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Developing and testing a readiness tool for interpersonal violence prevention partnerships with community-based projects

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Abstract

Community-based projects that serve vulnerable families have the opportunity to identify and respond to interpersonal violence (IPV). We developed a readiness assessment tool to support selection of projects to participate in an initiative that involved implementing a community-based IPV intervention for mothers. The overarching aim of the current study was to describe the development of this tool and examine the reliability of coding, validity, and utility of the tool. After developing and refining the tool, 41 community-based projects completed the tool. Responses were coded and scored; scores were used to select projects for the initiative. Preliminary validation for the tool included (a) expert opinion, (b) uptake/implementation of the intervention, and (c) feedback and responses from service providers in terms of the usefulness and importance of the tool. This tool can be used by both researchers and service providers to assess community project readiness and capacity to provide trauma-informed services for vulnerable families.

KEYWORDS

at-risk groups, community programs, interpersonal violence, intervention, readiness

1 | INTRODUCTION

Caring communities endeavour to support their most vulnerable members. For vulnerable children and their families, community-based projects are in a unique position to offer a range of services such as parenting groups,

individual counseling, home visitation and outreach services, food and nutrition programs, and child development support. In Canada, there are 834 not-for-profit, federally funded community-based projects that share a common mandate (to engage and support pregnant women, families, and young children living in conditions of risk), but are created within the community to meet the needs of the community. These projects are often successful because they can engage the most marginalized community members and serve as a hub for children and families (Office of Audit and Evaluation, Health Canada, & Public Health Agency of Canada, 2017; Public Health Agency of Canada, 2010b, 2010a). Those who provide services in community projects build relationships with vulnerable families, through which they can cultivate trust, safety, and compassion with families that may be affected by multiple risk factors.

One such risk factor involves mothers' experiences of interpersonal violence (IPV). Although some authors refer to this as family violence, intimate partner violence, or domestic violence, we have chosen to use the term IPV to highlight the intergenerational nature of violence in relationships and to remind readers that violence in relationships is often not exclusive to violence between partners (this is also consistent with the World Health Organization definition of IPV; Violence Prevention Alliance, 2019). Mothers who experience IPV may also struggle in their parenting role. Furthermore, conflict and unhealthy relationship dynamics within the family can have a detrimental effect on children and youth's mental health (Baker, Jaffe, Ashbourne, & Carter, 2002; Shonkoff et al., 2012). As such, community-based projects are in a prime position to support vulnerable families and play a critical role in promoting positive mental health outcomes. With this in mind, we developed an intervention dissemination initiative, centered around training staff from community-based projects across Canada to deliver an intervention on IPV and parenting—safely and effectively—to women in their communities.

The intervention itself, *Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships* (Breaking the Cycle, 2014), and the overarching initiative, *Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment*, grew out of an early intervention and prevention program in Toronto, Canada that provides services to pregnant and parenting women using substances and their young children aged 0–6 years. The purpose of the *Connections* intervention is to promote increased understanding of healthy relationships and their importance to child development. For the Building Connections initiative, we partnered with community-based projects across Canada that serve vulnerable women and children. By their nature, these projects are embedded in their communities and well-situated to provide services to vulnerable families. We recognized that an intervention on preventing violence and promoting healthy relationships needed to be delivered in a manner that was safe for all involved (particularly given that staff in these community-based projects are not necessarily trained clinical practitioners). When considering involvement in the Building Connections initiative and eventual delivery of the *Connections* intervention, it was important to carefully and systematically select community partners that had the capacity to deliver the *Connections* intervention safely and effectively to women in the community who had experiences of violence.

In this paper, we describe the process of creating a tool used to assess community-based project *readiness* to deliver the *Connections* intervention and support mothers and children with experiences of violence. Readiness refers to an established baseline of knowledge, competence, and capacity that will enable a community-based organization to effectively and safely deliver and evaluate a trauma-informed intervention, to support families within the community who are experiencing IPV. Some have similarly referred to readiness as being defined by human capital (e.g., awareness, commitment, individuals' capacity), relationship capital (collaborations and positive relationships at all levels), and structural capital (including training, resources, and organization structure; Carr et al., 2014). We outline the need for this tool, describe the iterative process of creating and refining the tool, and report on evidence of the tool's reliability, validity, and utility. Research on developing, validating, and implementing this tool can provide direction for others looking to make connections with community partners. The tool was also designed to be used by staff from community-based projects, agencies, or organizations who are interested in considering their own readiness and capacity to deliver trauma-informed and relational programs.

2 | CREATING VIOLENCE PREVENTION PARTNERSHIPS: THE NEED TO CONSIDER READINESS

As part of a broad, multiyear, community-based research and evaluation initiative, we sought to enhance community capacity to identify and respond to women's experiences of IPV. Through a phased approach, the Building Connections initiative involved outreach and engagement of over 800 community-based projects across Canada. The initial outreach included disseminating a foundational resource manual to all 834 community-based projects funded through a government mechanism (see details below in Section 5) and inviting staff from all projects to participate in an online webinar. Following this initial outreach and engagement, we were tasked with selecting 30 of the 834 projects to participate in the dissemination of the intervention for mothers experiencing violence in relationships. For staff from these 30 projects, participation involved attending a 3.5 day intensive training, delivering the IPV intervention several times to women in their own community, and supporting ongoing evaluation of the intervention.

