LA TROBE UNIVERSITY

TOOLKIT

W3 Framework

Supporting learning and evaluation in peer and community based programs

USING THE W3 FRAMEWORK IN PRACTICE

INTRODUCTION

In community based health promotion, with epidemics like HIV and hepatitis C, there is one constant: the environment is continually changing.

Sometimes the change reflects shifting patterns in the behaviour of affected communities. Other times, the change involves responding to new research findings about the effectiveness of novel treatment and prevention strategies.

The current 'paradigm' for evaluation assumes that the only source of change to be considered is the intervention being studied, so that any changes observed in knowledge or behaviour in the community must result from the program/intervention itself. In fact, this kind of research actively seeks to filter out changes that result from interactions between the program and its target community.

As we know, however, peer and community based health promotion is *all about* interactions between the program and the communities it works with. We also know that our target communities are highly diverse and dynamic, and we would never assume our programs are the primary drivers of change within them.

DOCUMENT STATUS

This is version 1.0 of the toolkit and will be revised as we apply W3 Framework

Lastly, academic research and evaluation studies take a really long time – up to several years – to publish their findings. By that time, continual changes in issues and communities often makes their findings out-of-date. Health promotion programs can't wait years to respond to pressing needs in their communities.

But this doesn't mean their responses are not 'evidence based'. Instead these programs use a range of 'evidence building' approaches to develop preliminary responses that progressively build the knowledge needed for action.

In some cases, insights from peer-based community engagement and health promotion action may be the sector's only source of real-time knowledge about emerging issues in rapidly changing environments. Real-time insights can also help the sector interpret changes in surveillance outcomes and place social research findings in a practical context.

Australian Research Centre in Sex, Health & Society ARCSHS

To remain up to date with findings from the W3 project and our partners, please visit w3project.org.au.

When health promotion programs develop a reputation for effective action on emerging issues and package up their insights for sharing in credible formats, policy-makers and funders can come to trust and rely on their input.

The W3 approach provides a framework and tools to support health promotion programs to capture and use these insights to refine their practice and improve their influence within their community and sector environments.

KEY INGREDIENTS OF THE APPROACH

The W3 project has developed a conceptual framework and practical tools to support health promotion programs to adapt their approach to emerging issues and continually refine their approach to maintain effectiveness in a constantly changing environment.

The framework describes the ongoing ***flows*** of ***knowledge*** and ***influence*** that need to be happening in order for the program to be effective and sustainable.

The tools and methods aim to capture insights from these flows that can be shared with other stakeholders in the sector (e.g. funders) as part of advocacy. This can provide a more timely source of insights than formal research can. It can also assist peer based programs to demonstrate their influence within the community.

As you use insights from the approach to revise your mental models, you can use the functions from the W3 framework to sketch out ***theories*** about the impact of emerging issues and needs within the communities your program works with. Stating them explicitly lets you check and revise them over time as new insights emerge.

The goal of the W3 approach is to support peer and community based health promotion programs to revise their approach as circumstances change and to share their insights about emerging issues in advocacy with the broader sector.

THE W3 FRAMEWORK

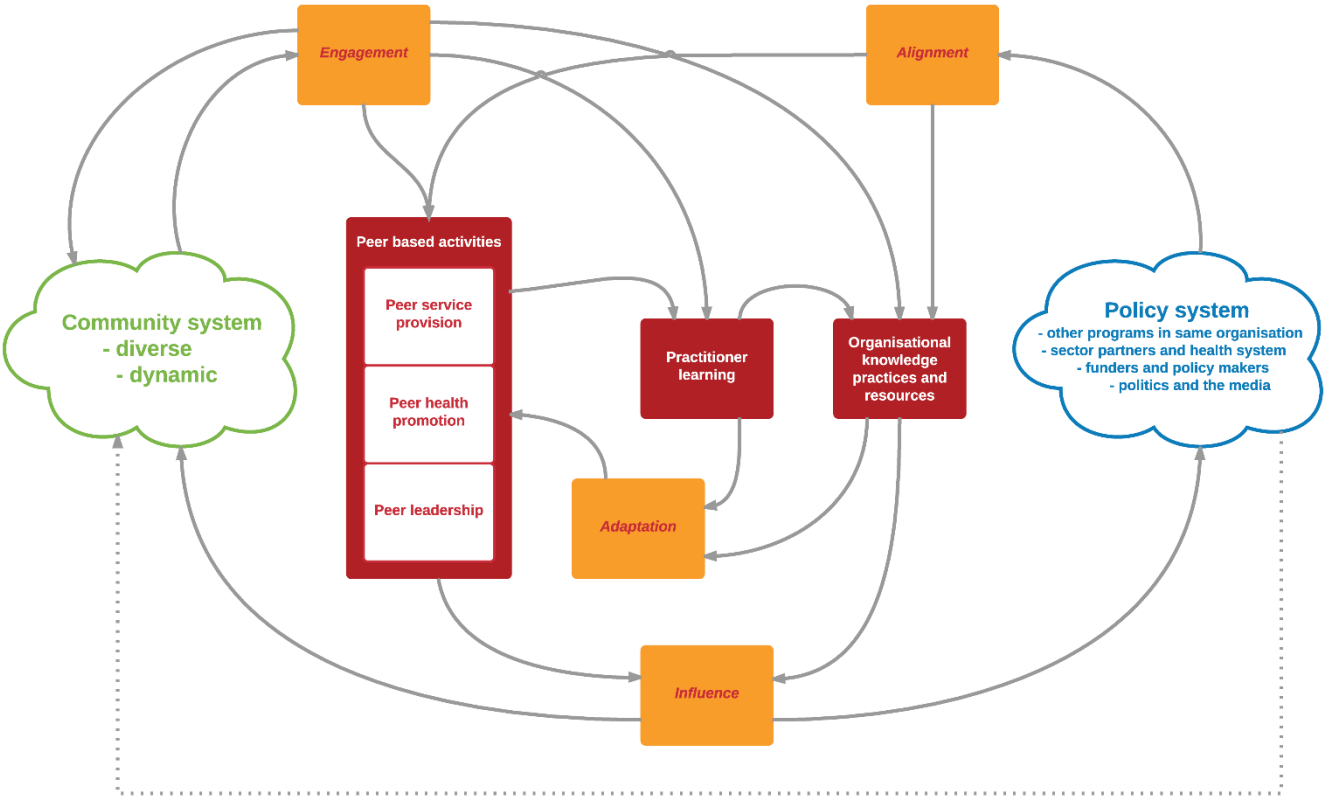
The W3 framework sees health promotion programs as 'mediating' (fitting in between) two complex adaptive systems – the community system and the policy system.

