Recommendations on evaluating community based psychosocial programmes

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This article reports the 25 recommendations made by a NATO Advanced Research Workshop on Evaluation of Community based Psychosocial Programmes in Areas Affected by War and Terrorism that took place in April 2007. It summarises the workshop's agreements on how evaluators should combine values, evidence and their experience, and that of programme providers, when they design and conduct their work.

Introduction

This paper reports on an advanced research workshop that took place in April 2007 on Evaluation of Community based Psychosocial Programmes in Areas Affected by War and Terrorism. The workshop was sponsored by the North Atlantic Treaty Organisation (NATO).

The three day workshop was set up to bring together a wide range of stakeholders in psychosocial programmes in areas affected by war and terrorism from providers of those programmes. The focus of the workshop was programme evaluation and the methodology adopted by its organisers. The participants led the workshop to draw up recommendations about how evaluation of psychosocial programmes should be designed and best conducted in the future. The intention was to learn lessons while also enabling the programme providers, the donors of financial and other support and all stakeholders to be assured about the methodological faithfulness, quality and impact of psychosocial programmes. The recommendations, which form the main body of this paper, have been edited and agreed by the leaders of the workshop and they are the authors of this paper.

Method

During the workshop, the participants engaged in what Marinker (2006a) calls 'constructive conversations' in plenary and smaller groups that were prompted by presentations made by participants with particular experience, expertise and viewpoints. It began with introductory plenary lectures followed by discussions that were orientated to establishing common ground and a common framework of understanding between the 36 participants. These included people who have been affected by war and terrorism and who are now engaged in delivering programmes, professional practitioners who have designed and delivered psychosocial programmes, academics, human rights advocates and people who have, between them, an enormous volume of experience evaluating these kinds of psychosocial programmes. They come from a wide variety of social care, healthcare, educational, non-governmental, rights-based, and academic traditions.

The topics moved progressively into the detail of evaluating psychosocial programmes

calling on participants' and presenters' experiences of the impacts of conflict on children, families and communities to assist in identifying what should be evaluated. Rapporteurs compiled notes of key topics that arose during the course of events and, working with the chairs of the sessions, provided a summary at the beginning of each of the successive days.

During the second day, the workshop received presentations made by providers of psychosocial programmes in Kosovo, North Ossetia, Beslan, Bosnia and Herzegovina. Participants spent the afternoon in small groups. Thereby, the high-level policy and strategic principles that emerged from Day 1 were supplemented by operational experience from particular programmes. Day 2 concluded with a plenary discussion of the emerging findings. At the close of Day 2, leaders of the event (i.e. the chairs of sessions and the rapporteurs) came together to form a focus group that identified, discussed, debated, and refined the emerging findings from which they began to draw up potential recommendations.

Day 3 returned to a large group format to summarise lessons so far, review the non-scientific obstacles, and identify the emergent ethical questions. Afterwards, the focus group reformed to produce a provisional list of recommendations that were then debated and refined in a subsequent plenary session.

In the weeks after the conclusion of the workshop, one of the focus group members, added the additions or alterations that came from the last large group plenary and made alterations to the wording to promote clarity. Then, he conducted a thematic review of the draft recommendations and grouped them under headings that appeared to reasonably describe each group. Thereafter, the recommendations were circulated to all of the focus group members for review and a further round of refinements. Interestingly, members of that group, working separately to the same subset of recommendations, made alterations. The recommendations that have emerged from those processes are presented herein, but are preceded by findings and observations that were distilled from reviewing retrospectively the process of the event.

The findings from the process of the workshop

Early on in the process of the workshop, it became clear that the lessons from past evaluations are multi-focal and cover a wide range of humanitarian considerations.

Several of the discussions related to the conceptual approaches adopted by people who deliver psychosocial programmes. Looking back, it is evident that those constructive conversations tracked the contents of several published papers that have been referred to in this paper including the paper from the Psychosocial Working Group (2003) and Constructive Conversations about Health (Marinker, 2006b). As a consequence, the workshop confirmed its commitment to a culturally and human rights sensitive, psychosocial approach as its preferred conceptual paradigm. The terms *'evidence'* and *'evidence based'* interventions recurred. The workshop also considered the complexity of the meaning and interpretation of the term *'evidence'* in this context.