Participation in the initiative was relatively intensive, with several components, extending over 2–3 years, and involving sensitive and difficult subject matter. Given that IPV is a complex problem, supporting families who are experiencing IPV requires multiple systems and layers of support. It is essential that service providers identify and respond to families who have experienced IPV in a trauma-informed manner. That is, service providers need to have an ability to understand trauma and the impact of trauma on current behavior and functioning (Brave Heart & DeBruyn, 1998; Savage, Quiros, Dodd, & Bonavota, 2007). Community-based projects can provide trauma-informed support to families experiencing IPV by creating safe spaces and services (i.e., creating calm, stable, and predictable environments), modeling safe and healthy relationships among adults, and promoting a positive and nurturing parent-child relationship (e.g., supporting mothers to help their children manage their emotions; Leslie, Reynolds, Motz, & Pepler, 2016). We recognized the importance of developing a systematic and evidence-based means of selecting community projects to receive the certified *Connections* training and implement the intervention. These projects would be those that identified awareness of IPV as an issue for families in their community and had appropriate competencies, collaborations, and systems of safety in place. These elements are essential for delivering and evaluating the intervention in a manner that is trauma-informed and safe for project staff, intervention participants, and their families.

In reviewing existing checklists and tools to support selecting community partners, we recognized that existing tools were not consistent in the information they contained, nor the requirements they suggested. For instance, Broll et al. (2012) suggested broadly conducting: (a) a needs assessment to understand the need in the community or among the people with whom you wish to work; (b) a resources assessment to assess resources or skills that exist; and (c) an evaluability assessment to determine whether the project is ready for a formal evaluation. In contrast, the Manitoba Trauma Information and Education Centre (2013) offered a checklist of specific components for researchers to consider before engaging in a partnership with a community project, which included considering policies, training, service partnerships, monitoring, and evaluation. They also suggested some components specific to trauma-informed work, including explicitly assessing whether projects engaged in trauma-informed practice, and had effective leadership (including reflective supervision). Ricard et al. (2020) took a more ecological approach to considering community partnerships and created a tool to assess community readiness. This tool was based, in part, on a set of processes needed to promote well-being within Indigenous communities (Mussell, Cardiff, & White, 2004). Ricard and colleagues' tool included items assessing services available in the community, challenges in the community or project, challenges that families face, and ongoing capacity building by assessing prior experiences with violence prevention, research, and evaluation. All these tools included important components and considerations for community readiness. Yet, for the purposes of our research and evaluation initiative, none included the scope of components that were necessary to successful participation in the Building Connections initiative, nor did they assess these components or consider safety across multiple levels.

3 | THEORETICAL FOUNDATIONS FOR A READINESS ASSESSMENT TOOL

We used trauma-informed (Brave Heart & DeBruyn, 1998; Savage et al., 2007) and relational approaches (Jordan, Walker, & Hartling, 2004; Walker & Rosen, 2004) as frameworks to guide the creation of the assessment tool. Specifically, the four key principles of trauma-informed practice (trauma awareness, strengths-based and building skills and competencies, opportunity for collaboration and connection, and emphasis on safety; Poole, 2014) provided the organization for key areas of importance. We recognized that community-based projects should have: (a) an awareness that IPV is a problem in their community and have some need for such an intervention (trauma awareness), (b) certain skills and competencies to work with families in a trauma-informed manner (building competencies), (c) trauma-informed services that are well-connected to other services and support within the wider community (collaboration and connection), and (d) an understanding that physical and emotional safety is of utmost importance (emphasis on safety). Taking a relational approach (Jordan et al., 2004; Walker & Rosen, 2004), we recognized that the development of people, institutions, and systems occurs through relationships with one another. As such, we saw the necessity of understanding the abovementioned trauma-informed principles across levels of relationships—at the community, agency, project, and individual levels (see Andrews, Pepler, & Motz, 2019, for more information on how these approaches have been embedded in the Building Connections initiative).

4 | CURRENT STUDY

The objective of the current study was to describe the development of the *Your Starting Point Story Readiness Assessment Tool* (YSPS) and examine the reliability of coding, validity, and utility of the tool. Development of the tool will be described, followed by a description of dissemination and implementation of the tool. Specifically, we describe community-based projects that completed the tool and how the tool was scored. Finally, we discuss preliminary validation of the tool through: (a) expert opinion, (b) the extent to which projects that were selected based on the results of their YSPS implemented the *Connections* intervention, and (c) feedback and responses from project staff themselves in terms of the usefulness and importance of YSPS.