They are collective, multi-level, highly diverse and dynamic systems that are capable of adapting how they work to respond to new pressures that arise internally and externally.

The systems are so large and so complex that nobody ever has a fully complete picture of what's going on. Instead, players in those systems create mental models or 'maps' that attempt to anticipate what's going on based on partial 'signals' received as insights from the environment. These mental models are then used as the basis for making plans to respond.

To the extent that our mental models are not up-to-date, or not complex enough, our responses may not be adequate to the needs being experienced in the community. Alternatively, they may not align well with the policy imperatives that guide funding decisions.

Every box and arrow on this diagram is a potential source for an indicator – a thing that we need to be confident is happening in order to feel confident that a health promotion program is effective and sustainable in the long term. The framework helps us decide which indicators matter most for monitoring the long-term effectiveness and sustainability of a program.



FOUR KEY FUNCTIONS

The four key functions in the W3 framework **are not activities**. For instance, *engagement* is not ticked off just by doing some consultation or developing an engagement strategy. Instead, it refers to effectiveness of a program or organisation's activities *as a whole* in developing up-to-date mental models of the diversity and dynamism of the community system it works with.

Engagement	The quality of the program's mental models of the diversity and dynamism of needs, experiences and identities in the communities, networks and cultures it engages with.	
Alignment	The program's effectiveness in picking up signals about what's happening in the policy system and how it works, to support program adaptation and identification of priorities for influence.	
Learning & Adaptation	The effectiveness of the program in capturing insights from practice learning, refining mental models over time and planning for action.	
Influence	Community	How effectively the program mobilises influence within the community.
	Policy	How effectively the program mobilises influence within its policy environment.

ELEMENTS OF THE FRAMEWORK DIAGRAM

This table provides a key to the graphic elements in the W3 Framework diagram (p3).

Clouds	The two clouds represent complex adaptive systems that programs can never fully predict or understand. They have multiple levels, and outcomes represent the influence of many different players.
Community system	The community system includes the networks and cultures the program engages with, and the processes of interaction and change that are taking place within them.
Policy system	The policy system includes funders, policy-makers, politicians, the news media, sector partners and stakeholders, surveillance and research, the health system, and other programs in the same organisation or sector.
Peer activities	Different kinds of peer based approaches that depend on practitioners having and using peer skill.
Practitioner learning	Staff and volunteers in peer based programs pick up insights from clients and contacts, and in their practice over time they develop, test and refine mental models of their environment.
Organisational knowledge practices	Program management encourages the discussion and capture of insights from practitioner learning as an asset for the organisation and for sharing with stakeholders in the policy system.
Arrows	Flows of knowledge or causal influence that constitute the program as a system.

TWO MODES FOR USING THE FRAMEWORK

Currently there are two main ways of using the W3 framework to assist your program or organisation with learning and evaluation.

- **Capture mode** uses functions from the W3 framework to 'code' insights or in combination to express quick theories about emerging issues/changes. This is done as an add-on to existing documents – e.g. minutes from program meetings or supervision.
- **Rating mode** is used with a key stakeholder, such as a program partner, key informant or funder. It invites them to rate their confidence that certain indicators are being met, and then to specify what they've seen/heard that informs their confidence rating. This can be used as the basis for a discussion about different perspectives and expectations that key stakeholders may hold.

CAPTURE MODE

The framework can be used to 'code' (or annotate) the documents that are created during the routine activities of a health promotion program or team.

A single code 'ENG' might signal that an insight documented in the minutes of a team meeting was obtained through community engagement.

The codes might be combined to describe a proposed action, e.g. 'ENG → L&A' could signal an intention to consider the insight in revising a program activity.