The workshop considered methods for evaluation and concluded that a carefully constructed and phased mix of qualitative and quantitative methods is likely to be required. Qualitative enquiries are important in identifying the questions to be asked in the quantitative phases of any evaluation and in coming closer to the meaning of any findings, while quantitative methods are important in identifying the size of any impact and the confidence that might be

placed on the conclusions. Importantly, qualitative methods enable the values, needs, opinions and preferences of the affected communities to be recognised and drawn into the design of quantitative phases.

An important core theme that recurred throughout the three days related to the matter of values. These values arose and arise in practice in the form of principles, human rights and ethics. A core conclusion is that the process of the workshop showed just how inseparable values and science are, not only in humanitarian interventions, but also in their evaluation. This is not to say that attempts should not be made to come to terms with each of the variables, but it does plainly lead to the conclusion that we cannot and should not ignore science in endeavouring to intervene in a humanitarian manner and, vice versa, that we cannot ignore values in conducting scientific research. Science and research are not and cannot be value free (Fulford & Williams, 2003; Williams & Fulford, 2007).

The recommendations

The recommendations are diverse in their content. A mix of humanitarian, value related and scientific methodological lessons and concerns emerges from them. Readers may think that there is a degree of repetition across a number of the recommendations. This redundancy has not been removed as each item is intended to be read on its own. The recommendations fall into the five following themes: agreeing common definitions and terminology; recognising and promoting human rights through effective evaluations; actions to gain the advantages of effective evaluation; promoting positive outcomes; and recommendations on methods of evaluation.

Definitions and terminology. A theme that recurred powerfully throughout the workshop was that of the importance of agreeing definitions and of donors, evaluators and providers adopting a common terminology. Thus, the first four recommendations shown in Figure 1 all relate to that theme. This parallels the recommendations from the Psychosocial Working Group (2003).

Human rights and effective evaluation. A look at the other recommendations show that either values are directly apparent within them or that they lie just beneath the surface. However, the second core group of

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Figure 1: Definitions and terminology

1. It is vitally important that actions are taken to develop, agree, disseminate and use common definitions of the terms that are in frequent use in the field of designing, delivering and evaluating psychosocial programmes for people of all ages in areas that are affected by war and terrorism.

2. There is a particular requirement to agree internationally a definition of *'evaluation'* as applied to psychosocial programmes for intervening to assist populations that are vulnerable, or at risk, after conflict, war or terrorism.

3. Terminology should be agreed by, and be accessible to, all stakeholders concerned (i.e. funders and donors, and all staff who work to design, deliver and evaluate intervention programmes).

4. The definition of evaluation should differentiate actions taken to *'monitor'* from actions taken to *'evaluate'* intervention programmes.

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recommendations deals directly with the issue of human rights.

The four recommendations in Figure 2 place a considerable challenge on evaluators. The members of the workshop agreed that not only should evaluators be aware of human rights and use human rights as a dimension in the evaluations they conduct, but also, that they should accept an obligation to promote human rights through the manner in which they conduct themselves and the methodologies that they choose. The last of the rights related recommendations deals with the important matter of directly involving the users of psychosocial programmes in designing and conducting evaluations. The central position of listening and language are reminiscent of Hare's approach to philosophy and philosophical method that arises in value-based practice (Hare, 1952; Fulford & Williams, 2003).

Figure 2: Human rights and effective evaluation

5. Well-designed and conducted evaluations should be based on, and promote, awareness of human rights.

6. Well designed and conducted evaluations should:
    a. promote people's access to services of their choice that are compliant with their rights and meet their needs as they see them;
    b. be sensitive as to whether or not psychosocial programmes and their staff respect and promote human rights;
    c. be compliant with human rights in their design and execution.

7. Evaluations must be sensitive to human rights. This means that they:
    a. must not be separate from the work or services that are required by vulnerable populations at risk;
    b. must assist governments and the responsible authorities to recognise their obligations to human rights and, in particular, to the needs and requirements of people of all ages, including children and young people.

8. Principle and experience show that it is especially important that evaluators should understand that there are huge benefits to be gained from directly involving the people who are the intended beneficiaries of the services that are to be evaluated in designing and conducting the evaluations. This is especially important when children and young people are involved. This means that:
    a. it is important to ensure that every evaluation is meaningful to the people who are involved as well as for the people who deliver the intervention programmes;
    b. evaluation processes should emphasise the importance of taking active steps to hear programme users' voices;
    c. evaluators should be aware of the important gains that are to be had from listening to the language that people use to describe and comment on the programmes in which they are involved;
    d. evaluators should match the contents of their evaluation protocols and the methods that they use with the needs of the vulnerable people and their capacity to engage, participate and benefit.