5 | METHOD

5.1 | Readiness assessment tool development and rationale

To develop the items in the assessment tool, we began with existing checklists and tools, but found that none was comprehensive enough for our needs. With the guiding frameworks described above and our review of the relevant literature, we broadened the scope of existing items to those relating to awareness, competencies, collaboration, and safety, as well as included consideration of community, agency, project, and individual staff (see Table 1). We engaged in a brainstorming session with members of our research team to develop a list of all potential components of interest for the assessment tool. We then began a process of refining and organizing the components. This resulted in a tool that included 24 components. We classified components as either those of utmost importance (10 key components) or those that were helpful to have (14 recommended components). The tool, named the *Your Starting Point Story Readiness Assessment Tool*, was designed to assess projects' readiness to participate in the Building Connections initiative. We formatted the tool as a self-assessment that guided community-based project staff to reflect upon their own project's awareness, competencies, collaborations, and safety, with questions that assess these dimensions across community, agency, project, and individual levels. The tool is described in more detail in the Measures section.

TABLE 1 Components in YSPS across all levels

	Community	Agency	Project	Individual staff
Awareness	• **Identified IPV as a problem in the community**	• **Indicated addressing IPV is a priority**	• **Indicated families would benefit from an IPV intervention**	
Competencies		• **Have facilities for group, individual, and childminding** • Project has adapted to meet community needs	• **Collected information/data on families and outcomes** • **Can commit to participation in delivery, community of practice, and evaluation** • Offer an array of services • Have programming for both children and parents • Have had a project evaluation • Includes evidence-informed programs	• Project staff have had relevant training • Have a complete YSPS
Collaborations	• Have a formal relationship with child protective services • Have a formal relationship with a women's shelter • Offer counseling services for women or have a formal relationship with someone who does	• Have a wide array of partnerships	• Engage families with a range of challenges	
Safety	• **Have an informal relationship with child protective services** • **Have an informal relationship with a women's shelter** • **Offer counseling services for women, or if not, have a relationship with someone who does**	• **Have appropriate policies (with the exception of reflective supervision)**	• **Indicated readiness to deliver an IPV intervention** • Integrates a trauma-informed approach	• Have a policy addressing reflective supervision for staff

Note: Bold indicates key components. Unbold indicates recommended components.
Abbreviation: IPV, Interpersonal Violence; YSPS, Your Starting Point Story.

The YSPS was piloted with five community-based projects whose staff had familiarity with the *Connections* intervention before the commencement of the Building Connections initiative. As a result, their invitation to participate in the training was not based on the results of their YSPS, but on our prior understanding of their capacity to provide a safe environment for the *Connections* intervention. During site visit interviews, which took place before the training, pilot project staff provided feedback that enabled us to revise YSPS. These revisions included modifying terminology used, clarifying terminology (e.g., adding definitions to certain terms, including examples to clarify), and providing additional space for longer answers or comments. Based on the piloting, a coding scheme was developed to assess and quantify projects' responses on YSPS and to select projects to participate in the Building Connections initiative. Revisions were also made after 16 community-based projects had completed YSPS, enabling us to further refine and develop the tool. These changes were based on feedback from project staff who had completed the tool and were currently delivering the *Connections* intervention, as well as on our experiences working with these projects. Changes consisted primarily of reorganization (to separate components that could be best addressed by staff at the agency level vs. staff at the project level), and the addition of one item (self-assessment of overall readiness; for a total of 25 components). See Supporting Information Appendix for the current version of YSPS.

5.2 | Participants

Participants for this study were drawn from a pool of service providers working in community-based projects across Canada. The broader Building Connections initiative involved reaching out to staff from all 834 community-based projects across Canada funded through a government mechanism designed to support healthy births and child development. These projects are funded by the Public Health Agency of Canada through the Community Action Program for Children, Canada Prenatal Nutrition Program, and Aboriginal Head Start in Urban and Northern Communities. The community-based projects have a common mandate to engage and support pregnant women, families, and young children (0–6 years old) living in conditions of risk. Some key risk factors include the experience of IPV and child maltreatment, substance use, poverty, and social and geographic isolation. Community-based projects vary in size and design based on the needs identified in each community; each community-based project is developed by and for each distinct community that it serves. At least one staff member from every project across Canada (for whom we could find a working email address) was invited to attend an online webinar and received a mailed copy of a training manual (Leslie et al., 2016; see Andrews et al., 2019 for additional details about this phase of the initiative). Community-based project staff who were contacted were also encouraged to invite other staff members from within (and outside) of their project to attend the online webinar. After viewing the online live or archived webinar, project staff were asked to complete an online survey (as part of the parent project; see Andrews et al., 2019). In this survey, they were asked to indicate interest in receiving more training related to IPV and child maltreatment. Staff who indicated interest were invited to participate in the current study by completing YSPS for their community-based project. For the purposes of this study, "community-based project applicants" will refer to individual community-based projects for which we have a completed YSPS and "community-based project staff" will refer to the service providers from community-based projects who completed the YSPS application for training (see Figure 1 for a flowchart of applicants that completed YSPS). The professional backgrounds of these community-based project staff are non-prescribed and vary based on community needs, priorities, and resources. Staff included program coordinators for mainstream prenatal and early childhood projects, project managers, counselors, family support workers, home visitation workers, and executive directors, among others. Note that a separate component of the Building Connections initiative was the implementation and evaluation of an adapted *Connections* curriculum for Indigenous communities. Staff from the Aboriginal Head Start in Urban and Northern Communities projects were invited to participate in an adapted readiness assessment, training, implementation, and evaluation protocol (which will be described in a separate article).

