Not doing more, but doing differently: integrating a community based psychosocial approach into other sectors

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A multi-layered approach to mental health and psychosocial support in emergencies includes the integration of psychosocial approaches into sectors with primary aims other than the enhancement of mental health and psychosocial support. This paper shares the experiences of Church of Sweden's psychosocial team in supporting its partner organisations (within the ACT Alliance) to integrate a community based psychosocial approach into programmes in sectors including: education, child protection, livelihoods, water and sanitation, and food security. Case studies are used to describe how mental health and psychosocial support core principles can assist organisations to integrate psychosocial approaches into a variety of programmes, and to demonstrate that this is more about working in a different way than about taking on additional tasks. The challenges associated with supporting organisations to integrate psychosocial approaches into their programmes are also outlined, and the need for research to evaluate the effectiveness of this type of approach is acknowledged.

Keywords: basic services and security, community based psychosocial approach, mental health and psychosocial support intervention pyramid

Key implications for practice

- A multi-layered approach to MHPSS in emergencies involves integrating psychosocial approaches into other services
- The six MHPSS core principles can assist organisations to integrate psychosocial approaches into a variety of sectors
- Integrating community based psychosocial approaches into other sectors involves working in a different way rather than taking on additional tasks

Introduction

> '*We believe that the biological, material, social and psychological dimensions of human functioning are inter-related and cannot be addressed effectively if they are not addressed in an integrated way*' (Williamson & Robinson, 2006, p. 7).

A multi-layered approach to mental health and psychosocial support (MHPSS) in emergencies (Inter-Agency Standing Committee, 2007) involves the integration of psychosocial approaches into sectors with primary aims other than the enhancement of MHPSS (e.g. water, sanitation and hygiene [WASH]; food security; formal and non-formal education; child protection and other community service interventions). In order for programmes in all sectors to strengthen psychosocial wellbeing, they should be delivered in '*ways that protect local people's dignity, strengthen local social supports and mobilise community networks*' (Inter-Agency Standing Committee, 2007, p. 12).

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Underpinning this guidance is the belief that most people affected by crises will recover naturally over time, once their basic needs are met and their community and family support are restored.

In recent years, there has been an accumulation of evidence supporting claims that daily stressors have a significant impact on mental health and psychosocial wellbeing in emergency situations; sometimes the impact of these daily stressors is greater than even that of extremely distressing events (e.g. Jordans, Semrau, Thornicroft, & van Ommeren, 2012; Schafer, Masound, & Sammour, 2014; Miller & Rasmussen, 2010). Theoretically, therefore, efforts to integrate psychosocial approaches into sectors designed to address these daily stressors are likely to have a positive impact on wellbeing. Further, this approach appears to be impacting on practice, as a review of MHPSS interventions in humanitarian settings found that integration of psychological and social considerations into other humanitarian sectors made up around 25% of the activities reported in the three countries studied (Haiti, Jordan and Nepal) (Tol et al., 2011). Psychosocial support was introduced as a cross-cutting theme in the 2011 edition of the *Humanitarian Charter and Minimum Standards in Humanitarian Response* (Sphere Project, 2011), noting that '*In each humanitarian sector, the manner in which aid is administered has a psychosocial impact which may either support or cause harm to the affected people*' (p. 17).

There is a belief that integrating psychosocial approaches increases the effectiveness of programmes, regardless of what sector they are in (e.g. ACF International, 2014). This is achieved because psychosocial approaches ensure that programmes are grounded in the reality of the affected communities' experiences and are implemented in ways which enable people to regain a level of control and dignity that can sometimes be lacking in humanitarian aid programmes. This is well illustrated by a quote from a male farmer who was involved in a livelihoods project in Gaza where psychosocial approaches had been integrated:

> '*What makes this project different is that it looks to us as humans and deals with us in this way. A human's needs cannot be covered only with money, but money and wellbeing is what is needed for a good man to live*' (Schafer, Masound & Sammour, 2014, p. 181).

However, despite this approach being widely advocated, there is insufficient guidance or sharing of experience around the integration of psychosocial approaches into other sectors. The Regional Psychosocial Support Initiative (REPSSI) has produced several helpful guides to mainstreaming psychosocial approaches, and two other exceptions are a manual produced by Action Contre le Faim (ACF International, 2014) and a report of a livelihoods project in Gaza (Schafer et al., 2014). However, Schafer and her colleagues note that there is a need for further case studies and examples of how such programmes can impact on psychosocial wellbeing.