Gaining the advantages of effective evaluation. The recommendations that comprise Theme 3, shown in Figure 3, groups together recommendations ensuring that the greatest advantages are gained from evaluations. Evaluation is portrayed as an integral part of planning and delivering psychosocial programmes. The importance of reciprocity between programme design, practice and evaluation emerges and the two particular joining points lie in using evaluation to assist with clarifying programme goals and the identification and translation and transmission of expertise. Therefore, if evaluators were to follow these recommendations, they and programme practitioners will see themselves as working in partnership rather than being artificially separated by convention, task, practice and timing of their engagement. Even if this goal is an aspiration and considered as, possibly naïve. Given all that is felt to be at stake, donors, evaluators and providers are in transitive and transactional relationships that can only be improved by them sharing their intentions, values, methods and outcomes (Kos, 2007).

Promoting positive outcomes from evaluation. Theme 4 covers the seven recommendations highlighted in Figure 4 and moves closer to how evaluations are conducted, so as to deliver the recommendations covered by

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Figure 3: Gaining the advantages of effective evaluation

9. Evaluation includes identifying what is going well or has gone well, and what has not gone well, in a programme, as well as lessons for the future that can be drawn from the project that has been evaluated as well as other projects.

10. Evaluation should be considered to be an integral part of the process of developing expertise in the specific areas covered by each project.

11. Well designed and conducted evaluations should:
    a. clarify the intentions, design, and effective conduct and delivery of specific programmes;
    b. be beneficial to the communities served by the programmes that are being evaluated;
    c. promote reflective practice by the staff of programmes;
    d. reinforce fidelity of programme delivery with what is required by the populations involved and the intentions of the programmes' designers (this is especially important for large, complex and demanding multi-focal or multi-impact programmes that are delivered in changing, challenging or risky circumstances);

12. The experiences gained by all who are involved in conducting evaluations and their findings should be used to develop curricula for training relevant people in the skills of designing, conducting and interpreting the findings of evaluations in the psychosocial sector and adapting them to local situations. Training of this kind should be available to all stakeholders.

13. Well-designed and conducted evaluations should enable donors and funders to better understand the importance of staff knowledge and expertise in the programmes that they are supporting.

Figure 4: Promoting positive outcomes from evaluation

14. Evaluations should be designed to augment the capabilities of all staff who
    design, deliver or evaluate intervention programmes and enable them to
    better perceive the relevance for their work, and the need for, effective
    evaluation. This means that there is a requirement to make the case for
    evaluation each time that it is conducted in such a way that the case:
    a. promotes better understanding of why and how evaluation is appropriate;
    b. provides explanations that respond to the real concerns of the staff who design
    and deliver intervention programmes;
    c. explains the rationale and anticipated outcomes from evaluation;
    d. makes each evaluation relevant to the real circumstances and, thereby,*'user
    friendly'.*

15. All evaluations should:
    a. be aware and respectful of the emotional meaning of each evaluation for the
    people involved as implementers, beneficiaries and evaluators;
    b. be aware and respectful of the potential emotional resistance of the people
    who are responsible for implementing psychosocial programmes,
    especially those who are working in difficult circumstances, as well as the
    potential responses of the beneficiaries;
    c. be sympathetic and compatible with the mores and intentions of the
    programmes that they are established to review;
    d. be developed and conducted in harmony with the programmes that they review;
    e. be aware of the diversity, cultural backgrounds and expectations of the
    stakeholders;
    f. be conducted according to overt, transparent, acceptable and agreed ethical
    standards;
    g. empower the staff, including fieldworkers, who are working to deliver
    intervention programmes;
    h. value and put into perspective the internal reviews that staff conduct within
    their programmes;
    i. connect with the staff and fieldworkers at appropriate emotional and
    cognitive levels in ways that empower them and acknowledge their
    expertise and the burdens that they carry;
    j. be participatory and encourage all relevant stakeholders to be involved;
    k. be capable of rolling with the changes (including governmental, programme
    and staff changes) that occur, necessarily, during the lifetime of intervention
    programmes;
    l. not change programmes solely to meet the needs and/or prejudices of the
    evaluators (though it is recognised and accepted that one of the core
    intentions of evaluation is that it should recommend constructive, reasoned
    and reasonable changes, if required);
    m. adopt processes that are capable of recognising unexpected (or collateral)
    benefits and harms that may come from intervention projects;
    n. identify features and factors that bear on the sustainability of programmes
    and/or their positive impacts.