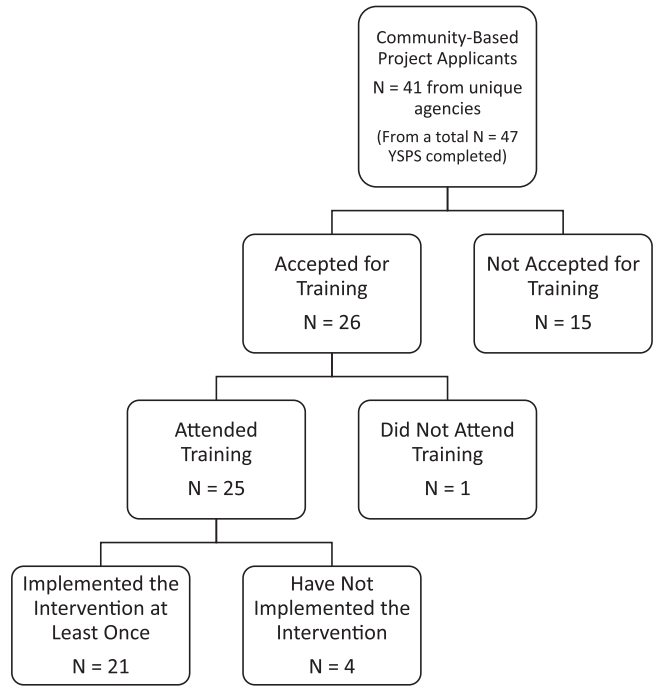

FIGURE 1 Breakdown of community-based project applicants (sites) that completed YSPS. YSPS, Your Starting Point Story

5.3 | Procedure

Community-based project staff who indicated interest in further IPV training were sent an email including a description of the Building Connections initiative, our rationale for using YSPS as a readiness assessment tool, and the tool itself. Staff were asked to complete the tool individually or in consultation with others within their project or agency. Staff were also provided with an informed consent form and were asked to return a signed consent form for any staff member who had participated in completing YSPS. Between one and three individuals from each community-based project completed the YSPS application (note that we will refer to each application as a single "community-based project applicant," though some applications were completed by more than one individual). After receiving completed YSPSs from community-based projects, two members of the research team independently coded all YSPSs (see Table 2 for coding criteria).

5.4 | Measures

5.4.1 | YSPS tool

YSPS consists of 25 total components, based on the four key principles discussed above: (a) awareness of IPV and a need for an intervention, (b) existing competencies related to trauma-informed practice and evaluation, (c) collaborations with community services and supports, and (d) systems of safety in place. Components were evaluated at the community, agency, project, and individual staff member level, where applicable. For instance, at the community level, we asked whether IPV was a problem in the community (awareness), whether there were relevant social services available in the community (e.g., women's shelter, counselling services, child protective services; as a basic level of available protection and support) and whether the project had a *formal* relationship with

TABLE 2 Scoring criteria and guidelines for all components in YSPS

Level	Component	0	1	2
Awareness, community	**Identified IPV as a problem in the community**	S2.3: Indicated "big problem" on fewer than four of seven domains in Q2		Indicated "big problem" on minimum four of seven domains in Q2
Awareness, agency	**Indicated addressing IPV is a priority (OR could be made a greater priority)**	S2.3: Indicated "no" to Q4a and b		Indicated "yes" to Q4a or b
Awareness, project	**Indicated families would benefit from IPV intervention**	S2.3: Indicated "no" to Q3		Indicated "yes" to Q3
Competencies, agency	**Have facilities for group, individual, and childminding**	S3: Indicated "no" to all in Q7	Indicated "yes" to at least one in Q7	Indicated "yes" to all in Q7
Competencies, agency	Project has adapted to meet community needs	S2.1: Did not state that they have adapted their program in Q3	Mentioned that they have adapted their program but haven't said how in Q3	Explicitly stated what they have changed within their project based on community needs in Q3
Competencies, project	**Collected information/data on families and outcomes**	S2.2: Indicated "no" to both Q3 and Q4	Indicated "yes" to either Q3 or Q4	Indicates "yes" to both Q3 and Q4
Competencies, project	**Can commit to participation in delivery, community of practice, and evaluation**	S3: Indicated "no" to Q4, 5, and 6	Indicated "yes" to at least one of Q4, 5, or 6	Indicated "yes" to Q4, 5, and 6
Competencies, project	Offer an array of services	Did not mention at least three services anywhere in YSPS		Mentioned at least three services anywhere in YSPS
Competencies, project	Have programming for both children and parents	Did not mention programming for both children and parents anywhere		Mentioned programming for both children and parents anywhere
Competencies, project	Have had a project evaluation	S2.2: Indicated "no" to Q5		Indicated "yes" to Q5
Competencies, project	Includes evidence-informed programs	Did not mention that evaluation informs programming or used phrases like "evidence-informed," "promising practices," "evidence-based," "best practices" anywhere		Mentioned that evaluation informs programming or used phrases like "evidence-informed," "promising practices," "evidence-based," "best practices" anywhere