Reviews of MHPSS interventions in humanitarian settings have identified gaps in knowledge about interventions that aim to prevent mental disorders and promote and protect psychosocial wellbeing (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Tol et al., 2011). Tol and van Ommeren (2012) found that current research efforts are heavily skewed towards interventions designed to provide focused, non specialised supports (e.g. Psychological First Aid, basic mental health care by primary health care workers), and specialised services (e.g. psychological or psychiatric supports). There is little evidence for interventions designed to enhance psychosocial wellbeing through strengthening community and family supports, nor through providing basic services and security: '*An important area for future research, therefore, will be to strengthen evidence for the bottom two layers of the [MHPSS intervention] pyramid*' (p. 25).

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As the Church of Sweden's mandate is to support its partner organisations in the ACT Alliance[1] to integrate psychosocial approaches into their programmes, the majority of which are located in the bottom two layers of the '*intervention pyramid*', the organisation is in a good position to contribute to knowledge in this field. The aim of this paper is to share the experiences of Church of Sweden's psychosocial team in supporting other organisations to integrate a community-based psychosocial approach into their programming.

Church of Sweden approach to MHPSS

One way of achieving integration of psychosocial approaches into other sectors, such as basic services, is by '*influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial wellbeing*' (IASC, 2007, p. 11). This is, essentially, the approach taken by Church of Sweden to supporting its partners. ACT Alliance organisations deliver a wide variety of services in emergency and development settings, including food security, livelihoods programmes, WASH, education and child protection. Psychosocial specialists are deployed, at the request of partners, to support them in integrating community based psychosocial approaches into whatever sector they are working within.

The approach focuses on strengthening wellbeing through mainstreaming community based psychosocial support (CBPS) within partner organisations' existing programmes. The key tools in this approach are Williamson and Robinson's (2006) holistic model of wellbeing, the core principles from the *Inter-Agency Standing Committee (IASC) MHPSS Guidelines* (2007), along with the *ACT Alliance Guiding Principles for Community Based Psychosocial Support* (ACT Alliance, 2011). The latter are similar to IASC core principles, but include elements of spiritual wellbeing and a focus on strengthening resilience and hope.

Williamson and Robinson (2006) incorporated various aspects of life into a single model of wellbeing (see Figure 1), and emphasised their inter-relatedness. The implication of this is that programmes designed to strengthen material or physical wellbeing cannot do so effectively without taking into account other aspects of wellbeing. This model of psychosocial wellbeing has been adopted by the ACT Alliance and is used in its materials[2].

The core principles outlined in the *IASC MHPSS guidelines* (2007) underlie much of Church of Sweden's work, as they can be applied to programmes in all sectors. These are:

1. Human rights and equity: promoting the human rights of all affected persons, promoting equity and non-discrimination.
2. Participation: maximising the participation of affected populations in the planning, implementation, monitoring and evaluation of programmes which affect them.
3. Do no harm: reducing the risk of unintentionally causing harm through humanitarian interventions.

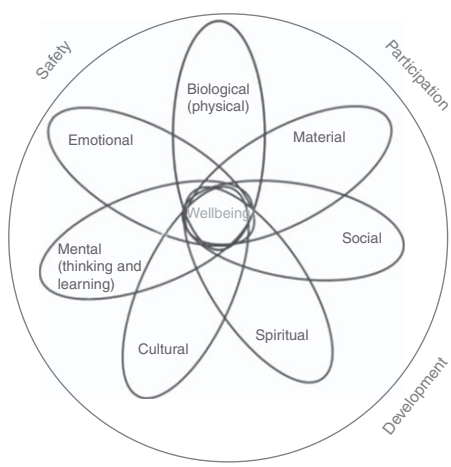

Figure 1: The model of wellbeing proposed by Williamson & Robinson (2006) and adopted by the ACT Alliance.

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4. Building on available resources and capacities: based on the belief that all affected groups have assets or resources that support mental health and psychosocial wellbeing; interventions should build on these, support self-help and strengthen the resources already present.
5. Integrated support systems: MHPSS activities are integrated (as much as possible) into wider systems, rather than being provided as stand-alone services.
6. Multi-layered supports: reflecting the fact that people are affected in different ways by crises, therefore a layered system of MHPSS is provided that meets the needs of different groups. No organisation is expected to meet the all the MHPSS needs of a population, but should be able to connect to others who are providing services at other levels.

