that was reviewed and tweaked over four years of data collection, analysis and dissemination. Over this time, we learned a great deal with four main guiding principles emerging: relationships and reciprocity; transparency; considering context in planning; and adapting to changing conditions.

Using RCF comes with its challenges and yet it also helped us to avoid certain pitfalls. Rolling out the RCF takes time and slows down the typically unchallenged cycle of knowledge products being "pushed out" to knowledge users, who may not have access or may not be able to make use of it. RCF depends on relationships—new relationships need to be built and established relationships should be drawn upon, all of which take planning and follow through. It is also important to note that it is much easier to focus on creating "products" than it is to take a disciplined approach to attending to the needs of knowledge users and the context in which they operate. "No product without a strategy" became our refrain. All relationships, including reciprocal ones—take time. However, the focus on reciprocal relationships with research and community partners is well worth the investment as this offers possibilities for increasing the effectiveness of KMb. In other words, when we co-create, the knowledge generated is more likely to be grounded in the knowledge users' context and therefore much more likely to be acted on. Ultimately research impact is not about dissemination "to" knowledge users, but rather ongoing engagement "with" knowledge users. Our view is reflected in the findings of others (Morton, Wilson, Wales, Ritchie, & Inglis, 2018; Morton & Casey, 2017), where setting out to make a difference and taking time to build relationships have been essential to success.

Transparency is a key method of keeping the power balances in check between the researchers and agency partners involved in the process. During in-depth conversations with agency partners we were surprised to find out that many believed that researchers profited monetarily from publications, not realizing that in fact authors sign over their work creations to journals through copyright agreements that include no fiscal payout. In turn, the research team learned that data collection sessions cost agencies money as they sometimes need to run an extra group session to make up for lost time with clients. In this instance, we were able to subsidize costs, wherein agencies could invoice the project for training and research-related activities.

Understanding context and conducting a contextual analysis is a cornerstone of RCF. In this project, context in the helping professional/social services sphere was fraught with resource issues at every process point. Researchers may anticipate that constrained resources will hamper research output and may back off and look for other ways to gather data that are not dependent on fiscally-depleted agencies. However, our experience has taught us that if these are the practice and service delivery circumstances, then this is the very context that is affecting research uptake, use and impact. As well, issues of control can arise as to who owns the data and who potentially profits by these arrangements and in what ways. As

mentioned, exchanging information regarding the contextual realities of both researchers and practitioners led to discussions of how each context affected the research and KMb process, and thus potential roadblocks can be identified and remedied at each stage.

When it comes to knowledge mobilization, there is no one way to proceed. No matter how well intended the plans, they are always subject to changing conditions and therefore flexibility, creativity and adaptation are needed. This is not to suggest that research projects should forge ahead rudderless, with no clear direction. In fact, RCF helps researchers plan for, monitor, and address these situations. While this may appear to be common sense, at times investigators back away from problematic aspects of projects in favour of a simpler, more easily measured path, thus potentially alienating agency partners and producing less relevant practice findings. While our focus has been on using RCF to foster resilience-informed practice with children exposed to IPV, our experience is similar to others using RCF in healthcare (Morton et al., 2018) and in international development (Morton & Casey, 2017).

Conclusion

Throughout the MRM project we have taken an approach to KMb that aims to systematize the process of moving new knowledge into active use—knowledge to action. Using RCF, with relevant theories to understand our target research audience, is proving to be a helpful approach as we see evidence of research uptake and use, with immediate and intermediate outcomes. Given the host of issues and challenges that researchers and knowledge users face, especially given their contextual realities, it is all the more important to support KMb activities with a framework that helps to demystify and untangle the steps and processes. Further, recognizing and engaging stakeholders as participating "actors" as opposed to passive "recipients" of research helps us shift from disseminating "to" to ultimately co-creating "with."

Admittedly the project is not finished, so we have not yet met our final outcomes, in terms of our impact plan. This is primarily because the length of the project was under-estimated for reasons mentioned in the discussion section. It has taken considerable time to build and support the team, to thoroughly engage with our partners and knowledge users, to meet and dialogue about the issues, and to identify and creatively address the barriers and contextual challenges when engaged in KMb with the "real world." Given that this is an iterative and unpredictable process, we cannot expect to control or predict when, where and how knowledge will be taken up—despite our best efforts. We have continued to meet for planning and presented our emergent findings in Toronto and Ottawa, Canada, the UK and US through over a dozen presentations and workshops. Throughout, we also worked with the goal of making access barrier free—professional development forums and workshops have been provided free of charge and information has been created with the end-user in mind, often with their participation and direction about what would be most helpful to them.

By using RCF to steer our KMb efforts, we have gained tremendous understanding and insight into the KMb terrain. We have also seen agency staff take up and lead the charge of integrating resilience into their practice with children exposed to intimate partner violence.

All of this leads us to continue to use RCF to ground and guide our KMb efforts for the duration of the project, and beyond.

References

Alaggia & Donohue, M. (2018). Take these broken wings and learn to fly: Applying resilience concepts to social work practice with children exposed to intimate partner violence. *Smith College Studies in Social Work, 88* (1), 20-38

Alaggia, R., Vine, C., & Rajchel, S. (2016). *Make Resilience Matter Fact Sheet*. Unpublished document www.makeresiliencematter.ca.