TABLE 2 (Continued)

Level	Component	0	1	2
Competencies, Indiv. staff	Project staff have had relevant training	S2.1: Did not list relevant trainings in Q6	Listed trainings related to parenting, attachment, self-esteem, child development in Q6	Listed trainings related to interpersonal violence, trauma in Q6
Competencies, Indiv. staff	Have a complete YSPS	Did not answer all questions (exception: S2.4, Q3)		Answered all questions (exception: S2.4, Q3)
Collaboration, community	Have a formal relationship with child protective services	S2.4: Did not indicate "formal" for child protective services in Q1	Indicated formal partnership in comments	Indicated "formal" for child protective services in Q1
Collaboration, community	Have a formal relationship with a women's shelter	S2.4: Did not indicate "formal" for women's shelter in Q1	Indicated formal partnership in comments	Indicated "formal" for women's shelter in Q1
Collaboration, community	Offer counseling services for women or have a formal relationship with someone who does	S2.4: Did not indicate "formal" for counselling services for women in Q1 and did not complete Q3	Indicated formal partnership in comments	Indicated "formal" for counseling services for women in Q1 or completed Q3
Collaboration, agency	Have a wide array of partnerships	S2.4: Indicated "yes" to fewer than 7 of 13 services sectors in Q13	Indicated "yes" to fewer than 7 of 13 service sectors; some relationships likely	Indicated "yes" to a minimum of 7 of 13 service sectors in Q4
Collaboration, project	Engage families with a range of challenges (high risk families)	S2.3: Selected fewer than 7 of 13 challenges in Q1		Selected a minimum of 7 of 13 challenges in Q1
Safety, community	**Have an informal relationship with child protective services**	S2.4: Indicated "no" in Q4: child protective services		Indicated "yes" in Q4: child protective services
Safety, community	**Have an informal relationship with a women's shelter**	S2.4: Indicated "no" in Q4: woman abuse/family shelters		Indicated "yes" in Q4: woman abuse/family shelters
Safety, community	**Offer counseling services for women (OR have a relationship with someone who does)**	S2.4: Did not complete Q3 and indicated "no" in Q4: women's counselling services		Completed Q3 or indicated "yes" in Q4: women's counselling services

(Continues)

TABLE 2 (Continued)

Level	Component	0	1	2
Safety, agency	**Have appropriate policies (with the exception of reflective supervision)**	S1.2: Indicated "no" to at least one policy (with the exception of reflective supervision) in Q1		Indicated "yes" to all policies (with the exception of reflective supervision) in Q1
Safety, project	**Indicated readiness to deliver an IPV intervention**	S3: Indicated "no" to Q8		Indicated "yes" to Q8
Safety, project	Integrates a trauma-informed approach	Did not mention a trauma-informed approach, provides trauma-related training or counseling anywhere		Mentioned a trauma-informed approach, provides trauma-related training or counseling anywhere
Safety, Indiv. staff	Have a policy addressing reflective supervision for staff	S1.2: Indicated "no" to reflective supervision in Q1		Indicated "yes" to reflective supervision in Q1

Note: Sections (S) and questions (Q) refer to location of each scoring criteria in YSPS. Bold, key components; Unbold, recommended components.
Abbreviations: Indiv., Individual; IPV, Interpersonal Violence.

these services (connection). At the agency level, we assessed whether the agency had adapted to meet community needs (competency) and created policies related to safety (e.g., crisis management; safety). At the project level, we assessed whether projects engaged families who would benefit from an IPV intervention (awareness), whether projects offered an array of services (competency), and whether projects had previously collected information or data on families or outcomes (competency). At the individual level, we assessed whether community-based project staff had received relevant training (competency) and whether there was a policy in place regarding reflective supervision for staff (safety; Tomlin, Hines, & Sturn, 2016; Tomlin, Weatherston, & Pavkov, 2014). See Table 1 for a full list of components included across all levels.

