PERFORMANCE REPORT:

Phase 1 of the Community-University Research Alliances (CURA) Program

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FINAL REPORT

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Executive Summary

Context and aim

As part of SSHRC's evaluation plan for 2002-2006, this Performance Report aimed to systematically compile evidence on results achieved and lessons learned in the pilot phase of the Community–University Research Alliances (CURA) Program. The report applies to the CURAs funded in the 1999-2000 competition and who applied for Completion Grants in 2002.

Information sources and procedures

The performance of the CURA program was assessed though the lens of the newly developed program logic model for the CURA program. The original CURA applications and Completion Grant applications were systematically reviewed to document whether and how each of the outputs and outcomes identified in the logic model had been produced. A Performance Profile based on the review template was then prepared for each of the 21 CURAs, and overall outputs and outcomes compiled from the performance profiles. In addition, consultations with five CURA grantholders and with SSHRC staff were used to develop a risk assessment for the program.

Results achieved, best practices and lessons learned

- Overall, the Pilot Phase of the CURA program has succeeded in supporting a set of highly innovative and dynamic university–community alliances, which have made important contributions to the CURA program's overall objectives. These 21 CURAs have clearly succeeded in organizing and executing complex and innovative research programs, in general according to their initial vision. Contributions to knowledge advancement are proceeding as the results of their research work comes to fruition in the next two to five years, and some early contributions have already been made. However, a fairly high proportion of CURAs (about one-third) had not yet yielded significant peer-reviewed research publications;

- The CURA Pilot Phase has provided a very fertile ground for engaging students in diverse opportunities to acquire community-based research skills and experience. A large number of students have received all or part of their training in the context of a CURA, and so have gained exposure to this new research model;

- The CURAs are generally well-positioned for knowledge mobilization to relevant stakeholders and policy sectors, through diverse tools, mechanisms and processes for sharing of knowledge, resources and expertise. Early evidence suggests that the CURA program has succeeded in implementing conditions favourable to the enhancement of community capacity and decision-making, and to influencing social and cultural policy.

In addition, these analyses of CURA outputs and outcomes allowed identification of the following **lessons learned:**

- Students and communities benefit from field placements and internships through the CURA; this model could be encouraged.

- A lack of systematic evidence of CURA impact on university teaching – and possible disincentives for and lack of emphasis on this program objective -- should raise concerns.

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- There is probably an optimal CURA investigator team size, the parameters of which could be provided to future applicants.

- There is probably an optimal balance between community responsiveness and contribution to the larger scientific community; lessons learned from CURAs who seemed to achieve most success in balancing this tension (see inserts) may be further examined and shared.

- Uptake of CURA leadership is much lower among community organizations than among universities, perhaps due to systemic barriers or disincentives.

- The CURA model is effective in reinforcing community decision-making and problem-solving capacity, but further attention is warranted to the relative lack of systematic evidence that CURAs have significantly enhanced university capacity to work with and respond to community needs.

- Knowledge mobilization potential in the CURA program has been greater in local or downstream practice and policies, rather than in upstream, macro-level policy arenas.

- Closer collaboration between community and university partners through effective governance mechanism and structures potentiates greater knowledge mobilization.

In the risk assessment, two areas of risk with high likelihood and at least moderate impacts were identified: 1) Risk of failing to achieve the balance required to produce results that are both <u>good</u> and <u>useful</u> (i.e., of failing to produce research that meets accepted standards of excellence and scientific productivity while responding to community concerns and needs); 2). Risk of undermining the intent of the program to develop closer university-community links through disincentives and barriers. Both these risks warrant management attention.

In addition, compilation of this information allowed identification of some information gaps concerning the performance on the CURA program.

Conclusion

The Pilot Phase of the CURA program was clearly successful in operationalizing an innovative form of research funding for SSHRC, responding to a new vision of social sciences and humanities research that has been developing among many of its constituencies.   The level of commitment to their CURAs by the several hundred participating academic and community organizations attests to the strong support for this model. While some features of the program may require adjustment to optimize the achievement of desired results, it seems that this experiment will enable positive contribution to the overall goals of: increased Canadian capacity for innovative, high-quality research, responsive to emerging social, cultural and economic needs and conditions; and improved intervention, action, program delivery and policies in areas of importance to the social, cultural or economic development of communities.

1. CONTEXT OF THE PERFORMANCE REPORT

The introduction of the Community–University Research Alliances (CURA) Program in February 1999 represented an innovation for the Social Sciences and Humanities Research Council (SSHRC). It was launched as a result of a proposal made by the Canadian Federation for the Humanities and Social Sciences (CFHSS), and designed on the basis of consultations with various stakeholders including universities, community organizations and the public and private sectors. Aiming to support the creation of community-university alliances through a process of ongoing collaboration and mutual learning, the objectives of this pilot program were:

- Foster innovative research, training and the advancement of knowledge in areas of importance for the social, cultural or economic development of communities;

- Promote sharing of knowledge, resources and expertise between universities and organisations in the community;

- Enrich research, teaching methods and curricula in universities;

- Reinforce community decision-making and problem-solving capacity; and

- Enhance students' education and employability by means of diverse opportunities to build their knowledge, expertise and work skills through hands-on research and related experience.

For the first time, SSHRC accepted to receive applications from and award funds to non-university based research organisations as well as from universities. Eligible expenses were structured to address the needs of non-university organisations and more flexibility was exercised by SSHRC in managing the program.

Three competitions have been held since the launch of the program; one in 1999-2000 which established 22 CURA projects, and one in 2000-2001 which established 15 CURA projects. The maximum grant value for both of these competitions was $600,000 over three years. A Completion Grant competition was held in December 2002 for the 1999-2000 CURAs, which resulted in 14 existing CURAs receiving a maximum of $400,000 each over three years to complete their projects. Another Completion grant competition resulted in 10 of the 2000-2001 CURAs receiving completion grant funding. The third competition for new CURA was also launched in Fall 2002, with results to be announced in Fall 2003. A fourth competition will receive Letters of Intent in December 2004.

Part of the Strategic Initiatives portfolio within SSHRC, the CURA program had a total budget $13.6M over the first three-year grant period. A total of $4.6M was awarded in the Completion Grants. Annual expenditures increased from in 4.9$M in 1999-2000 to 7.5$M in 2001-2002.