Figure 4: (*Continued*)

16. A vital part of evaluation is to disseminate the findings appropriately and responsibly so that they can positively influence other people when they are designing intervention programmes, designing evaluations for them or considering applications for funding.

17. Evaluations and evaluators should take steps to reinforce networks that share good practice, effective tools, and knowledge of resources and protocols that work when evaluating specific kinds of service in particular regions.

18. If possible, evaluation should include follow up studies that are intended to learn about long term effects that may be associated with psychosocial intervention programmes a long time after they have been completed.

19. Evaluation should identify the factors that contribute to either the success or failure of particular types of project.

20. It is important that the methods and practices of evaluation that are used and the work of evaluators are also evaluated as that enables replication of evaluation activities of proven worth and effectiveness, reinforces good practice and helps to reduce costs.

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the previous three themes. Again, it is noticeable that a mix of methodological and value based and cultural advice is contained within them. This theme also points out the importance of disseminating findings with a view to translating the findings from one project and its evaluation into future programmes. Also, the potential for long term usage is identified, as well as the importance of what might be termed '*meta-evaluation*' (i.e. taking steps to evaluate the evaluation methods and practices as well as the programmes themselves). In this regard, the recommendations presented in this paper might be seen as the first step towards agreeing standards against which evaluations might be conducted.

Evaluation methods. The final theme, shown in Figure 5, focuses on recommendations for the methodology of evaluation that draw on the particularities of the workshop participants' experiences that they have gained in conducting evaluations.

Discussion

There are strengths and limitations in the method and the outcomes from the NATO sponsored workshop. The findings were developed from the experience and reports of respected authorities in the field. They were triangulated and refined from observations that were made by participants who come from a variety of social care, healthcare, educational, non governmental, human rights based and academic traditions. Thus, the method used draws on qualitative research methodology. Also, the workshop used a method for conducting what Marinker and his colleagues would term: '*constructive conversations*' (Marinker, 2006a,b). These methodological considerations, and the high level of consensus across a richly diverse group that deliberately drew on so many perspectives, may give readers some sense of the reliability of what is reported here.

However, this workshop was not, nor intended to be, a rigorous scientific exercise

Figure 5: Evaluation methods

21. Evaluations should be conducted in ways that recognise the needs of all of the people who are involved, encourage reciprocity between donors and programme staff, and invite participants to give honest feedback to the funders/donors. Experience shows that, in order to achieve these intentions and avoid unnecessary problems, it is best:
    a. to design evaluation programmes from the beginning (i.e. from the time when each intervention programme is being designed and developed);
    b. to plan for and conduct continuing and open communications between programmes' proposers and deliverers and funders or donors throughout the life of each programme;
    c. to base the process of designing and implementing evaluation on agreed guidelines;
    d. if the stakeholders work together to design each evaluation to ensure that the evaluators understand the programmes that they are evaluating;
    e. to this end, the evaluators should spend time in observation with the staff and beneficiaries of each programme.

22. Evaluation should be based on a comprehensive description of and narrative relating to each project in which the project's intentions are as clear as are the interventions to be offered.

23. Early contact with outside evaluators can assist the people who design and deliver programmes to be clear about their programmes.

24. The intentions set for and expectations of each evaluation should be clearly agreed from the outset. In particular, the evaluation plan should be clear about who is asking for what. This means that donors, evaluators and programme deliverers should recognise that evaluations may be required to achieve a range of objectives and be carried out at differing levels in order to satisfy the particular requirements and/or the diversity of stakeholders' needs (e.g. evaluations may be required to cover strategic, managerial and practice features, programme activities, programme delivery methods and application of monies). Clarity about these matters is likely to reduce any risks of evaluations and evaluators neglecting or obstructing the original intentions of the projects with which they are concerned. Therefore:
    a. the methods employed in every evaluation should be suited to the tasks set for the evaluation and the programme; and
    b. evaluation should take into account the complexity of the project so as not to single out the interests of specific stakeholders.