Each component on YSPS (of 25 total components) received a score of 0 if the component was missing or not included, 1 if the component was partially included (not all components could receive a 1), or a 2 if the component was included. Independent coding indicated good reliability ($\kappa = 0.93$). Scores were summed across the key component and recommended component domains. A total score was also calculated by summing across the two domains. Sixteen community-based projects completed the initial 24-component version of YSPS (without the added question; "Given what you know about the *Connections* intervention, do you feel that your project has the policies, resources, community supports, and qualified personnel necessary to safely and effectively deliver and help evaluate the *Connections* intervention?"). For these projects, we added 2 to their scores (given that 95% of those who responded to the additional item received 2 additional points). Ethics approval was obtained from the research ethics board at York University.

6 | RESULTS

6.1 | Descriptive statistics

Forty-seven completed YSPSs were received ($N = 47$ community-based project applicants). In six cases, we received two YSPSs from the same agency (e.g., a single agency housed two separately funded community-based projects). Due to the nature of the broader initiative, we were only able to consider a single application from each agency, so in these cases, scores on YSPS were averaged across the two projects (resulting in a total of $N = 41$ community-based project applicants; see Figure 1). The purpose of YSPS was to determine the readiness of each project to be involved in the rest of the initiative (i.e., attend training; deliver the *Connections* intervention). We examined the key component score, recommended component score, and total score on YSPS as a basis for the decision to accept or not accept applicants to be involved in the rest of the initiative. Note that, in making decisions regarding which applicants to accept, we also had funding commitments to including projects that represented geographic diversity, as well as diversity across urban, rural, and remote communities. Of the 41 YSPSs assessed, 26 projects were accepted: staff from these projects were invited to attend training and deliver the *Connections* intervention. Fifteen projects were not accepted, and were not invited for further participation in the initiative (see Table 3 for key component scores, recommended component scores, and total scores for projects that were and were not accepted).

6.2 | Preliminary validation of YSPS

6.2.1 | Expert opinion

We first examined validity of the tool and the scoring scheme through alignment of scores with expert knowledge of projects. Our expert has been working in the areas of prevention and early intervention services for families and young children for over 30 years. She was instrumental in the development and implementation of the

TABLE 3 Key component scores, recommended component scores, and total scores for community-based project applicants that were and were not accepted

	Total possible score	Accepted applicants			Not accepted applicants		
		M	*SD*	Min-Max	*M*	*SD*	Min-Max
Key components	22	20.40	1.74	16.00–21.00	18.73	2.22	14.00–22.00
Recommended components	28	20.54	3.50	12.00–27.00	16.67	2.72	10.00–20.00
Total	50	40.94	4.23	32.00–49.00	35.40	4.45	24.00–41.00

Note: *N* = 26 Accepted Community-Based Projects, 15 Not Accepted Community-Based Projects.

community-based project that she leads, and she is a recognized leader/expert in the field. She also helped to develop the guidelines of trauma-informed care that were used in developing and framing YSPS (Leslie et al., 2016). The expert read all of the completed YSPSs independently from the coders. She had prior knowledge of most of the community-based projects from her years of experience. In a meeting with research team members, the expert made recommendations on applications that she believed should be accepted and invited to continue in the Building Connections initiative, based on her independent reading of the YSPSs and her prior knowledge of the services they provided and supports they had available. There was complete agreement between the expert recommendations and the recommendations based on the coding scheme/scoring system, providing preliminary support for the validity of YSPS.

6.2.2 | Uptake and implementation

Staff from the 26 accepted community-based projects were invited to attend facilitator training. Scheduling conflicts prevented staff from one of these projects from attending (see Figure 1). As such, 96% of accepted applicants attended training. All staff members who attended training successfully completed training and received recognition as a certified facilitator. Staff members from the 25 accepted community-based projects were trained in groups of 6–10 people (two staff members from three to five projects) across the span of 1.5 years. Given the staggered training, projects were at various points in the process of delivering the *Connections* intervention when this article was written: three community-based projects had implemented the intervention five times within the community, three projects had implemented the intervention four times, four projects had implemented the intervention three times, five projects had implemented the intervention twice, and six projects had implemented the intervention once. The remaining four projects had not yet begun delivering the intervention. Thus, uptake and implementation of the *Connections* intervention delivery is currently at 84% (see Figure 1).

6.2.3 | Response from community-based projects

We received feedback from community-based project staff regarding the utility and importance of YSPS. This feedback was received after staff had delivered the *Connections* intervention in their communities; thus, the staff providing feedback were all certified facilitators. One facilitator said that she appreciated our explicit goals around the need for projects to have the capacity to deliver sensitive, trauma-informed programming. She recognized that her own program was well-resourced and connected in the community, reflecting on the effectiveness of our screening strategy in identifying her project for training and implementation. Similarly, certified facilitators from another project said that they understood how each aspect of YSPS was relevant. They thought that each piece of

information asked about on YSPS should be required to determine which community-based project might be equipped to deliver the *Connections* intervention in a manner that would be safe for both staff and clients. More broadly, two certified facilitators commented how YSPS could be used as a learning tool for projects to understand what kind of infrastructure is necessary in providing trauma-informed services.