This Performance Report applies to the pilot phase of the CURA program, consisting of CURAs funded in the 1999-2000 competition and who applied for Completion Grants in 2002. Its aim was to systematically compile evidence on results achieved and lessons learned in the pilot phase. This work is part of SSHRC's evaluation plan for 2002-2006, based on federal accountability requirements as well as Treasury Board's Evaluation Policy[1].

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[1] SSHRC's Evaluation Plan 2002-2003 to 2005-2006, October 2002.

2.   PERFORMANCE REVIEW PROCESS

2.1   Prior informal review

In approving the CURA program as a pilot, SSHRC's Governing Council asked that the experience be evaluated before committing itself to longer-term funding. Since an evaluation of the program in its second year was premature, the Council based its decision to re-launch the program in 2002-2003 on an informal review of the pilot program based on the findings of visits to 20 of the CURAs funded in the first two competitions (1999-2000 and 2000-2001), conducted by SSHRC's President and staff members. Some main findings of this informal review were[2]:

- The CURA model appeared to be performing in basic accordance with the objectives set out for it in the pilot program. At the same time, not unexpectedly, performance levels appeared to vary across individual CURA projects.

- Committed community partners and well-defined goals were seen to be necessary but not sufficient for CURA project success. The strength of the research team was identified as a key determinant for capacity to generate knowledge that would meet the test of quality and reliability (as shown through peer-reviewed publications) and provide a sound basis for community problem-solving.

- At the same time, it was noted to be important for SSHRC to monitor the balance between traditional measures of knowledge production and performance on broader knowledge transfer beyond academe.

- The best performing CURAs were hosted in institutions where the senior administration was supportive of the CURA in terms of manifesting interest in its progress, giving it good visibility, and helping it to lever additional resources. Some CURAs in these settings were also having a broader transforming influence on university research.

- Some CURAs had started to think about the broader applicability of their research findings and products; it was noted that all CURA could benefit from being stimulated to think systematically about how their outcomes could be applied to similar issues and problems in other communities.

2.2   Performance assessment framework: the CURA program logic model

For the present Performance Report, the performance of the CURA program was assessed though the lens of the newly developed program logic model for the CURA program (see Appendix 1). A key component of the Performance and Evaluation Framework now being developed for the CURA program, the logic model is intended to be a concise summary of the logical sequence of actions in the program, showing how inputs (grant funds and other resources) are used to attain the CURA program objectives. This performance assessment examined the extent to which the CURA program has produced its expected outputs, short-term outcomes and intermediate outcomes, by summarizing and synthesizing the outputs and outcomes of individual CURA projects. The components of the logic model are defined as follows:

> **Outputs:** Outputs are the direct productions of a program, or the transformation of resources into products or deliverables. Each CURA project was expected to produce outputs in several areas, based on the plans outlined in their original applications;

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[2] Summary Report on a Series of CURA Visits in the 1st Quarter of 2002. May 2002.

Short-term outcomes: The outputs of CURA projects are expected to produce effects or impacts on participating individuals and organizations as well as on the broader community and the academic environment. Short-term outcomes are expected of CURAs in four areas: training/ development, research, community and university capacity, and knowledge mobilization.

Intermediate outcomes: These are the results that would be expected by the end of the five-year CURA period. CURAs are expected to produce intermediate outcomes in six domains: university teaching methods and curricula; participants' career outlook; research publications; community and university capacity; knowledge application; and policy influence. This performance assessment was conducted too soon to expect to see many intermediate outcomes; those that are present are forerunners of others to be produced over the next two to five years. (In other words, this assessment of the intermediate outcomes of the CURA Pilot Phase should be seen as incomplete.)

The main advantage of using the logic model as a review framework is that it extends assessment beyond the immediately visible and more easily measurable products of the research endeavour, to its more intangible but desired impacts on research, communities and society.

2.3 Procedures

The original CURA applications and Completion Grant applications for all 21 CURAs who applied for completion grant funding in fall 2002 were systematically reviewed using a review template, to document whether and how each of the above outputs and outcomes had been produced. A Performance Profile based on the review template was then prepared for each of the 21 CURAs. The overall outputs and outcomes were compiled from the performance profiles, giving the results presented below. In addition, telephone consultations with the principal investigators of four representative CURA projects as well as discussions with SSHRC staff in the context of a training workshop were used to develop the risk assessment.

2.4 Limitations

The reader should keep in mind that CURA grant holders were not asked to report on outputs and outcomes in each of the areas defined by the logic model, and indeed that the logic model was not available to them at the time of their applications (although the program objectives were). Thus, the absence of information on particular types of outputs or outcomes in the Completion Grant application does not necessarily mean that they were not produced, but may mean that they were merely not reported. (Future performance monitoring of the CURA program will ask grant holders to report on specific indicators measuring performance in each of the outcome areas).

It should also be noted that the single source of data for the performance assessment --- CURA applications and completion grant applications --- were completed in a particular context, where applicants were under considerable competitive pressure as well as strict space limitations. Ideally, in an evaluation context this type of data would be complemented by additional lines of evidence, most notably by independent validation of applicants' reports on results achieved[3]. This context limits our confidence in using these data to draw firm conclusions about many aspects of program performance, although they may be suggestive of issues that warrant further study.

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[3] Independent validation would be most important in areas where corroborating information is not publicly available: for example on the effectiveness of the governance structure, as opposed to the number of peer-reviewed publications.

Finally, the preparation of this report enabled a first test of applying the logic model to analysis of the CURA program. This led to identification of some logic model components that were unclear, unmeasurable in the CURA context, or which provided little useful information. The logic model contained in the Performance Measurement and Evaluation Framework (October 2003) was refined accordingly; where relevant, these changes are mentioned in the present report.

3. RESULTS ACHIEVED, BEST PRACTICES AND LESSONS LEARNED

3.1 Project scopes

Examining the scope of CURA projects --- amounts of funds and numbers of people and organizations involved --- can provide context for interpreting the outputs and outcomes they have produced.