Best, A., & Holmes, B. (2010). Systems thinking, knowledge and action: towards better models and methods. *Evidence & Policy: A Journal of Research, Debate and Practice, 6*(2), 145-159. doi:10.1332/174426410X502284

Boaz, A., Fitzpatrick, S. & Shaw, B. (2009). Assessing the impact of research on policy: a literature review. *Science and Public Policy, 36*(4), 255-70. Retrieved from: http://www.psi.org.uk/pdf/2008/bridgingproject_report.pdf

Donovan, C., & Hanney, S. (2011). The 'Payback Framework' explained. *Research Evaluation, 20*(3), 181-183. doi: 10.3152/095820211X13118583635756

Gabbay, J., & le May, A. (2004). Evidence based guidelines or collectively constructed "mindlines?" ethnographic study of knowledge management in primary care. *BMJ: British Medical Journal, 329*(7473), 1013-1016. doi:10.1136/bmj.329.7473.1013

Hawkesworth, M. (2006). *Feminist inquiry: From political conviction to methodological innovation*. London: Rutgers.

Heise, L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*(3), 262-290. doi:10.1177/1077801298004003002

Jenney, A., Alaggia, R. & Niepage, M. (2016). "The lie is that it's not going to get better": Narratives of resilience from childhood exposure to intimate partner violence. *International Journal of Child and Adolescent Resilience, 4*(1), 64-76.

Lavis, J. N., Robertson, D., Woodside, J. M., Mcleod, C. B., & Abelson, J. (2003). How can research organizations more effectively transfer research knowledge to decision makers?. *The Milbank Quarterly, 81*(2), 221-248. doi:10.1111/1468-0009.t01-1-00052

Mayne, J. (2008). *Contribution analysis: An approach to exploring cause and effect. In ILAC Brief, ILAC Institutional Learning and Change Institute*. Retrieved from: https://www.betterevaluation.org/sites/default/files/ILAC_Brief16_Contribution_Analysis.pdf

Meyer, M. (2010). The Rise of the Knowledge Broker. *Science Communication, 32*(1): 118-127. Retrieved from: https://hal-mines-paristech.archives-ouvertes.fr/file/index/docid/493794/filename/Rise_of_Broker.pdf

Mitton, C., Adair, C.E., McKenzie, E., Patten, S.B., & Perry, B.W. (2007). Knowledge transfer and exchange: Review and synthesis of the literature. *Milbank Quarterly, 85*(4), 729-68. doi:10.1111/j.1468-0009.2007.00506.x

Morton, S. (2015a). Progressing research impact assessment: A 'contributions' approach. *Research Evaluation, 24*(4), 405-19. doi:10.1093/reseval/rvv016

Morton, S. (2015b). Creating research impact: the roles of research users in interactive research mobilisation. *Evidence & Policy: A Journal of Research, Debate and Practice, 11*(1), 35-55. doi:10.1332/174426514X13976529631798

Morton, Wilson, S., Wales, A., Ritchie, K., & Inglis, S. (2018). Developing a framework to evaluate knowledge into action interventions. *BMC Health Services Research, 18*(1), 1-13. doi:10.1186/s12913-018-2930-3

Morton & Casey, T. (2017). *Changing national policy on violence affecting children: An impact assessment of UNICEF and partners' multi-country study on the drivers of violence affecting children in Peru*. University of Edinburgh, Scotland. Retrieved from: https://www.era.lib.ed.ac.uk/bitstream/handle/1842/22063/UNICEF%20impact%20assesment%20Peru.pdf.

Nutley, S., Walter, I., & Davies, H.T. (2007). *Using evidence: How research can inform public services*. Bristol: Policy Press.

Nutley, S., Walter, I., & Davies, H.T. (2009). Promoting Evidence-based Practice: Models and mechanisms from cross-sector review. *Research on Social Work Practice, 19*(5), 552-559. doi:10.1177/1049731509335496

Oliver, K., Innvar, S., Lorenc, T., Woodman, J. & Thomas, J. (2014). A systematic review of barriers to and facilitators of the use of evidence by policymakers. *BMC Health Services Research, 14*(2), 1-12. doi:10.1186/1472-6963-14-2

Phipps, D. & Morton, S. (2013). Qualities of knowledge brokers: reflections from practice. Evidence & Policy: A *Journal of Research, Debate and Practice, 9*(2), 255-65. doi:10.1332/174426413X667784

Phelps, C., Heidl, R., & Wadhwa, A. (2012). Knowledge, networks, and knowledge networks: A review and research agenda. *Journal of Management, 38*(4), 1115-1166. doi:10.1177/0149206311432640

Prochaska, J. O. (1991). Prescribing to the stage and level of phobic patients. *Psychotherapy: Theory, Research, Practice, Training. 28*(3), 463-468. doi:10.1037/0033-3204.28.3.463

Prochaska, J. O. & DiClemente, C. (1982). Trans-theoretical therapy - toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice, 19*, 276-288. doi:10.1037/h0088437

Wathen, C. N., Sibbald, S. L., Jack, S. M., & MacMillan, H. L. (2011). Talk, trust and time: a longitudinal study evaluating knowledge translation and exchange processes for research on violence against women. *Implementation Science: IS, 6*(1), 1-15. doi:10.1186/1748-5908-6-102

Williams, I. (2011). Receptive contexts and the role of knowledge management in evidence-based practice. In Glasby, J., (Ed.), *Evidence, Policy and Practice Critical Perspectives in Health and Social Care*. Bristol: Policy Press.