The use of these core principles, together with Williamson and Robinson's (2006) holistic model of wellbeing, enables Church of Sweden to support its partner organisations to not only think about how to develop a '*psychosocial intervention*', but how to plan and implement their ongoing programmes in ways that promote psychosocial wellbeing.

Another important feature of the approach is that it is responsive to the needs of its partners, which include both local organisations and international nongovernmental organisations (NGOs). It adopts an approach of listening to the needs of its partners in terms of strengthening CBPS, and planning together appropriate ways to meet those needs. The Church of Sweden has considerable flexibility in the types and nature of support it offers, including remote support to organisations in writing appeals, short deployments for specific *purposes, 'staggered deployments'*, and longer-term deployments or secondments to provide more extended support to an organisation which is trying to integrate CBPS into its activities. It has been noted that in order to achieve effective change, there is a need for practitioners to first listen to the needs and possibilities for social action as expressed by local stakeholders (Tol, Rees, & Silove, 2013), and the ACT Alliance model facilitates this.

In order to illustrate some of the ways in which psychosocial approaches can be strengthened in various sectors, we will give examples of three different approaches taken by Church of Sweden.

Integrating psychosocial approaches into livelihoods, WASH and flood responses: training and mentoring

In February/ March 2015, two members of the psychosocial roster were deployed to an ACT Alliance partner organisation in Malawi, Churches Action in Relief and Development (CARD). The organisation was providing food and non-food items to those displaced by floods, and at the same time continuing with their usual activities, which focused on WASH, livelihoods and agriculture. The purpose of the six-week deployment was to build CARD's capacity so they were able to integrate community based psychosocial approaches into all aspects of their work and their future programmes. One programme officer had participated in a basic CBPS training previously, but otherwise there was little knowledge of such approaches.

The two roster members spent three weeks conducting basic five-day trainings on CBPS with staff in three field locations, and with programme staff from CARD's head office. This was followed by two weeks' mentoring of staff members as they began to put what had been learned into practice. Follow-up visits were made to the field staff, and the roster members supported programme staff in the head office as they developed two new proposals focusing on livelihoods and WASH. A roster member sat with the programme team throughout their discussions, pointing out areas where the core principles from the *IASC MHPSS Guidelines* (IASC, 2007) could be strengthened, and helping

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to ensure that a focus on *'wellbeing'* was maintained throughout. The roster members also developed a *'CBPS monitoring tool'* to help programme staff to continue to integrate the core principles into their proposals, and monitor the extent to which these core principles guided the implementation of programmes in practice. The monitoring tool is in the form of a checklist of questions organised according to the six core principles, and is designed to assist programme planners to consider the extent that each core principle has been integrated into a proposal. The checklist could also be used to structure an assessment of the extent that the core principles are integrated within an existing programme.

This is one example of a short-term deployment designed to help a partner organisation integrate CBPS into their work. Each deployment undertaken by roster members differs in nature, depending on the needs of the organisation, but in all cases the aim is to develop the capacity of the partner organisation so they can continue to integrate CBPS into their activities after the deployment is over.

Integrating CBPS into education in emergencies: development of materials and tools

Partner support through use of short deployments of psychosocial experts can be very successful in improving a programme's CBPS approach during a fixed time period, but may fail to make a lasting impact on a partner's organisational capacity. Recognising this, Church of Sweden is piloting more long-term approaches with selected partners within the ACT Alliance. One such pilot is a three-year collaboration project with FinChurch Aid[3] (FCA) to build FCA's capacity to integrate CBPS into their *Education in Emergencies* (EiE) programmes.

Unlike the shorter deployments, the point of departure for this partnership was not a selected programme within a specific country, but approaching the organisation's headquarters and (together with key staff) defining the minimum level of CBPS integration that FCA wanted to see in all their EiE programmes globally. This headquarters buy-in was considered crucial for long-term organisational capacity building: having a few motivated staff in one field location learn about CBPS is helpful, but risks being seen as a Church of Sweden initiative, rather than something prioritised by implementing staff's own organisation and management.