Over and above the $200,000 per year granted by SSHRC, CURAs were encouraged to obtain funds from other sources, including in-kind and cash contributions to support the research infrastructure, as well as other competitive research funds. CURA applicants were asked to indicate how much funding they had received from other sources to support their research teams. Table 1 shows the amounts of non-SSHRC support garnered by the CURAs initially and at the time of Completion Grant applications. It suggests that by the end of their first three years of operation, on average, CURAs were able to almost double the amount of funding received from outside SSHRC. This speaks favourably to the CURA program as providing an initial foundation for research alliances which are then enabled to attract additional funds, contributing to both their sustainability and their potential productivity without additional SSHRC support.

Table 1: Non-SSHRC funding support (cash or in-kind)

	Initial funding period (21 CURAs over 3 years)	Completion funding period (14 CURAs over 2 years)
Total	$6.71M*	$5.44M
Annualized	$106,520 per CURA per year	$197,267 per CURA per year
Range**	$21,320 to 1.08M	$69,974 to 1.26$M

* This is an underestimate, as two CURAs reported a non-quantified in-kind contribution. More explicit forms in the Completion Grant application package mean that these data are probably more accurate than the 1999 data.
** The amount is likely to vary largely as a function of the number of researchers and other partners involved; see Table 2.

Table 2 describes the size and nature of the alliances' memberships. The application forms ask applicants to list co-investigators, collaborators and partners; although the distinctions are not always clear, the former two categories tend to refer to individuals from various organizations (including universities) who will form part of the research team, while "partners" tends to refer to organizations who are the intended setting for conducting the research or applying the results, but sometimes include universities. However, while the organizations that co-investigators and collaborators belong to are generally listed as partners, the reverse is not always true: organizations are sometimes listed as partners with no specific collaborator or co-investigator being named. This being said, a total of 282 co-investigators and collaborators and 177 partners were involved in the Pilot Phase of the CURAs (keeping in mind that the partner organizations are largely a subset of the co-investigators' and collaborators organizations).

In the table below, "Community organizations" have been divided into two groups: institutions, including permanently funded government departments and paragovernmental agencies; and NGOs, consisting of not-for-profit and community-based agencies without permanent funding support. About two-thirds of all community organizations involved with CURAs as partners are NGO's while about one-third are institutions. CURA projects whose partners include only or mainly institutions, as opposed to community-based NGO's may have access to greater institutional and professional resources as well as greater stability

among their partners. However, partnerships with NGO's and community groups may allow greater flexibility and agility in organizing and conducting the research, and in brokering relationships with partners in other sectors.

Table 2: Alliances' memberships*

	Among co-investigators and collaborators listed in CURA applications	Among partner organizations listed in CURA applications
Community organizations: institutions		
Mean no. per CURA	1.0	2.8
(range)	(0 to 4)	(0 to 20)
Total	21	58
Community organizations: NGO's		
Mean no. per CURA	1.6	4.8
(range)	(0 to 25)	(0 to 21)
Total	33	100
Universities		
Mean no. per CURA	10.9	.91
(range)	(2 to 46)	(0 to 5)
Total	228	19

*For CURAs that were awarded a completion grant, the list of collaborators and partners is taken from the new grant application; for CURAs that were not successful, the list of collaborators and partners is taken from the original application.

On the average, CURA involve 1.0 institutions, 1.6 NGOs, and 10.9 university researchers as collaborators or co-investigators. They have an average of 2.8 institutions, 4.8 NGOs and .9 universities as partners. However, there are sizeable differences among CURAs in the number of co-investigators/collaborators and partners involved in their projects. These CURAs have as few as two university researchers as co-investigators over and above the principal investigator, and as many as 46. The number of community organizations (institutions and NGO's) represented as co-investigators and collaborators varies from none to 25. The number of community organizations acting as CURA partners ranges from 2 to 21.

This great variation among CURAs in their numbers of participants has several possible implications for their capacity to produce the desired outputs and outcomes. First, projects involving larger numbers of researchers would be expected to produce more outputs; but they may also experience greater challenges in bringing researchers together physically and intellectually to work on a collective research issues. CURAs involving smaller number of researchers may not benefit from the diversity of inputs of larger teams, particularly when the researchers are concentrated within one university or discipline. On the other hand, they may be more easily able to define and progress toward shared research goals.

3.2   Outputs and outcomes

In the sections below, the achievements of the CURA program are summarized as compiled from the Performance Profiles prepared for the purposes of this analysis. The results achieved are presented by outcome area, so as to illustrate the progression from outputs through short-term to intermediate outcomes. Examples of results considered to be best practices, i.e., exemplary or especially innovative in each outcome area, are presented in the insert boxes.

3.2.1 Training and development

Outputs

A total of 612 students were recruited and trained through the CURA pilot program: 101 undergraduate; 186 Master's; 98 PhD and 31 post-doctoral fellows (with three CURAs not reporting on the level of their students). Information was not consistently supplied on their graduation status nor on the number of theses and dissertations produced. Ten CURAs reported that a total of 291 students (mainly included in the previous numbers) participated in placements or internships in the community setting as part of their training. Two CURAs offered research practicum positions to 9 community practitioners. All but three CURAs hired at least one staff person other than students.

> **A cultural property community research collaborative:** Segger et al., U. Victoria. A total of over 70 students (14 graduate students) from 13 different departments and faculties are participating in research projects. These students receive ongoing mentoring from faculty and this is said to have had important benefits. Student researchers have gained invaluable work experience and some report that their research experience in the CURA has influenced them to pursue further academic studies, and has helped them gain entrance to graduate programs.

Short-term outcomes

> **Collaborative program of teaching and research in dispute resolution:** (Hogarth et al., UBC). This CURA has developed innovative teaching methodologies for law students including on-line courses and training/mentoring involving about 75 community practitioners. About 200 students are directly involved in the program annually, as volunteers, research assistants or trainees. Students have acquired skills which have led to about 75 of them working directly within the practitioner system.

Information on enhanced education and employment resulting from the CURA is not systematically available: four CURA's declared no information about this outcome at all; four CURAs reported that their students had reported that the CURA had influenced their career or educational choices; two CURAs mentioned that a total of three students had gone on to pursue higher research education after participating in the CURA; three CURAs reported students concomitantly or subsequently gained employment in related fields or partner agencies. Three PhD graduates established research careers and continued collaboration with the CURA team.