25. Experience shows that:
    a. a mix of qualitative and quantitative methods is often necessary to achieve what is required in an evaluation;
    b. the indicators chosen should be appropriately related to the particular objectives set for each project and its anticipated and intended achievements;

Figure 5: (*Continued*)

    c. it is important for evaluators to be aware of any biases that they may bring to their work;

    d. it is useful to develop a protocol for each evaluation as a guide for the evaluators and field workers that details the series of steps to be taken in the evaluation;

    e. it is important to document examples of measuring effectively quality of life or psychosocial well being.

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that derived its findings from careful statistical analysis of high quality data. Thus, the authors do not promote these recommendations as definitive statements. Rather, their intention is that these recommendations should be used, together with policy frameworks, like the Madrid Framework (Marinker, 2006a), and standards and markers of good practice (an example in this field is the Humanitarian Charter and Minimum Standards in Disaster Response published by the Sphere Project in 2004), to promote discourse between the many stakeholders in promoting the recovery of communities that have been affected by disasters, conflict, war and terrorism.

Arguably, consensual support for the recommendations provided in this paper come from the recently published Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007). The primary purpose of those guidelines *'is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency'*. Therefore, while the IASC guidelines and the workshop reported here have differences of time span for intervention, and the recommendations from the NATO Workshop are more specifically focused on evaluation, there are values and

intentions that are shared between these two important pieces of work.

Specifically, The IASC Guidelines contain Action Sheets. Action Sheet 2.1, on conducting assessments of mental health and psychosocial issues, and Action Sheet 2.2, on initiating participatory systems for monitoring and evaluation, share intentions, values and approaches with the more detailed and focused work that is reported in this paper. The key actions in Action Sheet 2.1 call for planned and co-ordinated assessments, information collection and its analysis, assessments to be conducted in an ethical and appropriately participatory manner, and dissemination of results. The NATO Workshop recommends that similar considerations are applied to evaluation the programmes. The key actions set in Action Sheet 2.2 recommend that monitoring and evaluation should be conducted against a small set of indicators that *'... depend on the goals of the programme ...'*, that evaluation is conducted in an ethical and participatory manner and that monitoring is used for reflection, learning and change. Readers will note the resonances here. The Action Sheets noted complement those key actions, themes and recommendations that were generated by the NATO Workshop. Importantly, the recommendations made by the latter recommend a common international terminology, identify the human rights aspects of programme delivery and evaluation and go into more detail about

how participation can be achieved in delivering one of the workshop's core values. Similarly, the NATO Workshop's recommendations go into greater detail on methodology and avoiding perverse incentives. Nonetheless, there is a common core of approach in both pieces of work.

Conclusions

Many of the recommendations that are summarised here highlight the connectedness, networks and partnerships that the NATO Advanced Research Workshop on Evaluating Community Based Psychosocial Programmes in Areas Affected by War and Terrorism agreed should exist involving evaluators and programme providers. The recommendations cover five main themes, which stress the importance of agreeing a common, international terminology and of an agreed approach to designing evaluations. They identify the importance of evaluators understanding in depth the programmes that they review and taking an overt position on recognising and promoting human rights through their work. A strong practical recommendation in ensuring evaluations and programmes are complementary is that evaluations should not be seen nor conducted as add ons, but that the process of evaluation should start when each programme is designed.

References

Fulford, K.W.M. & Williams, R. (2003). Values-based child and adolescent mental health services. *Current Opinion in Psychiatry, 16*, 369-376.

Hare, R.M. (1952). *The language of morals*. Oxford: Oxford University Press.

Inter-Agency Standing Committee (IASC). (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.

Marinker, M. (2006a). Health policy and the constructive conversationalist. In: *Constructive conversations about health* (1–16). Oxford: Radcliffe Publishing.

Marinker, M. (Ed.) (2006b). *Constructive conversations about health*. Oxford: Radcliffe Publishing.

Psychosocial Working Group. (2003). *Psychosocial intervention in complex emergencies: a conceptual framework*. Edinburgh: Centre for International Health Studies, Queen Margaret University College.

Sphere Project. (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Geneva: The Sphere Project.

Williams, R. & Fulford, K.W.M. (2007). Values-based and values-based policy, management and practice in child and adolescent mental health services. *Clinical Child Psychology and Psychiatry, 12*, 223-242.

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