The three-year pilot project started off by establishing an organisational baseline based on project desk reviews, showing current level of CBPS integration in FCA's EiE programmes worldwide. The second step included a psychosocial roster member, in partnership with a FCA staff member, undertaking case studies in Jordan and Myanmar. The case studies identified best practices, gaps and challenges in the integration of CBPS into EiE, and added field involvement as well as more in depth data to the information identified in the desk review.

The case studies crystallised several topics staff were generally struggling with, and which would be a priority to build capacity in to improve integrated psychosocial support in the educational programmes. These topics formed the outline for a *'CBPS into EiE toolkit'*. Initially, FCA had wanted Church of Sweden to produce the toolkit themselves and roll out trainings for FCA staff. However, through the partnership process it became clear that it would be important that FCA staff themselves were involved in the development of the toolkit. A CBPS working group was therefore established within FCA, including a mix of implementing field staff, headquarters staff, and regional thematic advisors. The group met, together with Church of Sweden staff, for an intensive workshop to draft the toolkit together. Currently, the members of the CBPS working group are in the process of piloting the toolkit in their respective

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programmes in the Democratic Republic of the Congo, Nepal, Jordan and Uganda. The plan is for the working group to come together after the pilot testing to consolidate a final toolkit, and then be in charge of rolling out a toolkit training package across the organisation. Psychosocial roster members will offer training support where needed, but the crucial point is that this is now a process led from within FCA, building CBPS into the institutional fabric rather than getting short-term *'drops'* of capacity building in only a few programmes.

Strengthening organisational capacity in order to integrate CBPS into other sectors

Since 2014, Church of Sweden has been implementing a pilot project designed to build the organisational CBPS capacity of selected partners over a three-year period. The selected partners are all organisations working with refugees, both in camps and in urban settings, in Ethiopia and Kenya.

The training methodology involves representatives from the organisations participating in a series of five one-week training modules, held approximately six months apart. The modules focus on: (1) introduction to key CBPS concepts; (2) developing a grounded understanding of the CBPS concept with a focus on applying the core principles to their work; (3) developing skills in focused, non-specialised psychosocial support; (4) participatory assessment, including monitoring and evaluation of psychosocial components of projects; and (5) sharing CBPS knowledge and skills with others through training, coaching and mentoring. The same group of participants work through the five modules (with some inevitable drop-outs as people leave the organisation) with the same two facilitators delivering each module and providing remote support in between modules if needed.

Also, in between each module, participants conduct an individualised assignment designed to use CBPS approaches in order to strengthen an aspect of their current work. The participants are from a variety of sectors, including education, child protection, livelihoods, social services, as well as programme/project officers and management. Throughout their assignments, they apply CBPS principles and skills they have learnt during the training week in their workplace, so that the programme becomes a mixture of theory and practice.

The aim is that by the end of the pilot programme, the participating organisations should have the knowledge and expertise to integrate CBPS throughout their services and to support other organisations in the region on CBPS and its implementation.

Using *'core principles'* to integrate CBPS into other sectors

One of the key tools in integrating psychosocial approaches into other sectors are the core principles outlined in the *IASC MHPSS in Emergencies Guidelines*. The integration of these principles into any programme or service ensures that it will strengthen the psychosocial wellbeing of those who engage with it.

In Church of Sweden's work with partner organisations providing programmes and services at the *'basic services and security'* level of the MHPSS intervention pyramid, the core principles are used to clarify that CBPS is about providing existing services in an effective way, rather than requiring additional *'psychosocial programmes'* to be developed. Additionally, these core principles are very closely aligned to other humanitarian principles, e.g. those found in the *Sphere guideline*s (Sphere Project, 2011) and the *INEE Minimum Standards for Education* (INEE, 2010). Therefore, they can be seen as a *'connector'* between sectors, to help staff from livelihoods, education, and WASH programmes, as well as others, to understand that CBPS

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does not involve developing new activities, but building on what they already do.