No information was available about participants' continued research involvement outside the CURA. In all, 21 completion grant applications, all or most partners wished to continue their involvement in the research program.

Intermediate outcomes

Nine CURAs did not provide information about their involvement in or impacts on university teaching, while 12 CURAs provided evidence that they had impacts in university teaching. The outcomes for

university teaching reported by the 12 CURAs ranged from minor (incorporation of research results into existing courses - 4 CURAs) to moderate (development of new undergraduate or graduate courses - 2 CURAs), to major (offer of new interdisciplinary degree, two new graduate specializations and a new off-campus university courses, and implementation and expansion of a partnered summer institute all from one CURA). Other types of innovative teaching impacts included: creation of an international PhD summer seminar; influence on the programming of two research chairs; and introduction of innovative teaching methods involving mentoring by community practitioners (2 CURAs).

> **The Daghida Project: language research and revitalization in a First Nations community**. (Rice et al, U of Alberta). Research results from this CURA have been incorporated into teaching at several levels. The CURA has resulted in three major curriculum changes: 1) a new native studies/ elementary education degree offering; 2) a new specialization at the MA and PhD levels in linguistics; and 3) a new off-campus aboriginal teacher education program.

Few CURAs provided any information on the career trajectories of CURA participants, other than students, post-CURA.

Summary and analysis: Training and development

The CURA Pilot Phase has provided a very fertile ground for engaging students in diverse opportunities to acquire community-based research skills and experience. A large number of students have received all or part of their training in the context of a CURA, and so have gained exposure to this new research model. However, there is little systematic evidence about the effects of these experiences on students' longer-term educational or career outcomes. This will require more systematic investigation and follow-up than could be obtained through this report.

Some CURAs have made strong efforts to influence university teaching as part of their work, thus ensuring that future generations of researchers and practitioners can reap benefits of the current research work, and in their turn influence policy and practice. Others seem to have made little or no effort in this area.

Lessons learned:
- **Students and communities benefit from field placements and internships.** The use of CURA resources for field research placements and internships seems to have been beneficial to both students and community partner organizations. SSHRC could consider explicitly encouraging this model in future program design.

- **The lack of systematic evidence of CURA impact on university teaching should raise concerns.** It could be questioned whether the teaching release allowed for CURA members – a very common feature of their resource utilization – could be working at cross-purposes with CURA aims, or whether clearer models or expectations about enriching university teaching and curriculum development would be helpful.

3.2.2 Research

Outputs

All 21 CURAs reported that functional research personnel and systems had been put into place; although two CURAs reported significant delays getting started. All 21 CURAs generated expected research outputs, with three mentioning that their outputs had exceeded their initial plans.

> **Collectif en intervention et recherche sur les aspects socio-sanitaires de la toxicomanie :** Brochu et al., U. de Montréal. This CURA has produced over 150 publications and the same number of presentations. It also demonstrated a capacity to attract other peer-reviewed research funds, with over 16$M awarded to CURA members in the first three years.

Short-term outcomes

A total of 328 non-peer-reviewed research reports and other documents (manuals, videos, tools, databases, posters, maps) were produced. In addition, 245 non-adjudicated presentations, in community and research settings, were made by CURA participants.

> **Alliance de recherche universités-communautés en économie sociale** (Lévesque et al, UQAM). Research outputs from this CURA include: 15 books, 25 peer-reviewed articles, 25 book chapters, as well as more than 20 research reports. CURA researchers and students also participated in and/or helped organize four major conferences, and produced over 100 conference presentations. The CURA is also expected to produce 18 dissertations and 37 master's theses.

The grant holders demonstrated increased capacity to attract other funds, including competitive research funds. During the course of their initial CURA grant, projects obtained an additional total of 21.7$M in funds from both competitive research grants and other sources, including foundations and government departments. Three CURAs reported obtaining additional funds without specifying the amounts.

Intermediate outcomes

A total of 160 peer-reviewed conference presentations were made, about one-quarter of which were published as abstracts or proceedings. One hundred and twenty-seven (127) peer-reviewed journal articles or chapters were published or accepted for publication (journal quality was not assessed). However, seven CURAs had reported producing no peer-reviewed publications by the time of their completion grant application.

> **Mémoire et histoire au Nunavut :** Trudel et al., U. Laval. This CURA's research program has added several new initiatives and collaborations, in part through the infusion of additional funds from other sources which have permitted the establishment of contacts among international researchers in the domain. These contacts have also led to the creation of an international PhD seminar, in which CURA researchers and students have participated. Research outputs since 2000 include roughly 50 peer-reviewed publications, 50 presentations at four international conferences as well as numerous other types of contributions. Some presentations are beginning to address the CURA's overarching research questions. Additional funds obtained from 13 new grants total $426,000, including $125,000 in other SSHRC research grants.

Summary and analysis: research

It is clear that the level of research productivity among the CURA varies greatly.   Several factors seem to be associated with productivity levels. First among these is the sheer size of the teams: larger research teams produce more outputs. However, the correlation is not direct: the CURA with the greatest number of peer-reviewed publications over the pilot phase was not the team with the greatest number of researchers.

A second factor is the extent of local versus extra-local orientation: CURAs may be arrayed on a continuum, from those whose primary orientation is toward producing research results; to those whose primary orientation is toward working with partners. At the first end of the continuum, the projects tend to use CURA funds as infrastructure support for a large number of researchers engaged in their own research

programs with community input. These CURA tend to have higher levels of traditional research productivity (although this is partly confounded with team size). At the other end of the continuum, the projects tend to use funds for joint research activities among a more limited number of partners, and to focus energies disseminating information within their local communities.

Lessons learned:

- **There is probably an optimal CURA investigator team size**. Depending on the nature of the research and the natural synergies among team members, this is probably situated around the number of researchers that can reasonably be brought together (physically or through other communication means), to undertake truly collective planning, design and analysis, with authentic contributions form all members. SSHRC may wish to consider: 1) undertaking more formal quantitative analyses of the relationship between team size, actual levels of team members' contributions, and research productivity and 2), on the basis of that evidence, providing parameters for numbers of investigators to be included in CURAs in subsequent competitions.