Lastly, the codes can be strung together to create brief, shorthand notations for describing the mental models or 'working theories' of emerging issues.

The coded documents can be saved in any system that allows in-text searching, such as Windows or Mac file folders, or Dropbox, or a more advanced system for qualitative data analysis such as Atlas.ti or NVivo.

This makes it easy to recall at a later date and analyse whether indicators developed for each of the four key functions in the W3 framework are being met.

RATING MODE

Closed

In this mode, the program and its key stakeholders both rate their confidence that different indicators are being met under the four key functions in the framework. For each indicator they are invited to note down brief details of things they have seen happening that inform their confidence rating.

Indicator	Confidence rating	What informs your confidence *in the relevant time period?*
Something specific to the scope of the enquiry (e.g. issue, project, program, etc) that needs to be *happening* in order to say with confidence that a particular function is being fulfilled.	-2 -1 0 +1 +2	[open text field]

If their confidence ratings do not match up, the program and the stakeholder can have a conversation about what they are seeing and how that informs their confidence. This provides an opportunity for the program to provide its experience directly to the stakeholder, but also for the program staff to get a better sense of the stakeholder's perspective and what signals matter to them.

The closed mode is meant to be used at regular intervals. The longer the time period the harder it may be to recall signals from earlier on, and setting a time period helps to 'bracket out' historical influences on confidence and focuses the conversation on recent events.

This mode works best when supported by the 'open' mode described above, because it will help the program to collate and review all the insights it has captured that are relevant to the different functions and indicators.

PILOTING THE W3 APPROACH

The remainder of this document sets out some things to keep in mind when planning to implement the W3 approach on a pilot basis within your program or organisation.

CHOOSING A 'SCOPE'

The W3 framework can support learning and adaptation at different levels:

- A project or aspect of a project
- An ongoing program (e.g. peer education or outreach) or service delivery
- The whole health promotion program
- Organisational level across different programs

We recommend piloting the approach at a single project or program level first, as the benefits and experience of using the approach may help 'sell it' to colleagues.

CAPTURING INSIGHTS

Our goal in creating the framework is to make something that involves **minimal change to what your program already does around learning and evaluation – but add greater value than these activities can achieve on their own.**

As a result we've developed an approach that **adds onto existing activities**.

The two main requirements for using the W3 approach are:

- consistently using the framework to 'code' documents you already create – strategic program, project and work plans, minutes of team meetings and supervision session, practitioner logs/journals etc.
- storing the documents in a system that allows your program to easily recall and review them for data to monitor indicators, check back on theories, and follow-up actions and their outcomes.

Documents your program already creates

- Agenda and minutes for team and working group meetings
- Program strategic plan, project plans and individual work plans
- Notes from supervision sessions
- Outreach and service provision or contact logs/diaries
- Group e-mail discussions about emerging issues
- Reports on monitoring and evaluation activities

ORGANISATIONAL ARRANGEMENTS

Each program is different and we don't want to take a 'one size fits all' approach, so we are relying on your program to make decisions about how to implement the W3 approach in your own routines and work practices.

Suggestions

- Nominate one person to do training with the W3 project team and provide support for coding in meetings and in collating documents.
- Develop a Learning & Adaptation plan that nominates the data sources and time periods for evaluating the program using the closed mode, and a work plan for the nominated support person based on that plan.
- Think about communicating a clear and consistent message in support of participation in the W3 project for at least one year, including messaging 'up' to senior managers to secure their understanding and buy-in.
- Identify and plan for opportunities to share insights acquired from the W3 framework with key stakeholders in the sector about strategic issues.

Change management

Like any new approach, implementing the W3 framework will involve change management. We invite you to work with the W3 project team in discovering what works when piloting the W3 approach to strengthen learning and evaluation in peer and community based programs.

For example, a research project in public health has identified several broad mechanisms that are involved in the uptake of a new approach in practice:

1. Coherence
2. Cognitive Participation
3. Collective Action
4. Reflexive Monitoring

Source: May, C., Murray, E., Finch, T., Mair, F., Treweek, S., Ballini, L., Macfarlane, A. and Rapley, T. (2010) Normalization Process Theory On-line Users' Manual and Toolkit. Available from http://www.normalizationprocess.org/

Information systems

In the longer term we hope to pilot and evaluate information systems that support the coding of insights and theories and the capture of coded documents for recall and analysis at a later date (e.g. when writing narrative reports to funders, or to support an advocacy initiative within the sector or policy environment).

For now the main requirements for piloting the W3 framework are:

- All documents that have been coded are saved (or scanned and saved, in the case of hard copies) in a shared location on the network.
- It should be possible for the support person to easily search for text within the documents – e.g. to search “ENG” to find insights from engagement.

Helping us evaluate the framework in practice

As part of piloting the W3 approach we would like to know about:

- Did it feel natural and comfortable to use?
- How much extra effort did it require?
- What value did it add (if any)?
- Could it be simplified any further?

We are also interested in whether the approach helped your program to articulate its mental models as explicit theories and whether this led to taking more action to verify assumptions and build the knowledge needed to respond to new issues.