In the case described above, where CBPS approaches were integrated into the work of CARD in Malawi, the core principles were the primary tool used as they could be applied to CARD's work in the WASH sector, in livelihoods and in agricultural projects. A proposal developed by staff to assist those who have been affected by floods as they returned home incorporated the core principles throughout its livelihood and WASH activities. For example, although affected communities had not been involved in planning activities during the development of the proposal, the programme team decided that before any activities began a series of group discussions would be held with different sectors of the community. By including men, women, male and female youth, elderly and representatives of marginalised groups, they were incorporating the core principles of *participation* and *human rights and equity*. In these discussions, the purpose and nature of each of the activities to be implemented were described to the target population. Once the criteria for each aspect of the programme had been explained, participants put forward appropriate people for each aspect of the programme, thus integrating the principles of *participation* and *do no harm*.

During these preliminary discussions with community members, the foundations were laid for their involvement in monitoring and evaluation and the development of appropriate systems of communication between community members and the implementing organisations, including complaints mechanisms. Existing committees were likely to play a key role within this system with community members reporting problems or concerns to the committee who then either responded themselves or, if the concern was beyond their capacity, would pass it on to the implementing organisation, thereby incorporating the core principle of *building on available resources and capacity*.

Core principles were integrated less formally into the response of another ACT Alliance member, the Armenia Inter-Church Charitable Round Table Foundation (ART)[4], to the arrival of large numbers of Syrian refugees in Armenia in 2012. They involved members of the refugee community in the distribution of cards that enabled people to buy goods from participating supermarkets. Many more people were in need of the assistance than expected, so the involvement of the refugee community enabled ART to ensure that they reached the most marginalised, and that the organisation's decision making was transparent and clearly communicated. Two community based organisations founded by Syrians continue to work with ART on information dissemination, data collection and communication.

Partner organisations' experience of ways CBPS strengthens their programmes

The ACT Alliance, and other donors, increasingly expect that psychosocial considerations are addressed in proposals, but very often partner organisations do not have a clear understanding of what this means. Both CARD in Malawi and another partner, YAKKUM Emergency Unit (YEU)[5] in Indonesia, had tried to include psychosocial issues in their proposals, as they understood them, but thought that this meant having separate psychosocial components in their programmes. Through working with Church of Sweden psychosocial specialists, they came to understand that the CBPS approach is:

> *'not about having separate components, but about doing our existing activities in a slightly different way . . . Now it's very clear that it's about being conscious during planning, and doing every component with "psychosocial eyes"'* (Programme Manager, CARD, Malawi).

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Although CARD's programmes still primarily aim to improve physical and material wellbeing, they now take into account other aspects of wellbeing (e.g. social, emotional, cultural) through a focus on CBPS.

YEU (Indonesia) initially included counselling sessions in its programmes for communities displaced by the eruption of the Mount Merapi volcano. However, they later realised that the main causes of distress were lack of livelihoods and lack of information about government plans for rehabilitation and reconstruction. As a result, YEU shifted their focus to integrating psychosocial support into livelihood programmes (with livelihood groups also functioning as support groups) and provision of information. Through supporting community members to form groups and training them in alternative livelihood options (as traditional cultivation was no longer possible with the land covered in ashes from the eruption and sand from the cold lava flood), YEU observed that people were motivated to work together and support each other in order to recover from the disaster:

> '*They do communal work to cultivate the land so that it can be planted again. For example, today they work Ibu Iwi's land, the other day they worked the other farmer's land. And for the brick group, they make divisions of labour, example: four people making were making bricks on Monday and Wednesday, other members work the other days, so the benefit will be distributed to all members*' (YEU Programme Manager).

This approach strengthens both social networks and a sense of control, as well as providing an income for families. This shift in the way YEU worked with affected communities reflects developing an understanding of CBPS approaches as a way to strengthen psychosocial wellbeing. It also illustrates the impact of daily stressors on psychosocial wellbeing, and the crucial role that integrating psychosocial approaches into other sectors plays in better supporting communities affected by disasters.

One of the key aspects of learning in terms of the CBPS approach is the realisation that it does not mean doing something '*extra*', but doing something differently, and that very often the core principles have already been integrated to some extent into programmes. For example, the programme team in the organisation in Malawi felt that they had been integrating the '*do no harm*' principle for many years, alongside '*building on available resources and capacity*':

> '*We know we are not experts on the communities we are working with, we already think about how we work with communities in ways which build on their strengths, and doesn't undermine their existing structures and capacities*' (CARD Programme Manager).