- **There is probably an optimal balance between community responsiveness and contribution to the larger scientific community**. This is an issue that all CURAs must acknowledge and face if they are to find the balance that is appropriate for their research alliance. Although each CURA will have to negotiate its own solution according to its particular research and community context, lessons learned from CURAs who seemed to achieve most success in balancing this tension may be further examined and shared.

3.2.3 Community and University Capacity

Outputs

Only two of the 21 CURAs were led by a non-university organization was the lead institution. In eight CURAs, new partners had been added over the first funding period, in two cases doubling or more the number of community partners.

> **Enhancing the participation of children with special needs:** King et al. Thames Valley Children's Centre. Managed by an Advisory Board with representatives from partner organizations, other community organizations, a special needs individual, and parent of a special needs child, the CURA aims for a balance between university and community investigators. The CURA involves research partnerships among 32 people from 7 partner organizations and 10 other organizations.

According to the completion grant applications, all 21 CURAs had an effective governance structure with representation from universities and community organizations. Several models were in place. The most common model had: 1) an executive committee composed of equal numbers of university representatives and the main community partners (in CURAs with many partners) or all the community partners (in CURAs with fewer partners); 2) an advisory committee or Board with representations from other partners and stakeholders; in one case this includes citizens. Three CURAs also reported having subcommittees or working groups with responsibility for particular dossiers; these also have community-university balance. Three other CURA have university-community co-management of each research project or theme. One CURA elected its leaders from among the university and community representatives.

> **Enhancement of youth resiliency and reduction of harmful behaviours leading to healthy lifestyle choices:** Willoughby et al., Brock U. Community capacity to partner in research has been strengthened by the holding of seven regional meetings to discuss the implications of the early research results. This was followed by the creation of community-university working groups which further dissemination, incorporate new results and identify further research questions. Finally, the CURA increased university capacity to respond to community-centred research questions by influencing its adoption of a new strategic focus.

The role of community organizations in shaping the research agenda varied across CURAs. While in most CURAs (19 of 21), the community as represented through the Advisory Board was involved in shaping the research agenda by setting priorities or approving orientations, the differences seemed to lie in how those priorities and orientations were bought forward to the Board. For example, in four CURAs the executive group seemed to have had major intellectual direction, submitting plans for approval to the large group; in one CURA, community organizations and university researchers jointly formulated the research questions; one CURA solicited research proposals from community organizations and adjudicated them; in another, community partner organizations were charged with consulting their constituencies and bringing research questions forward. In two CURAs, it was not clear how the community had influence on the research agenda.

> **Partnerships for children and families project:** Cameron et al., Wilfred Laurier U. Agency and community partners in this CURA have participated in the interpretation of findings through interpretation-reflection groups; the number of these was increased from two to four because of strong interest from community partners.

Three CURAs mentioned that partnerships were enhanced by having university researchers sit on boards of community agencies. In one CURA, interpretation-reflection groups are charged with jointly interpreting data and identifying new research priorities; community partners have demonstrated strong interest in these functions so the groups have been expanded.

> **Mémoire et histoire au Nunavut: Turdel et al., U. Laval** University capacity to partner in research with communities was shown in this CURA by how the researchers significantly modified their approach to knowledge mobilization based on feedback from Inuit elders.

There is some evidence that CURAs have helped universities develop capacity to work effectively with communities. Example outputs include: the joint development of a mission and guiding principles to which all participants must agree to

adhere; significant modifications made to knowledge mobilization processes based on community feedback; and an annual collective self-evaluation of partnership effectiveness.

Short-term outcomes

Twelve CURAs have offered training or development activities aimed at developing community capacity, ranging from brown-bag sessions to summer institutes, and there is some evidence in the completion grant applications that these activities have enhanced decision-making or problem-solving capacity. In one CURA, it was reported that community partners had reported being better informed and more confident in important

The Daghida Project: language research and revitalization in a First Nations community: Rice et al., U. Alberta. This CURA is credited with a significant impact on the university's orientations, allowing it to be more responsive to indigenous communities, and in securing two major new grants with a total value of 3.2M$.

negotiation meetings outsides the CURA context. Another CURA has developed a model of community impacts of research partnerships based on its experiences. Another CURA has developed a community resource centre which is regarded as an important community asset (although there is no information on it use or impacts). Finally, one CURA has supported the development of two multi-partner community networks, allowing practitioners to share information and resources.

The continued commitment of most community partners to participation in the CURA attest to the ongoing valuing of research; but it is not clear whether this existed before the CURA or whether it has extended to research partnerships outside the CURA, except in one CURA where the main community partner developed new linkages with academic settings.

As seen in the program outputs, there is some evidence that CURAs have helped universities develop capacity to work effectively with communities. In two cases, the CURA is credited with stimulating a major shift in research orientation within the university.

Intermediate outcome

The CURA program aims to increase community and university capacity to orient, develop and partner in research in areas of importance for social, cultural or economic development. There is more evidence that community capacity has been developed than university capacity, but overall the success of the CURAs in developing effective shared governance suggests they have both developed capacities. However, how this extends beyond the CURA context is unknown.

Summary and analysis: Community and university capacity

The CURAs have established robust relationships among a very wide variety of "organizations in the community", including departments and agencies at all levels of government and the not-for profit sector. There is some evidence that that the CURA program has succeeded in enhancing decision-making or problem-solving capacity within community organizations or settings, through direct investment in capacity-building and through the application of results and tools developed through the CURAs' research programs. There is also some evidence that universities' capacity to support community-partnered research and to respond to community needs has been enhanced.

Lessons learned:

- **Uptake of CURA leadership is much lower among community organizations than among universities.** On the one hand, this may be an artefact of examining only the pilot phase of the program, as community organizations likely had less experience and familiarity with the research process in general at the outset of the program. On the other hand, there may be systematic barriers to community leadership of CURAs that could be examined. These may or may not be related to the characteristics and capacities of community organizations that tend to become involved in CURA.

- **The CURA model is effective in reinforcing community decision-making and problem-solving capacity.** The community-university research alliances have worked together to ensure that community agencies and organizations, as well as their clients and constituencies, and indeed their broader community, can benefit from the increased proximity to social sciences and humanities research afforded by their CURA.