Other facilitators discussed YSPS's utility in that they learned about and reflected on their own community-based projects. In some cases, it gave staff members from the same organization an opportunity to understand their own organization in more comprehensive ways. For instance, staff from two projects housed under the same sponsoring agency worked together to complete two separate YSPS applications. They later shared with us that it had been illuminating to understand the differences in service partnerships across the two projects. Another facilitator said that completing YSPS made her recognize that the training or resources available in her current agency had not been available in her previous place of employment. Feedback from certified facilitators offered qualitative support for the utility and importance of the tool both as a means of selecting community-based projects appropriate for the Building Connections initiative, as well as more broadly as a self-reflection tool for community-based projects.

7 | DISCUSSION

In implementing and evaluating any community-based intervention, particularly one that involves sensitive subject matter and vulnerable participants (such as women with experiences of IPV), ensuring the right partnership(s) is essential. In the context of an intervention for mothers who have experiences with IPV, the purpose of this study was to develop and evaluate a theoretically grounded application tool that assessed the readiness of community-based projects to implement the *Connections* intervention safely and successfully. This study focused on the need for this tool, the iterative process of developing the tool, and our initial assessment of reliability and validity. Though this tool was developed specifically for participation in the Building Connections initiative, we believe that it has a wide range of potential uses, both for scientists and service providers. Thus, by sharing YSPS, we hope to encourage others to use the tool (or adapted versions of the tool) to consider community-based projects' awareness, competencies, collaborations, and safety with regard to implementing services, programs, and/or interventions and preventing violence.

7.1 | Preliminary validation of the tool

Through an iterative and theoretically grounded process, we developed a readiness assessment tool. The tool can be completed by project staff and reliably coded and scored by research staff. Further, we have established preliminary validation of the tool through three mechanisms. First, we found that scores on YSPS corresponded with expert knowledge of specific project sites. The full consensus between an objective, expert opinion and numerical ratings supports our contention that YSPS can provide accurate information about a project's readiness in terms of needing to understand which projects have the awareness, competencies, collaborations, and safety at community, agency, project, and individual levels to deliver an intervention on IPV.

Second, we identified the number and percentage of community-based projects, selected based on their YSPS scores that have been able to mount the resources and supports to deliver the intervention. As this remains an ongoing initiative, uptake and implementation of the *Connections* intervention will likely increase. Even at this stage, we found that the majority of accepted projects were able to attend and complete training, and the majority of trained facilitators were able to implement the intervention. We cannot say whether projects that were *not* accepted would have also been able to implement the intervention. Thus, we cannot infer that projects scoring lower than the average of selected sites would be incapable of delivering the intervention. However, those who

have implemented the intervention have done so with success (see also Andrews, Motz, & Pepler, 2020). We have frequent and regular contact with the certified facilitators from these projects through a weekly community of practice online meeting and have had no concerns regarding the safety of staff and participants, which is our primary concern.

Third, we received feedback from community-based project staff members about the utility of the tool and whether YSPS accurately reflected the awareness, competencies, collaborations, and safety of their projects. Feedback from certified facilitators who had completed YSPS, attended the certified training, and delivered the *Connections* intervention indicated that YSPS was not only a helpful way to describe and explain the many diverse aspects of their community-based project, but also that the components included were important to any project's capacity to run the group safely and effectively. Further, certified facilitators recognized the need to better understand their own community-based project and found YSPS a helpful way to begin this process. Together, validating YSPS through a variety of mechanisms enhances our confidence in the use of YSPS to determine project readiness to participate in an intensive intervention initiative around a sensitive and difficult topic.

7.2 | Using the tool

We recognize that YSPS has two main uses. The first is for those wishing to form a partnership with a community-based project. Many researchers, program developers, or practitioners intend to disseminate and implement their program or intervention in communities, outside of the confines of university, academic, or other more controlled settings. That is, they aim to implement and evaluate their programs or interventions in a less controlled, more ecologically valid setting. When interventions are disseminated into community settings, they have the potential to reach a large number of diverse participants. To reach these participants, it is necessary for researchers/program developers to form partnerships with community-based projects that are potential sites for implementation of the intervention or program. Such partnerships are essential for effective community-based research (Campano, Ghiso, & Welch, 2015; Cousins, Whitmore, & Shulha, 2013; Crooks et al., 2018; Green, Daniel, & Novick, 2001; Shulha, Whitmore, Cousins, Gilbert, & al Hudib, 2016). It can be difficult, however, to determine whether a project has the resources and capacities needed for a particular intervention. Further, it is important for researchers/program developers and community-based partners to be aligned in their needs, goals, and priorities, as a base for successful partnerships (Green et al., 2001; Kennedy, Vogel, Goldberg-Freeman, Kass, & Farfel, 2009). Finally, regardless of the content of the intervention, supporting safety for all those involved is essential. Thus, we assert that YSPS can be an appropriate tool to ensure that: (a) there is awareness of a need in the community for the intervention, (b) the project has the necessary competencies (or consider whether the researcher/program developer is able to provide additional resources and/or fill in for missing competencies), (c) the project has appropriate collaborations within the community (or consider whether the researcher/program developer is able to support or facilitate additional collaborations), and (d) safety of all those involved will be the highest priority. Researchers are welcome to use a modified version of YSPS specific to their intervention or program. Based on trauma-informed and relational approaches, YSPS provides the framework with which to start and a range of possible components to consider when developing a research–project partnership.