In this way, integrating a CBPS approach into other sectors becomes seen less as an additional burden and more as a way of implementing programmes more effectively. In the Church of Sweden/ FCA project to integrate CBPS into EiE, described above, the FCA staff were able to identify a great deal of common ground between EiE standards and CBPS principles and concepts. This helped them to see that they were already integrating CBPS in some areas of their programmes and that the role of Church of Sweden was not to criticise what they were doing or ask them to take on additional tasks, but to support them to do their existing work in a slightly different way. When this concept is introduced carefully, staff from other sectors begin to identify ways in which integrating a CBPS approach could help them to overcome some of the challenges they face in their daily work.

Challenges and lessons learned

There are some common challenges faced by organisations working in other sectors as

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they begin to engage with the CBPS approach that are discussed below.

Becoming *'experts'* and taking ownership

One of the key challenges is that partner organisations often see Church of Sweden staff as the CBPS experts and want them to conduct trainings, help write proposals and generally do the *'CBPS part'*. It takes time and considerable commitment on the part of the partner organisation to develop the capacity of their own staff so that they can make decisions about how best to integrate CBPS approaches into their work, and can train and support their own field staff. This is the aim of all deployments, but it can be difficult for partner organisations to make this commitment in practice, although they are often willing to do so in theory.

Church of Sweden have changed the nature of their partnerships with some organisations in an attempt to work in a more long-term way and enable the partner organisation to take increasing levels of responsibility within the partnership as their capacity in the CBPS field is strengthened. In the example given above of the joint Church of Sweden/ FCA project to integrate CBPS into EiE programmes, the two organisations have worked as full partners throughout this project. As a result, FCA have ownership of the process and the outcomes, and their CBPS capacity has been strengthened to the extent that, by the end of the project, they will have institutionalised CBPS into their own organisation and will be in a position to roll out the CBPS in EiE across their programmes. This model has great potential for overcoming the challenges identified above.

A preference for the *'stand-alone'* approach

It cannot be denied that integrating psychosocial approaches into ongoing programmes and projects is often hard work. It involves uncomfortable tasks, such as being self-critical and bringing about changes to established ways of doing things, while changes are often not very visible. In fact, the very idea of *'mainstreaming'* involves an element of invisibility, in that successful mainstreaming means that psychosocial considerations have become part of what is done naturally, and that it is no longer noticed as something extra or special. It is, therefore, understandable that sometimes people would prefer to do a new *'stand-alone'* activity, which is clearly recognised by managers, partners, donors and members of the affected community as *'psychosocial support'*, rather than go through the unglamorous work of integrating core principles into their existing processes and activities. Not only is a *'stand-alone'* approach more motivating for some, because they see the immediate effects of people engaging in activities, but it is easier to report on and is clearly visible to donors, headquarters staff and others who visit the field. The motivation of staff to integrate psychosocial approaches into their work depends greatly on the extent that their efforts are recognised and valued by those around them, including managers and donors. In order to achieve this, it is crucial to ensure that evaluations include measurements of the effects of programmes on the psychosocial wellbeing of the affected community so that the achievements of mainstreaming can be reported on and appreciated.

Working with others who do not understand a CBPS approach

One challenge identified by some of the partner organisations integrating the CBPS approach where they work is that other stakeholders do not have a good understanding of CBPS, so it can be difficult to establish strong referral systems and to work in a coordinated way. In one location, when it became known that a particular organisation was working to integrate CBPS into their *'basic services'*, other stakeholders

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believed that this organisation would be providing counselling and other forms of *'stand-alone'* psychosocial activities to the affected population and were frustrated to learn that this was not the case.

Measuring impact

In order to understand the impact of CBPS approaches on programming and on the communities, organisations need to include an assessment of psychosocial wellbeing in baseline, midterm and end of project assessments. Few programmes working in other sectors, particularly at the *'basic services and security'* level of the MHPSS intervention triangle, have indicators related to psychosocial wellbeing, or the capacity in their team to measure such indicators. Although this would usually be the responsibility of the Planning, Monitoring, Evaluation and Reporting Officer, all programme staff need to have an understanding of how they hope to strengthen psychosocial wellbeing throughout their activities, and how they might assess the extent to which they have achieved this. Some partner organisations require support before they are able to include an assessment of psychosocial wellbeing in their monitoring and evaluation strategies.