- **Further attention is warranted to the relative lack of systematic evidence that CURAs have significantly enhanced university capacity to work with and respond to community needs.** It may be that the data source for this report does not permit adequate assessment. However, the success of a small number of CURAs in affecting university orientations suggests that certain conditions may be required for capacity enhancement to occur. The role that SSHRC as an organization could play in stimulating universities to put these conditions into place could be examined further.

3.2.4 Knowledge mobilization

Outputs

All 21 CURAs had defined knowledge mobilization audiences and had developed mechanisms to contact them. For some CURAs, these audiences included only local stakeholders; while some included broader audiences. Over and above CURA partners, these included: the general public, service users, citizens groups, professional associations, unions, ethnic and First Nations communities, service providers and practitioners, service agencies, education systems, community-based groups, media, activists, academics, policy-makers at all four levels of government, funders and regulators, media, and researchers.

> **Enhancing the participation of children with special needs** : King et al, Thames Valley Children's centre. Knowledge mobilization mechanisms produced by the CURA include tools for parents and providers, a website generating 39,800 hits in 18 months from 32 countries; three newsletters, with 5,800 copies distributed; and eight easy-to read research summaries, with 11,000 copies distributed to 391 individuals in 183 organizations.

Very few CURAs report engaging specialized resources for knowledge mobilization. One CURA hired development agents to act liaisons among CURA partners, and several others engaged contractual help for developing websites or other tools. *(Note: this indicator was deemed not very useful and dropped from the final version of the Performance Measurement and Evaluation Framework.)*

A very wide variety of mechanisms, tools and vehicles for knowledge mobilization were created. These included: websites, photographic diaries, CD-ROMs, maps, videos, presentations, reports, newsletters, community fora, symposia, seminars, easy-to-read research summaries, fact sheets, best-practice reports, trade publications, issue review papers, research notes, resource centres, databanks, festivals, exhibits, workshops, informal and formal courses, on-line courses, instructional materials, mentoring, practitioner networks, manuals, media coverage and briefs.

Short-term outcomes

There was very little systematic information on the readiness of knowledge mobilization audiences, other their levels of participation in knowledge mobilization events. *(Note: This indicator was deemed not very useful and dropped from the final version of the Performance Measurement and Evaluation framework).*

Intermediate outcomes

There are some early examples of knowledge application among the Pilot Phase CURAs of knowledge application. For example: one CURA has created and validated tools that are now being used by a municipal government; one CURA has had significant impacts on a professional practice through its training program; one CURA has seen its research results used: by four agencies in preparing their strategic plans, by two agencies to obtain additional funds, by five agencies in their promotional literature, and by three high schools in their curriculum. Findings from another CURA have been integrated into the training programs offered by major labour unions.

> **Community-University Institute for Social Research: assessing partnerships, policy and progress:** Randall et al, U of Saskatchewan. Knowledge mobilization activities in this CURA have included four issues of a newsletter, a website, public and community fora, public dissemination of research findings through collaboration and support from the major local newspaper, five media conferences, and four posters. One of the community fora may have influenced a resource allocation decision by the municipal government. High levels of participation in knowledge mobilization events and positive media support for social research suggest the research is increasingly valued in the community.

Enhancement of youth resiliency and reduction of harmful behaviours leading to healthy lifestyle choices: Willoughby et al., Brock U. Eleven agencies have made direct use of the research findings from this CURA, while three secondary schools integrated results into their curricula.

Some CURAs have provided early evidence of influence on social, cultural or economic policy: one CURA has influenced provincial governmental human resource policy in its area of application, one CURA has influenced both provincial policy and municipal policy in the area of gender equality; and another CURA attributes a municipal government resource allocation decision to its influence.

Summary and analysis: Knowledge mobilization

These CURAs have developed robust relationships among a very wide variety of "organizations in the community", including departments and agencies at all levels of government and the not-for profit sector. These organizations are very well-positioned and receptive to the mobilization of knowledge generated though the CURAs' research programs.   The CURAs have also developed an extremely diverse set of tools, mechanisms and processes for knowledge mobilization.

However, it is interesting to observe that where CURAs have been able to cite examples of knowledge application or policy influence, that these have tended to be more often downstream than upstream: at the level of municipal, rather than provincial or federal governments; at the level of individual community organizations rather than their funders, etc. This may simply attest to the greater challenge of upstream social change. Alternatively, it may speak to the types of alliances that tend to be created through CURAs : for example, partnerships tend to involved local or regional agencies or organizations more often than they do provincial or federal departments, although the latter may arguably have more influence over social, economic or cultural development.

Little can be said as yet about the impacts of shared knowledge on practices or policies. However, CURAs that have involved their knowledge mobilization audiences more completely in the generation of research results (for example, through collective formulation of research questions or through their governance design; through co-management of individual research projects; or through collective analyses and interpretation of research results) seem to report greater results uptake among community organizations and more direct routes to application of knowledge and/or influence on social policy.

Lessons learned:

- **Knowledge mobilization potential in the CURA program has been greater in local or downstream practice and policies, rather than in upstream, macro-level policy arenas**.   Although this is consistent with the program's intent, SSHRC may wish to consider whether there are systemic barriers or implicit norms about partner types inherent in the CURA documentation, and how this might unwittingly limit the potential for the CURAs to result in upstream or macro-level policy change.   In addition, it would be helpful for analysis purposes to make clearer distinctions among the various types of partner organizations that may participate in CURAs.

- **Closer collaboration potentiates greater knowledge mobilization.** The governance structures and operational procedures of the CURAs who have involved their knowledge mobilization audiences most completely in their research process could be more closely examined, with potential models offered as suggestions to applicants in future CURA competitions.

3.3   Risk assessment

This component of the performance report aimed to identify program elements that are most at risk, i.e., those most likely to prevent or impede the CURA program from achieving its objectives[4].   The risks identified below are derived from both stakeholders' assessments and from discussions with program staff. During the consultations, stakeholders were asked to identify any elements of the CURA program they felt to be at greatest risk of preventing or impeding the program from achieving its objectives.

There was a fairly strong consensus among stakeholders and program staff about the key areas in which the CURA program is at risk. The Table below shows the areas of risk most often identified, their location in the logic model, as well as the strategies suggested by stakeholders to mitigate them.