Second, staff members can use YSPS to learn about their own project and help it grow. As facilitators reported, the act of completing YSPS helped them to better understand the services offered in their own project and agency, as well as to gain a better understanding of how their project might differ from other agencies. Across a wide range of service providers who work with vulnerable populations (e.g., infant mental health, family violence), using the tool can provide insight into the levels of safety within programs, policies, practices, and partnerships that are required to effectively implement a trauma-based intervention. We recommend having staff from community-based projects complete the tool as a group, with time built in for discussion. Upon reflection, staff can self-assess readiness in terms

of the knowledge, competencies, and capacities that are most relevant to their particular work, and assess for themselves what areas of their project or partnerships they might want to strengthen and where their areas of expertise are. After working toward goals they have made, project staff can re-complete the tool and identify where their project has successfully changed, and where there remains room for growth.

7.3 | Lessons learned and future directions

By its nature, YSPS is a self-assessment tool for a project or agency. As such, it may not be the most objective measure of a project's strengths and weaknesses. That is, there is likely some level of social desirability at play as staff members complete YSPS. In addition, we were transparent in our reason for using YSPS to select sites, as well as the key considerations we were using to determine readiness. This stated objective may have contributed to social desirability in responding, as staff were completing YSPS in hopes of being selected for training. The level of transparency and trust that we tried to achieve in administering YSPS is consistent with our trauma-informed and relational theoretical frameworks. By being up front with our objectives, our foundational values, and explaining why we needed to ensure safety, we believed that staff with generally similar goals would complete the tool to the best of their ability. Based on our continuing evaluation of the Building Connections initiative, we have learned that this type of relational approach is essential (Andrews et al., 2019; Zuberi, Motz, Leslie, & Pepler, 2018). Further, though there may have been social desirability involved in completing YSPS, we are less concerned that social desirability was involved in our methods of validation. That is, staff provided positive feedback on the utility of YSPS after already being selected; thus, they would have nothing to gain from not being forthright in their feedback. In addition, we received no negative feedback regarding YSPS (though we did regarding other aspects of the broader initiative), suggesting that, though staff felt comfortable providing negative feedback, they did not offer any with regard to YSPS.

The tool itself is quite lengthy, and takes considerable time and effort to complete. As such, as a research team, we learned that we needed to ensure that timelines were sufficient to allow community-based project staff ample time to complete YSPS. In addition, we learned that completing such a lengthy application can be difficult for staff members, who are often limited in number with many demands on their time. The time needed to complete YSPS may be a barrier to potentially participating in the Building Connections initiative and delivering the intervention (or any intervention); therefore, future researchers might consider creating a shortened or condensed version of the tool. To alleviate this barrier, we offered to help project staff complete the tool over the phone, though no project staff requested a phone consultation.

Finally, as mentioned above, some of the content in YSPS may not generalize to other interventions or programs. That is, interventions for different purposes or that stem from different theoretical perspectives, may not find the specifics included in YSPS relevant. As such, we encourage interested individuals to adapt the specific content to suit their needs. Indeed, we engaged in an iterative process of creating and refining this tool, making changes and adaptations as needed. Through this process, we learned the importance of gathering ongoing feedback from stakeholders. Despite this, we maintain that the structure of the tool (particularly given that it was created from a relational framework), as well as the process of engaging with community-based projects and using a readiness assessment tool to learn about projects, is important in building positive partnerships and ensuring safety for intervention participants.

8 | CONCLUSION

Based on the importance of selecting community partners that have the capacity to safely support women with experiences of violence in relationships, we developed a readiness assessment tool to support our selection of

projects with whom to partner on a large-scale intervention and evaluation initiative. This tool fills a gap in existing tools and checklists, in that it is more comprehensive, is based on trauma-informed and relational frameworks, and includes components assessing safety at multiple levels. Our research supports the reliability of coding YSPS, as well as preliminary validation of the tool through multiple mechanisms. Further, results highlight the usefulness and importance of the tool for understanding projects' capacity to provide trauma-informed services to vulnerable families with complex needs. Given the importance, as well as the challenge, of creating violence prevention partnerships between researchers and service providers (Campano et al., 2015; Kennedy et al., 2009; Kue, Thorburn, & Keon, 2015), a tool that can be used by both researchers and service providers to consider project readiness is a valuable addition to the field of violence against women. We encourage others for whom this tool might be applicable to use or adapt this tool, with the goal of better understanding the awareness, competencies, collaborations, and safety of community-based projects, as well as identifying potential partnership opportunities to support women with experiences of violence.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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