Ways forward in integrating psychosocial approaches into other sectors

There is a need for research to evaluate the effectiveness of this type of approach to strengthening wellbeing in emergency settings, but such evaluations are challenging precisely because the *'interventions'* are integrated within activities designed to address a range of issues. Evaluations of community programmes take place within complex community systems, in which people are influenced by a variety of intrinsic and extrinsic forces that affect their wellbeing. This makes any evaluation of interventions in community settings, especially those designed to prevent harm or promote wellbeing in a broad sense, difficult to measure and subject to many local influences (Hodder et al., 2000).

Tol et al. (2011) suggest the use of multilevel statistics to disentangle contextual effects on individual wellbeing, especially for the assessment of psychosocial interventions at the base of the intervention pyramid. Yabiku and colleagues (Yabiku, Kulis, Marsiglia, Lewin, Nieri, & Hussaini, 2007) explored the ways in which various contextual factors influence the effectiveness of a programme through a randomised controlled trial involving 35 middle schools in an American city. However, it may be more challenging to do this within an emergency context, such as a displacement setting (whether urban or camp), as a CBPS approach aims to reach everyone within a particular community, so it would be difficult to find similar communities to compare with those in which a CBPS approach is taken.

An approach that might be worth exploring is *'realist evaluation'* (Pawson & Tilley, 1997), which does not compare two or more different approaches (as in a randomised controlled trial), but explores the factors within a single approach which contribute to change. A realist evaluation is based on understanding both the external factors that contribute to change (e.g. a child friendly space, the characteristics of a refugee camp, etc.) and the internal features of that which is changed (e.g. the individual, family and/or community). It seeks to learn about *'what works for whom'* and *'in which contexts particular programmes do and don't work'* as well as understanding how the programmes work within various contexts (Westhorp, 2014).

For example, a livelihoods programme may be planned and implemented well, but if the targeted community are reluctant to go to their fields because they have nowhere safe to leave their children, or if they lack the necessary concentration to benefit from a vocational training programme, no effect will be observed. While an experimental method would tell us this and no more, a realist evaluation would identify what it is

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about the interaction between the livelihoods programme, the characteristics of the targeted community and the context in which the intervention occurs that is not working as it should. Such an approach would enable us to take into account the many factors which potentially influence wellbeing in emergency settings, and perhaps to explore the contribution of CBPS approaches in circumstances where it is difficult to have a comparison group.

Conclusions

While there are undoubtedly challenges in demonstrating the effectiveness of integrating community based psychosocial approaches into the provision of basic services, such approaches could make a considerable difference to wellbeing within emergency situations. Through integrating psychosocial approaches into existing programmes, it is not only possible to reach larger groups, but also to prevent increases in distress for some people. This would reduce the burden on programmes at higher levels of the MHPSS intervention triangle, and enhance both sustainability and cost effectiveness (e.g. Betancourt et al., 2013). It would seem to be worth investing, not only in approaches designed to integrate CBPS into other sectors, but in evaluation methodologies that could help us better understand their effectiveness.

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[1] The ACT Alliance is a coalition of 140 churches and faith based organisations working together in over 100 countries to create positive and sustainable change in the lives of poor and marginalised people, regardless of their religion, politics, gender, sexual orientation, race or nationality in keeping with the highest international codes and standards. More information can be found at actalliance.org.

[2] The psychosocial model used by the ACT Alliance and Church of Sweden is described at http://psychosocial.svenskakyrkan.se/default.aspx?di=66177.

[3] Finn Church Aid (FCA) is the largest Finnish development cooperation organisation and the second largest provider of humanitarian assistance. The organisation operates in 15 countries (mainly in Africa), and their work includes long-term development cooperation, humanitarian assistance and advocacy, organised into three thematic areas: Right to Education, Right to Livelihood and Right to Peace.

[4] The Armenia Inter-Church Charitable Round Table Foundation (ART) works in Armenia and Nagorno-Karabakh. Its aims are to help Armenian society face and overcome socio-economic hardships and to restore hope, promoting Christian values; and to help and empower vulnerable communities and community-based organisations solve their social, economic and ecological problems through programmes in the areas of development and social dialogue.

[5] YEU is one of YAKKUM's unit which was established in 2001 with a focus on emergency response and disaster risk reduction initiatives. YEU has provided humanitarian assistance to villages in Indonesia, East Timor, Myanmar and the Philippines, and has encouraged partnerships with 350 community organisations throughout Indonesia.

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