Table 3: Risk Assessment

Program Element at risk	Logic Model Location	Potential mitigating strategies	Level of risk
1. Risk of failing to achieve the balance required to produce results that are both good and useful. Key informants noted that striking the right balance in producing research that meets accepted standards of excellence and scientific productivity while responding to community concerns and needs is the "hallmark of a good CURA"; indeed that struggling to find the right balance is a sign of a healthy and constructive tension within the project. If the balance is tipped too far in one direction, projects run the risk of focusing on the production of results that address needs and concerns as directly expressed by communities, that may lead to important impacts on programs, services or policies but that are nevertheless not generalizable outside the immediate community of interest, do not advance knowledge significantly, and/or are not publishable in highest-impact venues. Or, even if publishable results are produced, priority may be given to knowledge mobilization within communities to the detriment of traditional dissemination. If the balance is tipped too far in the other direction, projects run the risk of centering too fully on a university-driven research agenda, not adequately responding to community needs, building community strengths, or contributing to social, economic or cultural development of communities.	Research outputs-outcomes	The CURA Pilot Phase Performance Report suggests that CURA vary substantially in their approaches to finding the right balance and their success in finding it. Low levels of peer-reviewed publications in some CURAs suggest that the risk to the program lies more in failing to produce or to disseminate adequate quantities of scientifically defensible research than in failing to respond to communities. Key informant consultations suggest that CURAs could be arrayed on a continuum, from those whose primary orientation is toward producing research results; to those whose primary orientation is toward working with partners. At the first end of the continuum, the projects tend to use CURA funds as infrastructure support for a large number of researchers engaged in their own research programs with community input, while at the other end, the projects tend to use funds for joint research activities among a more limited number of partners. Consultations suggest that projects at the latter end are at higher risk. More careful analyses of factors contributing to successful management of this key tension is feasible and could identify practices and program design features which may mitigate the risks.	High
2. Risk of undermining the intent of the program to develop closer university-community links through disincentives and	Inputs	The reasons for the imbalance between community-led and university-led alliances, within the intents of the ongoing program, should be more fully analyzed and any structural or	High

[4] Treasury Board, April 2001, Integrated Risk Management Framework

barriers. Key informants noted that some community partners have questioned whether these programs are merely new ways to dress old university-centred programs, i.e., are sceptical of the programs' stated intent to develop equal partnerships. The very small number of community-led alliances (keeping in mind that this feature of the program was a major structural adjustment for SSHRC) suggests that systemic factors may be involved in perpetuating a university-driven model. The consultations identified two potential factors: 1) a disincentive for (especially small) universities to agree to have community organizations lead the CURA, because this will result in a lower Indirect Cost grant than if the university led the project; 2) a "cultural" barrier in the grant application and reporting forms which do not adequately represent community organizations' realities.		cultural disincentives and barriers should be addressed. (For example, application forms ask applicants to list "Research Contributions" (publications etc.) and "Other Research Contributions": the latter catchall category is seen as devaluing the many forms of involvement in research as well as knowledge mobilization.)	
3. Risk of failing to maximize the potential for all disciplines to benefit from the research alliance model. Key informants noted the absence of many SSHRC disciplines from funded CURA research domains (and conversely, their concentration in a few of the disciplinary areas) and raised the possibilities that other disciplines are being excluded a) through factors in how communications about the program are reaching the less-represented disciplines and/or b) through adjudication processes and/or c) through program design elements.	Long-term outcomes	Analyses of the disciplinary affiliations of successful vs. unsuccessful applicants may be conducted to identify any factors which may limit the disciplinary heterogeneity of funded projects. Consultations with representatives of less-represented disciplines (e.g. researcher associations in specific fields) may help identify ways to encourage more participation for those disciplines.	Moderate
4. Risk of alliance instability and failure. Successful realization of the vision contained in each CURA requires constancy among the university and community participants, not only through the funding period but until results have been successfully mobilized. Some key informants noted that projects are at risk due to high turnover among community partners (attributable in part to instability within the NGO sector) and researchers (attributed to lack of adequate incentive to contribute to the partnerships.) While some turnover is probably healthy, too much instability can jeopardize the sustained collaborative effort required to produce the intermediate program outcomes.	Inputs	To date, instability and alliance failure seem to have been low, and projects have generally been able to cope with changes. However, tools and practices developed in some projects to encourage stability (such as succession planning for the project within community organizations) could be identified and best practices shared.	Low

Figure 1 portrays the identified risks according to their likelihood and potential impact on the program. The risk in the upper right cell is considered to be most serious and therefore requires most extensive risk management action.

Figure 1: Risk management action

IMPACT	LIKELIHOOD		
	Low	**Medium**	**High**
Significant			1. Risk of failing to achieve the balance required to produce results that are both good and useful.
Moderate	4. Risk of alliance instability and failure.	3. Risk of failing to maximize the potential for all disciplines to benefit from the research alliance model.	2. Risk of undermining the intent of the program to develop closer university-community links through disincentives and barriers.
Minor			

4. SUMMARY AND CONCLUSIONS

As noted above, the analysis of best practices is necessarily constrained by the nature of the main data source; it is unlikely that CURA applicants will feel comfortable providing a full critical analysis of the limitations of their approaches in a funding application. This kind of information is best obtained through a program evaluation process. However, some observations and hypotheses can be made about the success of the CURA Pilot Phase as a whole.

- Overall, the Pilot Phase of the CURA program has succeeded in supporting a set of highly innovative and dynamic university–community alliances, which have made important contributions to the CURA program's overall objectives. These 21 CURAs have clearly succeeded in organizing and executing complex and innovative research programs, in general according to their initial vision. Contributions to knowledge advancement are proceeding as the results of their research work come to fruition in the next two to five years, and some early contributions have already been made. However, a fairly high proportion of CURAs (about one-third) have not yet yielded significant peer-reviewed research publications;

- The CURA Pilot Phase has provided a very fertile ground for engaging students in diverse opportunities to acquire community-based research skills and experience. A large number of students have received all or part of their training in the context of a CURA, and so have gained exposure to this new research model;

- The CURAs are generally well- positioned to knowledge mobilization to relevant stakeholders and policy sectors, through diverse tools, mechanisms and processes for sharing of knowledge, resources and expertise. Early evidence suggests that the CURA program has succeeded in implementing conditions favourably to the enhancement of community capacity and decision-making, and to influencing social and cultural policy.

