

ARCNET Community of Practice (CoP)

Background

The Canadian Institute for Public Safety Research and Treatment (CIPSRT) supports the mental health and well-being of Canada's Public Safety Personnel (PSP), their leaders, and their families through research, treatment, training, and a Knowledge Exchange Hub. Established at the University of Regina with the support of Public Safety Canada (PSC), CIPSRT fosters collaboration across interested third parties.

A foundational component of CIPSRT's mandate is the development and maintenance of a **Community of Practice (CoP)**, a sustainable, member-driven platform for ongoing collaboration among academic, clinical, and research professionals engaged in PSP mental health and well-being.

Purpose

The CoP is an interdisciplinary, collaborative forum that connects professionals committed to improving PSP mental health through shared learning, reflection, and mutual support. It serves as a sustained environment for peer exchange, knowledge co-creation, and capacity-building across diverse contexts with a clear focus on mental health and wellbeing issues for PSP. **The CoP supports CIPSRT and the Public Safety Steering Committee (PSSC) by sharing front-line insights, highlighting critical issues, and guiding evidence-informed practices for PSP.**

Scope

The CoP exists to enable knowledge exchange, creative collaboration, and communication of insights and perspectives.

In partnership with CIPSRT, the PSSC, and members, the CoP:

- Facilitates ongoing dialogue and learning among members;
- Supports the identification and sharing of promising practices and lessons learned;
- Encourages collaborative research, knowledge mobilization, and innovation;

- Identifies and bridges research and practice gaps;
- Fosters co-development of evidence-informed services for PSP;
- Nurtures professional development through mentoring, reflective practice, and subgroups.
- Serves as a conduit between academia, clinical practice, and public safety stakeholders.

The CoP operates through digital platforms, virtual or in-person events, collaborative projects, and thematic working groups.

Membership

Membership consists of Academics, Researchers, Clinicians, Students, and other knowledge users who have been granted membership. There is no limit on the number of CoP members.

Eligibility

To be eligible to join the CoP, an applicant must have experience with PSP and/or PSP Mental Health initiatives and meet the criteria for one or more of the following categories:

- **Academic** – an individual who has an academic appointment with an accredited post-secondary academic institution or accredited teaching hospital and conducts research;
- **Researcher** – an individual who conducts independent research activities (i.e., not a student) as part of employment appointment outside of an academic institution or accredited teaching hospital, but inside an agency eligible to receive government research funding;
- **Clinician** – a professional currently registered and in good standing with an independent clinical college or regulatory body; and,
- **Knowledge Mobilizers/Translators** - Individuals involved in applying or communicating research.

Application for Membership

To be considered for membership, applicants must complete the online ARCNET Membership Application Form.

CIPSRT's Knowledge Mobilization lead shall notify each applicant of their admission or rejection.



CoP members express their commitment to the following:

- Informed engagement with the work of the CoP and CIPSRT;
- Reciprocal collaboration and dialogue CoP members, CIPSRT, the PSSC, and other partners committed to PSP health and safety;
- Identifying, growing, and sharing knowledge, research, and other resources to support PSP health and safety;
- Assistance identifying knowledge gaps, research priorities, funding needs, and operational challenges relevant to PSP health and safety;
- Capacity-building and participation in knowledge synthesis, translation, mobilization, evaluation, and exchange within and across PSP sectors;
- Support for the development and maintenance of evidence-based services for PSP; and,
- Support ongoing network growth, mentorship of new members, and succession planning.

Decision-Making and Feedback

The CoP values consensus, transparency, and shared leadership. Major decisions (e.g., direction, priorities, or changes to the ToR) are to be made collaboratively, through discussion and informal voting among active participants. Input will be periodically solicited by CIPSRT through online surveys and/or group consultations. To support this collaborative process ARCNET members are encouraged to respond to surveys and provide feedback during group consultations.

Membership Tenure and Renewal

Membership is ongoing and will last the duration of the federal funding in support of CIPSRT, with regular check-ins to reaffirm commitment and gather feedback. Members may step away at any time with notice. Inactive members may be contacted to confirm their continued interest.

Resignation

Members may withdraw their membership at any time by submitting notice to the CIPSRT Knowledge Mobilization lead.

Termination

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If any CoP member has reason to believe that another's membership should be terminated, they may present this concern to the CIPSRT leadership team for review.

Conduct and Community Norms

Members of the CoP are expected to behave professionally. This includes an obligation to treat others with dignity and respect. Abuse will not be tolerated.

All members agree to:

- Interact respectfully and constructively;
- Ensure inclusivity, accessibility, and cultural humility;
- Avoid harmful behavior or harassment.

Concerns regarding conduct will be reviewed by the CIPSRT leadership team, with responses ranging from informal resolution to removal if necessary.

Directory and Records

CIPSRT shall maintain a membership register including the following information for all CoP members:

- Name;
- Professional qualifications;
- Membership category (academic, researcher, and/or clinician);
- Contact information (as provided by the member);
- Areas of interest and expertise (if provided by the member); and
- Consent or refusal to appear in a public-facing member directory.

Leadership and Coordination

The CoP is coordinated by CIPSRT's Knowledge Mobilization lead, with support from the CIPSRT leadership team.

The CoP coordinator will:

- Organize meetings and initiatives;
- Support engagement and member onboarding;
- Curate resources and support knowledge sharing;
- Monitor community health and sustainability.

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CoP members may address any concerns regarding the CoP coordinator to CIPSRT's leadership team.

Subgroups and Activities

Members may participate in **subgroups** organized by area of interest (e.g., clinical interventions, trauma-informed training, rural service delivery). These groups are self-organizing. Administrative support will be provided by CIPSRT for the preparation and hosting of subgroup meetings and knowledge mobilization supports and services will be provided as required.

Meetings & Engagement

- CoP meetings occur at least quarterly and include learning exchanges, presentations, and open dialogue.
- Additional meetings or working group sessions may occur based on interest and availability.
- Events may be virtual or in-person, with an emphasis on accessibility.
- An annual professional issues forum will be hosted by CIPSRT, at which time ARCNET members will have an opportunity to liaise with PSP and other stakeholders to discuss pressing topics, challenges, and trends in the field of PSP mental health.

Invited Guests

- Guests may be invited by the CoP coordinator to attend or present at CoP meetings.
- Members may volunteer for, or provide suggestions for, guest presentations to the CoP coordinator or share ideas during CoP meetings.

Administrative Support

- Administrative support for scheduling and document preparation for members' meetings shall be provided by CIPSRT.

These Terms of Reference shall be reviewed annually by the CoP leadership team. Amendments may be proposed by any CoP member and adopted through consultation and consensus.