In addition, these analyses of CURA outputs and outcomes allowed identification of the following **lessons learned:**

- Students and communities benefit from field placements and internships through the CURA; this model could be encouraged.

- A lack of systematic evidence of CURA impact on university teaching – and possible disincentives for and lack of emphasis on this program objective - should raise concerns.

- There is probably an optimal CURA investigator team size, and parameters of which would be provided to future applicants.

- There is probably an optimal balance between community responsiveness and contribution to the larger scientific community; lessons learned from CURAs who seemed to achieve most success in balancing this tension (see inserts) may be further examined and shared.

- Uptake of CURA leadership is much lower among community organizations than among universities, perhaps due to systemic barriers or disincentives.

- The CURA model is effective in reinforcing community decision-making and problem-solving capacity, but further attention is warranted to the relative lack of systematic evidence that CURAs have significantly enhanced university capacity to work with and respond to community needs.

- As intended, knowledge mobilization potential in the CURA program has been greater in local or

downstream practice and policies, rather than in upstream, macro-level policy arenas.

- Closer collaboration between community and university partners through effective governance mechanism and structures potentiates greater knowledge mobilization.

Information Gaps

Compilation of information contained in the CURA applications and completion grant applications has allowed identification of some information gaps concerning performance on the CURA program. As suggested above, these include:

- **Information about how CURAs have enriched research, teaching methods and curricula in universities**: It is in the area of university teaching that the CURA program's accomplishments are least well documented and perhaps least impressive. It does not seem to have been emphasized as an important goal of the program;

- **Information about outcomes of participating students**: The available information concentrates of students who are or who have been enrolled or involved in the programs, with very little about the effects of these experiences on students' graduation status, longer-term educational or career orientations. Data on student outcomes once they have finished their participation in the CURA are critical to understanding its impacts on students' education and employability;

- **Information about knowledge mobilization audiences and outcomes**: most CURA have quite systematically documented their knowledge mobilization outputs, but few have recorded even basic outcomes such as number of people reached, and even fewer have documented impacts on social, economic or cultural policies, practices, services or programs.

All of these information gaps will be addressed through systematic data collection in the Performance Measurement and Evaluation Strategy for the CURA program, to be implemented in Fall 2003. Researchers will be asked to supply relevant information as part of their ongoing reporting processes; in addition, SSHRC will conduct surveys of stakeholders groups (such as students) as required.

Conclusion

The Pilot Phase of the CURA program was clearly successful in operationalizing an innovative form of research funding for SSHRC, responding to a new vision of social sciences and humanities research that has been developing among many of its constituencies. The level of commitment to their CURAs by the several hundred participating academic and community organizations attests to the strong support for this model. While some features of the program may require adjustment to optimize the achievement of desired results, it seems that this experiment will enable positive contribution to the overall goals of: increased Canadian capacity for innovative, high-quality research, responsive to emerging social, cultural and economic needs and conditions; and improved intervention, action, program delivery and policies in areas of importance to the social, cultural or economic development of communities.

Appendix 1: Community University Research Alliances (CURA) Overall Logic Model

Foster innovative research, training, and the creation of new knowledge in areas of importance for the social, cultural or economic development of communities

Objectives

Promote sharing of knowledge, resources and expertise between universities and organizations in the community

Reinforce community decision-making and problem-solving capacity

Enrich research, teaching methods and curricula in universities

Enhance students' education and employability by means of diverse opportunities to build their knowledge, expertise and work skills through hands-on research and related experience

Inputs

From SSHRC:
Program design
LOI development and grant funds ($22.6M)
Selection process support
Administrative resources
Networking support
Researcher assistance

From community organizations:
Co-leadership of CURA research agenda and project
Infrastructure and administrative support for funded project teams
Salaries of project co-leaders/ participants
Access to community resources/environment
Links to potential applications

Relationships consolidated in LOI process: between equal partners with mechanisms for sharing of knowledge, resources and expertise

From universities:
Infrastructure and administrative support for funded research teams
Reviewer, applicant and funded investigator salaries
Research expertise and skills
Access to university resources/environment
Links to teaching

Activities

SSHRC
Program delivery and management: review processes, financial management, communication, program monitoring and evaluation

Community-University Research Alliances:
Research activities as proposed in applications: design, implementation, execution and reporting of research, knowledge mobilization activities, participation in collaborative exchanges, recruitment and supervision of trainees; overall coordination

Host organizations (university or community):
Personnel, financial and physical infrastructure management services

Outputs

Training /development occurs
Students recruited, trained and graduated
Staff hired, trained and gain experience

Research activities are conducted
Functional research personnel and systems in place
Knowledge/research results generated

Community and university capacity is created
Partners develop capacity to work together effectively
Community organizations develop capacities to shape research agendas
Universities develop capacity to work with communities

Knowledge is mobilized
Audiences defined
Specialized resources engaged
KM mechanisms, tools and vehicles created

Short term outcomes

Training/development outcomes
Enhanced education and employability of graduates
Project participants more likely to continue to be involved in research
Use of knowledge gained to improve teaching

Research outcomes
Early innovative reports, publications and communications
Increased capacity to attract other funds

Community and university capacity outcomes
Community: Reinforced community decision-making and problem-solving capacity; Increased valuing of research
University: increased capacity to respond to community-centred research questions

Knowledge mobilization outcomes
Teams are positioned for transfer of research results; audiences are ready and receptive

Intermediate term outcomes

Enriched research, teaching methods and curricula in universities

Improved career outlook for project participants

Publication of research findings, reflecting partners' contributions, in high-impact venues

Increased community and university capacity to orient, develop and partner in research in areas of importance for social, cultural or economic development

More knowledge applied in areas of importance for the social, cultural or economic development of communities Influence on social, cultural or economic policy

Long term impacts

Increased Canadian capacity for innovative, high-quality research, responsive to emerging social, cultural and economic needs and conditions

Improved intervention, action, program delivery and policies in areas of importance to the social, cultural or economic development of communities